

## **Dentistry by the Numbers**

Claims Data Analysis & Risk-Reduction Solutions

# Today's moderator

**Today's moderator is Rachel Rosen, RN, MSN, AVP, MedPro Group ([Rachel.Rosen@medpro.com](mailto:Rachel.Rosen@medpro.com))**

Rachel has more than 20 years of experience in patient safety, quality, and risk management — both as an internal leader and as an external consultant.

Her healthcare industry customers have included multi-hospital systems, large acute care hospitals, long-term acute care facilities, critical access hospitals, healthcare services, and managed care organizations.

Rachel has extensive experience in standards preparation and compliance, strategic organizational improvement planning and implementation, quality measurement, patient satisfaction, and medical staff quality and peer review.

Rachel is a graduate of Ball State University with a bachelor of science degree in nursing, and she earned a master of science degree in nursing administration from Indiana University. Rachel is a member of the American Society for Healthcare Risk Management and the Indiana Society for Healthcare Risk Management.



# Are you aware of our vast resources?

SOLUTIONS — DENTAL PRACTICE

## BRIDGING THE GAP

Practical Risk Management Strategies and Guidance for the Dental Practice

Risk Q&A

MedPro Group

**Question:**  
Recently, my staff called me to inform me that a patient came to my office for a procedure and was told that he had a "broken" tooth. The patient was told that he had a "broken" tooth and was told that he had a "broken" tooth. The patient was told that he had a "broken" tooth and was told that he had a "broken" tooth.

**Answer:**  
The patient's concern is a common one. It is important to address the patient's concern in a timely and appropriate manner. The patient's concern is a common one. It is important to address the patient's concern in a timely and appropriate manner.

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- Examples of questions to ask:
- How was the patient's concern addressed?
  - How was the patient's concern addressed?
  - How was the patient's concern addressed?
  - How was the patient's concern addressed?

The patient's concern is a common one. It is important to address the patient's concern in a timely and appropriate manner. The patient's concern is a common one. It is important to address the patient's concern in a timely and appropriate manner.

	Yes	No
Does your organization have a disclosure policy, and/or do state disclosure laws provide guidance on the disclosure process?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization hold pre-disclosure preparation meetings for staff who will participate in the disclosure process?	<input type="checkbox"/>	<input type="checkbox"/>
Are disclosure meetings with patients or family/caregivers scheduled as soon as practical?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization determine in advance of the disclosure meeting who will participate on behalf of the organization and the patient? Is a meeting leader assigned?	<input type="checkbox"/>	<input type="checkbox"/>
Does the disclosure meeting involve clearly communicating the facts as they are known at the time of the disclosure, including:		
• The nature of the event?	<input type="checkbox"/>	<input type="checkbox"/>
• The time, place, and circumstances (if known)?	<input type="checkbox"/>	<input type="checkbox"/>
• The proximal cause, if known? (If unknown, it is okay to say so — don't guess or assume.)	<input type="checkbox"/>	<input type="checkbox"/>
• The known consequences and actions that have been taken to address the consequences?	<input type="checkbox"/>	<input type="checkbox"/>

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LITIGATION SUPPORT

## Maintaining Your Balance

Healthcare Providers

Medical Protective



Dentistry

Specialty Report

April 2015

MedPro Group Patient Safety & Risk Solutions

MedPro Group

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CONTINUING EDUCATION LIVE WEBINARS

LIVE WEBINAR REGISTRATION (March 2015)  
The Impact of Disruptive Behavior on Patient Care and Practice, and Strategies to Mitigate Risks

Presenters:  
Joyce Bruce, RN, MSN, JD, CPHRM & Donie Rosauer, RN, MBA

Dates:  
Tuesday, March 17, 2015, 12:00 - 1:00 p.m. ET  
Thursday, March 19, 2015, 5:00 - 6:00 p.m. ET

Register for this webinar >

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CONSULTING & SOLUTIONS | TOOLS & RESOURCES | UNDERSTANDING INSURANCE

MEDPRO PREVENTION & EDUCATION CENTER

Office Risk Assessment Communication Module

One of our most popular online courses is the Office Risk Assessment, which was developed to help practitioners (D) identify risks in their practice that could adversely affect patient care and (B) evaluate high-risk liability exposures.

The full, comprehensive version of the Office Risk Assessment tool — which covers areas such as general facility considerations, human resources, scheduling, billing, medical records, infection control, and more — is freely available to practitioners within the secure high-end of our website.

The Patient Safety & Risk Solutions Group also has made available to the public the assessment, Section 9, which focuses on an area of particular concern for many healthcare providers — communication. The 30 questions in this communication module can be used to help providers assess, as a high-risk communication process, if they are in place, consistently used, and complete.

Using a simple "yes/no" format, the communication module is designed to quickly respond to the questions and the results, including relevant feedback related to the topics discussed.

Ready to try it out? Click here and find out whether communication is an essential tool.

TOOLS & RESOURCES

> Articles  
> Checklist

RISK RESOURCES

Disclosure of Unanticipated Events

MedPro Group

Agency for Healthcare Research and Quality

- Disclosure of Medical Error (Web M&M) — <http://webm.med.ahrq.gov/perspective.aspx?perspectiveid=20>
- Full Disclosure of Medical Errors Reduces Malpractice Claims and Claim Costs for Health System (Health Care Innovations Exchange) — <http://www.hcin.org/2014/04/01/full-disclosure-of-medical-errors-reduces-malpractice-claims-and-claim-costs-for-health-system/>
- Patient Safety Primer: Error Disclosure — <http://www.aspe.hhs.gov/errordisclosure.aspx?articleid=2>
- Patient Safety Primer: Support for Clinicians Involved in Errors and Adverse Events (Second Victims) — <http://onlinelibrary.wiley.com/doi/10.1111/psp.12030>

American Medical Association

- AMA Code of Ethics Opinion 8.02: Withholding Information From Patients — <http://www.ama-assn.org/speicalpub/physician-resources/medical-ethics/code-medical-ethics/opinion8.02.aspx>
- AMA Code of Ethics Opinion 8.121: Ethical Responsibility to Study and Prevent Error and Harm — <http://www.ama-assn.org/speicalpub/physician-resources/medical-ethics/code-medical-ethics/opinion8.121.aspx>
- Disclosure of "Non-harmful" Medical Errors and Other Events: Duty to Disclose (JGIM Surgery) — <http://archsurg.jamanetwork.com/article.aspx?articleid=1107930>
- Medical Error Calls for Honest Disclosure — <http://www.amednews.com/article/2011/09/12/mederr/3091399030>

Brigham and Women's Hospital, the Center for Professionalism and Peer Support

- Disclosure and Apology — [http://www.brighamandwomens.org/medical\\_professionalism/career/cpsa/feedback/disclosure.aspx](http://www.brighamandwomens.org/medical_professionalism/career/cpsa/feedback/disclosure.aspx)

CRICO Strategies

- Disclosure + Apology — [http://www.mfrstrategies.com/Clinician\\_Resources/Topic\\_Tags/Disclosure-Apology](http://www.mfrstrategies.com/Clinician_Resources/Topic_Tags/Disclosure-Apology)

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WEBINAR

## A Risk Management Review: Infection Prevention and Control in Dental Practices

DATES

February 18, 2015, 12:00 - 1:00 PM ET  
February 19, 2015, 5:00 - 6:00 PM ET

MedPro Group



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*Risk management and patient safety information  
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Tools

Announcements

Case studies

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Risk Q&A

Videos

And more!

