Managing Finances

Best practices
payment of a dental benefit. Each statement should include a due date. Past due statements should include a tactful message letting the patient know that his or her account is in arrears.

Accounts that are more than 30 days past due require extra attention. In these cases, the best approach is to have your financial coordinator, business administrator or office manager contact the patient by phone to request payment. No one likes to make — or receive — this type of call. But this approach usually works well because patients are talking with someone they’ve met and connected with in person. One of the ways to make this phone call more successful is to be proactive. Inform the patient who is establishing a payment plan how you handle the balance in the event that the expected payment does not arrive as planned. Let the patient know that a phone call will be made five days after payment is due.

Ideally, these types of calls should be made by someone who has had communications training and is familiar with federal and state collections laws. That person also should have the skills to balance a friendly and concerned demeanor with a commitment to resolving the situation. This isn’t as easy as it sounds. There needs to be kindness and courteousness, blended with a firmness that accomplishes the collection.

Even when you choose the right team member for the task, that person still needs time and resources to perform these important duties effectively. Make sure your collections person is able to make these calls in a private setting so the conversation isn’t overheard by other patients or staff. Also make certain that team members has enough time to make calls, prepare and mail any follow-up letters, and document the effort. Consider providing this staff member with training, such as a CE course, video or webinar that is specific to successful collections.

Never let accounts with outstanding balances become dormant. If you haven’t been able to collect a payment after mailing a statement and making a friendly phone call, you’ll need to try other approaches. Some practices find it helpful to send a series of collection letters which, while friendly and professional in tone, escalate in intensity the longer the past due amount remains unpaid. Issue these letters on a predetermined schedule, such as every two to three weeks. Follow up on the initial statement and reminder phone call with a reminder notice. After that, move to a negotiation process and then a final letter detailing what steps you will take in order to receive payment. Again, make sure every communication is professional and nonjudgmental. Each should simply be a dated, factual recounting of the collection process with notation as needed.

While you might be tempted to hire a collection agency or file a complaint in small claims court, consider the possible ramifications of either action. Never make these types of decisions in haste or in anger and never threaten action you might not be willing to take. Keep in mind that suing a patient or sending an account to a collection agency could become a public relations nightmare that
Risk Management and Fraud Prevention

Risk Management

Every year, the ADA receives calls from members about risk management matters, some of which involve complicated legal issues. Most often, members want advice about how to protect the practice from the possibility of lawsuits filed by patients who believe they've been wronged. Sometimes, members want help in identifying the type of attorney in their jurisdiction to contact and for guidance in determining how to select the right one. Any dentist who believes he or she may be sued has a duty to inform his or her liability carrier of the incident; the carrier has no duty to defend the alleged or actual claim if they have not been notified by the policy holder.

Risk management starts with what information you enter into the dental record. The dental record, or patient chart, is the official document that houses all diagnostic information and clinical notes. Complete information about all treatment performed and the patient-staff communications that have taken place in the dental office, such as instructions for home care and consent to treatment, is included. State and federal laws or regulations and state boards of dentistry determine what information is entered there, how and where it is maintained, what safeguards should be in place to protect the information, how long it should be kept, and who should have access to the information. The dental record also ensures continuity of care for the patient. More information is available in “Dental Records,” an online publication developed by the ADA’s Council on Dental Practice and Division of Legal Affairs and available free to ADA members.

Information contemporaneously entered into the dental record can oftentimes help you defend yourself if a patient files a malpractice claim against you. While the fear of being sued should not be the primary motivator in determining what information you enter there, ensuring that you record appropriate professional information in each patient’s chart every time is critical to protecting your practice.
For example, in dentistry, a charge of fraud, either civil or criminal, can be brought against a dentist who signs off on notes in a patient’s record that inaccurately claim procedures that weren’t performed. The best way to prevent this from happening is to carefully review and confirm the information in each patient’s chart before signing off on it.

Fraud can also be committed against the practice itself by unscrupulous staff. One way to safeguard your accounts is to have one employee process only accounts payable and another process only accounts receivable, with neither involved in the other side of the money trail. Allowing one person to handle both functions makes it easier for them to juggle the books and hide the details of any money they’ve siphoned from the practice.

If an unscrupulous staff member commits fraud against a government program like Medicaid, a dental practice with a compliance program in place will be better able to defend itself. The U.S. Department of Health and Human Services Office of Inspector General (OIG) provides the following “Health Care Compliance Program Tips” at http://oig.hhs.gov/compliance/provider-compliance-training/files/Compliance101tips508.pdf:

**The Seven Fundamental Elements of an Effective Compliance Program**

1. Implementing written policies, procedures and standards of conduct.
2. Designating a compliance officer and compliance committee.
3. Conducting effective training and education.
4. Developing effective lines of communication.
5. Conducting internal monitoring and auditing.
7. Responding promptly to detected offenses and undertaking corrective action.

More information is available through the hyperlink to the OIG Compliance Program for Individual and Small Group Physician Practices, which is available in the “Resources” section of this article.

See the checklist of Do’s and Don’ts in the “Resources” section of this module as a guide to help you determine if fraud might be taking place in your office and to take step to prevent it from occurring.
Managing Patients

The patient experience: best practices

ADA Guidelines for Practice Success™ (GPS™)
Acknowledgments

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• Dr. Joseph G. Unger, chair, Council on Dental Practice
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• Dr. Lillian Obucina
• Ms. Christine Taxin
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Legal Disclaimer

In making this publication available, the ADA does not, nor does it intend to, provide either legal or professional advice. Nothing here represents ADAs legal or professional advice as to any particular situation you may be facing. To get appropriate legal or professional advice, you need to consult directly with a properly qualified professional or with an attorney admitted to practice in your jurisdiction.

Managing Patients generally discusses certain federal and state laws, but does not and cannot address every federal and state law that could affect a dental practice. Each dental practice must be aware of and comply with applicable state and federal laws. Managing Patient refers to federal and state statutes and regulations, including regulations adopted by agencies such as the U.S. Department of Health and Human Services (HHS) and the Federal Trade Commission (FTC), among others. However, the materials that follow have not been approved by HHS, the FTC, or any other federal or state agency. Dental practices vary widely, and each should address legal issues and develop and implement various compliance programs appropriate to its circumstances and in compliance with all applicable laws and regulations.

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Patient Intake

Although everything your team has done up to this point is important, you really do have only one chance to make a first impression. Most new patients are very aware of what they see and hear the minute they open your front door. These tips can help you and your team make every patient feel welcome and confident in their selection of you as their dentist.

