

Navigating Your Practice Through COVID-19

The impact of COVID-19 is leaving many professionals with questions about what to do with their practice. This situation is dynamic, and it's important to stay up-to-date with any tax or benefit program changes that may be applicable to your office / practice. Here's a series of recommendations for next steps for your practice from our business advisors.

Office insurance considerations:

1. Contact your office / practice insurance providers to see what the business interruption insurance provisions are in your insurance policies and whether the measures recommended by your professional association / governing body for closing the office would qualify under the policy.
2. Contact your Professional Office Overhead insurance providers to see if there is any coverage. Most policies have an extensive waiting period, so they may not offer any payment since they are designed for longer shutdowns, and typically due to an issue with the practicing dentist (as opposed to an external disruption like COVID-19).

Bank loans and practice cashflow considerations:

1. Look at the expenses of the practice to see what your true costs of the practice are while you are not able to practice. Determine what your monthly / weekly cash outflow is expected to be while you are shutdown:
 - a. Fixed expenses / costs are those you have to pay even if the office is not open such as bank loan interest and principal payments, rent, telephone / internet, property tax, utilities, bank account charges (excluding credit card processing fees), professional membership fees, insurances, professional memberships
 - b. Typically, variable expenses are the largest part of your practice's expenses and would stop while the office is shut down. Variable expenses include medical / dental / other supplies, staff, lab fees, office expenses, associate fees, some advertising (if not contract), repairs and maintenance, travel / auto, meals and entertainment, etc.

2. Consider the available room on your line of credit (LOC) or for cash in your bank account to see how long you can carry the fixed costs of the practice until you will have financial challenges.
 - a. Consider your need for personal cashflow as well for your personal fixed expenses such as mortgage, living expenses, etc. as you will need to draw these as a fixed cost from the practice to you.
3. Contact your bank if you are worried your LOC, current cash or other loan facilities available to you will not be enough to endure a shutdown or cause significant issues with cashflow after a shutdown.
 - a. The bank may be willing to extend the LOC, change to a period of interest only for bank loans or delay certain principal payments on term loans.
 - b. For bank term loans, consider also asking to have their repayment period extended across a longer timeframe. For example, if you had six years left at \$100,000 per year of principal repayments, maybe the bank could accept re-amortizing to a 10-year period with \$60,000 per year of repayments. This would save \$40,000 per year of cashflow for the practice.
 - c. If your current bank is not accommodating then you may consider approaching other banks to see if you can obtain refinancing or extended repayment terms from them. Keep in mind that changing banks / lenders is a very involved process and most banks have very similar loan features and interest rates. We typically advise you work with your current bank as much as possible to limit any disruption to your day to day banking.

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Employee considerations:

For staff / employees, there is no easy answer on what to do during the shut-down. However, you must be careful of any legal or legislative implications of your actions. Consider the following factors in determining how you respond to this disruption:

1. Consult with your lawyer or human resources provider about what steps you can or can not implement.
 2. What do your employment contracts say? Can you have the employees go on layoff with short notice, or are you required to pay them for a minimum amount of time?
 3. Part of the consideration is your financial ability to pay the employees. Professional offices with loans, less profitability, etc. will have a harder time paying employees as it could put the whole office in financial distress.
 4. There is goodwill factor with the employees. Will the employee remember or be hurt by your laying them off immediately?
 - a. It may be prudent to pay the employees for two weeks but clearly let them know if the shut down last longer than two weeks then
- you are going to have to lay them off and they will have to apply for employment insurance (EI).
- b. Employees who are slighted by being off may have more reason to leave the practice and find another position. For dental offices, this is in particular for dental assistants who are in high demand right now.
5. If the employees are on EI, then the practice generally cannot top them up while they are on claim or after the fact if payment is tied to the period the employee was claiming EI.
 - a. Top-ups reduce an employees EI benefits unless for allowed reasons which are extremely limited and include parental leave or disability payments.
 - b. We do not believe any of the current exemptions will apply to professional practices; however, changes to EI amounts and other benefit programs may be made by the government as part of their response to COVID-19


For other office considerations, think about how you can make improvements to the office while patients are not in the office. What things do you not have time to deal with in a regular week that would help improve the practice? Consider having some / all of your employees involved in the below as a "make work" project that will still benefit the practice. They may see different improvements / repairs needed than you which will be helpful.

