



District of Columbia
DENTAL SOCIETY

NEWSLETTER

March 2021, Vol. 67, No. 3



Dr. Ladan Basiri

Letter from the DC Dental Society President Ladan Basiri, MA, DMD

Do you see the glass half full or half empty? We are all aware of the fact that a positive outlook, sunny disposition, courteousness to others, and frequent expression of gratitude are all crucial to successfully and enjoyably navigate life. A simple act of kindness and a thank you goes a long way!

With many states in our country still struggling with recognizing dentistry as essential and dentists as front-line personnel, we wholeheartedly thank the DC Mayor, DC Health, and the DC Board of Dentistry for their efforts in granting priority status 1A to the District dentists and their personnel for the COVID-19 vaccination. This is certainly a glass half full! However, we are still struggling to gain the status of a vaccinator, which so many other healthcare personnel already have – we need to come full circle! The ADA created an [interactive map](#) outlining dentists' ability to administer the COVID-19 vaccine by state. The map also shows the phase of the state vaccination plan in which dentists will receive the vaccine. According to [this information](#) and the [American Dental Association](#), dentists are approved to administer the COVID-19 vaccine in at least 26 states, helping the U.S. healthcare system curb the spread of the pandemic.

According to [the census](#), the population of the District of Columbia is 717,717, and as of February 14th, only 50,680 [DC residents were partially vaccinated](#) and only 17,468 [were fully vaccinated](#), making only 2.5% of District residents fully vaccinated. We all believe and know that we can do better with our improving supply chain and the efficiency of vaccination through mass vaccination sites.

On Jan 29th, [DCDS wrote a letter](#) to Mayor Bowser—copying Director of DC Health Dr. La Quandra S. Nesbitt and Chair of the Board of Dentistry at the time Dr. Renee A. McCoy-Collins—requesting authorization for dentists to administer

(Continued on Page 3)

A Look Inside...

- Letter from the President1
- DCDS Foundation to Launch New Partnership with CCHCN.....2
- Special Webinar Tonight: 2020 Tax Implications and PPP Funding Round 24
- Feature: DCDS Spring 2021 Symposium for Licensure5
- DC Prescription Drug Monitoring Program Resources.....9
- March CE Event: “Mastering Anterior Implant Esthetics”10
- New ADA Toolkit on “Talking with Your Patients About COVID-19 Vaccines”11
- Studies examine pandemic's impact on hygienists.....11
- The Surprising Ways COVID-19 Impacts Your Practice’s Payments..14
- Classifieds.....18

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Cover Photo: June Awards Dinner



DCDS Foundation to Launch New Partnership with CCHCN

The Covid-19 pandemic that started last March has posed challenges for all of us as healthcare providers and has had a very profound effect on the oral health of many of our DC residents. Covid has created significant financial hardships for almost everyone. But the economically challenged and underserved individuals in our community are suffering even more. With many people still out of work, dental care for many people has become out of reach and more difficult to afford. Many people are delaying or putting off dental treatment because of financial concerns. Poor oral health can have a profound effect on a person's overall health. New emerging data suggests that patients with periodontitis are possibly at risk of experiencing significant severe COVID-19 complications, according to a study in the [Journal of Clinical Periodontology](#). Now more than ever, our community needs our help.

The DCDS Foundation has been working over the past year to develop a partnership with the DC Catholic Charities Health Care Network (CCHCN) to provide pro bono oral healthcare to the underserved in our community. In accordance with our Strategic Plan, our mission as members of the Society and profession is to "support and promote oral health care and oral health literacy in our community - providing opportunities for dentists to change lives." Many of our members already participate in accepting patients from the Catholic Charities and Spanish Catholic Center and have found it to be a rewarding and relatively easy experience.

With this new partnership with the Catholic Charities, our members will be able to provide pro bono treatment for patients in their own office with no long term commitment. The type and amount of treatment rendered to these patients is entirely at the discretion of the dentist. Patients will be pre-screened for their eligibility for this program based on their economic status. Our member dentists will receive a referral, which outlines the patient's general oral health needs and their chief complaint. As part of our partnership arrangement, the Society and Foundation will be able to track our member volunteer efforts and have valuable data on the amount of free care we provide to individuals in Washington, D.C. It is a great way to let our community leaders, our patients and the public know that our membership cares about the health of our community.