### Not on Twitter? Give It a Try!

Twitter is an easy, quick way to stay current with healthcare news and trends, receive information and resources, connect with individuals and organizations, and receive risk management info from MedPro! Opening an account is simple — visit [www.twitter.com](http://www.twitter.com).



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The Medical Protective Company is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from October 1, 2015, to September 30, 2018. Provider ID 218784.

The Medical Protective Company designates this continuing education activity as meeting the criteria for up to 1 hour of continuing education credit. Doctors should claim only those hours actually spent in the activity.



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Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at Medical Protective have reported that they have no relevant financial relationships with any commercial interests.



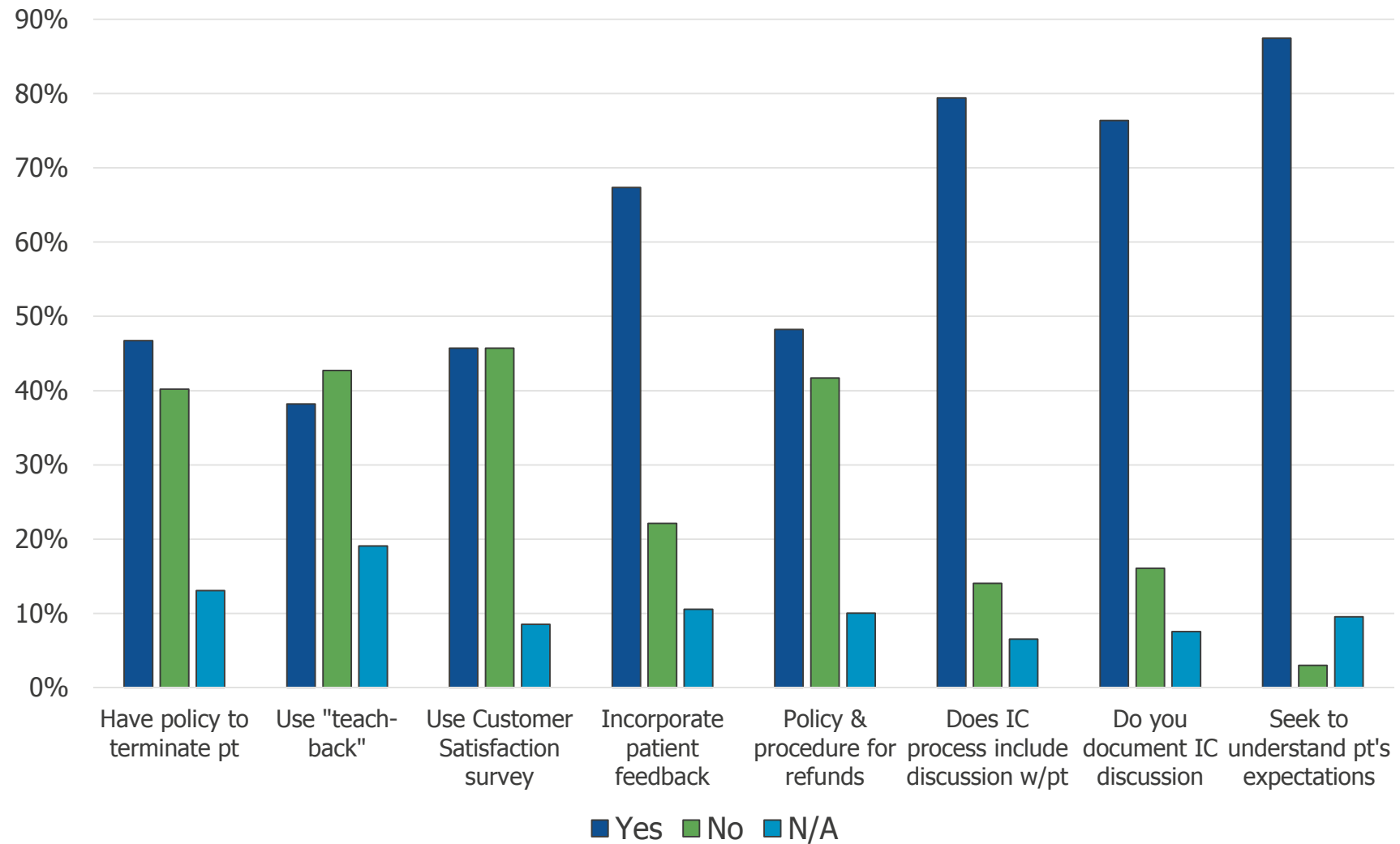
# Objectives

At the conclusion of this presentation, participants should be able to:

- Review dental claims data to identify the leading factors involved in these claims
- Identify the most common reasons dentists call MedPro for risk management advice
- Develop strategies to address issues identified in claims and telephone consultations
- Discuss how the risk factors identified in claims and telephone consultations can affect evolving claim trends and claims defense



# Registration Polling Results





# Today's program

**Today's speaker is Theodore (Ted) Passineau, JD, HRM, RPLU, CPHRM, FASHRM, Senior Patient Safety & Risk Consultant, MedPro Group**  
**([Theodore.Passineau@medpro.com](mailto:Theodore.Passineau@medpro.com))**

Ted provides risk management services for the upper Midwest and Northeast regions. He has worked in the field of medical professional liability since 1987.

Ted's professional achievements include experience as a medical malpractice defense attorney, risk management consultant, director of risk management, and director of continuing medical education for both doctor-owned and commercial professional liability insurers.

In his career, Ted has provided instruction to thousands of physicians, dentists, and hospital staffs across the United States and internationally, and he has written extensively on various professional liability-related topics.

In addition to his academic credentials, Ted has been trained in healthcare mediation and conflict resolution by the Harvard School of Public Health, and clinician-patient communication by the Institute for Healthcare Communication. His affiliations include Adjunct Professor of Medical Law at the Thomas M. Cooley Law School, advisory panel member for a physician litigation stress website, and former board member of the Tri-County Medical Control Authority.



# Today's program

**Today's speaker is Russ Pride, MA, CPHRM, Healthcare Risk Consultant, MedPro Group ([Russ.Pride@medpro.com](mailto:Russ.Pride@medpro.com) )**

Patient safety and clinical risk management have been the primary focus of Russ' career for the past 25 years. He has worked as a healthcare risk consultant for Princeton Insurance (part of MedPro Group) for 17 years. Russ provides comprehensive risk management services in New Jersey and New York for physician practices, hospital systems, and professional healthcare organizations.

