

Theme 1: Unpredictability caused concerns and produced collaborations	
Subtheme	Illustrative Quotations
<b>Concern: Safety</b>	I think the first consideration was about patient safety, having in consideration that this pandemic was attacking old people. We have a lot of old (patients).
	We were worried about patients in the middle of care. We were worried about patients who had started treatment. There were procedures that we were partially-- Some dental procedures are multi-visit procedures. We were concerned about just leaving folks for an extended time in an interim state.
	There were those cases where people wanted to save the teeth with root canals and we had to defer those to either wait till we had some clear timeline when we could do those again, or just, unfortunately, take the tooth out if it really bothered you that badly. Again, everyone in our area, it seemed like and probably statewide or nationally, it was all up in the air about what you could do, what you should or shouldn't do. We couldn't really refer people to other places because we didn't know what (procedures) they were doing either.
	We have so much airborne microbes going around in the room where you are working, and you have your handpieces there, you have-- Just everything in dentistry is a risk, especially where there's a concern because we're so close. We're dealing with personal zone. It just was a time where you had to buckle down and say, "Okay, we have to figure this out."
	In the room would be the patient, would be myself and one assistant. I did not allow any more personnel, any more would be too many...If we need something, each room has a telephone. You don't open back the door or go there and shout, "Hey, can you get me a perio probe or can you bring me a vanity mirror? I want to show the patient something." We pick the phone up and call so you don't leave room again. Once we leave, you don our PPEs and then we go in the other room.
	We would put people in (the negative pressure room) if we could not postpone their treatment for some type of emergency reason and they were sick with COVID. That's where we would see them. Actually, we haven't had to use that because most of our patients who have recently been in contact with someone who's sick with COVID, they either cancel or they're caught as we screen them, and then we suggest that they reschedule their appointment. There was a lot of stress and concern, especially when we made the decision on the 1st of June when infection rates were falling, to open back up not to a completely full schedule, but to about 70% or 75% of what we were pre-pandemic.
<b>Concern: Revenue</b>	Every single time that I have a proposal to the CEO of the company, they listen and they provide whatever we need to keep working. That was a really good thing. They understand really fine our concerns. Honestly, some days when we are short of PPEs and only see a few patients, they never say anything (negative). This is like: "Your health is most important; we don't want you to get sick."...They are very supportive for me. Every time I can I say, "I would like to say thank you" because I have a lot of friends for whom it wasn't that way. They weren't that lucky.
	We do (rapid tests) primarily for our school board in our county and the students, if they have anything going on like a scare in the schools when they opened up. (The clinic administration) really try to...use this to help keep our organization afloat during this time when we were lacking in so many other areas that we just couldn't take care of due to the pandemic.
	The guidance when it came to the billing component for teledentistry was a little foggy to me and it still is, to be quite honest with you. Because if we are providing this service and it is a qualified service that's necessary, I want to make sure our team members could get reimbursed for it...It's just hard, but I would love it if there were more guidance in some form or another when it came to that whole financial piece or insurance when it comes with teledentistry.

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Concern: Responsibility	We never fully shut down because we had to be there for our patients who were in acute need.
	I think there may have been one patient early on that may have been exposed to someone with COVID, but it was a dire emergency and the best thing we could do is just get their tooth out and send them back on home. Here is the thing about seeing the emergency patients, a lot of it did not require high-speed handpiece use, it did not stir up oral aerosolization. If it was a simple extraction, we weren't that worried about that.
	What we have discussed is making sure that we're doing our part to make sure that hospitals have the ability to see and deal with the patients they needed to deal with. We were taking at least part of that stress off of them.
	We use(d) the ADA guidelines and we also took into account the status of the patient. If, say, for example, delaying treatment was going to end up hurting the patient in the long run, we would still be trying to do what they needed, so that it wouldn't be a worse effect six weeks later.