More information about this volunteer opportunity will be forthcoming. Please consider signing up and participating in this valuable community project.

DCDS Virtual Small Groups Launch March 30th with Discussion on Case Studies

Connect with your colleagues through the latest DCDS program: the Virtual Small Group sessions. This innovative new program will kick off with small group discussions on dental case studies.

The DCDS Virtual Small Groups are a great way to reconnect with the DC dental community and to learn how your colleagues would handle challenging and complex dental cases.

Please register by Wednesday, March 24th. [Register here.](#)

Have a dental case study to share? Let us know when you register and you could present at an upcoming Virtual Small Group session.

the COVID-19 vaccines at mass vaccination sites, and later on, for the option to vaccinate in offices. In the letter, DCDS stated that the Board of Dentistry declared its support for authorizing dentists to administer the vaccine in a vote on October 21, 2020, and we understand that that action was communicated to the leadership of DC Health. During the February 17th DC Board of Dentistry meeting, I asked the newly appointed chair, Dr. Wesley Thomas, about the fact that we have not received any response to our January 29 letter. He replied that DC Health had responded to the request in November stating that DC Health has no need for more vaccinators in the District; however, we had not been informed about this November response. In January, several months after that initial assessment, we made another request.

We have heard repeatedly from Dr. Fauci and other scientists that the best defense against COVID-19 variants (U.K., South Africa, and Brazil are of particular concern) with higher transmission rates is to vaccinate as quickly as possible; otherwise, we will lose ground in the battle against this frequently mutating virus. One study, [published on MedRxiv.org](#), found seven previously undiscovered variants of COVID-19 in U.S. patients, all of which are thought to have originated domestically, according to reporting in [The New York Times](#) and [the Hill](#). All or some of these variants may contain mutations similar to the qualities exhibited by a strain of extra-contagious COVID-19 spreading in the United Kingdom, the study found. The viruses also had mutations at the same part of their genes that determine how the virus enters human cells, which researchers told the Times could mean that the strains are more contagious in a manner similar to the strain blamed for the latest surge in cases in the U.K., though this hypothesis is unproven. Centers for Disease Control and Prevention Director Rochelle Walensky said in January that the U.K. variant had been detected in 26 U.S. states: "The variants that have been identified recently seem to spread more easily, they're more transmissible, which can lead to an increased number of cases and increase stress on our already taxed health care system."

Both [Maryland](#) and [Virginia](#) have emergency authorization for dentists to vaccinate in mass sites. In the DMV, one of the first mass vaccination sites opened on Feb 5th in Six Flags, and there are similar models in [California](#) and [Texas](#). [The ADA has developed principles](#) to help state associations advocate for dentists to administer vaccines, including participating in an online vaccination administration course, forging patient relationships, complying with record-keeping requirements, and following immunity statutes within the state. "Because most of the states have recognized dentistry as essential, it is only fitting that we join frontline workers in the ability to administer the vaccine," David White, DDS, ADA Council on Government Affairs chair, [said on Feb 3rd](#). "We are just very proud to be recognized as essential".

During the January 27th Board of Dentistry meeting, Dr. Iris Morton (board member and Howard faculty) informed the Board that Howard College of Dentistry students, in partnership with the medical students and other allied health care personnel, are vaccinating the community. This was great news, which was confirmed by Dean Andrea Jackson and Dr. Anna Bettios. We congratulate the Howard students on their efforts to accelerate vaccine administration, expanding the access and capabilities of the healthcare force. Please see the momentous pictures of these students as they vaccinate their community in this issue. We are very proud and happy that these future colleagues are moving forward into the future of dentistry as an integral and



Howard University College of Dentistry third year student Courtney Hollingworth vaccinates fellow classmate Helena Daniel.

essential part of the US public and allied healthcare system.