Russ' previous experience includes serving as a risk manager for an urban acute care hospital, providing healthcare marketing for hospitals and pharmaceutical companies, and working with a regional health insurer in the areas of quality assurance, human resources, and corporate administration.

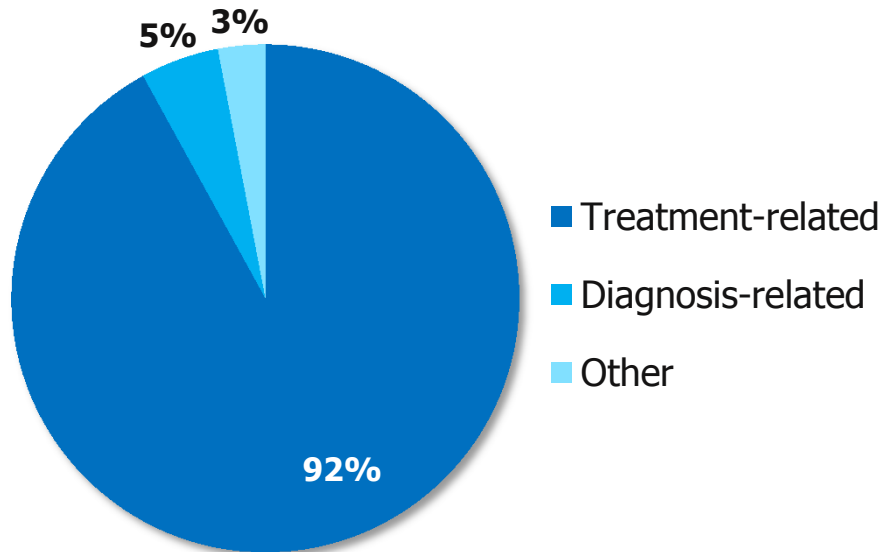
Russ is a certified professional in healthcare risk management (CPHRM) through the American Hospital Association. He earned his certificate in healthcare risk management through the New England Healthcare Assembly (Boston, MA) and is a chapter member of the Pennsylvania, New York, and New Jersey societies of healthcare risk managers.

Russ is an approved facilitator of Institute for Healthcare Communication workshops, focusing particularly on provider-patient communication in the emergency department. He earned a master's degree in psychology from LaSalle University, has clinical experience as a behavioral therapist, and is a certified hypnotherapist by the International Medical and Dental Hypnotherapy Association. An advocate for effective communication as the cornerstone for promoting safer patient care, Russ provides workshops focusing on key issues such as informed consent, patient compliance, difficult relationships, the impact of social media, patient satisfaction, and more.

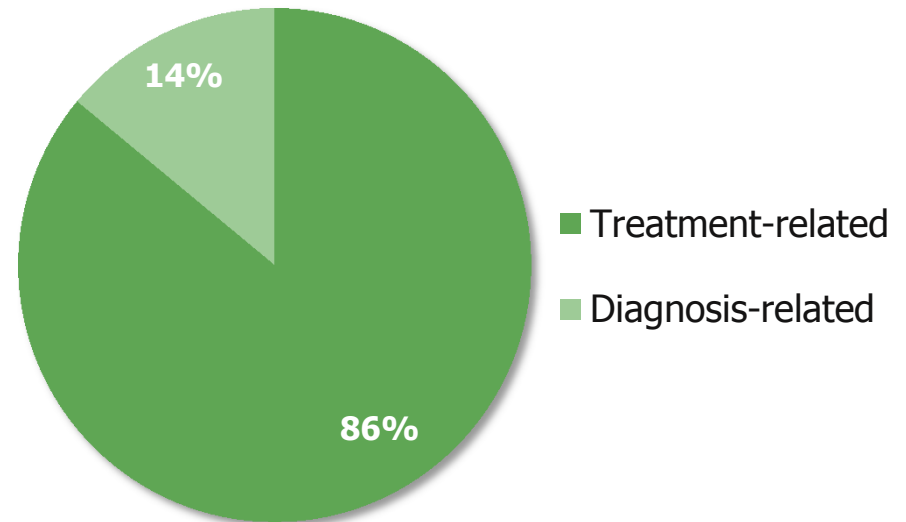


# General dentistry: claims volume and total paid by allegation type

**Volume of claims by allegation type**



**Total dollars incurred by allegation type**



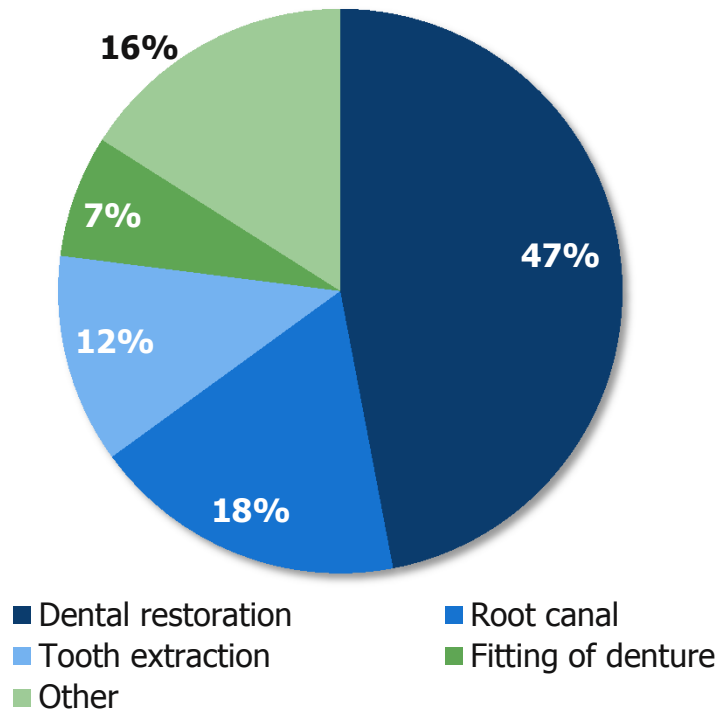
- Treatment-related allegations account for the majority of claims and total dollars incurred.
- Improper performance of treatments/procedures as a specific allegation accounts for almost three-fourths of the treatment-related dental claims.



