



Practice Management

Practice Interruption and Mutual Aid Group Guidelines Strategies for Disability or Death

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Introduction

These guidelines offer assistance in the organization of a mutual aid group or what to do in the event a dentist suffers a disability or death without the benefit of being a member of a mutual aid group. As such, this information is general in concept and does not provide an exhaustive review and analysis of all issues pertaining to creating or joining a mutual aid group.

Illness, injury or untimely death can cause interruptions in dentists' practices. While it is preferable to have a plan in place for such instances, often times dentists and spouses are caught unprepared and without an established plan of action. The first section of these guidelines addresses immediate questions about the practice, staff and patient care.

The second section addresses elements of a mutual aid group and offers business continuity in the event of a dentist's temporary or long-term disability or death. While these events cannot be predicted, dentists can plan for these types of interruptions to their practice. Similar to professional liability coverage coming to the dentist's aid in the event of a lawsuit, a mutual aid group commits its members to assist afflicted members and their families. Mutual aid group agreements should address:

- Whether the practice can remain open to treat patients?
- Who will treat the patients?
- How will staff, vendors and other expenses be paid if the practice stays open for business?
- How will volunteer dentists bill patients and insurance?

Previously, non-dentists could not own or operate a practice when the dentist owner died or became incapacitated. Senate Bill 387 became effective January 1, 2008. It allows the spouse, estate, conservator, legal guardian, authorized representative, named trustee or successor trustee of a deceased or incapacitated dentist to hire or contract with another dentist licensed by the Dental Board of California (DBC) to provide care to the practice's patients for a period not to exceed 12 months while the practice transitions to new owners or is closed. Senate Bill 387 also states the spouse or estate can not dictate how the new dentist handles patient care. Within 30 days of the dentist's death or disability, the spouse, estate, conservator, legal guardian, authorized representative, named trustee or successor trustee is required to file notification of death or incapacitation with the DBC. Within that same period, either the contracting dentist or the spouse, estate, conservator, legal guardian, authorized representative, named trustee or successor trustee must mail patients a letter informing them of the dentist's death or incapacitation and addressing how patients can obtain copies of their records. Sample letters are provided at the back of this publication. In light of this legislation, we recommend practice owners meet with their attorneys to ensure they are providing maximum protection for their families through estate planning.

While the premise is that members will receive aid when needed, understand that each member must also be prepared to give aid should the group be activated. Have an attorney draw up a legal agreement that all members sign. The agreement should address the expectations and length of participant commitment as well as what to do if a member does not adhere to the terms of the agreement.

Sudden Incident

Initial Reaction

If you are a dentist experiencing a recent disability, a surviving spouse or executor of a will of a deceased dentist without the benefit of being part of a Mutual Aid Group, there are steps to take regarding the practice.

Gather information regarding the individual and the practice including:

- Financial records such as bank account numbers, safe deposit boxes (location and contents), credit cards, estate planning documents, and income tax records
- Insurance policies
 - Professional liability
 - Disability
 - Life
 - Long-term care
 - Property
- Lease, mortgage and vendor agreements including payment schedules pertaining to the practice
- Staff contact information

After gathering as much information as possible, look into time-sensitive needs first. Identify when the insurance premiums, mortgage/rent, utilities and vendor payments are due. If you foresee difficulties making payments, inform the appropriate companies. Because of your situation, you may be able to get a grace period. Determine whether you will try to keep the practice or sell it. Ask for help if you are feeling overwhelmed. Contact your local dental society or the California Dental Association (CDA) for assistance. Following is a list of contact suggestions in no particular order:

Dental Board of California

Notify the licensing board of any significant change to the dentist's health status within 30 days of the change. Disabled dentists may be eligible for a partial waiver of license renewal fees and continuing education requirements. The DBC's phone number is 916.263.2300.

Local dental society

The local dental society may be able to offer assistance in the event of an unexpected practice interruption. The society may already have a Mutual Aid Group plan in place with volunteers ready to help. If you are unsure of your dental society's phone number, contact CDA at 800.232.7645, or check on-line at www.cda.org.

Professional liability carrier

Contact the dentist's professional liability carrier. The carrier needs to know whether the dentist plans on returning to practice, having volunteers treat patients, or closing/selling the practice. Any of these situations could affect coverage and premium amounts. Also, there may be provisions in the policy addressing a dentist's disability or death. Please review the letters in the back of this publication that address retirement, a dentists' death and the volunteer consent form.