DCDS has had a very busy February with multiple activities in all committees. I would like to thank R.K. Tongue for organizing the presentation on risk management and malpractice avoidance conducted by, Dr. Anthony Chillura, Ms. Ashley Lacourse (marketing research analyst at R.K. Tongue), and their wonderful team. It was indeed a very informative presentation.

Please remember that the Registration for the April 17th [Symposium for Licensure is now open online for you and your entire team](#). I want to thank Dr. Kim Menhinick, Chair of the Symposium Committee, and the planning committee, consisting of Drs. Larry Bowers, Chad Jones, Viviana Avila-Gnau, and Eema Sahraii for their diligence and hard work. The symposium promises to enable you to fulfill most of the courses that are specifically required to renew your and your team's licenses.

I am looking forward to seeing you in our special March 3rd presentation by Mr. Amr Alian CPA, MBA, CVA on "COVID-19 Relief One Year Later-2020 Tax Implications and PPP Funding Round 2" from 6 PM-7 PM and in on March 9th monthly meeting in which Dr. Lee Ann Brady will present on Mastering Anterior Implant Esthetics.

As the days get longer in March, and the emergence of the spring freshness brings new life and new hope for better days ahead, you have my best wishes for you and your families. Thank you for your fellowship and for your continued support.

Sincerely,
Ladan

Ladan Basiri, MA, DMD
FACD, FICD
DC Dental Society President

COVID-19 Relief One Year Later – 2020 Tax Implications and PPP Funding Round 2 Webinar TONIGHT

TONIGHT March 3rd, 6:00 PM - 7:00 PM
A special virtual presentation by Mr. Amr Alian, CPA, MBA, CVA.

With the 2020 tax filing deadline quickly approaching, this session will review the tax implications for those who received a 2020 PPP loan or EIDL grant/loan. Also, learn about the second round of PPP funding.

Please note that CE units will not be offered for this program.



[Register Here](#)

April 17, 2021
Virtual All-Day Meeting
Washington, DC



SPRING 2021

LICENSURE SYMPOSIUM



District of Columbia
DENTAL SOCIETY

ADA.

Spring 2021 Symposium for Licensure

Saturday, April 17 • Register by March 21 for Early Bird Rates

Don't miss this opportunity to get all of the DC-required licensure renewal courses in one day, except for CPR. Bring your dental staff so they can complete their required courses as well! See page 8 for more details on DC continuing education requirements.

We are honored that ADA President Dr. Daniel J. Klemmedson will join the event to offer opening remarks. The Spring 2021 Symposium will feature the following speakers:

Start Time	Session
8:00 AM	Introductory Remarks Remarks by ADA President Daniel J. Klemmedson, DDS, MD
8:15 AM	Infection Control Dr. John Molinari 2 CE Hours Offered
10:20 AM	Intercession Break
10:30 AM	LGBTQ Cultural Competency Shannon Whittington 2 CE Hours Offered
12:35 PM	Lunch
1:15 PM	Ethics Susan Gunn 1 CE Hour Offered
2:15 PM	Intercession Break
2:25 PM	Abuse and Misuse of Opioids/Prescription Drugs Dr. Raymond Dionne 2 CE Hours Offered
4:30 PM	Closing Comments and Adjournment

[Register Here](#)

Continuing Education Disclaimer: The District of Columbia Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. It is the responsibility of each participant to verify the CE requirements of his or her licensing or regulatory agency and to contact them with any questions regarding licensing. The DC Dental Society designates this presentation for 7 CE credits.

Concerns or complaints about a CE provider may be directed to the provider or to the **Commission for Continuing Education Provider Recognition** at ADA.org/CERP.



Thank you to our event sponsor

Spring Symposium for Licensure — April 17, 2021

Meet The Speakers



John A. Molinari, Ph.D.—Presenter on Infection Control—Dr. Molinari earned a Ph.D. in Microbiology from the University of Pittsburgh and subsequently worked as a faculty member in the School of Dental Medicine. He is currently Professor Emeritus at the University of Detroit Mercy, where he served for 32 years in the School of Dentistry as Professor and Chairman of the Department of Biomedical Sciences and Director of Infection Control. Later, he was Infection Control Director for DENTAL ADVISOR where he was involved in research on newly developed infection prevention technologies and products.

