Harvard School of Dental Med. | Building Trust between Dentists and Patients with Compassion

The title of our talk today is *BuildingTrustBetweenDentistsandPatientswithCompassion.* This is the first of our series of our CPE Today initiative created by the Harvard School of Dental Medicine's Continuing Professional Education in response to the changes in the field of dentistry that we're experiencing today due to COVID-19. Our series of discussions with dental and other health care professionals will provide scholarly conversation on how to navigate the challenging times that we're facing as a dental community. Thank you all for joining us.

I'd like to introduce our panelists today, starting with Dr. Lisa Thompson, who is the program director of the Geriatric Dentistry program and instructor of Oral Health Policy and Epidemiology at the Harvard School of Dental Medicine. Dr. Brittany Seymour is an associate professor of Oral Health Policy and Epidemiology and Global Health Discipline director at the Harvard School of Dental Medicine.

Dr. Isabelle Chase is the director of the postdoctoral residency in pediatric dentistry at Boston Children's Hospital and an assistant professor at the Harvard School of Dental Medicine. Welcome to our panelists. We also have Dr. David Kim, who is the Continuing Professional Education Director at the School of Dental Medicine. He will be chiming in to take your questions. Please use the chat function if you do have questions throughout our discussion today. We hope to get to as many questions as possible.

So we want to also note that today's presentation are the thoughts of those of our panel of experts, not of HSDM or of Children's Hospital. So with that, let's get started here. Dr. Seymour, we want to first of all talk to you about a recent interview that you had with the Harvard School of Dental Medicine, where you discussed how we're all coping with our very human reactions to losing our sense of normalcy, which might include anxiety, overexposure to media, feelings of loss or grief, feelings of helplessness and/or hyper-overvigilance about our health and hygiene. From a psychological standpoint, how can we start to prepare parents and young children to return to seeing the dentist? Related to that, will you tell us about your Three Delays model?

Thank you, Tiffany. Absolutely. I think a large purpose of today is to talk about our shared communities, the things that we're going through as professionals, the things that our patients are going through. So first, I just want to thank everybody for joining and for having me today, and to express my gratitude to everyone around the world, all of you who have made tough decisions and put public health first, and are doing the right things for your patients and your practices. So thank you.

And so with that, I'm going to start us off with an exercise that I've actually been teaching for several years now. And I've adjusted this warm-up exercise a bit for today, for today's purpose. And I call this Meet Joe. And Joe is a person in the community. Any gender, any race, any age, any income level, living anywhere in the world. Any one of our patients. But Joe has a dental problem, and Joe hasn't seen a dentist in some time, especially considering the COVID-19-related closures. So I pose a question. Considering that Joe has a dental problem, what should Joe do?

And as I always do, I think I hear answers where people say Joe needs to go to the dentist, unless you've done this exercise with me before. But for those who haven't, that's by far the most common response I get. Joe needs to go see the dentist. And so there's the dentist. Let's help Joe get there.

But the purpose of this exercise is to walk through what our patients and our communities are experiencing and feeling right now as we start to open our doors to them once again. And by better understanding the factors that are influencing our patients' decision-making process, like Joe, we can be compassionate and cultivate that trust so that we all can feel more comfortable moving to this next stage of the COVID crisis.

So I'm going to introduce, as Tiffany mentioned, a well-established framework in global and public health called the Three Delays. And this model was initially developed related to maternal mortality in Haiti, looking at pregnancy-related deaths and finding out what the factors were that were inhibiting women from getting to the hospitals and delivering safely. And so we've adapted this exercise because it applies to dentistry, and it especially applies when communities are under extreme circumstances, facing financial and resource constraints or chronic stress or experiencing a crisis. And so certainly today, as we are all moving through this COVID-19 crisis, this model applies to us.

So I'm going to walk through the three delays. And what these do is they illustrate three overall delays where patients get held up in their decision-making to come see a dentist, to come back into our practices. So before Joe can get to a dental chair, the first delay is actually making the decision to come see us. And it's not just a matter of deciding to go or not. There are actually complex thought processes that affect patients' decision-making process.