Selling the Practice

If the decision is made to sell the practice, preparing to sell and finding a buyer can take time. It is wise to hire a professional practice broker. A broker will evaluate the practice and assist in its sale. If the practice is incorporated, it may be an asset of the estate and may need to go through probate. If this is the case,

contact an attorney for assistance prior to putting the practice up for sale. The American Dental Association (ADA) offers a publication called the Directory of Dental Practice Appraisers and Brokers that lists resources for dental practice sales. Another publication for disabled dentists planning to retire or surviving spouses available through ADA is Closing a Dental Practice. Both can be downloaded at no charge from ada.org. Hard copies can be ordered for a fee by calling 800.621.8099.

Staff

This can be an unsettling time for staff as the fate of the practice may be uncertain. They will want to know about the dentist, if they still have jobs and what to tell patients. If there is no communication with staff, they may feel uneasy and start looking for jobs elsewhere. While you determine the course of action, you may need to reschedule patients and close the office for a short period of time. If the decision is made to keep the practice open, share that decision with the staff as soon as you can. Explain there may be some volunteer dentists helping out for a time. Reiterate how important they are during this time and how you rely on them to help with patients.

Patient Care

Whether the decision is made to keep the practice or sell it, there are likely patients who are mid-treatment and need to be treated. The office manager and spouse/executor can work together to solve this problem. You may receive offers of help from other dentists to either temporarily see patients at their practices for treatment or volunteer to treat patients at your practice. If you accept assistance from other dentists, make sure the volunteer dentists have active professional liability insurance. Determine the length of time you will need assistance and how to triage patients according to level of need. Billing insurance, referring to specialists and solicitation of staff and patients will also need to be addressed. Either call or send patients a letter informing them about recent events affecting the practice, and services that will be provided by the volunteers. These topics are addressed further under "Elements of Mutual Aid Group Agreements." Sample letters to patients and referrals are available in the appendix of this publication.

Elements of Mutual Aid Group Agreements

While the hope is no dentist suffers an illness, injury or accidental death, it is wise to be prepared in the event it happens. Participation in a Mutual Aid Group offers its members security knowing their practices will be taken care of if assistance is needed.

Leadership

Decide the type of leadership structure the group will have – officers (president, vice president, secretary and treasurer) or simply a chairperson. For groups choosing a chairperson only, elect a second-in-command or vice-chair. In the event the chairperson is unable to fulfill his or her duties, the group can still operate. The size of the group may play a part in the type of leadership structure the group will need. Consider establishing voting procedures and leadership term limits. This way, members can share the responsibility. Longer terms allow leaders to become familiar with operational aspects and time to implement any changes that may be needed before the term is complete.

Determine whether the group will consist of general dentists, specialists or a combination. For example, the group could consist of endodontists only which ensures patients will be treated by dentists within the same specialty. This may not be an option in rural areas. Develop concessions if the number of members falls below a workable level. A workable level means there are enough members to cover a stricken dentist's practice as well as their own. For example, if membership in the group drops below 75 percent, consider placing the group on hold until membership grows again.

Membership

Acceptance into a mutual aid group should not be automatic. Potential members should go through an application process. Develop an application that inquires about previous or existing lawsuits and/or board actions against the applicant's dental license. In most states, license information can be accessed on the state's dental board Web site. Applicants should provide proof of professional liability with similar limits and that participation in a mutual aid agreement will be covered by their policy.

Similar to a leadership term, consider whether your mutual aid group will define a membership term. A term may be limited to a certain number of years with possible renewal after that time.

Meetings

This is an opportunity to update member information, accept new members or elect new leadership. This is also a good time to discuss the status of any afflicted dentists or issues that occurred while working in an afflicted dentist's office. Determine the number of meetings to be held each year along with who sets the dates, time, location and agenda for the meetings. The group leader should also have the authority to call an emergency meeting. An emergency may occur if membership drops or if multiple members activate the group at the same time.

Commitment

As part of the formal agreement, consider having all members sign a membership commitment or pledge that requires them to adhere to agreed upon standards when supporting another member's practice. The following is a sample:

"I agree to participate in the (name of the group) Mutual Aid Group and will abide by the rules and conditions established. As a member, I understand that I may be called upon to provide dental services in a fellow member's office due to disability or death.

As a participating member, in the event of my disability or death, the same assistance will be provided for me in my dental practice. Assistance will be offered for a maximum of (30, 60 or 90) business days."