Dr. Molinari has published over 500 scientific articles, text chapters, and abstracts in the areas of microbiology and immunology, and lectures nationally and internationally on topics dealing with infectious diseases and infection control. He has also been a consultant for the CDC, ADA, and regional hospitals.



Shannon Whittington—Presenter on LGBTQ Cultural Competency—Shannon is a certified speaker and coach who specializes in servant based leadership. Shannon provides insight and practical skills on becoming an influential leader that people want to follow and be inspired by. Shannon is also a subject matter expert in LGB and Transgender competency. Shannon’s mission is to empower organizations to be LGBTQ+ inclusive. As an award-winning & certified LGBTQ+ health expert, Shannon provides insight and practical skills for organizations for LGBTQ+ and Diversity & Inclusion.



Susan Gunn—Presenter on Ethics—Gunn’s mission is to serve clients in providing solutions that enable practice owners to understand the business of their practice and to protect their practice. Susan is the Financial Organizational Expert providing solutions within the dental industry.

Susan was the first to develop a back to back accountability between the practice software and QuickBooks in an understandable business format, which substantially influenced accounting and consulting across the professional practice industry nationwide.

Focusing on organizing that financial information, Susan now has over 25 years of business automation and computer financial software experience. A nationally recognized valuable content provider speaker, Susan is a Professional Member of the National Speakers Association. With an existing background in criminology, and a very thorough understanding of dental practices, Susan became a Certified Fraud Examiner. When embezzlement is suspected, she is able to investigate, interview and provide complete reports for prosecution and civil suit purposes.

Susan has written 45 books geared for professional practices sold internationally, 46 books total: *Money In, Money Out* (2019), *QuickBooks In Your Practice* (1997-2021), *Advanced QuickBooks In Your Practice* (2004-2021) and *More Than Just Turning It On*, as well as numerous industry magazine articles. Susan co-authored *The ADA Practical Guide to Expert Business Strategies* (January 2014) and contributed to another ADA book *Guidelines for Practice Success Managing Finances Best Practices*.

Spring Symposium for Licensure — April 17, 2021

Meet The Speakers (Continued)



Dr. Raymond Dionne—Presenter on Abuse and Misuse of Opioids/Prescription Drugs—Dr. Raymond Dionne is a graduate of the Georgetown University School of Dentistry where he also received a MS in pharmacology. He subsequently received a PhD in pharmacology from the Medical College of Virginia. He was an intramural scientist at the National Institutes of Health for 34 years conducting clinical and translational research on pain and analgesia. He also served as Clinical Director of the NIDCR, Chief of the Pain Mechanisms Branch and Scientific Director of the NINR. He is currently Professor at the University of Connecticut School of Medicine. He has published greater than 200 papers and edited 5 textbooks and scientific monographs. He currently serves on the ADA Council on Scientific Affairs.

Register by March 21st and Save with Our Early Bird Rates

Registration Rate	Early Bird Price By March 21st	Regular Price
DCDS Member Dentists	\$300	\$400
Non-DCDS Member Dentists (including ADA members)	\$650	\$750
Dental Hygienists	\$125	\$150
Dental Assistants and Other Office Staff	\$100	\$125

Dental hygienists and dental assistants must be registered through the account of a dentist.

Visit the DCDS website for additional details on [registration rates and the event cancellation policy](#).

[Register Here](#)

DC Continuing Education Requirements for Dentists, Dental Hygienists and Dental Assistants

Visit the DCDS website for [additional information on licensing requirements in DC](#).

Course Category	CE Credits Offered	Required for Dentists	Required for Dental Hygienists	Required for Dental Assistants
Infection Control	2 hours	2 hours	2 hours	2 hours
LGBTQ Cultural Competency	2 hours	2 hours	2 hours	2 hours
Ethics	1 hour	1 hours	1 hour	1 hour
Abuse and Misuse of Prescription Drugs/Opioids	2 hours	2 hours for prescribers	Not Required	Not Required
CPR*	Not Offered			

* Online Courses are available through the American Heart Association and the American Red Cross.