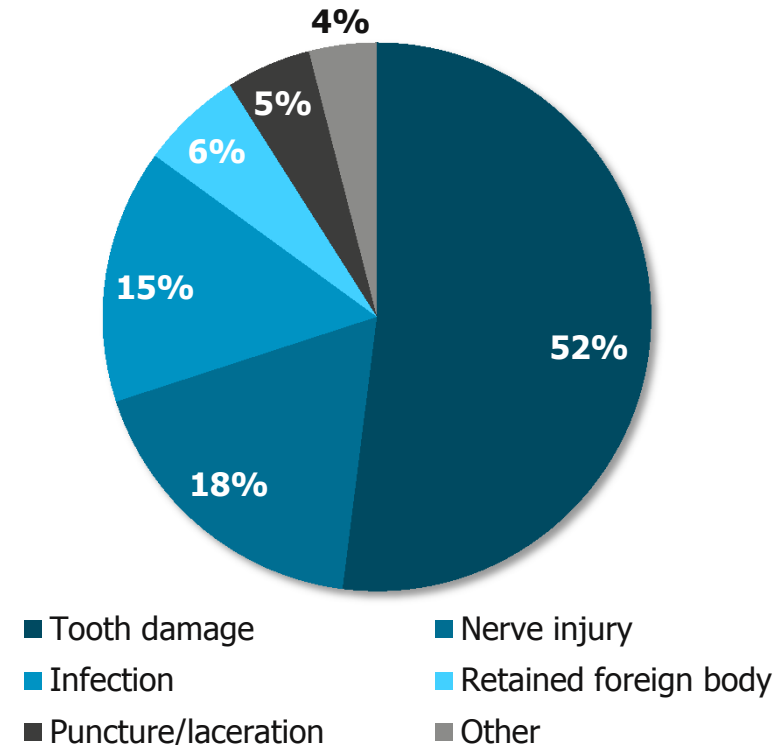
Source: MedPro Group claims data, 2003–2012. The "Other" category represents the remainder of the data, in which no one category represents a significant individual amount. Total incurred = total dollars paid (indemnity + expense) and reserved on open and closed claims.

# General dentistry: treatment-related allegations

**Volume of treatment-related claims by procedure type**



**Injuries in improperly performed treatments/procedures**

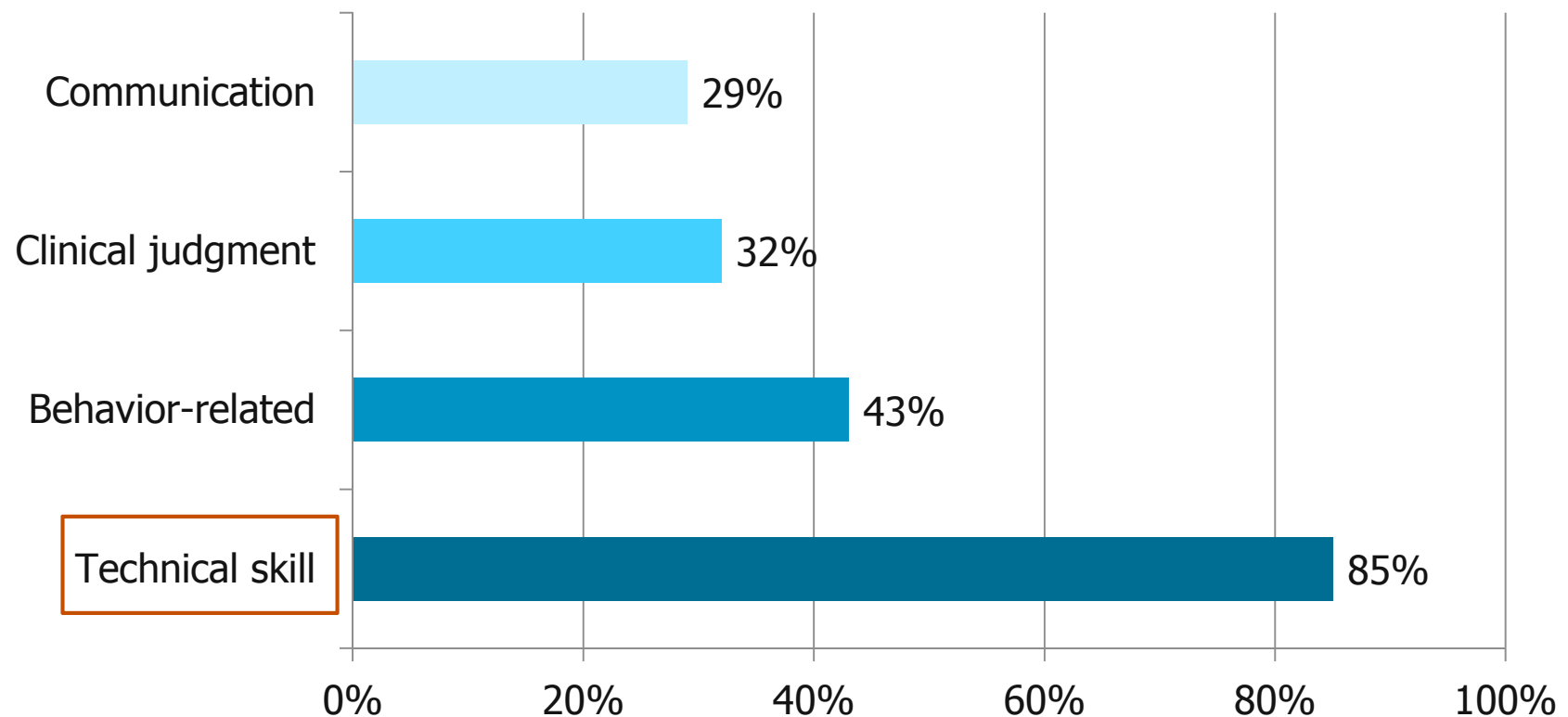


Dental restorations and root canals account for two-thirds of all treatment-related claims. Patient dissatisfaction with restoration results tops the complications category. Poor procedural technique as a risk management issue for treatment-related claims is seen in the majority of the claims.



# General dentistry: top risk management issues

Poor technique is the leading factor in most dental claims. However, the intersection of one or more risk management issues combined with poor technique often leads to claims or to difficulties in defending claims.