Spouses often play an essential part on the dental team. Whether they work in the office or not, spouses should know if the dentist is part of a Mutual Aid Group. Consider having a spousal signature line acknowledging the dentist's participation in the Mutual Aid Group. If something does happen to the dentist, the spouse will know where to go for assistance.

Contact Information

Members should organize their practice in the event they are the dentist in need of assistance. Similar to preparing for an extended vacation, gather all pertinent information another dentist would need to substitute in the practice. Document fee schedules, billing procedures and mailing dates. At a minimum, provide contact information, including phone numbers and e-mail addresses, for the following:

- Staff and associates
- Vendors (include the location of contracts)
- Professional liability and property carriers
- Accountant and attorney
- Rent/mortgage and utility information (include billing due dates, account numbers and billing addresses)
- Third party payer agreements/contracts (include location of the contracts)
- Laboratories, dentists and specialists to whom the practice refers

Keep this list in a safe location that will maintain confidentiality. The group's leader is usually the custodian of all important documents pertaining to the mutual aid group. Ensure the second-in-command also knows where these documents are housed.

Each member should assign one person (usually an office manager or a spouse) to be the designated practice contact responsible for maintaining and updating this information. This person will also be responsible for working with the mutual aid group as well as maintaining everyday business operating procedures in the event the mutual aid group is activated.

Length of Activation

The agreement should define the length of time a group can be activated (30, 60 or 90 days) and limit the afflicted member's practice hours. For example, Dr. A's regular practice hours are Monday through Friday, 8 a.m. to 5 p.m. Dr. A has an accident and requests assistance from his nine-member mutual aid group for the next 30 days. Now that the group has been activated, Dr. A's practice hours will be Monday through Thursday, 8 a.m. to 5 p.m. Limiting the workweek to four days, means the other eight members in his group will each work one four-hour day each week for the next 30 days.

Expenses and Billing

A mutual aid group may incur general operating expenses such as meeting locations, long distance phone charges and office supplies. Clarify how funds will be generated and disbursed to meet these expenses. For example, a one-time donation could be required from all participants to address operating expenses. In addition, make it clear that members will not be reimbursed for their time, travel or expenses related to attending meetings or fulfilling obligations when the mutual aid group is activated.

How to bill patients is a common question that arises once a group begins helping a member. The afflicted member is still responsible for all practice expenses (i.e., staff salaries, overhead, supplies, laboratory fees). All income should be credited to the afflicted member's practice. Generally, in a situation where a dentist is unable to work and volunteer dentists are willing to fill in, it is permissible for the members to bill under the afflicted dentist's provider number for a short period of time. However, to ensure contract compliance, check with third party payers and government-run programs prior to treating and/or billing these patients.

Solicitation of Patients and Staff

Include a clause or section in the agreement that prohibits members from soliciting patients or staff without the afflicted member's and group leader's prior written approval. Violation of this policy should be grounds for expulsion from the group.

Selling the practice

Unfortunately, disability or death may necessitate the sale of the practice. The dentist or dentist's family will communicate with the group leader regarding intentions for the dental practice.

When a sale is imminent, the practice's contact person should notify patients. Send a letter to all active patients explaining the situation and introducing the new owner. The letter should give patients instructions on how to obtain copies of their records should they decide to go elsewhere. (See the sample withdrawal letters in the appendix.)

In the event a practice is incorporated, the afflicted dentist's practice may be an asset of the estate and may need to go through probate. Make sure the contact person consults with an attorney prior to activating the mutual aid group. While the dentist's professional liability policy may cover volunteer dentists working in the practice, the corporation could still be vulnerable to a professional liability lawsuit.

Withdrawal from the Group

Circumstances arise when members need to suspend or withdraw their membership prior to their term expiring. Knowing membership suspension or withdrawal is possible adds a level of comfort for members. Require members planning to suspend or withdraw membership give the group leader adequate notice (30, 60, or 90 days) to fill the vacancy. If the vacancy is not filled and the group can no longer effectively cover its members in the event of activation, the group may need to disband until more members can be found.

Also, consider procedures for terminating membership if the dentist fails to fulfill his or her mutual aid obligation. Reasons for termination of membership can include a lapsed dental license, failure to participate when the group is activated, unprofessional conduct, failure to provide proof of professional liability or premises coverage, or unauthorized solicitation of patients and staff.