Missed the February 16th Presentation on the DC Prescription Drug Monitoring Program?

Check out these PDMP resources from DC Health

DC Health PDMP home page: <https://dchealth.dc.gov/pdmp>

DC PDMP inbox: doh.pdmp@dc.gov (remember to email us if you would like copies of our Pocket Guide for Safe Opioid Prescribing)

DC PDMP (PMP AWARXE) website: <https://districtofcolumbia.pmpaware.net/>

- For PMP AWARXE technical assistance, contact Appriss at (855) 932-4767

To request PDMP-EHR integration at your practice site, go to: www.info.apprisshealth.com/dcpdmpehrintegration and fill out the online form

Email pdmpintegrations@apprisshealth.com with EHR integration questions

Delegate Registration Form: <https://dchealth.dc.gov/node/1168354>

For free continuing education programs, please visit <https://dchealth.dc.gov/dcrx>

Help Shape DCDS Educational Programming

Have a hot topic that you want to know more about? Tired of the same old dental continuing educational sessions? Now is your opportunity to help shape DCDS educational programming!

All dentists in the DC community are invited to participate in the DCDS 2021 Education Needs Assessment Survey. It's quick and it will help to ensure our programming addresses the most relevant and interesting topics.

Thanks to all DCDS members for taking the time to participate.



[Take Survey Now](#)

March CE Event: “Mastering Anterior Implant Esthetics” (Clinical)

Clinical CE Virtual Presentation by Dr. Lee Ann Brady
Tuesday, March 9, 2021

Business Meeting Begins at 5:45 PM
Educational Program Begins at Approximately 6:00 PM
CE Credits Offered: 2.5 CE Credits

Free to Members | \$50 for Non-Members

Please register by 5 PM on Monday, March 8.*

Visit the [DCDS Registration Fees & Cancellation Policy page](#) for more details on registration.



Course Information:

Although implant dentistry is considered one of the most predictable treatments we offer, guaranteeing optimal anterior implant esthetics is tricky and often feels challenging to create predictably. This program will look at the steps in differentiating high-risk versus low-risk anterior implant cases when it comes to final esthetics. We will also look at how to optimize the esthetics outcomes starting with pre-surgical augmentation, fixture position, and advanced implant prosthetic techniques to make success predictable.

Session 1 6:00-7:30 pm

Learning Objectives:

- Identify risk factors to optimal Aesthetic Outcomes
- Diagnose Anterior Implant Case Risk Factors
- Implement Treatment Plans to Tissue Aesthetics

Session 2 7:45-8:45 pm

Learning Objectives:

- Perform custom Implant provisionals & impression Copings
- Implement custom tissue sculpting around implant abutments.

[Read more information about the meeting and Dr. Brady](#)

[Register Here](#)

Continuing Education Disclaimer: The District of Columbia Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. It is the responsibility of each participant to verify the CE requirements of his or her licensing or regulatory agency and to contact them with any questions regarding licensing. The DC Dental Society designates this presentation for 2.5 CE credits.

Concerns or complaints about a CE provider may be directed to the provider or to the **Commission for Continuing Education Provider Recognition** at [ADA.org/CERP](#).

ADA CERP® | Continuing Education
Recognition Program

New ADA Toolkit “Talking with Your Patients About COVID-19 Vaccines” Now Available

The ADA member-exclusive Patient Return Resource Center contains materials to support you and your dental team in communicating with your patients during the pandemic. The latest toolkit “Talking with Your Patients About COVID-19 Vaccines” is hot off the press and includes the following resources:

- Conversation starters, talking points and tips on ways to engage your patients about vaccines.
- Guidance on how to respond to inquiries about the vaccine status of team members.
- Take-home fact sheets for patients.
- Answers to frequently asked questions.
- 3 unique messages you can use to reach out to patients via email.
- Suggestions for social media and additional resources.

Visit [Patient Return Resource Center](#) now for these and other COVID-19 resources.

