TENNESSEE
NOVEMBER/DECEMBER 2021 VOLUME 27, ISSUE 6

TENNESSEE DENTAL ASSOCIATION NEWS

TNDENTALASSOCIATION.ORG

: WELLNESS

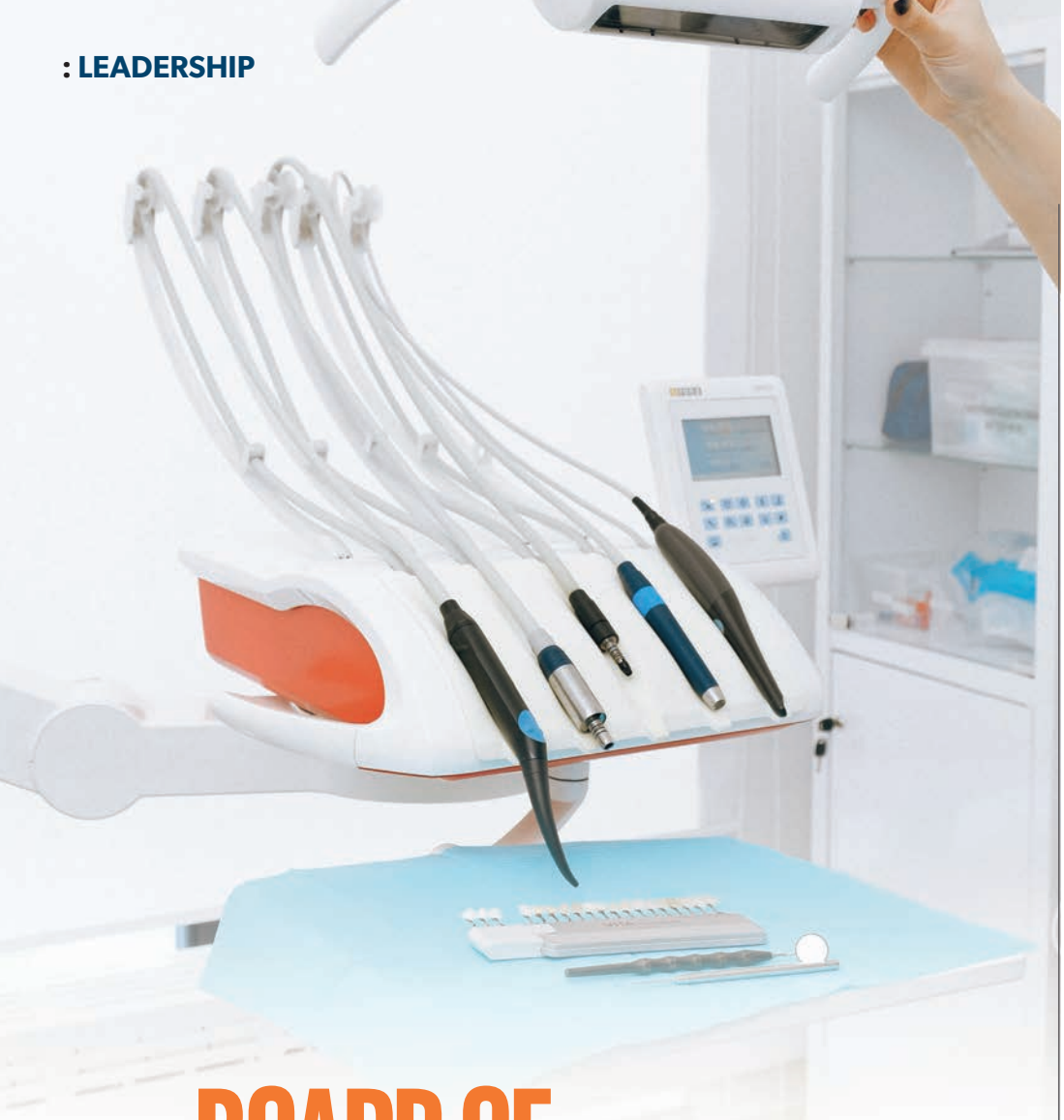
GOOD SLEEP FOR GOOD HEALTH

page 18

BUILDING TRUST WITH OUR PATIENTS

see page 22

////// Bimonthly news and information for TDA members



BOARD OF TRUSTEES REPORT

VIRTUAL MEETING / SEPTEMBER 25, 2021

Concern Regarding Proposed Inclusion of Dental in Medicare Part B

TDA and Related Entities Issued Clean Audit Opinion for 2020-2021

Board of Dentistry Considers Options to Decrease Reserves Balance

NOVEMBER 2021 VOLUME 27, ISSUE 6
Executive Editor: Andrea Hayes, CAE
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

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TENNESSEE DENTAL ASSOCIATION NEWS

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The Board of Trustees met via video conference on September 25th and conducted business of the TDA.