Phone Calls from Prospective Patients

Even though people are doing more from their computers, phones and tablets, a phone call is still likely to be the first communication with your practice. Follow these tips to make a patient’s right connection:

- Try to answer every phone call by the third ring.
- The person who answers the phone should speak “with a smile” in his/her voice. Try it; having a smile on your face really does make your voice friendlier.
- Have a standard greeting that is used without exception by everyone who answers the phone. Make sure it mentions the name of the practice, the name of the person speaking and that it invites the caller to share the reason for their call.
- Use scripts to handle the most frequent topics covered over the phone, whether it’s visiting the practice, changing or canceling an appointment, or handling an emergency, etc.
  - Scripts ensure that the same message is communicated to every patient every time.
  - Have your team role play different telephone scenarios so they become comfortable with them.
- Don’t allow interruptions or put callers on hold unless there is a medical emergency or a situation that requires staff members to abandon their duties. Short holds to answer another line before the fourth ring may be necessary.
- Once callers indicate they’re interested in a first appointment, restate your name and ask for theirs.
REFERRAL for Medical Care (Child)

From: Dr. [Name] DDS/DMD  
Practice Name (if applicable)  
Dr. Street Address  
Dr. City, state, zip  
Dr. Telephone/fax number  
Dr. Email address  

To: Dr. [Name] MD/DO  
Dr. Street Address  
Dr. City, state, zip  
Dr. Telephone/fax number  
Dr. Email address  

Date: ____________________________  □ Urgent care  □ Routine care

We are referring:

Patient name: ____________________________________________

Date of birth: ____________________________  Gender: □ Male  □ Female

Parent/Guardian: ____________________________________________

Street address: ____________________________________________

City/State/Zip Code: ____________________________________________

Cell phone: ________________  Home phone: ________________  Work phone: ________________

Language spoken at home: □ English  □ Other preferred language: ____________________________

Appointment:

□ Appointment scheduled on: ____________________________ at: __________________ AM/PM

□ Parent/Guardian will call for appointment

Reason for Referral: (check all that apply)

□ Medical evaluation related to the following (prior to dental treatment)

□ Immunization record

□ Evaluation for systemic disease

□ Evaluation of allergic reaction to: ____________________________

□ Establish medical home; routine medical care: ____________________________

□ Other: ____________________________
Don’t Forget! Check your state’s dental practice to see what’s allowable and legal under local laws and regulations before you make any marketing plans. Regulations vary so it’s important that you know your state’s restrictions, requirements, and even its stipulations about contests and “thank you” gifts for patient referrals.

It’s also a good idea to review the ADA Principles of Ethics and Code of Professional Conduct for guidance; pay special attention to sections 5.F., 5.H. and 5.I. These sections review advertising, announcing specialization and limitation of practice, and general practitioner announcement of services.

Market Research

Having accurate market research will help you identify what audience, or types of patients, to target. Knowing what groups to target will help you identify the most effective way to reach them. If you don’t know your target, you can’t expect to hit it. Knowing who and where your target is and what matters to them will help you plan marketing campaigns that let patients know why your practice is the right one for them. Knowing what makes one practice stand out from others is known as differentiation and will help you create a brand for your practice. That knowledge will be instrumental as you develop your marketing campaign and identify which marketing tactics and outlets to use.

The first major step to any marketing campaign involves several smaller steps:

1. Know the type of advertising you’ve done and how successful it’s been
2. Learn more about other dentists practicing in your area
3. Understand your current market, or patient base
4. Identify your target market, or the types of patients you want in your practice
5. Determine how much new business your practice can handle

That information will serve as the baseline data, or metrics, that you will use to gauge the success of future marketing efforts.

Gathering market research about your practice doesn’t have to be intimidating. Your primary purpose is to collect information about your patient population, how new patients became aware of your practice, the types of advertising you’ve been doing, and the results of each campaign or type of ad.

Your office or administrative manager can help collect this information by researching information on your previous advertising efforts, gathering information about other, similar practices in your community, and conducting a brief patient survey.

Data on your current or recent marketing efforts should recap:

- Type of media used and when the campaign ran
- The length and cost of each campaign
- The number of prospective patients who called the office in response to the campaign
- The number of prospective patients who scheduled — and kept — appointments

Information about other practices in the community can be gathered by viewing the websites of similar practices within a specific geographic area, such as a 5–10 mile radius. Have the person assisting you in this research focus their efforts on practices similar to yours, such as general dentistry or specialty.

Collect data on:

- Types of services provided, including cosmetic and elective procedures
- Number of doctors
- Office hours
- Dental benefit plans accepted, if available online
- Any special offers or promotions
- Online availability of a practice newsletter, blog, videos, etc.

Most of the demographic data about patients is available in your patient records and sample survey questions and tips are available in the articles in The Patient Survey section of this book. Information to be collected should include:

- Who they are
- Where they live
- Their initial oral health status
- How they learned about your practice
Many times, service providers or business owners who receive negative ratings say that online ratings sites are unfair and that allowing reviewers to post anonymously encourages them to post without regard for the facts. While that may or may not be true, the reality is that online reviews are a fact of life in today’s online world.

If your practice is the subject of a negative online review, you may be able to protect its online reputation, or minimize the fallout, by following the steps below.

- Decide how to handle any negative review on a case-by-case basis. Some dentists opt to simply ignore them.
- If you decide to respond, do not engage or get drawn into an online debate over the incident that prompted the negative review. Doing so can make you appear defensive, confrontational, or accusative and may inadvertently reveal protected healthcare information.
- Make sure that any response presents you as the caring, concerned and compassionate dentist you are. Consider a statement along the lines of:
  “I’m sorry to hear that you had a less than exceptional experience at our office. I would like to learn more about what happened and how we can improve the situation. Please contact us as soon as possible so we can make things better.”
- Also make certain that any response offers no hint as to the identity of the person posting; always protect the patient’s privacy.

Online Reviews/Social Media

According to the marketing intelligence agency Mintel, 70% of those consumers who seek advice before purchasing a product or service visit online review sites for information as part of the decision-making process. Many times, service providers or business owners who receive negative ratings say that online ratings sites are unfair and that allowing reviewers to post anonymously encourages them to post without regard for the facts. While that may or may not be true, the reality is that online reviews are a fact of life in today’s online world.