Studies examine pandemic's impact on hygienists

An estimated 3.1% of dental hygienists have had COVID-19, a figure that is comparable with infection rates among dentists and lower than infection rates among other health care workers, according to ADA News. The ADA and the American Dental Hygienists' Association partnered for two studies -- one examining hygienists' infection rates and one looking at hygienists' employment patterns -- that were published in [The Journal of Dental Hygiene](#) on Wednesday. The second study found that 8% of hygienists have left the profession since the beginning of the pandemic, 60% of whom did so voluntarily for a variety of reasons, including COVID-19 concerns and child care issues. More than a quarter of hygienists reported symptoms of anxiety, while 16% said they had experienced symptoms of depression. "The pandemic is bringing unprecedented disruption to the US health care sector, including in the dental workforce," said Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute. "We are continuing to examine employment patterns and the impact on the dental team, including how continued vaccine distribution will contribute to these patterns. Our research suggests once the pandemic is over, we could see employment patterns largely return to pre-pandemic levels."

Full Story: [ADA News \(2/24\)](#)

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DC Ranks 3rd on 2021 List of States with Best & Worst Dental Health

Adam McCann, Financial Writer Feb 10, 2021

Many people dislike visiting their dentist, especially if they haven't kept up with their brushing and flossing. Some even have [dental anxiety and phobia](#). But there are other people who wish they could go yet can't afford it. According to the CDC, [35% of adults](#) have gone over a year without seeing a dentist. While some people are hesitant to visit a dentist during the COVID-19 pandemic, the [CDC](#) "has not reported any documented transmissions of COVID-19 in a clinical dental setting." In addition, the costs of frequent dental checks are worth it – prevention is cheaper than treatment.

Brushing, flossing and getting an annual checkup aren't the only things that impact dental health, though. Where you live can have an effect, too. For example, certain areas of the U.S. have a higher density of dental professionals. And one of the biggest locational factors is the presence of [fluoridated water](#), which can help prevent tooth decay. Some states provide fluoridated water to nearly all of their residents, while others lag far behind.

In order to determine where people have the healthiest teeth and gums in the U.S., WalletHub compared the 50 states and the District of Columbia across 26 key indicators of dental wellness. Our data set ranges from the share of adolescents who visited a dentist in the past year to dental treatment costs to dentists per capita. [Read the full article and rankings here.](#)

New Dental Licensure Exam Replaces Patients

The Joint Commission on National Dental Examinations has successfully implemented a new Dental Licensure Objective Structured Clinical Examination that evaluates clinical skills and judgment using 3D models instead of live patients, ADA News reports. The approach standardizes the experience and reduces the risk of COVID-19 and other infections among participants. "This examination promotes clinical fidelity, fairness, objectivity and validity at a time of great need in our country," said Joint Commission Chair Kanthasamy Raganathan, D.D.S.

Full Story: [ADA News](#) (2/25)

Study Assesses Decontamination for Customized Abutments

A study in [BMC Oral Health](#) found that ultrasonic cleaning with chlorhexidine, acetone and ethyl alcohol removed bacteria and foreign bodies to decontaminate customized abutment surfaces, according to Medical Dialogues. The method was more effective than steam cleaning, which did not eliminate bacteria or foreign bodies, and chlorhexidine alone, which was only effective in eliminating bacteria.

Full Story: [Medical Dialogues](#) (2/26)

The Surprising Ways COVID-19 Impacts Your Practice's Payments

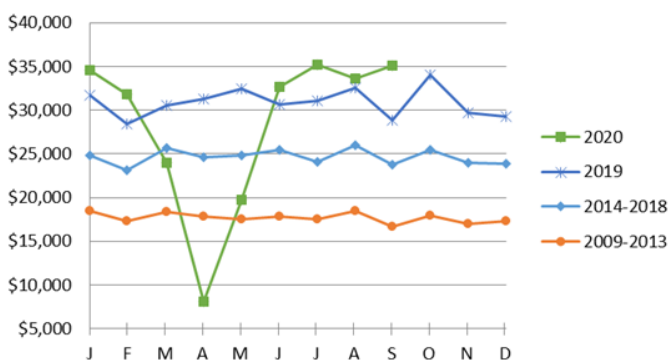
By Phil Nieto, President of RJ Card Processing d/b/a Best Card