So first, of course, Joe needs to recognize, I need to see a dentist for this problem. And that can certainly be related to health and oral health literacy and Joe's understanding of his own experiences and needs, and how to get those met. But there are a lot of other factors that are at play for our patients today as they make the decision to call our practices and come to see us. Joe's ability to take time off. Is Joe an essential worker, and perhaps Joe is unable to take time off? Or perhaps child care is not an option right now for Joe. And so deciding what to do for family and for children in order to come see a dentist might be impeding Joe's decision.

Joe may have other pressing priorities, other health concerns or other issues going on in the family. Joe may be facing financial challenges, unemployment, loss of job or benefits. And of course, a common one even when we're not faced with a crisis like we are today is fear. And so Joe may be experiencing heightened fear of coming back into society, integrating again and going to receive dental benefits, or dental care. So all of these factors are going to be impacting just this first delay, Joe deciding to seek dental care.

But let's say that Joe and you, as Joe's provider, are able to help Joe with that decision-making process and coach Joe through each of those individual factors. There is a second delay, and that's reaching the dental office.

And there are, again, a number of factors that may affect Joe's ability to even get to us. So even if Joe works through that decision and decides to come see us again, Joe may face additional barriers to get to us.

Perhaps Joe lives in a rural area, and so it's quite a process to even get to a health care facility. Or perhaps Joe, as many Americans, has had his dental needs addressed in the emergency department only for the time being, or even in the past. Some estimates are it's up to every 14 seconds, an American visits an emergency department for a dental need. So it may be talking with emergency departments and communities to try to steer patients out of the emergency department and back into our dental practices and our dental chairs.

Perhaps Joe relies on ride shares or other public transportation options that may not be fully functioning yet, or may not have the same level of flexibility as before. That might impact Joe's ability to get back to see us. Again, there are finances. Maybe Joe's lost his ability to pay for his transportation, or Joe has new physical challenges or mobility challenges that are going to make it more cumbersome to come see us. So that's the second delay, is even after the decision is made, can Joe get to us safely and quickly.

But let's say that Joe is able to overcome that, too, and gets to our chair. And that brings us to delay number three, receiving the appropriate care. And we're going to spend most of today really focused on this, because that's where we all can make our biggest impact in the dental office, is with delay number three. But of course, there are still factors that impact what happens once Joe gets to our offices. Does Joe feel confident in our competence as providers to provide care now that we're reopening? Do we have the adequate supplies and equipment, and do we have the PPE that we need to provide--

So what can I do about this? Yeah.

Sorry, I hear a little feedback there. And once again, you see ability to pay. The number one reason that people in the United States don't see a dentist is the cost of care. So that's been a challenge persistently for us. And I would anticipate we're going to see that even more so, and exacerbated after this crisis. And so perhaps it means opening up conversations and talking with Joe about these challenges, and talking about interim care plans or a focus on some prevention in the meantime.

And so the reason I wanted to start us off thinking about the three delays is because one of the key aspects for a successful reopening is preserving our relationships with our patients. It's ensuring that we can have open communication and transparent communication with our patients about our ability to see them and to meet their needs, and to maintain that trust that we've all worked so hard to create in our communities and with our patients, so that our patients can feel safe and supported and valued as we reopen for them.

Absolutely. Thank you, Dr. Seymour. So related to this, Dr. Thompson, can you tell us a little bit about this Three

Delays model in the geriatric community?

I think she's still muted.

Here we go.

There we go.

Dr. Thompson, thank you.

We were competing.

We were competing.

Yeah, so I just want to thank you for inviting me to be a part of this initial conversation. And I'm really excited to see so many people on this call, and to really see that we're a part of a community. And to really solve and think about these issues, we have to do it collectively. And so particularly in these kind of uncertain times, it's important to see that we're a part of a bigger community, a bigger we, and bigger beyond the dental community, that we're a part of a medical community, and that kind of our safety and our patients' safety also relies on our patients' access to overall health care, as well.