Resources:

- The FTC’s Advertising FAQ’s: A Guide for Small Business
  ftc.gov/tips-advice/business-center/guidance/advertising-faqs-guide-small-business
- The FTC’s Advertising and Marketing on the Internet: Rules of the Road
  ftc.gov/tips-advice/business-center/guidance/advertising-marketing-internet-rules-road
- The FTC’s U.S. Safe Web Act
  ftc.gov/enforcement/statutes/us-safe-web-act
- The FTC’s Policy Statement on Deception
- The FTC’s Endorsement Guides: What People Are Asking
- The ADA Practical Guide to Creating an Employee Policy Manual
  adacatalog.org
### SAMPLE CONTENT CALENDAR – DENTAL TOPICS

<table>
<thead>
<tr>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Birth Defects Awareness Month</td>
<td>National Children's Dental Health Month</td>
<td>National Nutrition Month</td>
</tr>
<tr>
<td>Cervical Health Awareness Month</td>
<td>American Heart Month</td>
<td>3/6 – Dentist's Day</td>
</tr>
<tr>
<td>National Blood Donor Month</td>
<td>National Give Kids A Smile® Day – first Friday of the month</td>
<td>Dental Assistant’s Recognition Week – usually early in the month</td>
</tr>
<tr>
<td></td>
<td>2/28 – National Tooth Fairy Day</td>
<td>Root Canal Awareness Week – usually in late March</td>
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<thead>
<tr>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Facial Protection Month</td>
<td>National Sleep Month</td>
<td>OPP Health Month</td>
</tr>
<tr>
<td>National Autism Awareness Month</td>
<td>Lyme Disease Awareness Month</td>
<td>Home Safety Month</td>
</tr>
<tr>
<td>Stress Awareness Month</td>
<td>National Asthma/GP/Delayed Asthma Month</td>
<td>7/14 – World Blood Donor Day</td>
</tr>
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<table>
<thead>
<tr>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Cleft and Craniofacial Awareness and Prevention Month</td>
<td>8/22 – National Tooth Fairy Day</td>
<td>National Gum Care Month</td>
</tr>
<tr>
<td>National Fireworks Safety Month</td>
<td>National Immigration Awareness Month</td>
<td>National Cholesterol Education Month</td>
</tr>
<tr>
<td>UV Safety Month</td>
<td>National Health Center Week</td>
<td>Fruit and Veggie Month</td>
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</tbody>
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<table>
<thead>
<tr>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
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</thead>
<tbody>
<tr>
<td>National Dental Hygiene Month</td>
<td>National TMJ Awareness Month</td>
<td>International AIDS Awareness Month</td>
</tr>
<tr>
<td>Breast Cancer Awareness Month</td>
<td>National Diabetes Month</td>
<td>National Influenza Vaccine Week</td>
</tr>
<tr>
<td>Healthy Living Month</td>
<td>Mouth Cancer Awareness Month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/14 – World Diabetes Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/20 – Great American Smoke Out</td>
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</tr>
</tbody>
</table>

### SAMPLE CONTENT CALENDAR – NON-DENTAL TOPICS

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>EXERCISE</th>
<th>DIET/NUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculating Your Body Mass Index/Why BMI Matters</td>
<td>Marathon Runner’s Checklist/What to Look for When Buying Running Shoes</td>
<td>Going for Grocery Gold/Healthy Foods That Should Be a Staple in Everyone’s Diet</td>
</tr>
<tr>
<td>Get Regular Physical Checkups</td>
<td>Watch Out, Weekend Warriors!</td>
<td>Avoid Processed Junk Food</td>
</tr>
<tr>
<td>Sleep and Stress Tips</td>
<td>Ideas on Ways to Exercise</td>
<td>Weight Loss Tips</td>
</tr>
<tr>
<td>Seniors, Get a Pneumonia Shot</td>
<td>Warming Up and Cooling Down</td>
<td>Curb Your Sweet Tooth</td>
</tr>
<tr>
<td>Smoking in America</td>
<td>Avoid Exercise-Related Injury</td>
<td>Stock Up on Nutritious, Easy-to-Eat Foods</td>
</tr>
<tr>
<td>Cancer in America</td>
<td>Exercise Without Overheating</td>
<td>Pay Attention to Calories</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Exercise and Mental Health</td>
<td>Weigh Yourself Regularly</td>
</tr>
<tr>
<td>Obesity in America</td>
<td>Joining a Health Club</td>
<td>Police Your Portions</td>
</tr>
<tr>
<td>Eat Dark Chocolate</td>
<td>Exercise Tips to Lose Weight</td>
<td>Fill Up on Antioxidants</td>
</tr>
<tr>
<td>Lifetime Preventive Care</td>
<td>Sticking to Exercise</td>
<td>Combat Cocktail Hour</td>
</tr>
<tr>
<td>Cardiovascular Health</td>
<td>Weightlifting</td>
<td>Know What to Eat When You Race</td>
</tr>
<tr>
<td>Vaccines</td>
<td>Find a Fitness Friend</td>
<td>Drink Plenty of H2O</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>Releve Achy Muscles</td>
<td>Make Your Healthy Food Fun</td>
</tr>
<tr>
<td>Alcohol/Drug Safety</td>
<td>Keep Your Cholesterol Down</td>
<td></td>
</tr>
<tr>
<td>Keep Your Cholesterol Down</td>
<td>Get a Flu Shot</td>
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<tr>
<td>Sticking to Exercise</td>
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<tr>
<td>Weightlifting</td>
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<tr>
<td>Find a Fitness Friend</td>
<td></td>
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<tr>
<td>Releve Achy Muscles</td>
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<tr>
<td>Pick Your Perfect Tunes</td>
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Managing the Dental Team

Best practices
Managing the Dental Team

SAMPLE POSITION DESCRIPTION

Office Manager

Reports to: ______________________

PRIMARY RESPONSIBILITIES

Responsible for administering the day-to-day activities of the business office, including: patient and employee relations; staff interviewing/dismissal; management of marketing and communications efforts; ensuring regulatory compliance; staff training and motivation. Assist the dentist with other tasks as assigned.