The COVID-19 pandemic of 2020 has had an unprecedented impact on the entire economy including the dental industry, and it is also changing the face of payment processing for dental practices. Best Card, the endorsed credit card processor of DCDS and ADA Member Advantage, has compiled eleven years' worth of credit card acceptance data from dental offices nationwide. This data indicates that, while COVID-19 hit dentists exceptionally hard in Q2 2020, there has been a swift and sharp rebound in the credit card payments that dental offices are receiving. Interestingly, this resurgence in payments accepted via cards appears to have outpaced the rebound of the dental industry itself and reflects trends in how practice and patients choose to process payments.

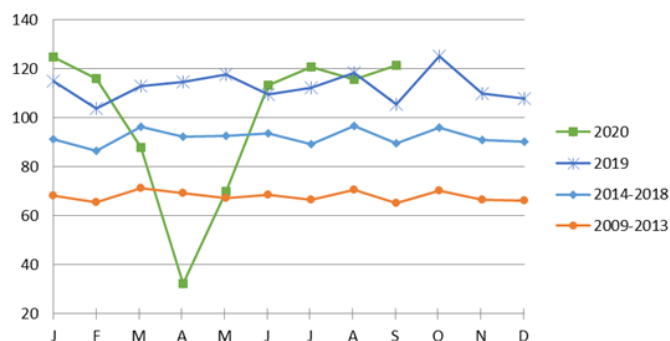
The American Dental Association's Health Policy Institute has been conducting bi-weekly surveys from dentists throughout the pandemic. These show that almost every dental office was affected harshly from March until May of 2020. In April of 2020, fewer than 1% of dental offices were open and experiencing full business as usual, which isn't a surprise given the breadth and depth of state closures at the beginning of the pandemic. While there has been a strong comeback in subsequent months, the majority of offices report that they are still seeing fewer patients than prior to COVID-19. Unfortunately, while the rebound of the economy has been substantial, even by the beginning of November 2020, 62.3% of offices are still experiencing lower patient volume than before the pandemic.ⁱ

COVID-19 also seems to be having an impact on how patients are choosing to pay for services. According to the Federal Reserve Bank of San Francisco's published study on consumer payment during the pandemic, 28% of respondents were specifically avoiding using cash to pay for in-person expenses with 98% of those choosing to use debit or credit cards instead.ⁱⁱ This is a continuation of a recent trend which dental offices have been seeing for years; fewer cash and check payments mirrored by increased credit card payments. Best Card has compiled information from thousands of offices' credit card processing volumes, number of transactions, and average transaction fees for the last 11 years that shows the average practice has consistently shown increased credit card acceptance.

Avg. Amount Processed per month



Average # of Transactions



In the depths of COVID-19 closures, the average dental office in April 2020 had \$8,054 in credit card sales compared to \$31,312 for April 2019, reflecting a 74.3% decline in total processing volume. The subsequent bounce-back however has been almost as sharp; from June 2020 on, the average dental practice has actually been taking more in credit card payments than they were in 2019 for those same months.

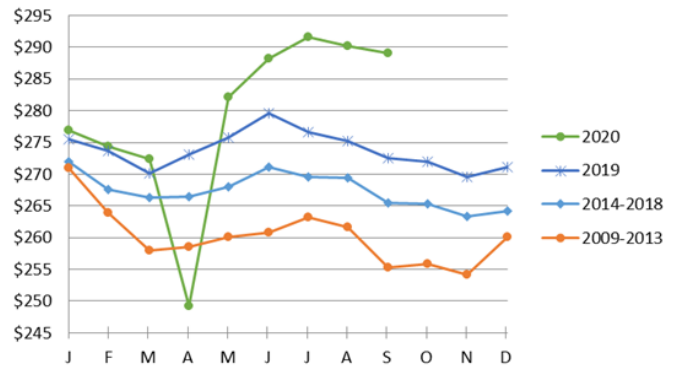
Similarly, the average number of transactions that dental offices were running via credit cards through 2020 shows the same trend; a steep decline in COVID-19-affected months followed by an increase over 2019 averages in the ensuing months.