And I bring that up in particular because, as a dentist who primarily treats older adults, we really need them to have kind of wrap-around care. Our work is work that's inherently collaborative. I work with a team that's a part of a public health dental hygienist, a primary care physician, nurse practitioners, nutritionists, physical therapists. I could keep going on, but it includes kind of this total wrap-around care.

And so part of what Dr. Seymour talked about was really in thinking about what it takes for our patients to get to our office. I bring that up because it takes kind of a whole village, and it takes a lot of people. So we do need to be having conversations with our patients about their current health status. We need to be having conversations with their family members if they need help getting to the office, and how they'll be able to do that safely. And we need to, if appropriate, have conversations with their primary care physicians, as well.

And I think, with that, I just wanted to bring up that, because we're a part of this larger community and we are in this together and we're trying to find ways to have our patients be able to come back into our offices in the safest way, that the most that we can do to kind of leverage our position and power as dentists in the dental community to have there be more testing, have there be more PPE for all of us, for physicians as well as nurse practitioners, as well as home health aides and dentists is really important.

Yes. Absolutely. Dr. Thompson, what type of interim treatment options are available to limit exposure to high-risk

populations as practices begin to re-engage in the provision of elective dental care?

Yeah, so I've talked with a few colleagues and geriatricians, as well. I think part of what's challenging that many people may know, but in the United States-- and I say that because there's so many callers or people here from all over the world, which is really exciting, but here in the United States, we-- I lost my train of thought.

So what kind of interim treatment options might there be available.

Yeah. So I just--

[INTERPOSING VOICES]

Yeah, I bring that up to say that there's different ways to approach this, and in the United States, geriatric dentistry is not a specialty. And so we don't have a lot of resources, a lot of experts in this field, educators or associations that are helping guide this work. So what I say is based on my experience as a provider that primarily treats older adults and my conversations with geriatricians.

I think, like many people are doing right now, teledentistry, and really triaging patients over the phone and through kind of HIPAA-compliant teledentistry tools is really important in treating high-risk populations in order to figure out what is necessary for somebody to come to the office and what could be postponed until later, knowing that we do not have all the testing we need and we don't know what immunity looks like at this point and we don't have a vaccine.

So I think having said that, many people are talking about different phased treatments. And I think one is bringing people in that have emergency and emergent dental care needs. And some of those treatments could look like using silver diamine fluoride, an atraumatic restorative treatment with the use of resin-modified glass ionomers. And so those are two really effective treatments. I used them in my practice already before this pandemic came. I think when we look at institutionalized older adults and what is accessible to them for care, oftentimes silver diamine fluoride is the only option for us. So I've seen it effective in those ways, and I think that it's one way that we can look at phased treatment until we get to a place or a time when we're able to do kind of fuller, more comprehensive, finalized treatment.

So would you recommend avoiding either conscious or nonconscious sedations for geriatric patients at this time to avoid respiratory complications?

At this time, I would. I think that that's not necessary for our treatment, and whatever we can do to reduce the risk of our patients in uncertain times is important to do.

So Dr. Chase, can we start talking about the pediatric population and how, Dr. Seymour, the Three Delays model relates to the pediatric population? How can we make parents and children feel more comfortable coming into offices.

Thank you, Tiffany. Thank you, Tiffany and Dr. Kim, for inviting me today, and thanks to all of you who have logged on to listen to us today. And just to reiterate, I think we're all going through this together, and none of us will say that we're experts in this, as the sands beneath our feet are changing it feels like every minute. And I'm sure it feels that way to all of you. This is a very anxiety-provoking time I think for everyone who owns a dental practice, in that you've had to close your practices down for routine care and put your employees on furlough. And we will get through this. We'll get through this together, as a community.

