Oral Cancer Screening in the Dental Office: A Vital Public Service

Oral cancer screening in the dental office includes a visual and physical examination as well as effective communication with your patient. By: Colin Bell, DDS, MSD

De-escalating Techniques for Challenging or Upset Patients

Read about techniques that can help you de-escalate a situation involving an upset patient. By: Suzanne Moy, CPHRM

Plan for Anticipated Practice Changes

Your Fortress agent stands ready to help and review any necessary changes to your policy.

Criticisms from a Subsequent Treater

In this case, a subsequent treater’s criticisms regarding prior care influenced a three-year lawsuit. Learn about the ethical and professional expectations in these situations.

Introducing the New Fortress Logo!

We are proud to announce the launch of a new Fortress logo! We chose a new logo that reflects our mission to deliver excellent quality, performance, and service. It is a visual expression of our commitment to the strong protection and defense of the dental profession.
Oral Cancer Screening in the Dental Office: A Vital Public Service

Colin S. Bell, DDS, MSD - Director

The American Cancer Society estimates that in 2017 approximately 49,670 new cases of oral and oropharyngeal cancer cases were diagnosed in the United States resulting in approximately 9,700 deaths. Over 80% of these cases were classified as squamous cell carcinomas, with the majority occurring in individuals over the age of 35. Alcohol consumption and tobacco use continue to be the most common risk factors in the development of oral cancer; however, there has been an increasing frequency of tongue and soft palate squamous cell carcinoma attributable to human papillomavirus (HPV), particularly HPV 16.

Oral cancer screening provides an opportunity to evaluate an asymptomatic patient to determine if he or she is “likely” or “unlikely” to have a malignant or potentially malignant oral lesion. This screening should include a visual and physical examination. The purpose of the screening is to examine the oral tissues, including the tongue, floor of mouth, lips, gingivae, hard and soft palate, pharyngeal tissues, and the buccal mucosa to identify any potential abnormalities, including but not limited to, a red or white patch, a sore or ulcer that bleeds easily or does not heal, a thick or hard spot or a lump, and/or a roughened or crusted area.

Additionally, the dentist may ask questions about other signs of oral cancer that could include pain, numbness, difficulty when swallowing, chewing, speaking, or moving the tongue.

Adjunctive aides, such as those noted below, may be used to support the visual and physical exam:

- Mirrors and/or tongue depressors
- Vital tissue staining with toluidine blue
- Brush biopsy examinations
- Autofluorescence techniques
- Chemofluorescence techniques
- Biomarker assessments

The American Dental Association recommendations include:

- Routinely obtain updated medical histories from patients
- Perform intraoral and extraoral visual examinations on all adult patients. Screening examinations of this type should take place generally twice a year during routine dental examinations.
- When seemingly innocuous lesions are detected, follow up in 14 days is recommended after removing any possible cause (i.e. a rough tooth surface).
- When a lesion is detected that raises concern for the practitioner, a biopsy or lesion excision with histopathologic examination should be carried out at the soonest possible time either by the screening practitioner or referral to a specialist.
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Patient Education

Communication is a critical key element of patient safety and risk management. Effective communication begins with educating the patient about any risk factors and the importance of oral cancer screenings. Consider the individual and any unique disease process, emphasizing that early diagnosis and treatment is critical to optimize their overall health and reduce potential negative outcomes. It is important that each patient understand that active participation in their own care is paramount to obtaining the best clinical outcome, and failure to do so could negatively impact their overall health.

Patient Non-Compliance and Refusals

A patient might refuse a biopsy or specialist referral for fear of receiving bad news. Patients who openly and persistently refuse such treatment or referral may require additional education and reinforcement that their non-compliance could compromise the outcome. These discussions should be documented in the chart summarizing treatment recommendations, and noting how a refusal to accept treatment could negatively impact the patient’s health. Taken a step further, a non-compliance letter could be crafted and sent to the patient outlining the non-compliant behavior, identifying the potential negative health consequences should such behavior continue, and reiterating treatment recommendations.

Documentation of the oral cancer screening includes an informed consent process, an accurate documentation in the patient record of the treatment, and any follow up efforts. The following Fortress resources are available at www.dds4dds.com to support your efforts.