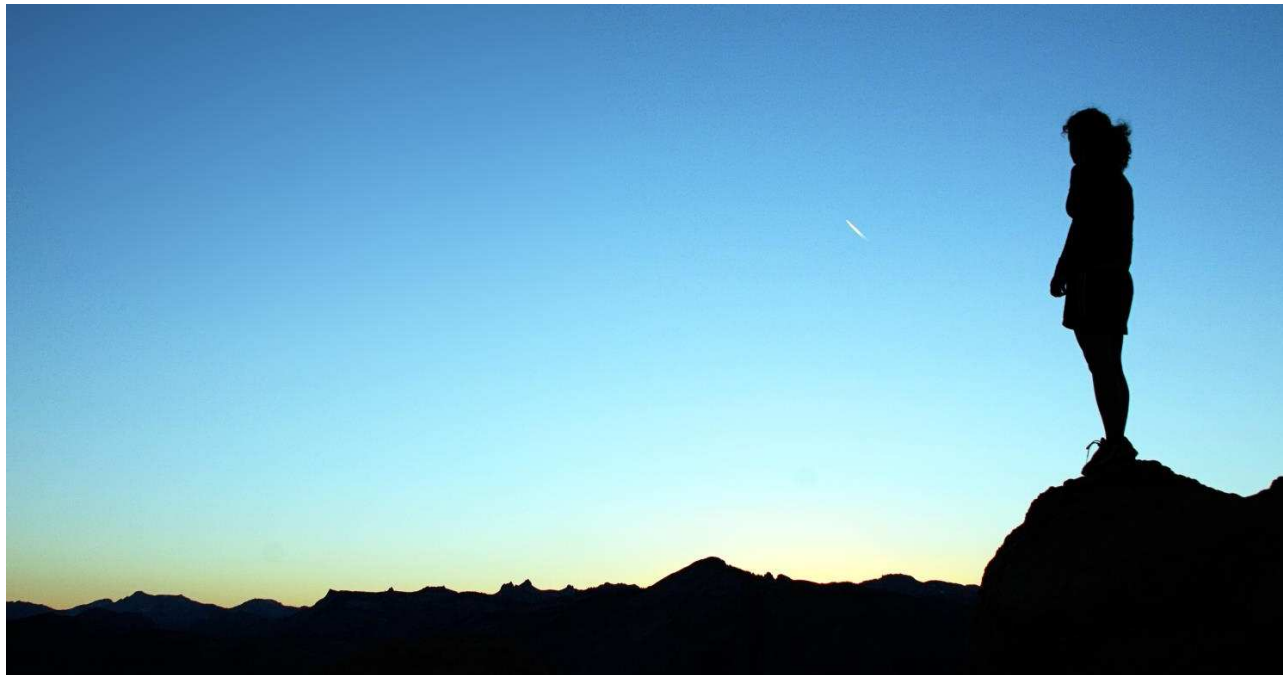
# Technical skill

## Three suggestions

Stay current

Pay full attention to  
each case

If you want adventure,  
go climb a mountain



# Clinical judgment



# Clinical judgment: critical thinking

- Critical thinking approach in clinical practice has two goals:
  - Accurate problem identification
  - Optimal problem resolution
- Experienced practitioners vs. less-experienced practitioners



# Clinical judgment: cognitive errors

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**Anchoring**      A snap judgment; diagnose on the first symptom or lab abnormality

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**Availability**      Using a prior experience — maybe what's most available in your memory — to diagnose

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**Attribution**      To mentally invoke a stereotype and attribute symptoms

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**Horses vs. zebras**      Case may not be typical

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# Risk strategies

Perform a complete assessment.

Update and review patient's medical and dental history on a regular basis.

Review allergies, medications, and new medical issues.

Consult with medical providers as often as necessary.