SPECIFIC DUTIES

- Manage day-to-day operations of dental office
- Manage and direct staff assignments and activities, in accordance with office policies and applicable laws
- Manage compliance with OSHA, state and federal regulations
- Know and follow dental office contingency plan
- Stay current with trends, legislation and regulations in the dental profession
- Manage patient financial accounts
- Manage the hiring and ongoing performance of staff
- Manage and update office computer systems

Patient Management

- Oversee patient relations and handle patient complaints
- Help explain office policy to patients
- Help support staff as needed (i.e., appointment scheduling, collections, insurance, etc.)
- Monitor patient relations with regular patient satisfaction surveys

Staff Management

- Assign, direct and manage staff duties, as assigned by the dentist
- Determine staff schedules
- Recruit, interview and hire employees as directed by the dentist
- Orient and train new staff
- Organize staff training on OSHA and HIPAA compliance
- Display any posters required by federal, state or local law
- Monitor staff performance
- Conduct staff and salary reviews
- Coordinate team meetings
- Engage in conflict resolution
- Help arrange for staff CE
- Make business travel arrangements for dentist and staff

PERSONNEL REQUIREMENTS

Education/Experience

- Must be licensed to practice in state and meet other applicable state requirements
- Must have completed at least 2 years of post-secondary education from an accredited dental hygiene program
- Experience providing prophylaxis and taking X-rays

Interpersonal

- Good interpersonal skills to maintain effective rapport with patients, dentists and coworkers
- Effective verbal skills to communicate with patients and staff

Records Management

- Securely store and handle patient records in compliance with office policies and procedures and applicable legal requirements, such as HIPAA regulations
- Accurately record medical and dental histories
- Accurately file patient information
- Arrange patient charts
- Assist in the administration of the recall system

Office Participation

- Be an active participant in team meetings
- Promote team concept by interacting with others in the office

SAMPLE POSITION DESCRIPTION

- Assemble soiled instruments and place in sterilization area
- Clean treatment room surfaces with disinfectant solution
- Pre-soak soiled instruments in a disinfectant
- Sort and package instruments by tray for proper sterilization
- Load, activate and vent the sterilization unit according to manufacturer’s directions
- Store instruments and trays in appropriate places
• The applicant's skill set.
  Ask specific questions about their training and experience. Not only will this give you an idea of the person's abilities, it will also give you an idea of their communications skills.

• Their ability to integrate into the practice.
  Confirm whether they're seeking part-time or full-time employment and what type of practice environment they prefer. Find out what they did and didn't like about the cultures of previous employers. Does what they want match the needs of the open position and the culture of your practice?

• Their personal aspirations.
  Find out what about your ad appealed to them and why they were inspired to respond. This will offer some insights regarding what matters to and motivates each person. Avoid asking questions like “What do you expect to be doing in five years?” since the answers rarely offer meaningful information.

Candidates who successfully complete the initial telephone screening phase should be told that they will be invited to the practice for an in-person interview. If possible, arrange the appointment before finishing the call. Let them know the time and place, any specifics about parking, whom they will meet, what they should bring, and how long they can expect the interview to take.

Candidates who will not be invited for in-person interviews should be politely thanked for their time and advised that someone from the practice will be in touch if you need any additional information. Do your best to end the call on a positive note by wishing them well in their search for new opportunities.

Resources:
• Telephone Screening Questionnaire
Consider working with a company that can confirm credentialing and any other verification of privileges you might need. Implement a schedule for confirming staff recredentialing and licensure verification; every three years is usually sufficient. Advise the company conducting the background check in advance of the type of information they should include in their report to you. Make sure that the information requested directly relates to categories related to the job functions that the individual will perform.

- The type of information can vary depending upon the position being filled. For instance, you will want to conduct different types of background checks for bookkeepers and office managers than you will for dental assistants. You should ask that arrest information NOT be included in background check reports, as it is illegal in many states to make job decisions based only on an arrest record.

Notify the vendor conducting background checks for the practice that they should not check social media sites that might yield information that could be perceived as creating a bias based on information that isn’t relevant to the position being filled.

To Applicant:

Please read this document carefully. If you agree to the statements, terms, and conditions stated below, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification of Accuracy of Statements Made in Employment Application:

I hereby certify that the information provided in my employment application dated _________________ (and any resume or other materials submitted by me in connection with my effort to obtain employment) with ________________________ (company name) is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with ________________________ (company name), or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials: _______

B. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated ________________ (and any resume or other materials submitted by me in connection with my effort to obtain employment) with ________________________ (company name).

I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide ________________________ (company name) with any information requested that may be relevant and useful to ________________________ (company name) in making a hiring decision.

I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.

Initials: _______

C. Contact with Current Employer:

I DO ____/DO NOT ____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials: _______

Date: __________________________________________________________________________________

Signed: ______________________________________________________________________________

Print Name: ____________________________________________________________________________
Managing regulations is easier with this ADA resource. Get quick overviews, checklists, do's and don'ts, tip sheets and FAQ on how to comply with the most common regulations that impact your dental practice. Find out about regulations from the:

- DEA
- CDC
- OSHA
- HIPAA
- EPA and
- ACA-1557

Best practices

Discusses regulations from:

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Drug Enforcement Agency (DEA)
- Environmental Protection Agency (EPA)
- Occupational Safety and Health Administration (OSHA)
- Office for Civil Rights (OCR)
Introduction

You already know that dental practices are subject to numerous regulations from multiple agencies at the federal, state and local levels. While they may seem onerous and never-ending, it’s important to keep in mind that regulations exist to ensure the safety of a broad community of stakeholders including your patients, the members of your team, you, and even the world around us.

Managing the Regulatory Environment in the Practice: What It Means and Why It Matters

Adherence to current regulations and guidelines is one of the most challenging aspects of running a dental practice, especially since it requires dealing with so many different agencies. Being knowledgeable about current regulations and working towards compliance are critical steps for practices to attain both a safe dental office and peace of mind.

The regulations imposed upon the healthcare industry are intended to make every treatment environment a safe one. By following regulations, you and all other healthcare workers demonstrate and reaffirm your commitment to providing patients, team members and the broader community a safe environment. The ADA’s Principles of Ethics and Code of Professional Conduct addresses regulatory compliance in its discussions of ensuring that every dentist practices in an ethical manner and in accordance with the standards of practice to date. Another benefit to following the regulations is that doing so may minimize your potential liability from any adverse outcomes.

Following all applicable regulations and guidelines in your dental practice can also protect your dental practice as a business. Today’s dental patients expect certain precautions to be in place and, while they may not comment about it, they notice when a practice consistently follows protocols designed to protect everyone. They also notice when a dental office doesn’t comply, especially since those types of violations typically receive a great deal of publicity. While a patient might not comment about any perceived oversights personally to you or someone on your staff, they may opt to seek care elsewhere just as a precaution. Or they may opt to file a report that alleges the failure to follow certain protocols with the appropriate regulatory agency.

Being knowledgeable about current regulations and working towards compliance are critical steps for practices to attain both a safe dental office and peace of mind.

Following all applicable regulations and guidelines in your dental practice can also protect your dental practice as a business.
# ADA Do’s and Don’ts for Maintaining Dental Unit Water Lines

## DO’S

- Check with your state’s dental board to determine whether it has regulations or standards regarding maintenance of dental unit water lines.