	"We have to balance. Okay. We have all these patients that were canceled starting in March. We have all these patients who are in pain, who need treatment. What we did was we made certain blocks. They'll put them on books so that those slots are only touched by the front desk. Those are the ones that were scheduled from the list. Then anyone who is being seen, not canceled from back, they're coming in, they can be also booked. I would say it was an ongoing thing. It's still going on as far as that list and getting busy."
	From the patients' standpoint, they were extremely happy that something will open. When you're seeing urgent care or emergency patients, these are true emergencies because during pandemic, early on, for people who leave their home and come out--You know they're really hurting, so we had to do something for them...Unfortunately, during the pandemic, because people were putting things off and waiting until they couldn't wait anymore, we're seeing the fomented type of disease, advanced stages of the disease, where they've gotten so advanced that it couldn't be managed in our clinic, but we had to refer them out anyway. Interaction or dealing with a patient has been very limited. We're very efficient: move (patients) in, move (them) out.
	We started back doing (extractions) around June... That was a time where (COVID rates in their state) started to get really, really high, but you still couldn't...At that point, then I limited-- It was piecemeal. I limited the procedure...Between March and June, we were still doing in-visit emergencies, or if you had a patient that come in and they didn't need an extraction and needed work. We started relying a lot on the silver diamine fluoride. That helped us because that keep things stable until we can get those patients back in.
	We serve a transient population, a hard-to-reach population. If we see somebody today, under normal circumstances we probably might not see the person again in months. COVID exacerbated them staying away because of fear.... People needed to come to see the dentist, they needed dentures. Dentures is the most sought after in the population that we serve, because of sleeping under the bridges and hard-to-reach places and stuff like that. Yes, regular preventive care is important. But dentures are extremely important to them. Makes them feel dignified, look okay ....It is one of the areas that are so important to all of us, not just the dental team, but the whole coworkers and management. We've seen that dentures is so critical. If he's sleeping under the bridges and abandoned homes and on the street, the least (priority) is to go for dental care. By the time (the patient) is ready to receive their dental care, you know that toothache is about to blow the person's head out. When a person comes to us for dental care, they mean it, and particularly if they come to us for dentures, you know that something is going on that they need those dentures to make them feel dignified, ability to associate themselves.
Collab: General	We were able to get (the PPE) we needed, which was very fortunate. We did get support from the senior management...the state and also the federal support...Our vendors were great. They let us know whenever there's anything out there available. As soon as we get their email, we'll place the order. They were really approachable, and we've been working with them for a while. They know what we need they know how much we need. It was a lot of like a collaboration inside, outside of the company.

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<b>Collaboration: Within team</b>	Initially when we first heard about it...I started doing that soul searching and was like, of course, yes, I'm the director, but a lot of those decisions just can't be made by me. I totally knew that we had to cut back, especially because of how the transmission of the virus itself was...I had to go up the chain. I presented everything to my CEO, the CMO first and we had deep conversations about it. It's education on (infection control) because they're not in our field. You just really have to break it down and...bring light to what's going on...(It was challenging for the administrative team) to understand the significance that we were going to be impacted because of it being aerosol or virus, how much we were actually affected, how much it was going to impact our services, how much it was going to impact us as a department as far as productivity...It was just all in educating, just me being patient, just knowing that they don't really understand, just try to make them understand, make administration understand that this is something that is out of our control.
	Once we start hearing about this mysterious virus, (the executive team) actually started meeting daily. I can say with confidence until today, I had the call just before this meeting. A lot of it started with these meetings, these huddles every day...What's new with the CDC? What's new with the state of [place], the different governor's orders? We had each individual to be responsible for reporting on a daily basis what is going on as it relates to national—obviously, the federal level being a federal qualified health center--state, then local, then to the actual community health centers level.
	Our leadership was very supportive. They wanted us to be back in business and people wanted to work. They were eager to get back to work and take care of our patients.
	We created a pod system or a team-based system, so we had different teams of folks that were staffing the sites on different days. We lowered our risk from that standpoint so that there could always be some team that was operational.