With regard to the pediatric community, which I can speak about, looking at the decision to actually seek care, so number one in the Three Delays model, I think it's particularly challenging for parents in that it's one thing that they have that concern with their own health, but now they have the concern of their child's health, and whether or not they should seek dental care for their children. And from that standpoint, as dentists, I think we can do a lot to just reassure parents that, when we do reopen our offices, first and foremost, the safety of our patients, the safety of our staff, our auxillary staff, our dentists is first and foremost.

And by doing some simple things, like assessing our patients before they come in and assessing our staff, asking the simple questions-- have you had a fever, do you have a cough, do you feel ill-- for our staff, reassuring them that they should stay home. I think a lot of staff have anxiety about taking any more time off, where they've been off for some time. But again, reassuring them that they should take time off if they're sick. Speaking to patients and letting them know to the parents that we are ensuring the utmost safety when they do come to our practices with regard to infection control and some of the things that we can do to keep the environment safe using approved cleaning agents after every patient, using masks.

So children aren't used to seeing us in masks when they enter, but letting the families know that we will be wearing masks when their child comes in, and giving the parents some simple language to use with the child that their face will be covered, and using other ways to communicate to that child that we're still smiling under that mask, and letting the parents know that it is safe to bring their children. We will do the utmost in our clinics to keep them safe from an infection control standpoint.

Getting there, I think that poses another problem for many of our patients, particularly if they're living in a rural area and they drive a long distance to come and see us. I think getting there, we have to remember that some of the restrictions, at least in the hospital environment, is that we're limiting the number of patients that come into the hospital with their child. It's not uncommon, and I'm sure many of you who work in a pediatric practice know that

the parent comes with often three or four children along with them, and that we are going to try to minimize the number of the people that come in with their child during the visit so that we can reduce exposure. And so that may make it a bit more difficult for families who don't have child care or who are first responders and are returning to work and they have to utilize someone else to bring their child in.

With regard to receiving appropriate care, certainly there are some things we can do from an interim standpoint for our children, and stuff that we do already when we work with children, because many children can be anxious during their dental visits, things like minimizing water spray. Using the air water syringe tip, for example, we know does-- when you run the water and the air together, it can create aerosol and put our staff at higher risk during these times. And so something as simple as changing the way we work will be helpful.

For example, spraying gauze with water to wipe down the teeth, rather than doing an air/water spray of the mouth, doing alternative care, as Dr. Thompson mentioned, so children with small lesions, perhaps applying silver diamine fluoride, which we already do in anxious children. For larger lesions, doing interim therapeutic restorations using glass ionomers so you can easily clean out a tooth, a cavity to tooth with hand instruments to minimize spray and use of high-speed hand pieces, which will produce aerosols. And then we can also do something for larger lesions such as the Hall technique for stainless steel crown placement.

For those patients that do require an aerosol-generating procedure, making sure that we're using a rubber dam to reduce exposure, using high-speed suction, as well, during that treatment. And for patients that can rinse and spit well-- so some of our patients, typically over six years of age, can rinse and spit well-- having them rinse with a hydrogen peroxide rinse prior to treating them, which so far the research out of Wuhan has shown that that has helped to reduce the counts of the virus in the mouth.

So do you foresee teledentistry replacing some of the in-person patient care?

Yes, absolutely. Dr. Thompson touched on that, as well. And we have been doing teledentistry visits now. And so for triaging emergencies, for triaging some parental concerns, we anticipate that we will use it more, especially for our low-risk patients. I think it's hard for some parents to understand when we're canceling their routine dental visits, but really, when we look at reopening, we're going to look at reopening in stages, where phase one, we're going to have to take care of those patients who have really been kept at bay with pharmacological management of dental problems. For example, antibiotic usage for infections or swellings, or pharmacological management, analgesics for dental pain. But we will have to see those patients to provide more definitive care for them in that first phase one of opening.

The teledentistry we can still use to triage emergencies to determine appropriate treatment, but we also anticipate just to have that face-to-face conversation, to have that reassurance for the parent that your child's going to be

OK. They've been low-risk. I've been seeing them for multiple years. They've been low-risk. Some things that you can do at home, we can push the prevention. We can do an exam via teledentistry. We have been doing this with our patients currently during the pandemic.