Actions of the Board:

Dr. Jay Davis, Treasurer, presented the TDA financial statements as of June 30, 2021, and then introduced representatives of Patterson Hardee Ballentine CPAs (PHBC) who performed the independent audit of the financial statements for the year July 1, 2020 – June 30, 2021. **The Board accepted PHBC's audit report which issued a clean opinion for the TDA, TDA Relief Fund, Tenn-D-PAC, and TDA Foundation.**

At the recommendation of the Editor Search Committee, the **Board approved Dr. Vrushali Abhyankar as Scientific Editor of the TDA newsletter.**

The Board approved the recommendation of honorary membership for Judge Ellen Hobbs Lyle in recognition of the 12.5 million dollars she made available from the chancery court to create Smile on 60+ program which has improved the lives of seniors across the state with dental education, transportation and care. This recommendation will go to the House of Delegates for approval in May 2022.

On a motion by Dr. Stueart Hudsmith, Memphis Trustee, **the Board approved Dr. Stanley Waddell to replace Dr. Steve Fergus as the MDS representative on the Council on State Agencies, Awards, Ethics and Judicial Affairs.**

Reports to the Board:

Ms. Andrea Hayes, Executive Director, provided a legislative update. TDA's Government Affairs Committee and Tenn-D-PAC will meet jointly in early December in advance of the next state legislative session. Nationally, the proposed placement of a dental benefit in Part B Medicare is a major issue. Ms. Hayes asked the Board to encourage their district members to contact their congressmen regarding removal of dental from Part B Medicare.

Dr. Rhett Raum, Board of Dentistry (BOD) liaison, reported that to meet the state's maximum reserves goal, the BOD approved a reduction of some dental licensing fees and will request additional funds be used for charitable projects across the state.

President Susan Orwick-Barnes asked the Task Force to Review Relief Fund Criteria to continue their work regarding whether existing criteria should be revised.

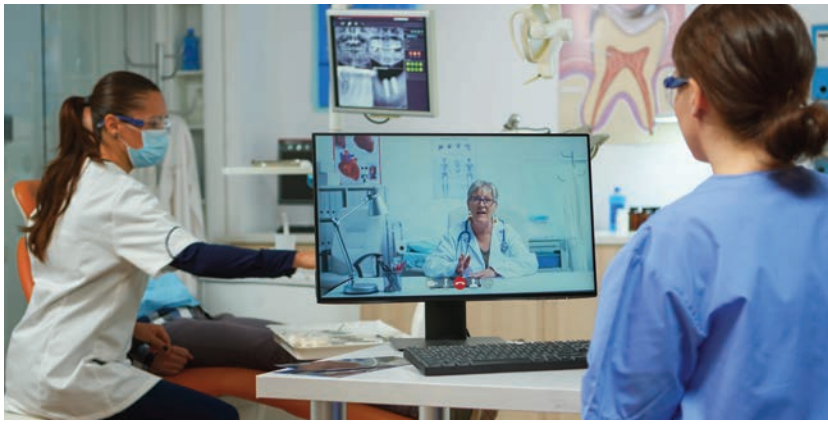
President Orwick-Barnes and Ms. Hayes updated the Board on events and speakers scheduled for the May 12-15, 2022, TDA Annual Session. The "Exhibitor and Sponsor Prospectus" published at the end of October and event registration will open online in January 2022. Ms. Lois Banta is scheduled as a keynote speaker. Other exciting and informative lectures and hands-on courses are scheduled.

President Orwick-Barnes reported that the ADA Sixth District Pre-caucus was held on September 16-17 in Louisville, Kentucky to review resolutions scheduled to come before the ADA House of Delegates in October 2021.

President-elect Mitch Baldree reported on the ADA Presidents-elect Conference in Chicago on August 15-16, 2021. The conference convened presidents-elect from around the country for interactive sessions and candid discussion about what lies ahead for organized dentistry. He underlined the benefit of networking with presidents-elect from across the country and the excellent governance information presented at the conference.