	(Regarding protocols when staff members tested positive for COVID) We all have to wear N95s when we're in our organization. Any employee of [organization] is required to wear an N95 while they're in one of our buildings. That was a great thing that we were able to do and our organization was able to support us with was bringing those masks on and making sure that we have them, and they're still supplied. If there was a positive, was everybody there wearing their N95? Holding people accountable who maybe are not wearing their N95s and then doing contact tracing with patients and who did they see, what happened? Absolutely. Then our employee health department and risk managers going through and following the proper steps and protocols afterwards if there were any contacts...We had that happen plenty of times where you possibly were exposed, we can't tell you who or where or when, but we're going to test you and make sure you're okay.
<b>Collaboration: With patients and community</b>	At some point, I think we just told (patients), "You know what, we can't promise the next appointment availability at this point, but we are going to definitely keep an eye on what's going on around us. We'll try to reach out to you."...As soon as we started reopening that's when we reached out to them first and then scheduled them. Although it was hard because knowing everything that's going on, some of they didn't want to come in...or we just couldn't reach out to them because their phone number was changed.
	Usually the patient comes with company to the operatory room, now they have to wait outside. Just one person is allowed in the operatory room. That was kind of the challenges that we have."
	Even though we have all that (infection control measures) now, we can't put as many people in our waiting rooms as we always could. It comes down to: when the parents were coming in with their children and waiting for their children, we're like, "What do we do with the parents? We can't have them all sitting in the waiting room and then we have more people coming in." We have to be mindful of this. How do we get the parents to wait in their car and not leave?
	Parents either have to work or, say for example, maybe the parent is home with the kids now and not working--so then how do they find childcare so they can come to the office? That has come up every now and then, because if they can't necessarily come with all four kids, they can only come with one or two, then what do they do with the other ones? That's the consideration. Sometimes we try to work with the patients in that regard.

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Collaboration: With patients and community	When you speak to a patient, just talking to them, you should ask them the (COVID screening) questions in such a way in a calm, open way that they give you the answer. They tell you more than you're looking for sometimes. I train my staff and I just tell them, "Listen, just ask the patient some kind of-- You don't go point-blank and ask them, "Have you had a fever? Have you been sick?" They would deny (symptoms) flat out, because they won't be seen. You have to come around it and link it to the condition that is there. They want help. They have a swollen face. They have a toothache. They want help. You got to package it around that toothache that you're going to help them with, and they quickly tell you, "Oh yes, well I had this fever, and I had this swelling. I had this fever and I got tested." And at least three (patients) who came in told us that, "We lie upfront so we can be seen." But when a doctor asks them a question (it's not) like being in a court of law. You don't lie really. That's what I find. If a doctor very professionally, courteously asks a question, you will get the accurate answer (rather) than someone lying or camouflaging an answer.
Collaboration: Within dentistry	<p>I got in contact with a lot of friends all over the country, even international. I'm a graduate from a school (in another country, and then a graduate here again in America. I have a couple of friends all over the country, and also international. We created a group. That group was born because of the lack of information that as dentists we have from the institutions that were supposed to give us something. Everybody started sharing what they think and believe. That way they helped each other.</p> <p>I also started a local [place] area dental directors' group, because we all needed to just bounce ideas off of each other. We started having Zoom meetings. Everybody was pretty much on the same page...I reached out to (a contact), got all the names of the dental directors. I sent an email and said, "Hey guys, I think we need to just talk and [laughs] make sure that we're all on the right track because this is new to all of us and we can all learn from each other." I think we were all hurting for that and wanting that. To this day, we still-- We were doing those meetings every two weeks during the thick of it and then we did it every month and then every other month and now we're going to be doing it quarterly just to stay in touch and maybe not necessarily one day talk about COVID. We've talked about telehealth a lot and how each other had implemented telehealth and just bounced ideas off each other. It's just been a wonderful resource and I can't say really where it came from, but I just saw my supervisors and mentors doing the same thing and I thought, okay, we all need help and there's so much information out here we all can't possibly read all the information about it that's out there. We can all certainly help each other.</p>

Theme 2: Service delivery was guided by a variety of resources	
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Policy resources: Governmental and Professional	We always follow guidelines from the CDC, from OSHA, from the ADA. The problem here was that the guidelines hadn't been written yet. Things were changing very quickly, but for the most part, we try to make sure that we weren't violating any guidelines.
