

# Dentistry

## Claims Data Snapshot

# ▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which a dentist is identified as the primary responsible service.
  - ▶ A malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.
- ▶ Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, or ancillary providers.
  - ▶ Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.
- ▶ This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

# ▶ Allegations



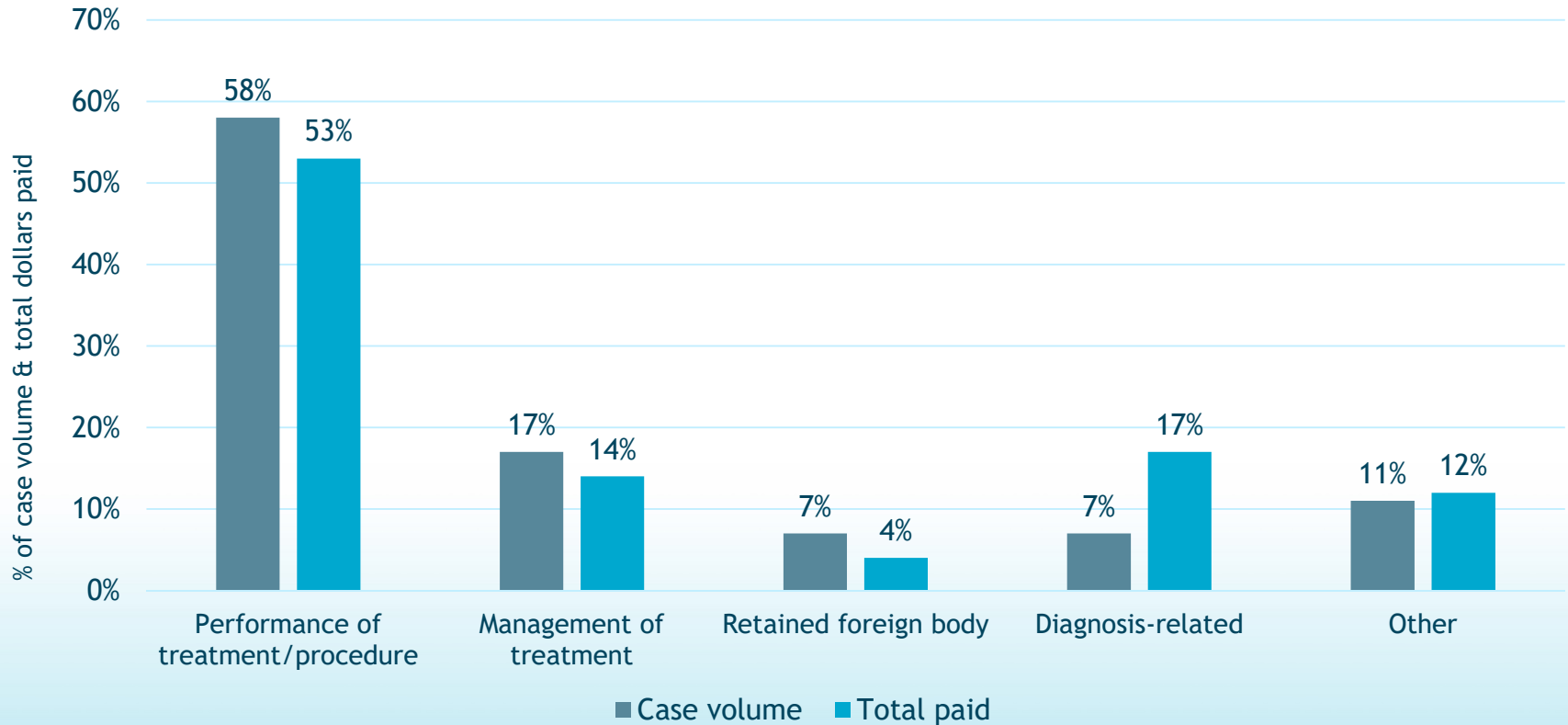
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.

Procedural performance and diagnosis-related issues are among the top allegations against dentists.