Ms. Hayes presented a chart of TDA endorsements and revenue received for the past three years. The TDA staff will identify and bring to the Board those endorsements to consider for termination and explore marketing potential on others.

The next Board meeting will be in-person on January 29, 2022, at the TDA office.



TREASURER'S REPORT
TENNESSEE DENTAL ASSOCIATION
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2021

ASSETS

Current Assets	
Cash	$ 1,557,820
Accounts Receivable	3,300
Prepaid Expenses	32,859
Total Current Assets	1,593,979
Property, Improvements, and Equipment,	
at cost, less accumulated depreciation	1,970,715
Notes Receivable	9,569
Other Assets	4,789
TOTAL ASSETS	$ 3,579,052

LIABILITIES AND NET ASSETS

Current Liabilities	
Accounts Payable	$ 111,778
Unearned Revenue	362,341
Current Portion of Notes Payable	197,106
Total Current Liabilities	671,225
Long-Term Liabilities	
Noncurrent Portion of Notes Payable	297,191
Total Liabilities	968,416
Net Assets	
Net Assets - Undesignated	2,610,636
Net Assets - Designated	-
Total Net Assets	2,610,636
TOTAL LIABILITIES AND NET ASSETS	$ 3,579,052

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Copies of our audited financial statements are
available upon request from the Executive Office.

TENNESSEE DENTAL ASSOCIATION
STATEMENT OF REVENUES AND EXPENDITURES WITH BUDGET COMPARISON
FOR THE YEAR ENDED JUNE 30, 2021

	Actual June 30, 2021	Budget	Over (Under) Budget
REVENUES			
Membership Dues	$ 772,833	$ 582,000	$ 190,833
The Journal	-	8,000	(8,000)
Newsletter	24,828	15,000	9,828
ACE Fees	-	-	-
Chemical Dependency	70,976	17,500	53,476
Investment Income	7,669	5,000	2,669
Endorsements	107,383	127,000	(19,617)
Rent Income	300,285	296,000	4,285
Annual Session Income	124,128	287,000	(162,872)
TDA Insurance Agency	138,746	170,000	(31,254)
Mid States	-	-	-
Other Revenue	56,079	8,500	47,579
Total Revenues	1,602,927	1,516,000	86,927
EXPENDITURES			
The Journal	-	12,170	(12,170)
Newsletter	4,658	5,500	(842)
Annual Session	94,637	176,200	(81,563)
Board of Trustees	22,403	31,000	(8,597)
House of Delegates	116	3,000	(2,884)
Councils & Committees	182,823	223,250	(40,427)
Elected Offices	13,200	18,500	(5,300)
Delegates/Alternates to ADA	2,601	51,200	(48,599)
Retirement Trust Fund	22,328	33,000	(10,672)
Executive Office	670,498	692,300	(21,802)
Building & Mortgage	163,634	168,200	(4,566)
Building Operation	187,703	189,200	(1,497)
Total Expenditures	1,364,601	1,603,520	(238,919)
Excess of Revenues Over Expenditures	$ 238,326	$ (87,520)	$ 325,846

****

Copies of our audited financial statements are
available upon request from the Executive Office.

welcome MEMBERS!

THE TENNESSEE DENTAL ASSOCIATION WELCOMES THE FOLLOWING DENTISTS AS OUR NEW AND REINSTATED MEMBERS.

We are excited that you have chosen to make the ADA, the TDA and your local components part of your journey. By being part of the ADA community you've made the choice to power the dental profession to achieve optimal health for all.

We're working to bring you useful resources that can help you balance your patients, your practice, and your life. From the latest clinical guidelines to financial management tools like insurance and retirement plans, you'll find what you need to keep your work and life on track for the future you've envisioned.

Your membership allows us to continue providing value for our members and advocating for the profession to achieve optimal oral health for all.

If there is anything we can do to enhance your membership experience, call us at 615.628.0208 or email tda@tndentalassociation.org.