- Make sure staff is trained and knowledgeable about water lines maintenance procedures and any products used.
  - Staff should read product labels for any disinfectants used in dental unit water lines.
  - All clinical staff should know the appropriate water quality for performing routine procedures versus that needed when performing oral-surgical procedures since their requirements do vary.

- Create and use a checklist to help ensure that all steps related to water line safety are being followed.

- Make sure the practice’s water line treatment schedule includes water quality monitoring.

- Follow recommendations for monitoring water quality provided by the manufacturer of the dental unit or waterline treatment product.
  - Many practices use water quality indicators, which are typically easy to use, inexpensive, and provide accurate results.
  - If using the municipal water supply for the dental unit water supply, another option is to use mail-in testing kits which involve shipping water samples to a laboratory for analysis.

- Assign someone on the team the daily responsibility of monitoring local alerts to find out whether any boil water orders have been issued.

- Always follow each manufacturer’s guidelines for product and equipment set-up, use, cleaning, storage, etc.
  - Change filters and treat water lines with shock treatment according to the manufacturer’s recommendations.

- The doctor should always sign the task list as documentation that testing of the water lines occurred.

## DON’TS

- Don’t rely on flushing alone to remove biofilm buildup from water lines.
Long gone are the days when healthcare facilities were able to pour unused pharmaceuticals down the drain or dispose of them by flushing. Nowadays, the disposal of pharmaceuticals and other types of waste generated by healthcare facilities are regulated by the Environmental Protection Agency (EPA). This action was prompted, in part, by concern over the presence of pharmaceutical compounds in the nation's rivers, lakes, streams and drinking waters.

EPA writes regulations that implement environmental laws passed by the U.S. Congress, and the national standards established by the agency are often emulated in state laws. EPA also enforces its regulations and tries to help businesses understand the requirements.

Guided by its mission “to protect human health and the environment,” EPA has seven purposes; four are most directly related to the dental environment. They are to ensure that:

- all Americans are protected from significant risks to human health and the environment where they live, learn and work
- national efforts to reduce environmental risk are based on the best available scientific information
- federal laws protecting human health and the environment are enforced fairly and effectively
- environmental protection is an integral consideration in U.S. policies concerning natural resources, human health, economic growth, energy, transportation, agriculture, industry, and international trade, and these factors are similarly considered in establishing environmental policy

Managing Professional Risks

Best practices
Introduction

Dentists do a lot more than dentistry.

Everything you do in your role as “the dentist” requires you to be aware of — and manage — some type of risk. You’re managing risk even when you’re:

- Communicating with patients
- Managing the financial aspects of the business
- Hiring and supervising staff
- Conducting or overseeing marketing activities
- Ensuring that everything done on-site complies with all of the federal, state and local regulations whether it relates to actually doing dentistry or not.

Many dentists go through their entire careers without experiencing any situation that has the potential to do severe professional, reputational or financial harm. Yet, things can happen that have nothing to do with the appropriate and professional care that you provided to a patient.

Each year, the American Dental Association (ADA) receives hundreds of calls from dentists asking how to find a lawyer and guidance on getting the right type of legal advice. While the ADA’s national headquarters can’t provide individual members with legal advice or local referrals, they do encourage dentists to have the right attorney and the right liability carrier to help them navigate challenging situations.

Identifying the risks that exist in a dental practice is the first step to effectively managing them. Once you know what the risks are, you can develop plans, systems and protocols to reduce the likelihood that one of those possible risks will become a reality that has the potential to significantly damage your ability to practice, your professional reputation and your financial stability.

Risk management systems, sometimes called assessments, can be triggered in many ways: they can result from an audit, or from an awareness that something can be improved, such as a suggestion gleaned from a colleague or a continuing education program. Regardless of what prompted the assessment, the important thing is that you have an effective system in place before you need it.

While risk assessments that are prompted by specific incidents that happen in the dental practice may be troubling, it’s helpful to view them as teachable moments. Look at these situations as an opportunity to improve your processes going forward.

Many risk assessments start with a review of the dental record, or patient chart. When properly managed, this official record can be an invaluable defense if you’re ever accused of malpractice or receive a complaint from your state dental board or insurance audit. The thing to remember is that every entry for every patient matters every time.
The Doctor/Patient Relationship

One of the most effective ways to mitigate many of the risks inherent in practicing dentistry is to create and nurture a positive relationship with every patient. The way you and your team manage the patient experience can go a long way towards developing a partnership based on mutual respect and supported by open and clear communication.

Doctor/patient relationships don’t always start in the operatory, or even at the office. A patient may get to know you or a member of your staff at an event or function at any time. A doctor/patient relationship may develop when an individual relies on advice from, or an opinion of, a dentist even outside of the office environment. This is important to understand because once a doctor/patient relationship is established, the dentist has assumed responsibility for the patient’s dental care.

How you manage that initial contact will set the parameters for a doctor/patient relationship that, when properly managed, can be a rewarding experience for each of you for a very long time.

Dental care has been driven by preventive and restorative treatment, and the foundation of every clinical procedure you recommend and perform is built on the relationship you’ve established with each patient.

Every communication you have with every patient will reinforce their opinion of you and the care they receive from you and your staff. Positive experiences establish — and strengthen — positive relationships, which may reduce the likelihood of a dissatisfied patient filing a lawsuit, formal complaint with the state dental board, peer review, or dental insurance carrier.

Strong doctor/patient relationships require trust from both parties:

- Patients must be able to trust that they can be completely open and forthright when communicating with you about their overall health status, any prescribed or recreational drug use, compliance with home care instructions, etc.
- It’s important for them to know that you and your staff need this information in order to accurately assess their oral health needs and design an appropriate treatment plan.
- Providers must be able to trust that patients have provided comprehensive pictures of their current medical conditions.
- Recognize that some patients may not understand why their dentist is asking for information about their personal medical histories, drug use or even their personal behaviors.
Dental practices are required to give reasonable accommodations to people with disabilities and must make a reasonable attempt to respond to the request.

- This requirement applies to both current and prospective patients as well as to current and prospective staff.

Always recognize a request for an accommodation.

- You may request documentation of a disability but may not request medical information.
- The process is triggered when an employee says they need accommodation.

Be mindful that all disabilities apply under the Act.

Your employee policy manual should include definitions and policy statements regarding accommodations.

Accessibility to the practice’s website can also be a matter of ADA compliance if the dental practice is covered by the U.S. Department of Health and Human Services’ (HHS) final rule under Section 1557 of the Affordable Care Act.