	We basically went off to ADA and [State] Dental Association guidelines that were very similar to the ADA. I would say that was where our major policy decisions came from. Other policy decisions came from our administrative staff, which I'm sure used federal guidelines, CDC guidelines. We basically live by what the ADA was recommending. Then it was more of an internal decision motivated by increasing infection rates and revenue, to start opening back up more in June. We knew we had to do it, but boy, that was not a happy time. We were just still very concerned and phobic, but it worked out.
	It was so unknown, I just didn't know what's going to be the best. I wanted to do the best for the patient, for the team, but at the same time, it was the first time for everyone...We continued to talk like, "Are we doing the right thing? What's the update with the CDC guideline? What's the update with (our) Department of Health? What's the update with OSHA?"...We were overwhelmed at first and we continue to be overwhelmed, but I think at some point, the most important thing was, I think, actually giving the staff the reassurance that, "You know what? We're doing whatever we can to protect you. We're doing everything possible to keep you guys safe."
Policy resources: Practice	What is really beneficial for working at a federally qualified health center is you've got this administrative staff in place that really did the heavy lifting on developing policies about how we were going to screen patients...We just recently added the question, "Have you been vaccinated for COVID?" I'm so glad we were able to add that question.
	New policies were developed based on what we were hearing from local and state societies and entities, and basically making our new protocols based on those recommendations. Then just trying to implement those as best as we could...We developed protocols that we housed on an all-staff drive on our computer so that we know what our new workflow is going to look like.
	(I'd) heard different things about teledentistry, but I didn't have any workflows, nothing. It just was weekends where I was just trying to get information, talking to colleagues, reading. Just trying to see, how is this going to work? What methods are we going to use so that we could communicate with the patients? How are we going to do that? Who are going to be the ones that are going to do it? Just putting everything together and just had to write up an entire document so that everyone will be on the same page.
Human resources: task- shifting	We were cross training some staff members to learn how to do temp checks correctly, what questions to ask the patients and those type of things. Everyone was assigned to do different tasks. Before it was just like, "OK, everybody knew I'm a dental assistant." Well today you may be checking temperature. You may be polling patients. You may be on the phone triage or dental triage. Everything changed, but it was all in the fact of making sure that we had enough supply, that we had the right material, that the patients were aware of how important it was to not come in as they were sick.
	We have had one assistant and she had a panic attack while she was working on a patient early on in June. I made the temporary decision to have her just be a front desk staffer. She occasionally helps out in the back, but I don't think she wants to go back to direct patient care. Unfortunately, that's her job. Once the pandemic is over, she's going to have to be able to transition back into direct patient care.
	They're multitasking in everything. Even if they're not a front desk, they volunteered to be front desk...On a positive note, (task-shifting) has brought up the good and even "hidden" talents of (staff members). Right now, we are training front desk to be dental assistants. It does have its positive within all this craziness.
	A couple of (my) team members were phlebotomists. (We were) doing so many COVID tests at that time and the lab needed support. Those team members went to our laboratory services...I had team members that joined the outreach team (and) did the screenings until August, when we received our thermal cameras (and) you didn't need that human up there...Our team members were, they were everywhere within the organization.

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Human resources: staff consolidation and scheduling	When team members start coming up positive, what do we do with our workforce? It was at that time we decided that we will assign A group, B group. We had groups of individuals that will work together as opposed to trying to fill in because (filling in could) end up with very few individuals to provide this emergency care or to just keep us open.
	We did not (fully shut down). We still saw emergency patients, but we did go into a reduced rotating staff schedule to limit the number of people in the building. The other dentist and I would alternate days that we would work. We blocked our schedule for emergencies on Monday because we were just having trouble finding where to put them in. We were actually scheduled for another two or three weeks for emergencies on Monday morning. Dr. [name] and I would both come in on Mondays. Then, I would stay home Tuesdays and she would work, then she would stay home Wednesday, and I would work. We did the same with our staff. We developed this schedule for people to stay home or people to come into work.