For some of our younger patients, it's difficult for a parent to really hold the phone and show us in their mouth. However, with two people at home, they can take a picture of their child's mouth. We ask for five different views in the mouth, and send that to us. And then we have a face-to-face conversation with them. And I can say, just from personal experience, parents are so reassured when they can have that face-to-face conversation with that dentist that they've built the trust with over the years. And so we're anticipating, with our lower-risk patients, we will have an increase in our teledentistry visits for those patients, in addition to using it for triaging our emergency patients.

Great. That's great. Dr. Seymour, many dentists and dental students are traveling abroad to provide necessary dental care in foreign countries now. They may go from village to village to perform some routine and emergency procedures without the type of infection control protocol we need to have after the COVID crisis. Do you foresee any changes in programs like these? Can you speak to us about that?

Absolutely. So I think one of the strengths of our profession is our long history of altruism and volunteer care. The design and approach for these kinds of programs and outreach services, we've been looking at those for a while now anyway, as the world is changing. We're having a better understanding of global-level needs, what individual communities want and can do. And so we've already been considering how these outreach and volunteer programs need to be evolving. I think that the COVID-19 crisis has just accelerated that for us.

And so we do encourage a fresh perspective at any volunteer or outreach efforts, whether it's in the US or globally. A big reason is we're already seeing some racial and socioeconomic disparities in who's been impacted by this crisis. And that is going to be the same kinds of communities who have high oral health needs and the least access to dental care. So because of that overlap, we want to be particularly cautious moving forward with our volunteer efforts as outsiders so that we can really maximize positive impact and minimize unintended consequences.

So what do I mean by unintended consequences? So for example, creating unnecessary competition for PPE or for limited resources just by being present and bringing our programs there, or by undermining the efforts of local providers and local leadership who are working to build programs and address needs within their communities, or by duplication of efforts, by setting up our own programs in parallel to something that already may be in place. So we really want to work toward better integration and streamlining of any kind of outreach services that we're providing, because these communities are going to have particular vulnerabilities that we, as outsiders, may not

understand.

So the key here is any kind of volunteer outreach we do is identifying local partners and local leadership to provide that context that we just won't understand as an outside volunteer, and can provide those priorities and help us to make sure we can align our efforts with what they're trying to do so that we don't undermine what they are working on, but that we can actually work on building capacity and supporting the efforts happening in those communities.

And actually, if people want to visit our Office of Global and Community Health webpage, we have a series of educational tools, and we have a module on ethical and sustainable volunteer efforts by dentists. And that module, again, we've been teaching it for years, so we feel that these principles are something that we've been looking at for a while, but they certainly apply now more than ever, possibly.

Yes, absolutely. Can we all speak to the social distancing, and what that might look like in dental offices? I know Dr. Chase, you touched on that, [INAUDIBLE]. Can you tell us a little bit more about how we can keep with social distancing in offices?

I can talk about it from a public health context, and then maybe take it to more clinical.

Great.

But I think that what I'm seeing is appointment spacing, offering more flexible hours, making sure operatories have adequate time in between patients, up to sometimes an hour between patients, which means staggering of scheduling and new ways of looking at schedules. So from a public health standpoint, that actually can increase access to care for a lot of patients who have restricted abilities in making appointments during maybe normal business hours. And so that's something we've always encouraged, but I think now it may become more necessary, one, to increase the volume of patients that can access care right now, but also to continue to provide adequate social distancing, mostly between people.

And then I do want to address a question that came up in the chat that I think relates to this for maybe Dr. Chase, that I also think was a great question. And that's related to letting family members or parents or other people into the operatory when somebody is receiving care.

And how will you manage that?