- The U.S. Department of Justice’s (DOJ) Civil Rights Division enforces the ADA and has interpreted Title III of the Act to require businesses to make their websites accessible to individuals with disabilities.
  - At the time this information was developed, the DOJ had not yet issued a final rule on standards for website accessibility under Title II of the ADA.
  - The DOJ’s Website Accessibility Under Title II of the Americans with Disabilities Act
  - Consider discussing this issue with your website developer and consider requiring that person or company to ensure that your practice’s website meets existing standards, such as the Title II standards and/or the Web Accessibility Initiative (W3C) Web Content Accessibility (WCAG) 2.0 requirements Level AA.
  - The Web Accessibility Initiative offers helpful resources, including How to Meet WCAG 2.0.

Consult these resources from the American Dental Association (ADA) for more information:

- “Special Considerations” article from the ADA Guidelines for Practice Success™ (GPS™) module on Managing Patients
- “Recruiting: The Interview Process and Terminations” from the ADA Guidelines for Practice Success™ (GPS™) module on Managing the Dental Team
- “Safeguarding Patient Information, Website Security and Accessibility” from the ADA Guidelines for Practice Success™ (GPS™) module on Managing Marketing
- Section 1557 Auxiliary Aids and Services FAQ, Individuals with Disabilities: Auxiliary Aids and Services for Effective Communication
- ADA Q&A: Service Animals (webinar)
Managing Pregnancy

Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members
Transforming Care for Every Small and Sick Newborn offers valuable information to assist parents of infants with health issues.

Special Considerations for Pregnant Dentists Who Are Practice Owners and Managers

As the owner of the practice, you have a little more latitude in deciding the length of your leave, although you also have more responsibilities since your patients and staff have been patiently waiting for your return.

Find out what resources may already be available in your community. If the resources you need do not exist, work within your network of friends and colleagues to see if it is possible to get support systems in place.

- Dental offices facing temporary staffing shortages in various situations, such as maternity/parental leave, sometimes hire locum tenens dentists to fill those gaps. Locum tenens dentists can support a practice for almost any time period, ranging from just a few days to months and sometimes even years.

- Check with your state and local dental associations to see if they have a list of locum tenens dentists in your area. Contact information for state and local dental associations is available from the American Dental Association.

- If you decide to retain another doctor to treat patients in your absence, such as through a locum tenens agreement, consult your certified public accountant (CPA) to ensure that the dentist is properly classified as an employee and that you are in compliance with any federal and state rules regarding worker classification.

- Other options include forming a co-op among other dentists who are also new parents, taking turns staffing each other’s practices to support better work-life balance, or establishing a mutual aid agreement.

- Mutual aid agreements in dentistry are arrangements among dentists who agree to temporarily cover a colleague’s office and patients until the dentist returns to the practice or, if the dentist is unable to return to practice, until the practice can be sold. See the Guidelines for The Development of Mutual Aid Agreements in Dentistry, a comprehensive resource developed by the ADA’s Council on Dental Practice, for tips on how to set one up and details on the protections and responsibilities involved in a mutual aid agreement.

- It is important to know that in order for patients to be fully engaged in and informed about treatment, dentists have an ethical obligation to inform them of changes such as the dentist being away on maternity leave, the temporary closing of the practice, or the decision to implement a mutual aid arrangement and/or involve a locum tenens dentist in the practice. Guidance on matters relating to Patient Autonomy is available in Section 1 of the ADA Principles of Ethics and Code of Professional Conduct.

Decide how to notify patients that you are returning to the practice. Some states have no legal requirements mandating that you notify patients that you will be on leave. Make sure you know the laws in your state. Recognize that some patients, especially those on a six-month recall schedule, may not even know that you were on leave.
Special Considerations for Pregnant Dentists Who Are Associates/Employee Dentists

Balancing the obligations you feel toward your family, patients, and employer can be difficult. As an associate/employee dentist, you may have limited latitude regarding when to return to work. You may also struggle with the decision after hearing stories about dentists who return to work full time within a few weeks of giving birth after delivery, others who opt for a part-time schedule, and those who are able to delay their return for months or even years.

Review your employment contract/agreement to determine whether it contains any stipulations regarding returning to work after medical leave.

Also find out whether there are penalties or requirements for exiting the agreement and whether or not you are able to accept the consequences of delaying your return.

Resources

From the American Dental Association:

- ADA Principles of Ethics and Code of Professional Conduct, Sections 1–3

- Contact information for National, State and Local Dental Societies
  https://ebusiness.ADA.org/mystate.aspx

- The Council on Dental Practice’s Guidelines for The Development of Mutual Aid Agreements in Dentistry
  www.ADA.org~/~media/ADA/Member%20Center/Files/dentalpractice_mutualaid.ashx

From the World Health Organization:

- Survive and Thrive: Transforming Care for Every Small and Sick Newborn
Section 2. Pregnancy Health and Wellness

Carpal Tunnel Syndrome, Ergonomic Issues, and Physical Therapy

Practicing dentistry often involves being in certain postures and performing repetitive hand motions for long periods of time. Those stressors can lead to discomfort, pain, and musculoskeletal issues; in fact, a review of literature on the topic indicates that 64 to 93 percent of dentists report general musculoskeletal pain.1,2

Pregnancy changes the body’s biomechanics, including the amount of pressure on the spine, the ability to sit for long periods of time, the ease of reaching toward or over a patient, and even the ability to hold instruments and tools.

Carpal Tunnel Syndrome (CTS)

According to the National Institutes of Health, carpal tunnel syndrome (CTS) occurs when the median nerve, the nerve that runs from the forearm to the palm, gets compressed at the wrist.

The median nerve controls sensation to the palm-side of the thumb, index finger, middle finger, and half of the ring finger. It also provides the strength and ability to move certain muscles of the thumb and fingers.

CTS may occur because of increased pressure of the carpal tunnel due to irritation, inflammation, or increased fluid in the area compressing the median nerve. CTS can be diagnosed through a clinical assessment or with advanced diagnostic tests, such as:

- Electrodiagnostic testing, which involves a nerve conduction study to measure electrical activity of the nerves and muscles by assessing the nerve’s ability to send a signal along the nerve or to the muscle.
- Ultrasound imaging, which can show abnormal size of the median nerve.
- Magnetic resonance imaging (MRI), which shows the anatomy of the wrist, but this option has not been especially useful in diagnosing CTS.

The Carpal Tunnel Syndrome Fact Sheet published by the National Institutes of Health’s National Institute of Neurological Disorders and Stroke (NINDS), provides extensive information about CTS and its causes and treatment. The repeated use of vibrating hand tools by dentists may present a particular risk for developing CTS.