# Communication

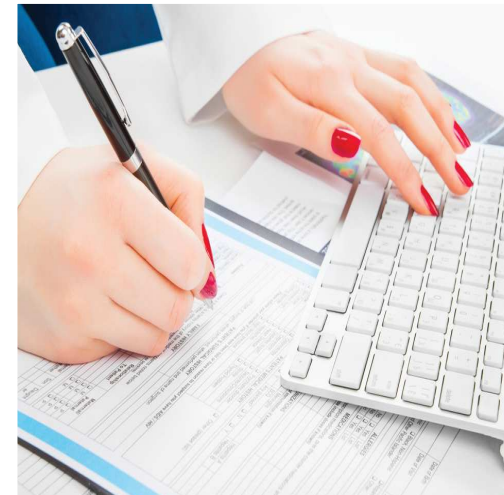


# Communication: methods

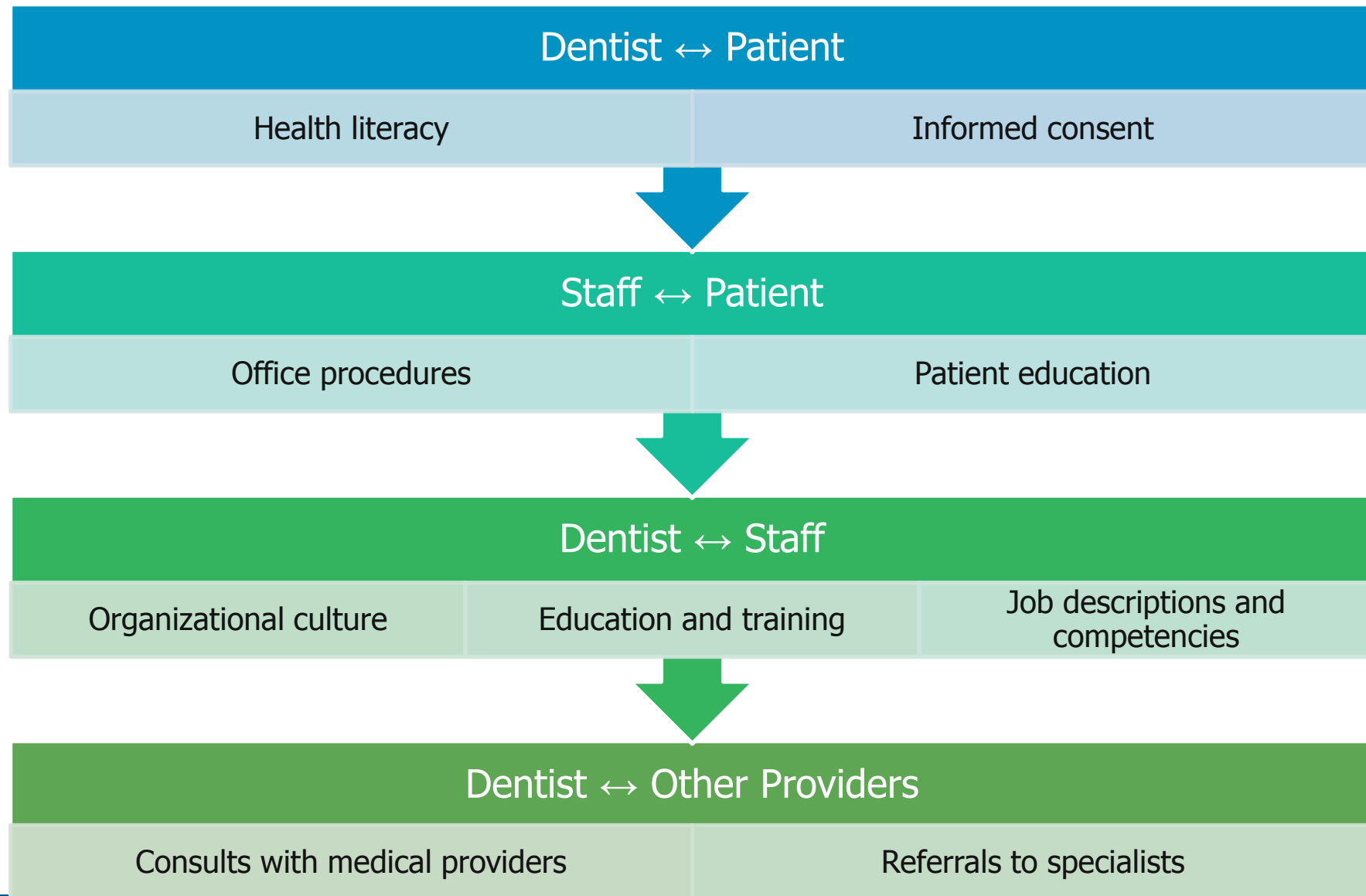


Verbal

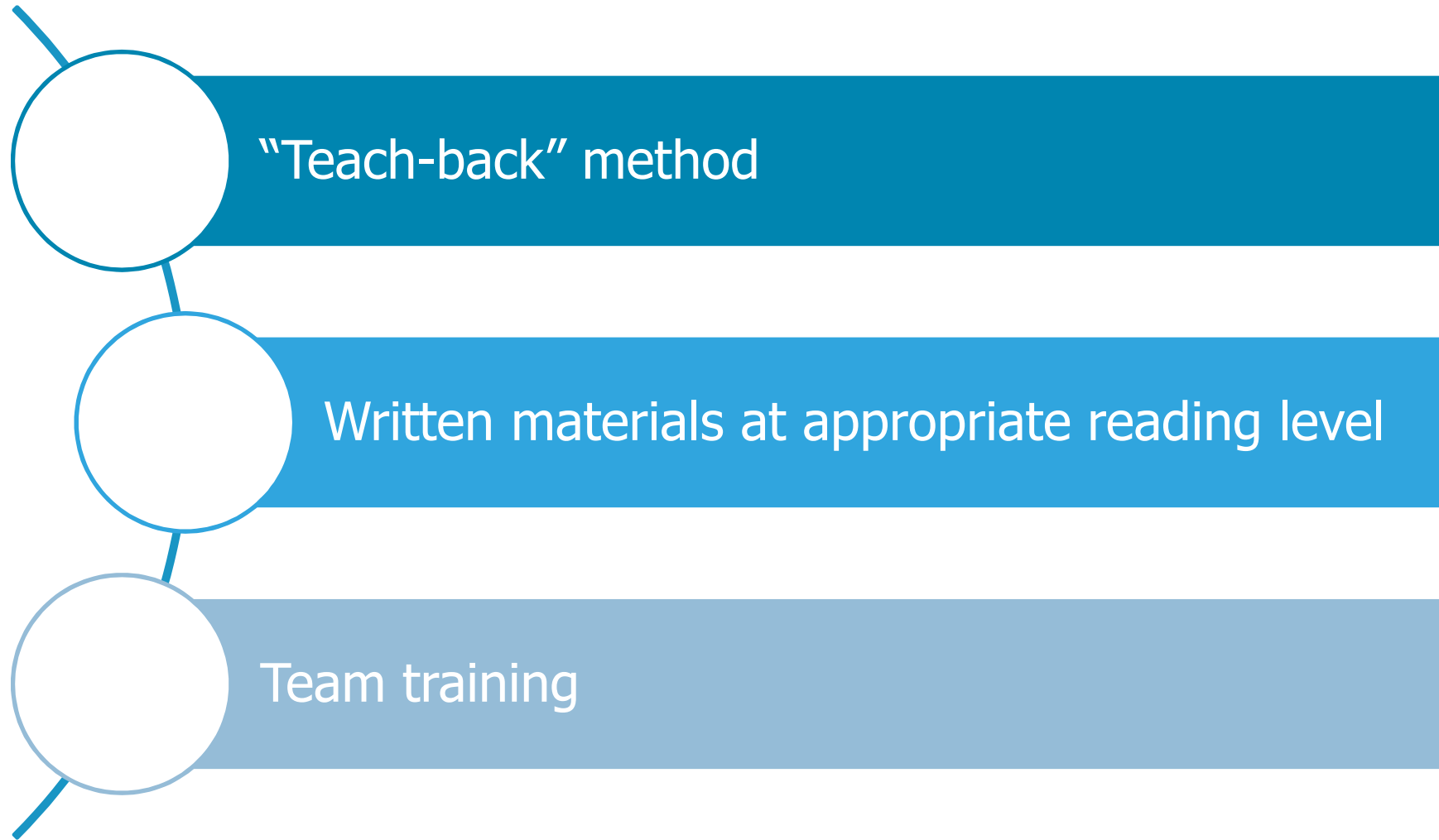
Written



# Communication: pathways



# Risk strategies



# Communication strategies to enhance the Dr.–Pt. relationship

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Explain the recommended procedure.

---

Start with the diagnosis and educate the patient.

---

Offer an explanation and rationale for why this is an appropriate treatment plan.

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Go over the treatment plan step by step.

---

Ask the patient to repeat back proposed treatment plan and/or informed consent discussion.

---

Provide written documentation for patient to take home, and document in chart.

---

Reinforce patient teaching (staff).





# Teach-back method

“I want to be sure that I did a good job explaining your problem. Can you tell me:

- What your problem is?
- What you need to do?
- Why you need to do it?”



## Developing your own patient education materials

- Use a font size of at least 12–14 points.
- Remember:
  - *Italic font is difficult to read.*
  - ALL CAPS ARE DIFFICULT TO READ.
- Limit information to three to four messages.
- Put the most important information at the beginning and repeat it at the end.
- Eliminate technical jargon.



# Issues with documentation

## Content

Complete, timely,  
factual, consistent

## Appropriateness

Nothing other than  
what's pertinent to  
the care of the  
patient

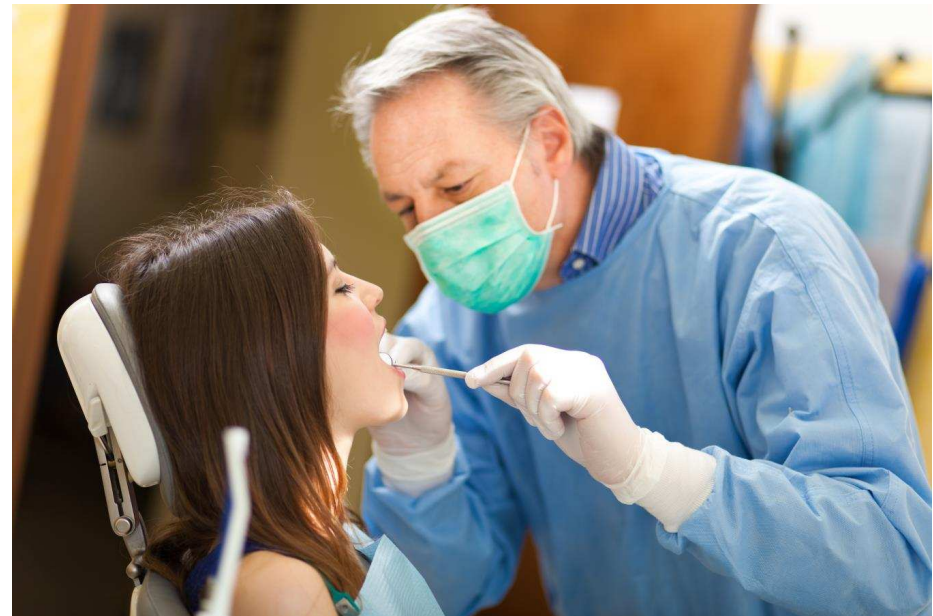
## Mechanics

Legibility, correct  
method for making  
addendums or  
corrections,  
alterations



# Issues with documentation

- Patient compliance, including missed/cancelled appointments
- Treatment plan changes
  - Receipt of diagnostic results
  - Follow-up
  - Patient response
- Telephone conversations
- After-hours contact
- Consults