	We still try not to double book. Fortunately, we're getting a little busy.
	We have two dental offices currently open and two closed. With four offices that have their own patients sent to those (two open offices), it's hard to accommodate everybody to come in. We're down to a few dentists, as well. We have some dentists that are still currently out. Because of that, we've had to really, really buckle down on the importance of those urgent appointments--how to get them in and how to get them seen within a timely fashion.
Human resources: temporary furloughs or absences	As far as the assistants, we were pretty lucky that everybody was good to come back, but a couple of our hygienists due to childcare issues, did not return to work. Other than that, all of our dentists are fully working. We're very fortunate in that regard.
	We never furloughed, laid off, or resized the organization. On the other hand, we were able to grow, and enjoyed a time when most community health centers were resizing and closing sites. Because of participation, meaning visits, we did not close any of our sites. We as, a matter of fact, added more staff. Our numbers for 2020 that our UDS report outpaced our 2019. Where (we were) expecting 82% of pre-COVID numbers, our numbers went up over 6,000, which in essence we should have been around 5,000...We attribute that to efficiency. We attribute that to teamwork because we knew people will come for our services, even though they are free. Because when you serve the poorest of the poor in society, they don't have that many places to go. Individual organizations were closing left and right because of patronage, particularly the solo dental clinics. We knew we had to position ourselves. So, what we did was that collectively, we figured out ways to sustain our operations. More importantly, we aggressively went after grants. We were going after HRSA CARES grants. We went after each one of them...We went after Paycheck Protection Program, which was by the Small Businesses Administration. We're one of the few community health centers particularly helping the homeless. Now we receive about \$640,000 through the PPP, which is really close to about \$800,000 (total) in addition to all the HRSA CARES grant. Plus, private foundations also came to our rescue because of our mission. That's why we were able to sustain all the staff and never furloughed anybody...We do daily productivity reports and then weekly. We share weekly with all the providers. When we go back pre-COVID and then I look at how many patients that (another doctor's) team was seeing, one dentist (was seeing) about 10 (patients) on average a day. Then a hygienist was probably there kicking in another 8 or 10 (patients). All of a sudden two people who would have given me 20 encounters or visits (pre-COVID) are giving me about two or three (encounters during COVID's initial phase). We had a significant financial impact, and yet you're retaining these (staff members).

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Material res: financial (CARES, PPP, Grants, revenue, reimbursement)	At first, we were going to have to take a pay cut. They were going to reduce everybody's salary by 25%. But they applied for payroll protection program and got it. Everybody was still able to be paid full-time. I just think that's fantastic because a lot of people were losing their job. (Practice administrators) had decided to cut everybody's salary by 25% so they wouldn't have to lay people off. As it turned out, they were able to keep everybody and pay them full-time even though not everybody was working full-time.
	One of the things that we really wanted, and the hygienists wanted was the extra-oral suction machines... The problem for us was actually getting them. I think they were around \$2,000 a piece, but with the PPP loans and stuff, our organization was like, "Whatever we need to have, we have the funding. Let's get it now."
	(A corporate donor) has been coming to our rescue by giving us money. They started (with) about \$25,000, just really for dentures, (then) about \$50,000. Last year, they blew us (away). They give us decent money, not just for dentures, but for COVID related purposes. We were able to clear up the backlog of people waiting for dentures. Why were we able to do that? Because with the money we were able to bring in another part-time dentist. With that addition of a part-time dentist, her sole function was to help with dentures, reduce the long waiting line. Initially, we weren't doing dentures because of the ADA requirement. But once things started easing up, we said to that doctor, "Let's do the dentures. Just dentures, two days a week."