How to Access the Related Resources

2. Click on “Clinical and Office Documents” on the left side of the page.
3. Under the heading “Pathology and Biopsy Documents” you will find the following resources:
   - Biopsy Informed Consent
   - Biopsy Refusal Noncompliance Letter
   - Biopsy Lab Test Log
   - Informed Refusal of Biopsy Form
   - Patient Education Following a Pathological Diagnosis
   - Treatment of Cysts or Tumors Informed Consent

References

Detecting Oral Cancer Early, JADA 2010, Vol. 141, p.603
De-escalation Techniques for Challenging or Upset Patients

Suzanne Moy, CPHRM - Patient Safety & Risk Manager

Doctor-patient relationships are unparalleled in that they are unique and personal to the patient, and one of the many relations the doctor must manage as part of the healthcare business. A breakdown in communication can create challenges with the doctor-patient relationship. During your career, there will be opportunities to manage upset patients before things escalate. For example, if there is an unexpected outcome, the patient may see the complication as a negative result of the doctor’s treatment. However, the patient’s noncompliance could have contributed to the unexpected outcome. Managing breakdowns in communication can often set the stage for whether or not the upset patient accepts a resolution, or seeks alternate remedies, such as making a complaint to the licensing board, posting negative online reviews, or filing a lawsuit.

De-escalation Techniques

There are some techniques that can help you de-escalate a situation involving an upset patient.

1. **Control the environment of the interaction.** Communicating through email, text, or voicemails can often escalate a situation, rather than calm the patient’s emotions. Sincerity is hard to express in an email or text and emotions can be erroneously inferred. Meeting in person and talking face-to-face with the patient, while giving your full attention, can often support empathetic communication.

2. **Listen to the patient.** Patients want to be heard and feel that the doctor is listening and cares about what is upsetting them. For example, ask the patient how they feel about a complication, or how it affects him/her. A calming posture and tone of voice may de-escalate strong emotions at the beginning. In litigation, some patients/plaintiffs have testified that they sought legal counsel after the doctor declined to meet with them. A patient may also become upset if you assign staff to address the issue instead of being involved directly.

3. **Stay engaged in the situation.** Anticipating a patient’s needs and facilitating a resolution may help to de-escalate an emotion filled encounter. For example, if the wrong tooth is removed, investigating treatment options and coordinating referral appointments with providers in your referral network acknowledges the patient’s needs and may help to de-escalate patient concerns.

4. **Resist immediate financial compensation discussions.** While frequently well intentioned, sometimes early offers to cover costs for an unexpected outcome may be misinterpreted by an upset patient. For example, avoid stating, “I’ll pay whatever it costs to fix this.” The patient may see that as an agreement to pay for unrelated complications. Focus on working toward a solution and discuss costs at another time.
De-escalation Techniques for Challenging or Upset Patients

Patient Refunds
In some cases, after communication with the patient, you may choose to offer a refund for an unexpected outcome or complication. In these cases, it is strongly recommended that you:

- Contact Fortress to obtain a release of liability letter to accompany the refund. Without a release, a patient may still pursue a claim against you. In addition, while state laws vary, some states preclude discussions of refunds and expressions of sympathy from being used as evidence of an admission of fault should litigation be pursued.
- Document discussions about payments or refunds in the patient’s business file as opposed to their clinical chart.

Consider patient dismissal in cases where a patient, despite proper communication and potential refund, chooses to keep the issue escalated. Each dismissal scenario is unique and Fortress recommends that you contact the Patient Safety and Risk Management team for guidance on best practices. You can reach us at: rm@fortressins.com and 800-522-6675.

Conclusion
Proper communication can help mitigate challenging doctor-patient relationships. Consider the de-escalation techniques above and contact Fortress for any guidance related to an unhappy patient, or in the event of the following:

- Death of a patient during or after treatment under any circumstances.
- Request(s) for release of medical records.
- Legal action against a colleague involving a patient you have treated.
- Receipt of a subpoena or suit papers.
- Contact by an attorney, peer review, state dental board or licensing agency regarding patient care.
- Request for compensation or refund from a patient.
- Any incident, adverse event or patient complaint that may later turn into a claim.