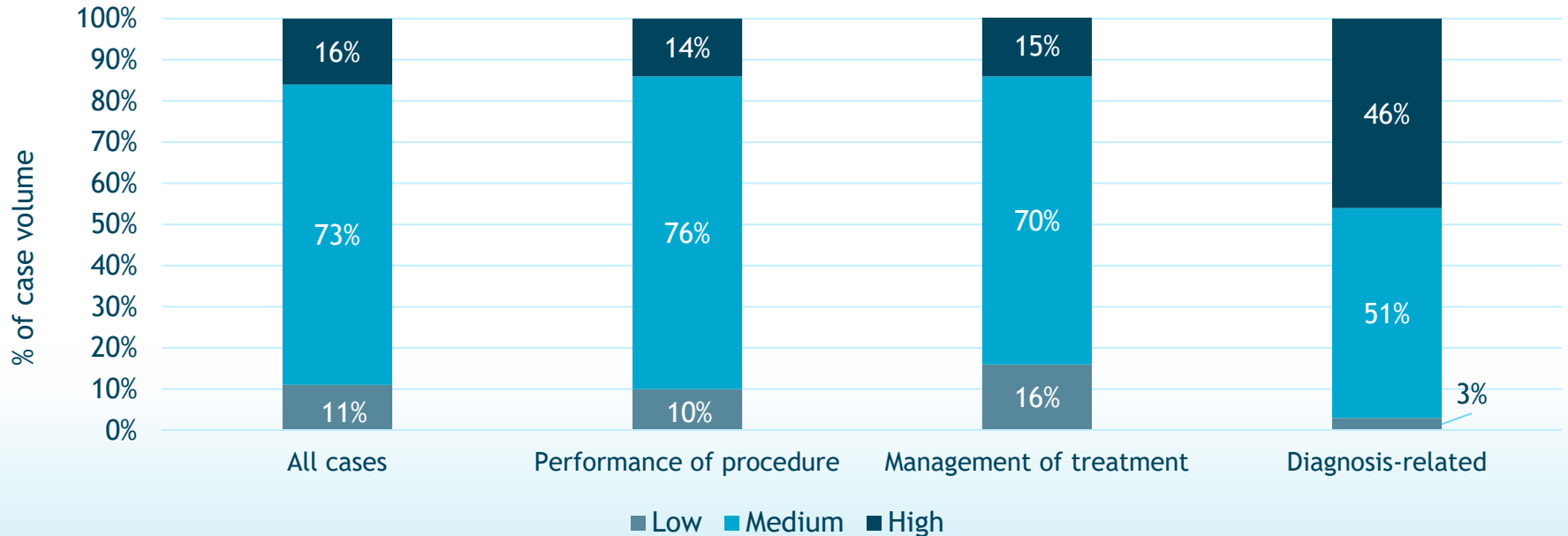
Of note, diagnosis-related allegations, while not representing a large portion of the case volume, account for 17% of the total dollars paid, and with the exception of the few anesthesia-related cases, are on average the most expensive to resolve.