That's an excellent question. Every practice is a little bit different when you treat children. Some providers allow parents to come back routinely, and others don't. Our practice, we willingly let parents come back, and multiple family members at one time. But we are limiting the numbers that can come back. Currently, the hospital

regulations are no more than two people with the patient when they come in, and no one under the age of 18 years of age. And so personally, I'm asking for parents to try to minimize who comes. Ideally, one parent only come with the child, if possible, just to limit the numbers of people who come into the dental clinic.

From social distancing, as well, just making sure in our waiting rooms that we are removing chairs so that people can't sit closer than six feet together. Also, talking about if you can do this in your practice, having patients wait in their car, and only having them enter your office when you are actually truly ready to see them and the other patient has left. As Dr. Seymour had mentioned, staggering appointments. We are looking at opening earlier and working later so that we can provide access to care for our patients, but do it so that we can minimize contact with other patients. So staggered scheduling, and also increasing hours to weekends, Saturdays, Sundays, so really altering the way we see our patients.

Yes. Absolutely. So we're hearing a lot about the antibody rapid test, detection of specific IgM and IgG antibodies associated with COVID-19 that could be administered to [INAUDIBLE] patients and dental health care providers to rule out infection. Do you think this could be a standard screening process from now on?

Dr. Seymour.

Happy to answer that.

Thank you.

Yeah. The short answer is it's too early to know for sure what this will look like for dentistry, but the longer answer is signs are pointing to yes, that point-of-care antigen, antibody testing could be a reality in the dental setting. When? I'm not sure anybody can really say that with any certainty. And the reliability, the sensitivity and specificity of these tests so far, there's so much variability right now that it's really early to know.

And so I think as we move toward reopening, we really need to consider what we have right now at our disposal. And that might vary between practices. There have been uneven disruptions in supply chain across the country and the world. And so practices will need to, again, communicate openly with their patients about what they're able to do safely to make sure they can ensure that safety to provide health care.

And one thing I will add, though, is that, as we move toward possible point-of-care testing in our offices, I think this underscores the importance of our role as part of the overall health care team, as Dr. Thompson had mentioned earlier, that regular communication with the health care team for our providers is going to become extremely important. So building those interprofessional and multidisciplinary relationships is going to be crucial if we do move into that phase of point-of-care testing for dentists.

Yes.

If Dr.-- go ahead.

Oh, I was just going to say, if I could jump in on the last question--

Great.

--as well on social distancing, I think that I don't have a whole lot to add from both what Dr. Seymour and Dr. Chase said specifically for older adults, but I do think it's important to just lift up I think what people are already doing, the screening that people are doing prior to coming into the office, making sure that we are also looking at taking people's temperatures as they come into the office, everyone who accompanies people, providing full PPE for all that we're able to who are present in the room, as well. I know with older adults, as well, sometimes we're only able to provide care if a loved one is present because they know the patient best and the patient responds best with them in the room.

Another piece to that that Dr. Chase brought up was looking at special hours. And I think that'll be really important with high-risk populations, to look at, if you're treating older adults and can treat older adults, or other patients who are at higher risk and we need to minimize their risk, can we keep offices open for morning sessions prior to providing aerosolizing procedures so the risk is at the most minimum possible. So I think those are just added things that I think are really important for our older adult population, as well, and is just an added layer.

Wonderful. Thank you, Dr. Thompson. Dr. Chase, we have a question from one of our viewers here. Could you tell us what the five views of photos from the iPhone that you're recommending?

Sure. So again, we have no research to validate those photos, but we are asking patients to take a face-on photo with their teeth closed and trying to retract the lips as best as they can, a full maxillary view, a full mandibular view, and then a right and a left view. In addition to that, if they have one area of concern, really trying to focus on that. So I may ask for an additional picture. But that's been very helpful, and I find that's a lot easier for parents to do with a very young child that may not be able to sit or not want to sit in front of the smartphone during a synchronous teledentistry visit.

Yes, absolutely. Let's see. I'm looking at a few of the questions so we can move into taking some of the questions from the audience members. What kind of precautions should dentists take while taking radiographs?