While not a complete list of things for you to consider for your practice or office, this list will hopefully give you some ideas you can implement. The key is thinking about what you could do if you had more time to fix, address, improve and implement those plans while your office is closed.

We are here to help you navigate these uncertain times. If you have any questions or concerns about what to do next, please reach out to your local business advisor or visit [MNP.ca](https://www.mnp.ca).

Visit our COVID-19 Business Advice Centre [MNP.ca/COVID-19](https://www.mnp.ca/COVID-19)

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RECOGNIZING HS

DO YOU RECOGNIZE PATIENTS WITH HIDRADENITIS SUPPURATIVA (HS)?



DR. NEIL SHEAR

Head of Dermatology, Sunnybrook Hospital

"People with HS come to the emergency room in severe pain and discomfort requiring assistance with the draining of the boils during a flare-up. It's not unusual for patients to go home undiagnosed."



DR. RALPH GEORGE

Associate Professor, University of Toronto,
Division of General Surgery



DR. VU KIET TRAN

ER physician, University Health Network

"HS is a chronic, painful, inflammatory skin disease that affects 1-4% of the general adult population. It is characterized by boils usually occurring where certain sweat glands are located, such as under the breasts, buttocks, and inner thighs."

"There is currently no cure for HS. Early diagnosis and proper management is important for a patient's quality of life. The first step for those with HS is to speak to their dermatologist to get an accurate diagnosis."

NEW

North American HS Guidelines NOW AVAILABLE

To learn more about HS from these specialists and the new guidelines, go to www.RecognizingHS.com/CJEM

WHEN YOU SEE THESE LESIONS, DO YOU SUSPECT HS? DO YOU ASK ABOUT RECURRENCE?



Photo compliments of Dr. Afsaneh Alavi.



Photo compliments of Dr. Marc Bourcier.

ASSESSING PATIENTS WITH RECURRENT BOILS

Most HS cases can be recognized with high reliability by the presence of 3 main features:¹⁻³

1. **Typical lesions:** nodules, sinus tracts, abscesses, scarring
2. **Typical anatomical location:** axilla, groin, genitals, under the breasts, others (perianal, neck, abdomen, buttocks)
3. **Relapses and chronicity:** ≥ 2 times per 6 months

Questions to ask your patients with suspected HS:²

1. Have you had outbreaks of boils during the last 6 months?
2. Where were the boils and how many did you have?

**To confirm an HS diagnosis,
please refer your patient to a dermatologist.**

References: 1. Zouboulis CC, et al. European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa. *JEADV* 2015;29:619-44. 2. Lockwood SJ, et al. Diagnostic workup. In: Kimball AB, Jemec GBE, eds. *Hidradenitis Suppurativa: A Disease Primer*. Cham, Switzerland: Springer; 2016:27-37. 3. Poli F, et al. Clinical presentation. In: Jemec GBE, Revuz J, Leyden JJ, eds. *Hidradenitis Suppurativa*. Berlin, Germany: Springer; 2006:11-24.

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Expressions of interest, along with a curriculum vitae, can be forwarded to:

Dr. David Price, Professor and Chair
Department of Family Medicine
Faculty of Health Sciences, McMaster University
E-mail: fmchair@mcmaster.ca
Fax: 905.521.5594

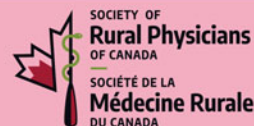
All qualified candidates are encouraged to apply. However, Canadian citizens and permanent residents will be given priority for these positions. McMaster University is strongly committed to employment equity within its community and to recruiting a diverse faculty and staff.

The University encourages applications from all qualified candidates including women, persons with disabilities, First Nations, Metis and Inuit persons, members of racialized communities and LGBTQ-identified persons. If you require any form of accommodation throughout the recruitment and selection procedure, please contact the Human Resources Service Centre at Extension 222-HR (22247).



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Facilitated By:

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