## ▶ Allegations & dollars



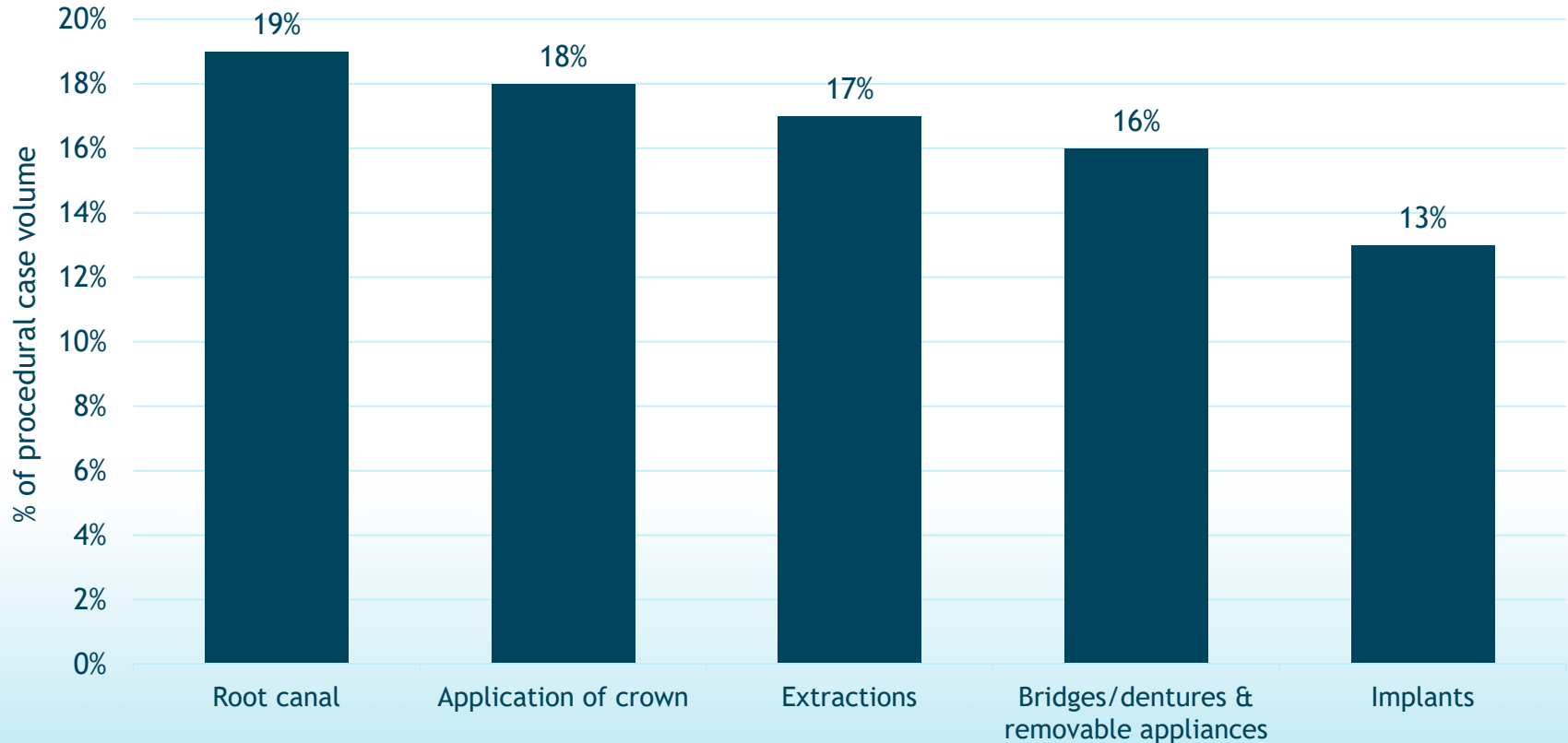
# ▶ Clinical severity\*

Within the high severity cases are permanent patient injuries ranging from serious to grave and patient death. Typically, the higher the clinical severity, the higher the indemnity payments & the more frequently payment occurs.