Activating a Mutual Aid Group

Request for Activation

Either the afflicted dentist or the dentist's family should make the request for assistance to the group leader. If the leader is the afflicted member, the second-in-command will assume leadership responsibilities. Requests should include relevant documentation or verification of need such as a physician's statement regarding the extent of the disability and the length of time the dentist will be unable to work.

Activation

The group leader will determine the official date of activation and the extent of time the assistance will last as well as speak to the designated practice contact. The group should have at least one week to coordinate a work schedule. The group leader and the practice should inform the dentist's professional liability carrier that a mutual aid group has been activated to assist the dentist.

They should also inform patients of the occurrence and assure them treatment will continue. The group leader and practice contact will work together to triage the patients according to need. First, treat emergency patients. Then, attend to regular patients who require completion of treatment, completion of an existing treatment plan, regular hygiene/exam, and routine maintenance.

The practice's contact should review the dentist's contact information to determine which bills (utility, rent or mortgage, vendors) need to be paid. The group leader should follow up to ensure this is being done.

Services Provided

Members have agreed to provide services at the afflicted dentist's office. Prior to treating patients, members should obtain their consent. Document the patient's acceptance of both being treated by the member dentist and the treatment to be rendered. (See the Permission to Treat form in the appendix.)

A situation may develop where a patient needs to be treated by a specialist. If possible, refer the patient to the specialist within the mutual aid group. If the appropriate specialist is not in the group, refer to a specialist on the afflicted dentist's preferred referral listing. Call the referral specialist first to explain the situation. Make sure all specialists follow up all referral appointments with a written evaluation. (See the sample referral letter in the appendix.)

Summary

Proactively planning for a practice interruption is the best way to know your family, patients and practice are taken care of if you have an accident. Unfortunately, you may not have that plan in place when an accident happens. Providing surviving family members and staff direction and support when an unplanned incident occurs offers aid in a difficult time.

Mutual aid groups afford dental professionals an opportunity to support their colleagues, promote goodwill and provide continuous care to patients. Before participating in a mutual aid group, consult with an attorney to ensure that the provisions in the best interests of you, your family and your patients.

Mutual Aid Group Contact List

Dentist's name/specialty: _____

Mutual Aid Group Title (President, Vice President, Chairman) _____

Office number: _____

Cell number: _____

E-mail: _____

Office address: _____

Professional liability carrier: _____

License number: _____

Dentist's name/specialty: _____

Mutual Aid Group Title (President, Vice President, Chairman) _____

Office number: _____

Cell number: _____

E-mail: _____

Office address: _____

Professional liability carrier: _____

License number: _____

Dentist's name/specialty: _____

Mutual Aid Group Title (President, Vice President, Chairman) _____

Office number: _____

Cell number: _____

E-mail: _____

Office address: _____

Professional liability carrier: _____

License number: _____

Mutual Aid Group Activation Checklist

Group leader: _____

Date of the request: _____

<input type="checkbox"/>	Name of the person requesting assistance and practice location:
<input type="checkbox"/>	Determine the reason for request:
<input type="checkbox"/>	If disabled, obtain a note from the dentist's physician detailing length of disability and when the dentist can return to work.
<input type="checkbox"/>	Verify that the practice contact notified the Dental Board of California
<input type="checkbox"/>	Verify that the practice contact notified the dentist's professional liability carrier.
<input type="checkbox"/>	Provide the appropriate letter for office contact to send to patients.
<input type="checkbox"/>	Determine the hours of operation:
<input type="checkbox"/>	Estimate the start and end date of the Mutual Aid Group's assistance:
<input type="checkbox"/>	Retrieve the office list of contacts.
<input type="checkbox"/>	Coordinate Mutual Aid Group members.
<input type="checkbox"/>	Establish schedule for Mutual Aid Group members.
<input type="checkbox"/>	Triage patients with practice contact.
<input type="checkbox"/>	Verify the practice contact is determining whether any bills need to be paid.

Consent for Volunteer Dentist to Render Treatment

Patient name: _____ Date of Birth: _____

Address: _____

Date: _____ Treatment: _____

I, _____ (patient's name or authorized caregiver), understand that due to unforeseen circumstances, Dr. _____ is unable to treat me. As a result, I agree to allow Dr. _____ to treat me in his/her absence.

I have met with Dr. _____ and feel confident that Dr. _____ will render the above-documented treatment in a professional and competent manner. If I have asked any questions, I am also acknowledging that those have been answered to my satisfaction.