Material resources: Physical space	We had to shift things around as far as COVID screening forms, limiting people in the building. It was a coordinated effort with our operations team, as well as our medical team here in our building to try to get things physically organized with barriers, things taped off, to try to direct the flow of patients better so that we didn't have too many patients congregating in one area...Initially, we had patients waiting in their cars and calling us when they arrived before they could even come into the building. That's gone the other way. We have a check-in now, just a generalized building check-in, where they do the COVID screening and take temperatures before they come up. Then they're given a sticker saying that they were screened and that they had their temperature taken. We're just, again, trying to limit the people in the building. They have to have an appointment to get access to the building."
	We tried our best not to have so many things on our working area. Even the papers, the documents. We formulated a COVID consent before the treatment for every patient. Any paper documents, we are having a check-in station where the dental assistant has to go over that, so the papers are not within the working area where we're doing the procedure.
	These things called Mueller mounts are these squares of Plexiglass with an adjustable handle on them to clip onto our patient light, overhead light...They just didn't work. They were cumbersome. They made the light drop down because of the weight of the shield. That was one of the things that did not work.
	I didn't want that team, in case something should happen, then now we have to do tracing at three different sites. To prevent that, then I just had them stay at one site. We closed (the other two sites) down temporarily until such point we're able to move about freely.
Materials re: testing	(Dental) actually were the very first ones in our entire organization--medical, behavioral health--to implement point-of-care COVID testing. Individuals were trained by myself or another expert, like in our lab care facilities. We placed (rapid tests) at each one of our larger dental sites and made certain that the training was there. We received a grant too. So, we offered it to every patient that came in. And I can tell you we've done hundreds of them because patients love it...and if a team member felt a need to be tested ....(An unvaccinated staff member) went out with COVID positive. This is because we do point-of-care testing. They came in and then a patient asked for a test, and I don't know what they were thinking, but they decided that they would test themselves and they're positive too.

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<b>Material resources: PPE</b>	No matter what it was, we wanted the staff to get used to the protocol, so we had an hour appointment (when they reopened). We did have the PPE training...We continue to observe how (staff) are doing with donning and doffing with PPEs. We try to do a formal evaluation, monthly if possible, so that they can be reminded what has to be done, what has not to be done.
	We had (dental team members) wear hair nets, the hair caps, booties for the shoes, gowns that covers all the way up. At one point for a couple of weeks, we were working a little in a spacesuit. We donned the stuff. We looked like space suit people. Our center was also doing lot of tests, so we had equipment that were donated to us by the local fire department like face shield, face mask, even what we didn't have. We have those.
	The materials, (we) take whatever we can get, whatever we can find, because some of the resources were hard to get. We couldn't be too picky about, say, the color of a gown or the type of K95 that we got. Our company was very fortunate to be able to access, I think it was via FEMA if I'm not mistaken, some of those PPE that we needed.
	We did, of course, everybody started using face shield and even those we had to reuse because there were so limited to get for a number of months.
	In late February 2020, our organization was very forward-thinking and they acquired P100 masks respirators--the giant respirators--for all of our providers and all of our dental staff. We had those early on. We still wear them to this day in any aerosol procedures. We look like Ghostbusters, but we do. May came around. We didn't have the necessary PPE we needed to be able to start doing aerosol procedures again...Now we have those extra-oral suction units in all of our clinics. We did not start doing aerosol procedures until we had those. That I believe was on August 8th, I want to say.
	We've also worked with the local dental societies and we've kept our ear to the ground on all PPE. Being a community health center, there are people offering free PPE supplies. So we would utilize that when we could get ahold of those free ones.
	We did have quite a large level of support provided by our vendors...They helped us to really facilitate not only prior to COVID really impacting our level of care, but even throughout when we were seeing only emergency cases...In addition to that, with our funds, we brought in washers and dryers because we knew that the pandemic is going to be around for some time. We really had to think outside of the box on how to continue care without allowing external factors from being blockers for us...(We had) partnerships with nonprofit organizations and community groups...We were able to apply grant monies where we would provide them with the funds, and they were able to hand sew 127 reusable gowns."
	Another step that we took, which made all the difference in the world, is (some team members) had the positive pressure respirators...One team member still has one. She keeps it on all day long.