I can speak to that. There have been some discussions, again, recommendations, both at the CDC and some literature out of Wuhan saying that, certainly with our child patients, if anyone's taken into intraoral radiographs on a child, sometimes that can cause some gagging and coughing and spewing. So obviously, protecting yourself

with a face mask when you're taking radiographs. But also, discussing alternatives. Taking extraoral pictures, for example.

Pan bite wings. For a young child, if you've ever tried to take pan bite wings on a very young child, you'll notice that the focal trough, sometimes you'll see the condyles and you'll see the most posterior teeth and nothing else. And so what we do at our practice is that we actually tape a cotton roll on the end of the bite stick that's normally there for the pan, just to move them back a little bit so it changes their focal trough so you can actually get a much more clear and diagnostic image with that type of an extraoral radiograph. But certainly keeping your face covered. And sometimes assistants don't cover or don't wear masks during radiographs, but you certainly should when you're doing this.

Excellent. Does anybody want to add to that? We'll keep taking some of the questions. So sending over the photos, is there a specific teledentistry software that you're using for this, or are you just using email?

For the photos, we're having them send it directly to our hospital email. So through our secure server through our hospital email. Some of the HIPAA guidelines right now or regulations have been loosened in this time. So you should certainly check with your state regulations with regard to compliance with photo sending.

Great. Good. So we'll start to wrap up soon. Dr. Thompson, did you want to add anything? I know that you're one of the only dentists in the state who goes into nursing homes to take care of patients. Can you tell us a little bit about that?

Yeah, well I'll just rephrase that a little bit. I'm one of the only that has a portable dental license, which means I can do home visits. There are several other dentists that do go into nursing homes. Some nursing homes have clinics in the nursing home. But there's state regulations that allow you to do different types of treatment, so in Massachusetts, you're able to do treatment outside of the dental office if it's an emergency, if it's a patient of record, and if it's just a dental screening.

And so if those are the cases, anybody can go out. But if you're doing treatment beyond that scope, then you'd have to have a portable dental license. I do encourage people to be in touch with their local nursing homes to find out what the needs are and what potential services could be rendered, even if it's just touching base and providing the teledentistry care through phone or other services.

Right. Sure. Dr. Chase, I just wanted to ask you briefly, how about orthodontic care for children? How are dentists dealing with that now?

So currently, we are not seeing orthodontic patients outside of orthodontic emergencies. And so when we go into reopening, we will be reopening our clinic in phases. So phase one will be handling the urgent care patients.

Phase two will be taking care of the patients with time-sensitive needs, which we would lump in our orthodontic patients in the time-sensitive needs. And so for those patients, we certainly will see them in phase two in our clinical practice. And we plan to see them on days where we will schedule patients who we anticipate will not have any aerosolized generating procedures done so that we can minimize risks to those patients. We are currently doing teledentistry for ortho emergencies, as well, and again, pushing the prevention. Trying to avoid breaking brackets off by chewing those things that we have asked you not to eat during your orthodontic care.

Right. That's right. Well, I'd like to thank all of you for joining us today. Dr. Kim, did you want to say some closing statements?

[INAUDIBLE] and also moderator for sharing your expertise. And this was such a timely, needed discussion and conversation we had to have. And for the participants, I'm really sorry that we had a little bit glitch with a problem there. We are not able to accept more than 300 participants, even though we had close to 800 participants that have registered. For the next week, Tiffany, you could tell us a little bit about the next week's presentation that we'll make sure that we correct the problem. Thank you.

Yes, absolutely. Yes, we'll have our next CPE Today talk. And that will be on Monday at 3:00 PM. And that's May 4th. I also want to mention that we will have this recorded and available on our website. And our next discussion on Monday, May 4th, will be, again, about as dentists reopen, and discussing precautions and infection control precautions, et cetera. So I hope that all of you will be able to join us again. You'll be able to see a video of this on our website. Please do check our website. I'd like to thank our panel. You guys are terrific, and this is a terrific community. Thank you for all of your hard work.