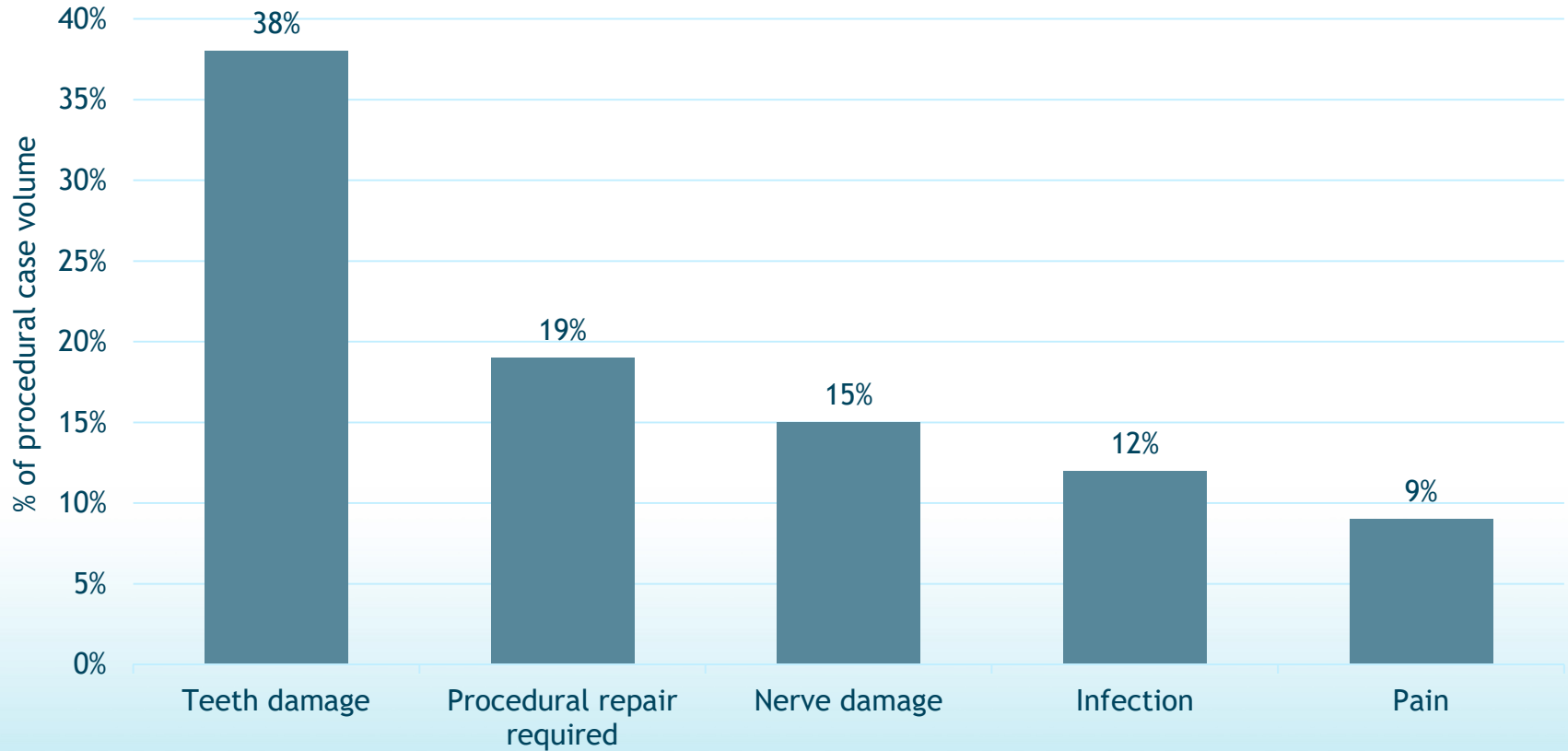


There has been an increase in the volume of the most severe patient outcomes over the last 10 years.