# Contributing factors to patient behavior

- Complex medical/dental history
- Psychiatric disorders
- Drug/alcohol use/abuse
- Social/personal issues
- Cultural factors
- Language barriers
- Health literacy



# Factoring in provider/staff behaviors

- Fatigued
- Frustrated
- Angry or defensive
- Dogmatic
- Inexperienced
- Distracted
- Condescending
- Unprofessional



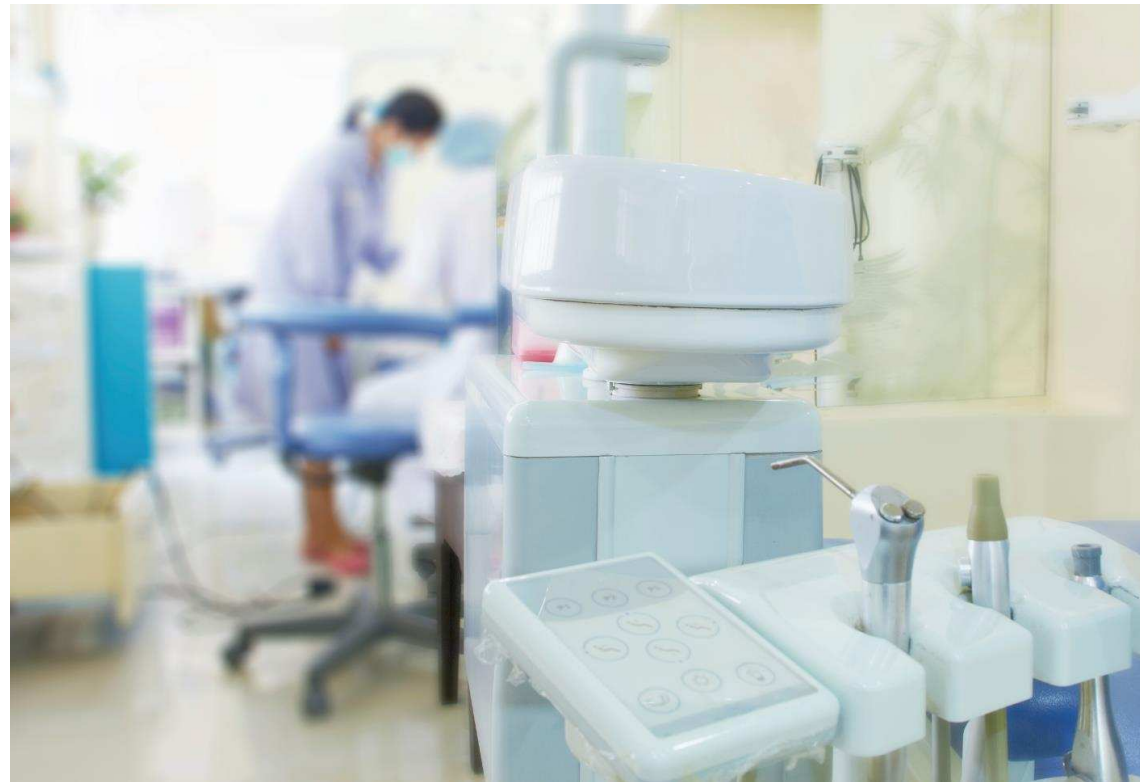
## Factoring in provider/staff behaviors

- Likely to make clerical mistakes (billing, appointments, etc.)
- Impatient
- Lack of empathy
- Apathetic
- Uses language too technical for patients to understand
- Gives advice that is too general





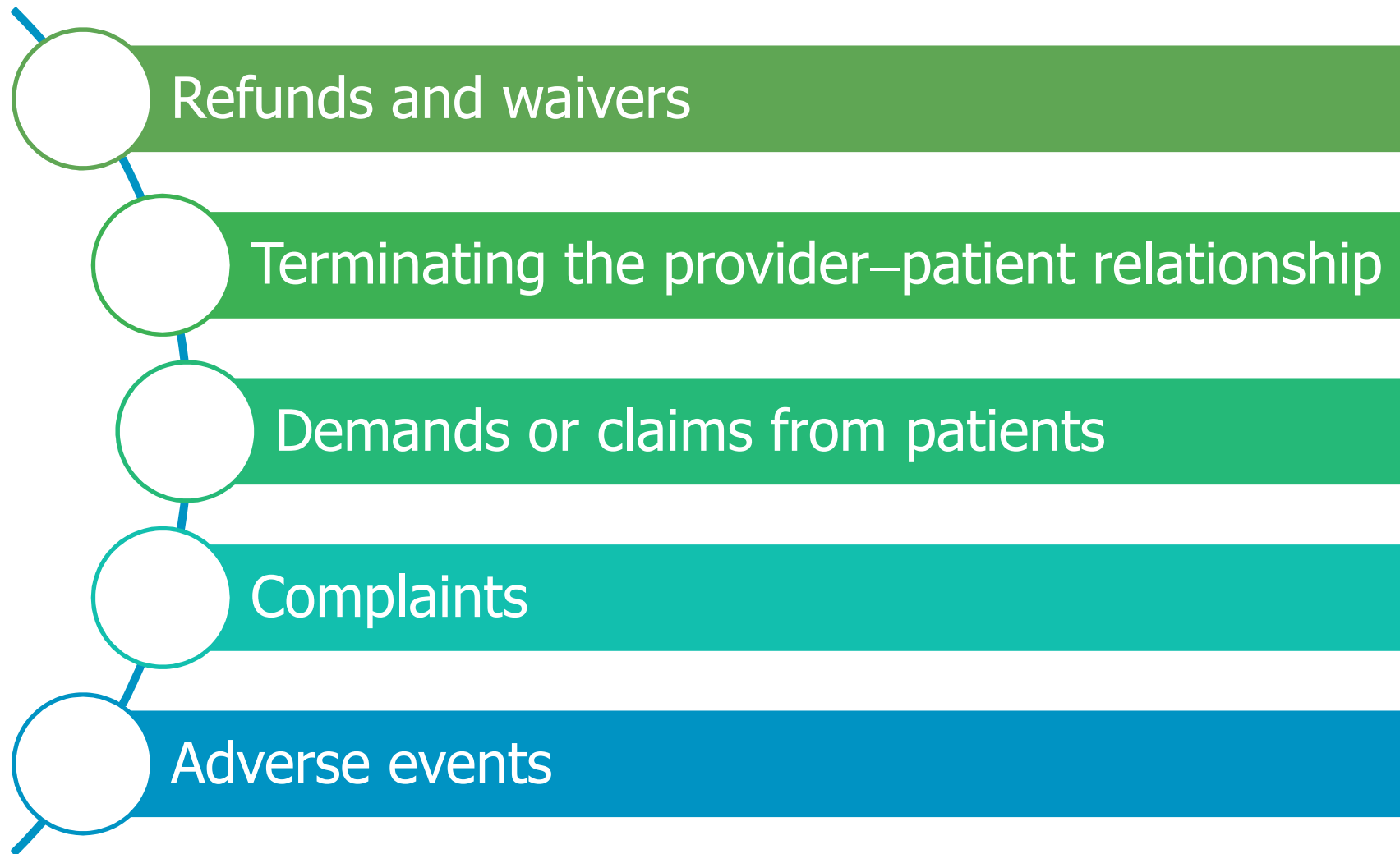
# Risk strategies



<b>Patient behavior</b>	<b>Dentist/staff behavior</b>
Policies and procedures	Policies and procedures
Behavioral contracts	Supervision & evaluation
Termination from practice	Training and education



# Top 5 risk management dental consultations



# Refunds and waivers

Business  
decision vs.  
true liability


Options

Release from  
liability



## Proactive steps: screening process

Have you carefully reviewed the patient's medical history? (Obtain records in advance, if possible.)



