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)

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.
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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

- Have policy to terminate pt: 50% Yes, 30% No, 20% N/A
- Use "teach-back": 40% Yes, 30% No, 30% N/A
- Use Customer Satisfaction survey: 40% Yes, 30% No, 30% N/A
- Incorporate patient feedback: 50% Yes, 30% No, 20% N/A
- Policy & procedure for refunds: 70% Yes, 20% No, 10% N/A
- Does IC process include discussion w/pt: 90% Yes, 0% No, 10% N/A
- Do you document IC discussion: 90% Yes, 0% No, 10% N/A
- Seek to understand pt's expectations: 90% Yes, 0% No, 10% N/A
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)

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)

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
- 92% Treatment-related
- 5% Diagnosis-related
- 3% Other

Total dollars incurred by allegation type
- 86% Treatment-related
- 14% Diagnosis-related

- 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.
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.

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.
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.

- Communication: 29%
- Clinical judgment: 32%
- Behavior-related: 43%
- Technical skill: 85%

## Technical skill

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<thead>
<tr>
<th>Three suggestions</th>
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<tbody>
<tr>
<td>Stay current</td>
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<tr>
<td>Pay full attention to each case</td>
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<tr>
<td>If you want adventure, go climb a mountain</td>
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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

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<th>Clinical judgment: cognitive errors</th>
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<td><strong>Anchoring</strong></td>
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<td><strong>Availability</strong></td>
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<td><strong>Attribution</strong></td>
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<td><strong>Horses vs. zebras</strong></td>
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Risk strategies

1. Perform a complete assessment.
2. Update and review patient’s medical and dental history on a regular basis.
3. Review allergies, medications, and new medical issues.
4. Consult with medical providers as often as necessary.
Communication: methods

Verbal

Written
Communication: pathways

**Dentist ↔ Patient**
- Health literacy
- Informed consent

**Staff ↔ Patient**
- Office procedures
- Patient education

**Dentist ↔ Staff**
- Organizational culture
- Education and training
- Job descriptions and competencies

**Dentist ↔ Other Providers**
- Consults with medical providers
- Referrals to specialists
Risk strategies

“Teach-back” method

Written materials at appropriate reading level

Team training
Communication strategies to enhance the Dr.–Pt. relationship

- 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.

- 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:
  o *Italic font is difficult to read.*
  o 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
  o Receipt of diagnostic results
  o Follow-up
  o 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

<table>
<thead>
<tr>
<th>Patient behavior</th>
<th>Dentist/staff behavior</th>
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<td>Policies and procedures</td>
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<td>Behavioral contracts</td>
<td>Supervision &amp; evaluation</td>
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<td>Termination from practice</td>
<td>Training and education</td>
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Top 5 risk management dental consultations

- Refunds and waivers
- Terminating the provider–patient relationship
- Demands or claims from patients
- Complaints
- Adverse events
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
Complaints are opportunities

Basic risk-reduction tool:

• Quality of care
• Policies and procedures
• Communication issues
### 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
Technical skill is the leading factor in most dental claims.

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

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

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!
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