Consequently, post-shutdown processing data from dental offices continues a trend of increased acceptance of payments via credit card over that of 2019. Indeed, since COVID-19 reopenings, the average dental office is taking almost double the amount in credit cards than they were in 2009-2013.

One very interesting change in the pre-COVID-19 and post-COVID-19 card processing data is that dental offices are charging more, on average, than they were prior to the pandemic. The increase in average transaction size for the five-month pe-

riod of May through September 2020 was 4.43%. This growth is almost as large as the increase for the entire ten-year period from 2009 to 2019, which was 5.19%. There are a variety of factors that could contribute to this; practices raising their prices to account for higher PPE costs, built-in costs for more stringent disinfecting procedures between patients, the reduction of non-emergency appointments, such as hygiene, while essential procedures are still taking place, and more extensive treatments needed by patients due to delaying appointments during COVID-19 lockdown.

Avg. Amount per Transaction



The end result is clear: although the average dental office has reported seeing fewer patients since the start of COVID-19, dental offices are still accepting more credit card payments than they were in 2019. In addition to changing consumer attitudes towards cash and credit cards, dental practices are finding that the safety benefits of contactless payments and website payments afforded by credit cards currently outweighs the added cost. However, any time your business has an overhead factor that is growing quickly, you need to make sure that it's in control and working for your bottom line.

3 tips to help lower your costs:

- 1. Check your effective rate.** The effective rate is calculated by taking the total fees paid to your credit card processor during and dividing that by the total amount processed in credit card sales. For example, a dental office that paid \$978.24 to run \$30,388 would have an effective rate of 3.22%. Based on the more than 1,000 comparisons that Best Card has done for dental offices this year, the average practice is paying 3.26% to their current processor, while the average Best Card practice pays just 2.18%. If your effective rate is above 2.5%, it may be worth looking at what you are paying to your processor.
- 2. The types of cards that your patients pay with matters!** Debit cards, even processed without a PIN, run at drastically lower rates than rewards cards. Furthermore, if the card isn't present it is usually more costly to run. Some cards, like a virtual card from an insurance company, can have some of the highest processing fees, due in part to being hand-keyed in. You can help mitigate this by training your staff to always ask for a debit card and to try to accept cards in-person to get the lowest rates. You can also request that your insurance providers send checks rather than virtual cards. As long as your processor has you on reasonable pricing, these steps can make a huge difference in your costs.
- 3. Know if your costs have gone up.** While there have been small changes in the base costs to run transactions instituted by the card brands in the last few years, generally if your costs are increasing it's time to look at how you're taking cards in the office and what you're paying to your processor. On the Interchange Plus (aka Cost Plus) pricing that Best Card offers all DCDS members, we've never had an increase in our 13-year history as a company.

Understanding your credit card processing costs can seem daunting, but at a time of tighter margins for dental offices who are accepting a higher portion of payments via cards, it's important to know where you can save money on a service that is easy to change. For a thorough understanding of possible savings, Best Card offers a detailed no-obligation cost comparison for anyone that would like to email a statement to Compare@BestCardTeam.com. The average practice saves \$3,736 per year (24% savings) – we'd love to see what we could do for you!

ⁱ Vujicic, Marko. "COVID-19 Economic Impact - Survey Results." *COVID-19 Economic Impact on Dental Practices - Survey Results*, American Dental Association Health Policy Institute, 2020, www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact/survey-results.

ⁱⁱ Laura Kim, Raynil Kumar. "Consumer Payments and the COVID-19 Pandemic: A Supplement to the 2020 Findings from the Diary of Consumer Payment Choice." *Federal Reserve Bank of San Francisco*, Federal Reserve Bank of San Francisco, 31 July 2020, www.frbsf.org/cash/publications/fed-notes/2020/july/consumer-payments-covid-19-pandemic-2020-diary-consumer-payment-choice-supplement/.

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