1 https://pdfs.semanticscholar.org/8900/1e66bd871847f6f35oe40b36b9ecb464ef0d9.pdf
Pregnancy and having a new baby can cause you to experience a broad range of emotions. It is common for women to feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings resolve on their own. But for others, these emotions are more serious and may present for some time.

These feelings are not caused by something you did or did not do. In fact, depression and anxiety that happen during the first year after the birth of your baby are considered medical conditions and can be treated if you seek help.

The information detailed here should not be considered medical advice; it is an opportunity to let mothers experiencing these unfamiliar emotions know that they are not alone and that help and support are available.

**Postpartum Blues**

Women with postpartum blues typically experience unusual feelings and exhibit uncharacteristic behaviors within two to three days after childbirth. Common signs of postpartum blues include:

- Feeling depressed and/or anxious
- Being upset easily
- Feeling angry with the new baby, other children, or your partner
- Crying for no clear reason
- Having trouble sleeping, eating, and making choices
- Questioning whether you can handle caring for a baby

Postpartum blues may come and go in the first few days after childbirth and usually improve within a few days or within one to two weeks without treatment.

**Postpartum Depression**

Women with postpartum depression experience intense feelings of sadness, anxiety, or despair that prevent them from being able to do daily tasks. Postpartum depression usually begins about one to three weeks after childbirth but can occur up to one year after delivery.

Left untreated, postpartum depression can last for months or even years. In addition to affecting the mother’s health, it can interfere with her ability to connect with and care for her baby and may cause the baby to develop problems with sleeping, eating, and behavior as they grow.

Common factors relating to postpartum depression include:

- **Hormonal changes.** Depression can be triggered as levels of estrogen and progesterone decrease sharply in the hours after childbirth.
Breastfeeding and Pumping

According to the Centers for Disease Control and Prevention (CDC), more than 83 percent of the infants born in the United States in 2015 were breastfed; nearly 58 percent were still breastfeeding at 6 months and nearly 36 percent were breastfeeding at 12 months.3

Breastfeeding

Ideally, you and your physician discussed the value of breastfeeding your baby early on in your pregnancy as part of your regular prenatal care.

While many advocate for exclusive breastfeeding during the child’s first six months, the decision to breastfeed is a personal one and your healthcare provider should support whatever decision you make. That decision does not have to be an all-or-nothing proposition—some women breastfeed exclusively, others not at all, and some manage a mixed feeding schedule that includes both breastfeeding and using either pumped breast milk or formula. It is also up to you to decide how long to breastfeed: a few months, a year, or longer. The right length of time is the time that works best for you. A good rule of thumb is to include your spouse or partner in the breastfeeding discussions you have with your physician. This ensures everyone has the same information and may provide you with an additional source of support, regardless of what decision you make. It also gives your partner the opportunity to ask questions of someone who is an authority on the topic without worrying about being seen as advocating for one decision more than another.

Talk candidly with your physician about any questions relating to nursing that you might have. Confirm with your physician that any medications you take and any scheduled vaccinations are safe during breastfeeding. Be honest about any difficulties you might experience breastfeeding. Your physician may recommend screening, treatment, or referral to a certified lactation consultant who can support you. Consider pasteurized donor human breast milk as an alternative if you are unable to breastfeed. Your doctor or certified lactation consultant may be able to advise you.

Once you return to work, plan your day to accommodate your breastfeeding or nursing schedule. Consider incorporating pumping into your daily schedule a few weeks before you return to practice.

The benefits to this are two-fold—not only does it give you time to practice pumping, it also gives your child time to get used to and accept being bottle fed. Stay hydrated and eat nutritious snacks throughout the day since breastfeeding and pumping lowers blood sugar.

Consider scheduling 15- to 30-minute time blocks throughout the day to accommodate nursing or pumping; this can be very helpful, especially in the first few months. Many women find that nursing can be less predictable than pumping and therefore can take more time.

3 www.cdc.gov/breastfeeding/data/reportcard.htm
Chapter 3. Managing Pregnancy as a Practice Owner or Manager

While there’s no all-inclusive list of questions and answers that can cover every possible situation involving pregnancy, you can prepare for many of them by considering possible scenarios and developing action plans to implement if needed. The following list of suggested topics and questions can help you get started.

Personal Health Considerations

Maintaining your health is key during this special time. Planning in advance can also help ease stress during pregnancy.

During Pregnancy

It is important to outline the steps the dental team should take if the practice owner or manager experiences a medical event that requires attention.

The emergency plan should include the following information:

- The owner or manager's physician’s name and contact information
- An outline detailing who else to contact and their contact information
- Information regarding the order in which the contacts should be notified of the medical event, as well as who should be contacted if the spouse or partner is not available
- The name and address of the hospital where the owner or manager plans to deliver the baby
- A listing of all the medications and supplements the owner is currently taking as well as information about allergies

The owner or manager should decide which staff member should serve as their primary (and secondary) advocate in case they need that type of support.

The owner or manager should:

- Ask those individuals, in private, if they are willing to accept that responsibility
- Share the plan with their staff
- Ensure the entire team knows who the primary advocates are so there is no confusion among the team regarding who should take action in case of a medical event

It is important to outline the steps the dental team should take if the practice owner or manager experiences a medical event that requires attention.
Chapter 4. Concerns for Pregnant Associates/Employee Dentists

Maternity/Parental Leaves of Absence

The amount of time you can take as for maternity/parental leave is an important concern for any new parent. It is also a concern for the parent's employer. The level of benefits, if any, can depend on many factors including your employer's policies and the number of people employed. It may also be influenced by the number of practices, as well as their locations.

Of course, a primary consideration is whether the practice has 50 or more employees—if so, it must follow the requirements of the U.S. Department of Labor’s Family and Medical Leave Act (FMLA). More information about the Act can be found in Chapter 6 in the section "Highlights of the U.S. Department of Labor’s Family and Medical Leave Act (FMLA)."

New dentists and dental students sometimes inquire about the wisdom of attempting to negotiate parental leave into their employment agreements or contracts. While the decision regarding whether to broach the subject during an interview or the negotiating phase is completely up to you, many human resources professionals advise against discussing the topic since your prospective employer is bound by all applicable federal and state regulations and likely already has policies in place regarding staff medical leave.

It is possible that your employer may have a single standard employment contract or agreement for all employees and amending the language of the contract for you could put him or her in a tenuous position should someone else allege favoritism or unfair treatment.