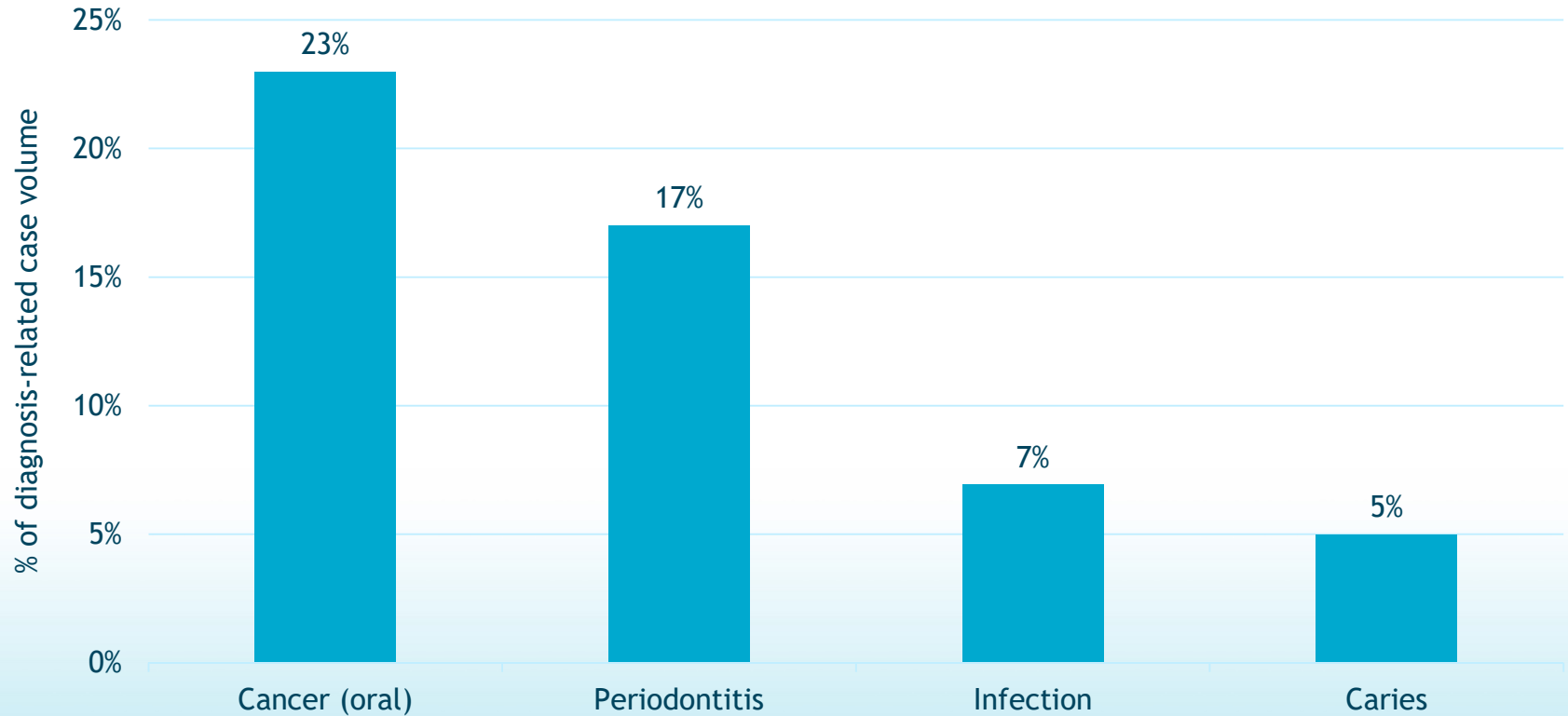
## ▶ Top procedures in procedural performance cases



## ▶ Top injuries in procedural performance cases



## ▶ Most frequent diagnoses in diagnosis-related allegations





## ▶ Anesthesia-related dental cases



Anesthesia-related events in the dental office, while not frequent, are the most expensive\* to defend and on average, result in the most severe patient injuries (including respiratory arrest, hypoxic brain injury and death. Allegations of improper administration of anesthetic medications and improper management of patients under anesthesia are most common.

The dentist's selection of the most appropriate combination of medications, along with inadequate patient assessments prior to the procedure (to better glean co-morbidities and past history of pain/anesthetic medication reactions) are notable risk issues.