<b>Materials re: vaccines</b>	I was elated when we were able to start with the vaccines. It's a little sense of security. Of course, we still know that it's still here, there are the variants out there.
	We are just now finally starting to get vaccine doses for our employees and we're going to start vaccinating patients, hopefully, at the end of the month (February 2021). I have not been a part of that discussion so much because the medical staff (is) going to be doing that. There has been talk of enlisting dentists to administer vaccines, since we're already part of a health facility that will be (delivering vaccines). We're just trying to gear back up to full capacity that we were before. I was able to get a vaccine. (Our) county health department apparently had some extra vaccine doses and offered 22 to our staff. I happened to be in the right place at the right time--in front of my computer when the email came through...I just got my second dose on Monday. Some of our staff don't want to get vaccinated and I have to respect that. We have one that didn't want a flu vaccine. We have developed a flu vaccine policy where they have to have a medical or religious letter of exemption and they have to wear a mask during flu season. We have not developed a similar policy with the COVID vaccine yet because I think everything's too new. It'll be interesting to see how that shapes out.
	Right now, everything is so new. We have to probably extend some courtesy to (employees who have not yet decided to be vaccinated). In everything, some people take a little bit longer to come on board and see things. The leader is going to be out there doing things first. We all can't be leaders. And the followers want to see. And then most of us are followers and that's why we need good leaders to have a good example.



**Theme 3: Pandemic-driven changes to comprehensive health service delivery are permanent, overdue & welcome**

Subtheme	Illustrative Quotations
<p style="text-align: center;"><b>Infection control</b></p>	<p>(Patients) are going to want to see providers, assistants, hygienists ...doing what they were during COVID...because they're going to expect that...psychologically. Patients are going to have higher expectations. I think we're going to have to meet in the middle with those.</p>
	<p>I always use the AIDS analogy. It's the same. We're going to have to do things differently.....Before we had the HIV/AIDS epidemic, people were not using gloves. ...We're not going to be able to use anything less than a level 3 mask when we're seeing patients. We're going to have to be fit tested every year for our A95s.</p>
	<p>We'll probably wear shields more regularly, would be my guess, and just being more aware of general infection control. Also educating the patients on preventive care to make sure that they understand the importance of that, so that if anything does get interrupted again they understand that it's important to prevent problems so it doesn't become an emergency.</p>
<p style="text-align: center;"><b>Telehealth</b></p>	<p>Teledentistry, I think, is more amenable to other areas of healthcare than us, where we really had to get our hands in there and do work. We were considering using teledentistry maybe for infant lap exam. If (a parent) can hold the camera to their (infant's) mouth, that way they don't have to come in and we can at least visualize...I don't know how well that would work. At least deliver overall hygiene instructions how to care of the child's teeth. That all can be done by teledentistry.</p>
	<p>Initially, when my CMO and CEO said, "Dr. [name], what about telehealth?" I'm like, "I just don't know. I just don't know what the value is. I don't know how we can make that happen." As we started really looking at it, we saw: What can we do to just prevent patients from having to make an unnecessary trip into the office, preventing exposure for us and preventing exposure for them?</p>
	<p>We consolidated our sites (during the initial COVID shutdown in Spring 2020). I think we only had one site that was physically open. That was the beginning of our larger move towards teledentistry...It's been a challenge because there's a lot of patient reluctance to do teledentistry. We also have issues in terms of the reimbursement and insurance.</p>
	<p>My hope is that eventually we expand (teledentistry) not just for an emergency, but for a prevention approach. Unfortunately, for (our state), until even now it's more the dentist who has to attend all these calls...If the hygienists are also involved in it...then I think this will be a great tool to making sure that (patients) maintain oral hygiene and continue with education. I don't think we're at that stage yet.</p>
	<p>We made a decision to give our high-risk patients--whether dental, behavioral health medical--iPhones with telehealth capability...We selected a hundred high-risk patients. We are monitoring their use (the phone) so that they could reach their clinicians if they need to, or the clinicians could speak with them based upon the appointment. The phones are for them for free, then we also pay for internet service.</p>