In addition, while it would be illegal for a prospective employer to not offer someone a position because they may be thinking about starting a family, it is possible that knowing you plan to do so could cause the hiring manager to scrutinize your skills and career history more thoroughly than those of other candidates.

Be aware that some states have laws regarding medical or parental leaves that are sometimes more restrictive than those issued by the federal government. The National Partnership for Women and Families has created a table detailing the status of state paid family and medical leave insurance laws that may provide you with some helpful information.

The Executive Board of the American College of Obstetricians and Gynecologists (ACOG) and the American Congress of Obstetricians and Gynecologists have issued a policy statement on paid parental leave that offers guidelines intended to serve as...
Most human resources consultants would likely advise you to treat all employees in similar circumstances and health conditions equally. Since the applicable federal, state, and local laws typically apply equally to everyone, your practice policies should as well.

**FAQ on Pregnancy-Related Benefits**

While it is impossible to predict every question an expectant staff member will ask, you may want to consider some of the potential questions that might arise regarding the practice’s benefits and policies on pregnancy, nursing, and maternity leave. This FAQ can help you prepare for those questions and possibly determine if it is time to update existing benefits and practices.

**What am I required to do for a pregnant employee?**
The easy answer is that you are required to follow all federal, state, and local laws that apply to your practice. Yet the easy answer may not be the complete answer.

Consider what all of your employees, not just the pregnant ones or those who are new parents, would like you to do and compare that to the practice’s resources. If you think you might have the capacity to increase or add new benefits, talk to your business advisors, such as your attorney and financial consultant, to make sure you can expand your benefits package. If they agree that it is possible, talk to your staff to confirm that they will value the changes you are considering before proceeding.

If you need general suggestions regarding valued employee benefits, some human resources professionals suggest starting with a review of the health insurance offered by the practice and determining whether it can be enhanced. Practices that cannot offer health insurance may consider looking into alternatives.

**Can I offer a higher level of benefits or make special allowances when the pregnant employee is an associate dentist?**
Most human resources consultants would likely advise you to treat all employees in similar circumstances and health conditions equally. Since the applicable federal, state, and local laws typically apply equally to everyone, your practice policies should as well. Of course, there may be some differences regarding whether employees are exempt or non-exempt; be sure to know if they apply in your office. If you are not certain, consider contacting a qualified attorney who is knowledgeable about employment law or a human resources professional.

**How do I respond when a prospective associate asks to have the maternity leave benefit detailed in the employment agreement? Or if they try to negotiate a higher level of benefit?**
It should not be a surprise that some new dentists may inquire about and even try to negotiate parental leave benefits into their employment agreements. Many of them have excessive student debt and are trying to determine how to balance paying their loans while starting a family. Your established human resources policies apply equally to all employees so there is no need to negotiate this into the associate agreement.
The U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)

The PDA prohibits employers with a minimum of 15 employees from: refusing to hire a woman because of pregnancy; firing or forcing a woman to leave her position because of pregnancy; taking away certain benefits—such as credit for previous years worked, accrued retirement benefits or seniority because of maternity leave—or firing or refusing to hire a woman because she opted to terminate a pregnancy. The Act also mandates that pregnant women be eligible for temporary job reassignment to easier duties if pregnancy makes her unable to perform her current duties.

Highlights of the U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)

The U.S. Equal Employment Opportunity Commission (EEOC) prohibits discrimination on the basis of:

- Age
- Disability
- Equal pay/compensation
- Genetic information
- Harassment
- National origin
- Pregnancy
- Race/color
- Religion
- Retaliation
- Sex
- Sexual harassment

The Pregnancy Discrimination Act of 1978 (PDA) amends Title VII of the Civil Rights Act of 1964 that made it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical/health condition related to pregnancy or childbirth. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

The PDA applies to employers, including dental practices, with at least 15 or more full-time, part-time, and temporary employees.
Reported Length of Typical Maternity/Paternity Leave

While the length of time taken for maternity/paternity leaves varies, the majority of respondents reported that the typical maternity leave was eight weeks or longer and the typical paternity was up to one week long.

<table>
<thead>
<tr>
<th>Reported Length of:</th>
<th>Typical Maternity Leave</th>
<th>Typical Paternity Leave</th>
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<tbody>
<tr>
<td>0–1 week</td>
<td>1%</td>
<td>34%</td>
</tr>
<tr>
<td>2–3 weeks</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>4–5 weeks</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>6–7 weeks</td>
<td>27%</td>
<td>5%</td>
</tr>
<tr>
<td>8 weeks or more</td>
<td>40%</td>
<td>Not asked</td>
</tr>
<tr>
<td>Not available/not offered</td>
<td>14%</td>
<td>49%</td>
</tr>
</tbody>
</table>

In terms of the length of the maternity leave based on the size of the practice, larger practices were more likely to allow for longer leaves.

<table>
<thead>
<tr>
<th>Maternity Leave</th>
<th>1–3 Dentists</th>
<th>4–7 Dentists</th>
<th>8–15 Dentists</th>
<th>16–99 Dentists</th>
<th>100+ Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–7 weeks</td>
<td>24%</td>
<td>25%</td>
<td>31%</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td>8 weeks or more</td>
<td>36%</td>
<td>35%</td>
<td>37%</td>
<td>53%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Large practices were also more likely to offer a paternity leave benefit.

<table>
<thead>
<tr>
<th></th>
<th>1–3 Dentists</th>
<th>4–7 Dentists</th>
<th>8–15 Dentists</th>
<th>16–99 Dentists</th>
<th>100+ Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–1 week</td>
<td>28%</td>
<td>31%</td>
<td>37%</td>
<td>54%</td>
<td>39%</td>
</tr>
<tr>
<td>2–3 weeks</td>
<td>15%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Accommodating Parental Leaves

Accommodating parental leaves was reported as being a challenge for most employers, especially when the absent employee was a dentist. Responses, without regard for the position held by the person on leave, varied by the size of the practice.

<table>
<thead>
<tr>
<th></th>
<th>1–3 Dentists</th>
<th>4–7 Dentists</th>
<th>8–15 Dentists</th>
<th>16–99 Dentists</th>
<th>100+ Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having other staff members work more hours</td>
<td>57%</td>
<td>53%</td>
<td>63%</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Hiring temporary help</td>
<td>49%</td>
<td>71%</td>
<td>54%</td>
<td>50%</td>
<td>39%</td>
</tr>
<tr>
<td>Reducing productivity for the length of the leave</td>
<td>31%</td>
<td>24%</td>
<td>31%</td>
<td>29%</td>
<td>30%</td>
</tr>
</tbody>
</table>