How to Access the Related Resources

2. Click on “Clinical and Office Documents” on the left side of the page.
3. Under the heading “Compliance Related Documents” you will find the following resources:
   - A Guide for the Use of the Dismissal-Compliance Related Documents
   - Patient Dismissal Sample Letter
Plan for Anticipated Practice Changes

The New Year offers the perfect opportunity to plan for any anticipated changes to your practice that may impact your medical professional liability coverage and/or premium. Your Fortress agent stands ready to help and review any such changes.

Do you anticipate any of these changes this year?

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<thead>
<tr>
<th>Change in practice location - adding or joining a new location or reducing the number of existing locations</th>
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<tbody>
<tr>
<td>New practice activities</td>
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<tr>
<td>Hiring a new associate or know that an associate is leaving the practice</td>
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<tr>
<td>Changes to the types of procedures performed or services offered in your practice</td>
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<tr>
<td>Contemplating a temporary leave from active practice for various reasons including: birth of a child, a medical issue, furthering your education, or a sabbatical for other reasons</td>
</tr>
<tr>
<td>Planning to retire and want to discuss options</td>
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If you are thinking about any of the above, or some other change to your practice, contact your Fortress agent who will be happy to review your coverage and provide you with the information you will need to make an informed decision regarding your medical professional liability coverage with Fortress.

If you are unsure who to contact, login to www.dds4dds.com to find your agent’s contact information.
Criticisms from a Subsequent Treater

A 52 year old woman with a history of TMJ dysfunction and mouth pain was referred by her general dentist to our insured prosthodontist for evaluation of her occlusion. After taking images, the insured recommended full mouth restorations and an occlusal appliance to address the patient’s bruxism. Upper and lower impressions were taken and over the course of several months treatment was completed. At her follow-up visits, the patient reported she was satisfied with her bite, and did not voice any concerns. Upon completion of treatment however, the patient repeatedly declined the insured’s recommendation of an occlusal appliance to address her bruxism. After a few months, the patient discontinued treatment with the insured and began seeing a different prosthodontist.

The patient complained to the new provider about poor aesthetics and loose teeth. She also voiced concerns about mouth pain which she alleged began after our insured’s treatment. She denied any history of bruxism and the prosthodontist concluded that the patient’s issues were due to poor occlusion, caused by our insured’s work. Without first consulting with our insured, or requesting prior dental records to confirm the history given by the patient, the new prosthodontist proceeded to remove the dental work and begin a full mouth restoration. The patient amassed significant dental bills with the new treater. Despite subsequent treatment, the patient’s complaints were not resolved.

Two years later, the patient filed a malpractice lawsuit against the insured, alleging negligent treatment. In the lawsuit, the new prosthodontist acted as the plaintiff’s expert witness. Subsequent treaters may be approached by a patient or the patient’s attorney to act as an expert, especially if it is known that the subsequent treater is critical of the defendant’s care. After three years of litigation, our insured’s case went to trial. The jury decided in the insured’s favor.

Risk Management Tips

- The ADA Principles of Ethics and Code of Professional Conduct\(^1\) (ADA Code) Sections 4.C. and 4.D., identify the expectations for criticism of prior dental providers. The ADA Code states - when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. Creating an informed and justifiable opinion regarding prior dental care may include contacting the prior treaters and reviewing any available prior records.

\(^1\) ADA Principles of Ethics and Code of Professional Conduct
Earn a 10% Premium Credit

Live Patient Safety and Risk Management Seminars

The live Fortress three-hour seminar, Improving Patient Safety: An Analysis of Dental Risks and Liability, discusses several risk management scenarios including extractions, implants, failure to diagnose oral cancer and periodontal disease, and informed consent. For more information about the live seminars, visit our online calendar for an upcoming seminar in your area or email rm@fortressins.com.

Can’t Attend a Live Seminar?

Improving Patient Safety: An Analysis of Dental Risks and Liability is also available in the e-Learning Center on demand. Complete the program to earn 3 (three) CEUs and qualify for the renewable 10% risk management credit off your base rate which is applicable for three policy periods.

Visit the e-Learning Center for Complimentary Online CE Courses

Fortress offers over 10 hours of complimentary, online continuing education credit courses in the e-Learning Center at dds4dds.com. Courses are designed for dentists and staff, and are available on demand to be completed at your convenience. Curriculum covers basic risk management as well as emerging issues in dentistry.

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