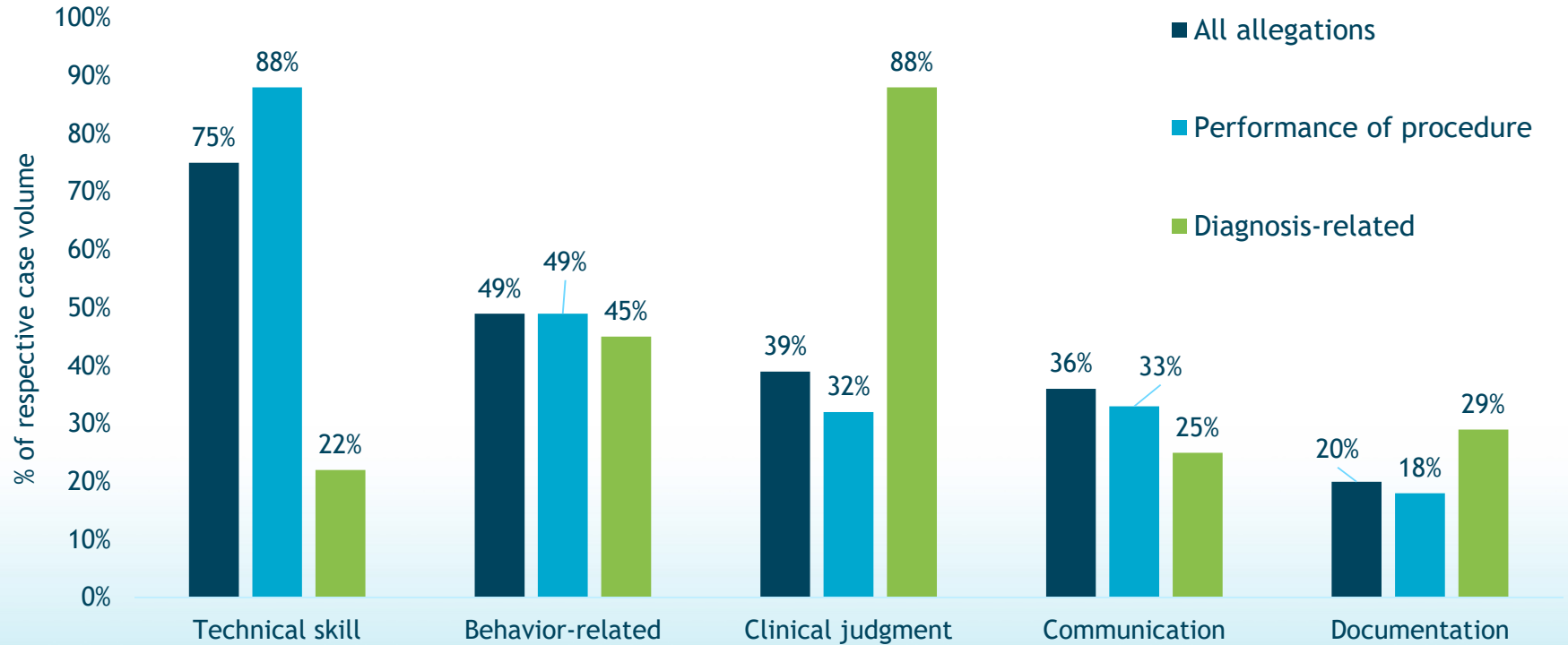
## ▶ Contributing factors



Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient outcome and/or to the initiation of the case.

Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

# ▶ Top contributing factor categories – by allegation



## ▶ Top risk factor details

Risk factor	Details
Technical skill	Occurrence of recognized complications is the predominant issue; also includes <u>poor technique</u> *, incorrect site & retained foreign bodies
Behavior-related	Patient dissatisfaction with treatment; <u>non-compliance with treatment regimens</u> * & follow-up appointments
Clinical judgment	<u>Inadequate assessment of the patient prior to treatment</u> *; failure to select the most appropriate treatment plan & delays/failures to seek consults*
Communication	<u>Lack of informed consent</u> * and inadequate patient understanding of expected outcomes; poor rapport between patients & providers noted as well
Documentation	<u>Insufficient documentation of informed consent, clinical findings &amp; clinical rationale for treatment</u> *; often noted in conjunction with patient behavioral issues (failure to document steps taken to address the patient's complaints)

# ▶ In summary: where to focus your efforts

- Technical skill:
  - Ongoing evaluation of procedural skills and competency with equipment is critically important.
- Behavior-related:
  - Recognize that patient adherence to treatment plans and satisfaction with treatment outcomes can be influenced by a thorough informed consent and education process.
- Clinical judgment:
  - Conduct a thorough pre-procedure screening of patients for risk factors and appropriateness for procedure.
  - Carefully consider repeated patient complaints or concerns when making clinical decisions about patient care and additional diagnostic testing.
- Communication:
  - Ensure adherence to a comprehensive informed consent process, including patient education with an incorporated 'teach-back' methodology.
- Documentation:
  - Verify that documentation supports the clinical rationale for the method of treatment.
  - Timely document thorough, objective information about the results of patient assessments, education of the patient/family about treatment plans - including medication regimens, and any instances of patient nonadherence.
  - Thorough, consistent documentation in the chart provides a supportive framework for defense of any subsequent malpractice case.

# ▶ MedPro advantage: online resources

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Tools &  
resources

Educational  
opportunities

Consulting  
information

Videos

eRisk Hub  
Cybersecurity Resource

Education

Materials and resources to educate followers about prevalent and emerging healthcare risks

Awareness

Information about current trends related to patient safety and risk management

Promotion

Promotion of new resources and educational opportunities

# ▶ A note about MedPro Group data

MedPro Group has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent a snapshot of MedPro Group's experience with specialty-specific claims, including an analysis of risk factors that drive these claims.

crico | strategies

## Disclaimer

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