<p style="text-align: center;"><b>Collaborati on, integration</b></p>	<p>With telehealth, we look at the special individuals that we provide care for--the underserved that have comorbidities, all these chronic diseases...It's the perfect storm for patients to understand the connection between oral health and general health (and) for our medical providers to truly understand what oral lesions may look like or what oral health may look like as it relates to COVID. We don't have all of that information yet. What we can do is we can focus on the diabetic patient because we know the number of diabetic patients that lost their lives due to COVID. We know that there are oral manifestations of (diabetes). We can better manage some of those diseases (and) also educate the patients on that. (The transition to telehealth during the pandemic) looks positive in a sense of connecting the dots when it comes to chronic illnesses.</p>

**Theme 3: Pandemic-driven changes to comprehensive health service delivery are permanent, overdue & welcome**

<b>Subtheme</b>	<b>Illustrative Quotations</b>
<b>Acknowledgement of emotions</b>	<p>(Dentistry had) an advantage (because) we've always used PPEs. All we just had to do is just (make it more) robust. We had to build on what we had and just to make it comfortable for the patients and for the staff because the staff was very antsy. Just to be over a group of people and you're like, "Lord, just please lead me so that I can get this information and have everybody settle down and we can still do the dentistry at hand." It just was reinforcements too just letting them know, "Listen, this is something we've been doing forever. We can do it; we just have to expand upon what we're doing. We're all going to be okay ....You just had to be innovative and try to do what you can for the patient and just staying safe and try, like I said, to keep the providers and the staff in a mindset where we're going to be fine, this will work out... The other (thing) was just trying to just be strong and keep my head [chuckles] in the right place for my family and for the staff and be able to just stay level, no matter what. I could be just like, I don't know what to do inside, but never show that side and no one knew.</p>
	<p>My first degree was as a registered nurse. I was able to not panic, but understand what guidelines look like....It has been a bittersweet experience in the sense of, I'm very comfortable with disclosing that I really had an opportunity early on to receive the vaccine—and I'm a provider that I got my very first flu vaccine ever in my life [laughs] in 2020—and I received the (COVID-19) vaccine. I also lost an immediate family member in August to COVID. I think a lot of that had a true influence on me; I also became an advocate. Our organization was at the forefront when federally qualified centers received their shipment of vaccines. We offered those vaccines to our healthcare providers first. I say it's bittersweet simply because when I look at the oral health team, I think maybe 99 to 100% of the hygienists and the dentists were vaccinated. But, unfortunately, I may have about 20% of support team members (vaccinated), and that creates a challenge.</p>
	<p>December was actually a busy month. We were only three encounters below where we were the previous December. I thought that was promising...I certainly went through my stress with it...I really looked into other job opportunities that would not involve direct patient care. Ultimately, I stayed where I'm at. I've been with (my employer) since (year). They've treated me very well. They pay me a decent salary. They have a good benefit. I'm glad that I stayed where I am, but the summer, I was really seriously considering (leaving). As the year went on and we found that we were pretty safe, that stress, that sense of being overwhelmed went away.</p>
	<p>"I'm happy to say that when things calmed down a little bit, one of the things that the staff did come back and say was, they felt so protected by us that we were always there trying to find out what was happening to be able to be compliant.</p>
<b>Emphasis on prevention</b>	<p>This whole pandemic period has made me think in a different way on how I have been providing care to patients..... This pandemic has really shown us that we really do have to approach dentistry in a more prevention-focused way.</p>
	<p>Now, you're getting more patients that are coming in with problems. Hopefully, we can get a hold of that. I know it's still going to take a while before that happens, but that's where we are now. You're seeing a lot of different things. You're seeing more caries. You're seeing more people that have really extensive broken-down teeth. they just don't want to come in. They'll come in when it's to the point where they just can't take it anymore. Then you just have to be there to reassure them that it's going to be okay. They see the difference. They see what's going on. They see what we have in place. Right now, it's just to get them back in so that we can take care of them.</p>