Patient's or Legal Guardian's/Representative's Signature

Date

Dentist's Signature

Date

PLACE A COPY OF THIS SIGNED DOCUMENT IN PATIENT'S CHART

Sample Withdrawal Letter Dentist's Practice Closing Due to Death

Notification to Patient and Referral to New Practitioner

First Class Mail Is Sufficient

[Date]

[Patient's name and address]

Dear [name of patient]:

We must regretfully advise you that Dr. _____ passed away on _____ [date]. We are, therefore, notifying our patients so they may continue care promptly with another dentist.

(Choose one of the following options that best suits the situation.)

Option A: Dr. _____ will be taking over the practice, and you may wish to place yourself under his/her care. Otherwise, you may wish to contact the _____ Dental Society at [phone number] for a referral to other dentists in your area who are accepting new patients.

Option B: The _____ Mutual Aid Group (comprised of local dentists) has agreed to provide emergency care for our patients during this transition period for the next [30, 60, or 90] days, but not beyond [date]. If you would like to establish yourself with another dentist, the _____ Dental Society at [phone number] can refer you to dentists in your area who are accepting new patients.

Enclosed is an authorization form to release your dental records. Upon receipt of this signed form, the office will forward a copy of your records to the dentist of your choice.

After the close of the practice, signed requests for copies of dental records may be directed to _____ ***(indicate the name, address and phone number for access to records of the other office/clinic that has agreed in writing to assume this responsibility for you).***

Very truly yours,

signature

NAME OF SIGNER

For the estate of Dr. _____

Enclosure

PLACE A COPY IN PATIENT'S CHART

Sample Withdrawal Letter Dentist Retiring Due to Disability

First Class Mail Is Sufficient

[Date]

[Patient's name and address]

Dear [name of patient]:

This is to advise you that I will be closing my practice due to retirement, effective [date]. I will be available until that date for your emergency care. ***(Delete the last sentence if you will not be able to practice at all.)***

Continuing with appropriate dental care is very important, and you need to establish yourself with another dentist as soon as possible.

(Choose one of the following options that best suits the situation.)

Option A: You may wish to continue with Dr. _____ of this office, or you may wish to transfer your care to a dentist of your choice.

Option B: Dr. _____ will be taking over my practice. You may wish to place yourself under his/her care, or you may wish to contact the _____ Dental Society at [phone number] for assistance in locating a dentist.

Option C: If you need assistance finding another dentist, you may wish to contact Dr. _____ at [phone number], Dr. _____ at [phone number], or the _____ Dental Society at [phone number].

I have enclosed an authorization form to release your dental records. Upon receipt of this signed form, my office will forward a copy of your records to the dentist of your choice.

After the close of my practice, signed requests for copies of dental records may be directed to _____ ***(indicate the name, address and phone number for access to records of the other office/clinic that has agreed in writing to assume this responsibility for you).***

Sincerely,

signature

DENTIST'S NAME

Enclosure

PLACE A COPY IN PATIENT'S CHART

Sample Referral Letter Referring Patient for Evaluation and/or Treatment

[Date]

[Dentist's name and address]

RE: Patient's name
Patient's age
Patient's phone number

Dear Dr. _____,

I am referring _____ (patient's name) to your office for: _____
_____. The patient should be seen _____ (immediately,
within a week, on your first available appointment, etc).

Following are my findings:

I have enclosed the following for your reference:

- Copies of X-rays dated _____
- Copies of models dated _____
- Other _____

Once you have completed your evaluation and/or treatment, please provide a written summary to my office for my records and refer the patient back to me. Please contact me at _____ with any questions regarding my findings or to fully discuss an appropriate treatment plan.

Sincerely,

signature

DENTIST'S NAME

PLACE A COPY IN PATIENT'S CHART

Sample Referral Reply Letter Summary of Findings and/or Treatment

[Date]

[Dentist's name and address]

RE: Patient's name
Patient's age
Patient's phone number

Dear Dr. _____,

I saw _____ (patient's name) in my office on _____ (date). Below is a summary of the (recommended or rendered) treatment:

I provided _____ (patient's name) with a summary of (the examination result and/or treatment) and have recommended the patient return to you for the following next steps: _____

Thank you for the referral. If you have any questions or would like to discuss the treatment, please contact me at _____ .

Sincerely,

signature

DENTIST'S NAME

PLACE A COPY IN PATIENT'S CHART