

## THE WHO JUST RECOMMENDED THE DELAY OF ROUTINE DENTAL CARE DUE TO COVID-19. NOW WHAT?

By Patterson Dental

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The World Health Organization (WHO) recently recommended the delay of routine dental care in certain situations due to COVID-19. In its [interim guidance](#), the WHO cites the high risk of dental professionals either being infected with SARS-CoV-2 or transmitting the infection to patients. The WHO's guidance also suggests screening patients remotely via [teledentistry](#) or to triage patients upon arrival with the aim to "ensure that only patients requiring urgent or emergency [care] receive treatment and that they have no symptoms suggestive of COVID-19 infection or previous risk exposure."

In response to the WHO's recommendation, the [American Dental Association \(ADA\) quickly issued a news release](#) affirming it "respectfully yet strongly disagrees" with the WHO's recommendation. In the news release, the ADA states that dentistry is essential health care while also mentioning it, along with the U.S. Centers for Disease Control and Prevention (CDC), issued interim guidance in late March ([updated on August 4, 2020](#)) related to COVID-19. The ADA's guidance calls for the highest level of personal protective equipment (PPE), the use of rubber dams, high-velocity suction and also hand scaling rather than ultrasonic scaling when cleaning teeth.

Roger P. Levin, DDS, founder and CEO of [Levin Group](#), was quick to [issue a video response to the WHO recommendation](#) where he shares a scripted response dental practices can use to address patient concerns. In his video, Dr. Levin also offers three signs that may signal patients are opting out of routine dental care due to this news:

1. **No-shows are increasing.** "If your no-shows are increasing, you can probably directly attribute it to this situation," says Dr. Levin. "You may need to get a statement out to all of your patients." Dr. Levin warns, however, that it's important not to raise concerns with patients who are not aware of the WHO's announcement.
2. **Increase in cancellations.** This is where a script can be particularly helpful. If your practice receives an unexpected cancellation, have someone on your staff follow up with the patient to reassure them that your practice is doing everything it can to keep staff and patients safe.
3. **Patients who make their appointment but are not re-appointing.** Dr. Levin points out that in 2008-2009, some patients would wait a year to 18 months between visits. These

patients may not have showed up as having left the practice, but “essentially, they were reducing their productivity for the practice by 50 to 75 percent,” says Dr. Levin. Again, this is where having a well-rehearsed script for staff to follow can help put patients at ease and, hopefully, encourage them to schedule their six-month cleaning and exam.

While the WHO recommendation may have caught many practice owners off guard, it’s important not to overreact. As Dr. Levin says in his video, you should “not disagree with the World Health Organization; from a public relations standpoint, it’s probably not a battle you can win.” Instead, prepare your staff through scripting, training and role playing. Once you have a plan in place, closely monitor your schedule for no-shows, increased cancellations and patients who come in but who chose not to schedule their next six-month appointment.

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