Do gaps exist in the patient's history/information?



Does the patient have realistic expectations?



Why did the patient choose your practice?



# Terminating the doctor–patient relationship

Should comply with practice policies stated in the office brochure.

Requires sufficient and objective documentation that supports the decision.

Time termination to avoid abandonment (e.g., patients in staged phases of treatment.)

For nonpayment of bills, be cautious of timing.



# Terminating the doctor–patient relationship

- Rationale based on long-term benefits to the patient
- Letter is business-like and nonconfrontational
- Reason for discharge is not required
- Offer emergency care for stated period, e.g., 30 days, specifying when offer expires



# Termination can be challenging



Make sure the process is well thought out and the right choice for each situation.

Once the decision is made, stick to it.

Second chances often lead to the patient believing his/her negative behaviors can continue without consequence.





# Demands or claims from a patient

- Definition of a claim
- Contacting your malpractice carrier
- Release of liability



# Complaints: sources

Phone

In person

Email or letter

Social media

State attorney  
general's  
office

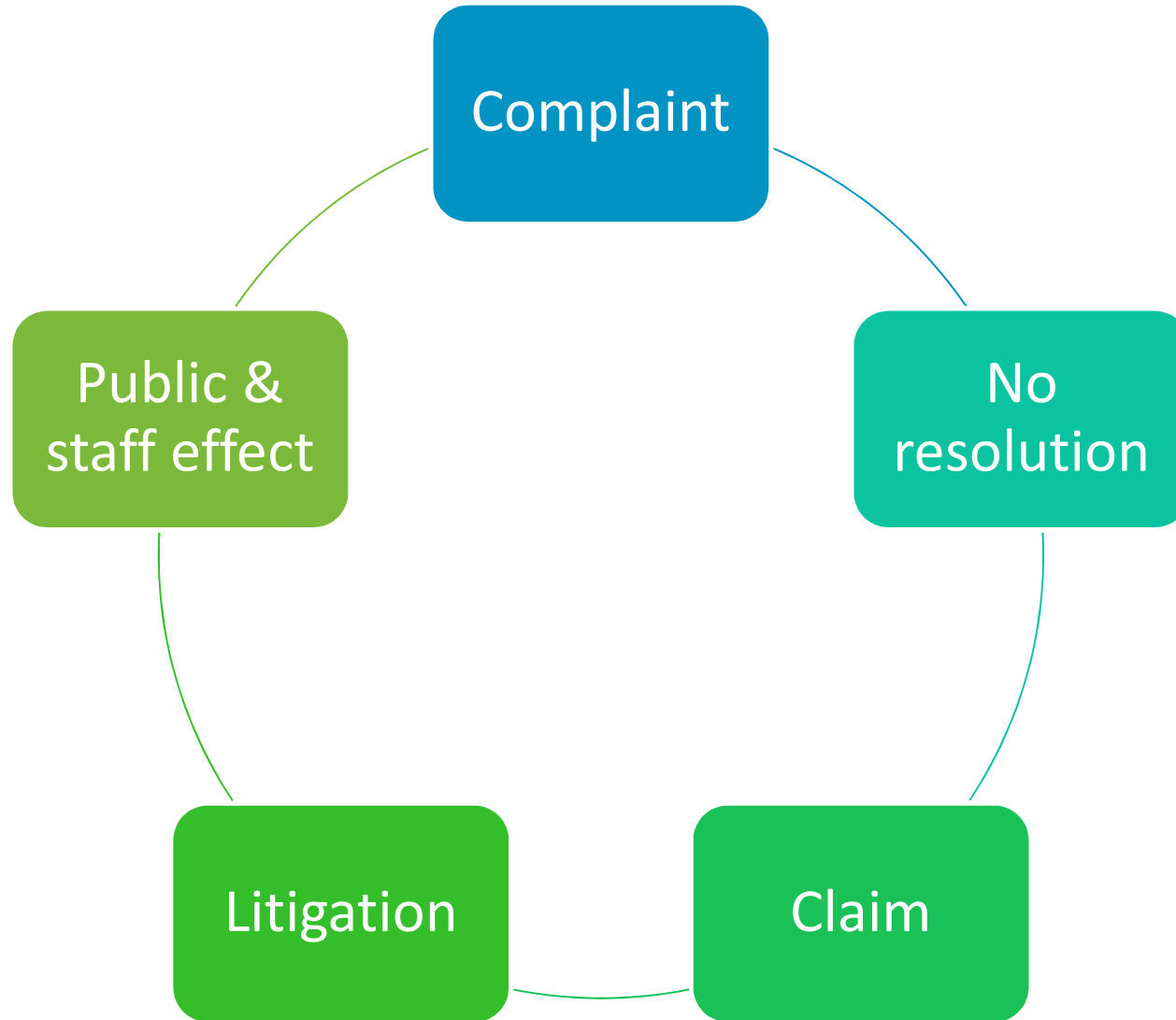
State licensing  
boards

Office of Civil  
Rights

Federal Trade  
Commission



# Complaint–litigation cycle



# Complaints are opportunities

Basic risk-reduction tool:

- Quality of care
- Policies and procedures
- Communication issues



# Complaints are opportunities

## Managing Your Patient Complaint Risks: A Self-Assessment Checklist

### Does your practice:

- Have a process for staff to handle complaints?**
- Educate staff on how to identify and respond to complaints?**
- Identify who in your practice handles and responds to complaints?**
- Respond promptly to complaints?**
- Proactively evaluate and change processes to be customer friendly?**
- Trend complaints?**



# Risk strategy: performance improvement program

## Informal program

- Every complaint is an opportunity for improvement.
- Other triggers: refunds, terminations, multiple visits for same complaint, etc.

## Formal program

- Respond to board complaints in a timely manner.
- May need assistance from MedPro Group.
- Before implementing a formal program, consult with legal counsel.



# Adverse events

In emergent situations, patient safety comes first

Assistance as needed

Contact malpractice carrier





# Summary

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Technical skill is the leading factor in most dental claims.

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Other key risk issues identified in dental claims include clinical judgment, communication, and behavior-related factors.

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Documenting a complete, timely, and factual record is critical to your defense — should a claim be made against you.

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Implementing risk-reduction strategies can help you decrease the potential for claims and complaints, as well as save you time and frustration.



What questions do  
you have?



**Thank You!**



# Disclaimer

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