First District Dental Society
Dr. Lawson Hoover
Dr. Jason Cade
Dr. Courtney Garland

Second District Dental Society
Dr. James Goglia

Chattanooga Area Dental Society
Dr. Cara McCary

Fourth District Dental Society
Dr. Erwin Ricafort
Dr. Brett Germain

Nashville Dental Society
Dr. Paula Ottaway
Dr. David Smiley
Dr. Austin Carr
Dr. Cynthia Lopez Ventura
Dr. Laura Steff
Dr. Ashley Bhana
Dr. Erica Adderly
Dr. Kenzie Davidovich
Dr. Hannah Raffoul

Sixth District Dental Society
Dr. Tae-Hoon Park

Eighth District Dental Society
Dr. Elizabeth Melvin
Dr. Michael McNaught

Memphis Dental Society
Dr. Mark Dean
Dr. Matthew Breit

TDA EXECUTIVE OFFICE CLOSED FOR THE HOLIDAYS

The TDA Executive Office will close Thursday, November 26 and Friday, November 27 for the Thanksgiving holiday. The office will also close Thursday, December 24, Monday, December 27 and Friday, December 31. Normal operations resume January 3, 2022.

The TDA staff wishes everyone a happy and safe Holiday Season.

Put the pliers down, let the pros do their job.

Some brokers just send you the candidate and leave all the heavy work to you - ***Would your patient pull their own teeth?***

Trust your practice sale to an ***experienced full service broker*** who has had hundreds of practice sales.

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Considering selling to a DSO? Don't, until you read this.

"Choice walked me through the process, presented the best offers, and made the experience much less stressful by handling all the negotiations. In the end, I received more for my practice than I ever expected. The best part is that Choice provided all the consultation and services to me without charging any fees! If you are considering selling to a DSO, I highly recommend you contact Choice instead of directly contacting the DSOs."

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ARE YOU RECEIVING EMAILS FROM THE TDA?

MEMBER EMAIL ADDRESS UPDATE

If you have unsubscribed to TDA emails in the past, you may be missing important information from the TDA and the ADA. Each week, the TDA issues sends a news bulletin with numerous alerts to keep members informed of the latest updates at the local, state, and national level.

If you have not been receiving emails from the TDA, please make sure to check your spam or junk mail folder and mark **tda@tndentalassociation.org** as a safe sender. To be included in the mailing list or to update your email address please email us at **tda@tndentalassociation.org**

In Memoriam

The TDA honors the memory and passing of the following members:

Dr. Thomas Kisling
Dr. Kisling was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. Kevin Gurley
Dr. Gurley was a member of the American Dental Association, the Tennessee Dental Association, and the Fourth District Dental Society.

Dr. James Russell Hamblen
Dr. Hamblen was a member of the American Dental Association, the Tennessee Dental Association, and the Fourth District Dental Society.

Dr. Barry Omohundro
Dr. Omuhundro was a member of the American Dental Association, the Tennessee Dental Association, and the Nashville Dental Society.

Dr. Waymon Bilbrey
Dr. Bilbrey was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

Dr. Gary Kropft
Dr. Kropft was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

Dr. John Crockett
Dr. Crockett was a member of the American Dental Association, the Tennessee Dental Association, and the First District Dental Society.

NUMBERS TO KNOW

American Dental Association
(800) 621-8099 or (312) 440-2500

Tennessee Board of Dentistry
(615) 532-5073

Tennessee Department of Health
(615) 741-3011

Tennessee Dental Association
(615) 628-0208 | Fax: (615) 628-0214
tda@tndentalassociation.org

>Staffed Component Societies

First District Dental Society
Executive Secretary: Brooke Bailey
(423) 552-0222
firstdistrictdental@gmail.com

Second District Dental Society
Executive Director: Diane Landers
(865) 919-6464
2nddistrictdental@bellsouth.net

Chattanooga Area Dental Society
Executive Director: Rhonda Jones
(423) 886-9191
CADS@peacecom.net

Nashville Dental Society
Executive Director: Kristen Stewart
(615) 628-3300
director@nashvilledental.org

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333
ruby@clarksvillepediatricdentistry.com

Memphis Dental Society
Executive Director: Delaney Williams
(901) 682-4928
dwilliams@memphisdentalsociety.org

NATIONAL CHILDREN'S DENTAL HEALTH MONTH

February is National Children's Dental Health Month and is dedicated to emphasizing the value of establishing good oral health habits in children at an early age. The TDA has a limited number of DVDs available for loan to TDA member dentists and staff at no charge:

- Brushing Magic
- Dudley's Classroom Adventure
- Dudley Goes to Camp Brush & Floss
- Dudley Visits the Dentist
- Dudley's Grade School Musical

Please contact Ms. Lisa Rife at 615-628-0208 to reserve, at no charge, one of the above DVDs for National Children's Dental Health Month or any other time during the year. We only ask that when the video is returned that it be sent by insured mail.

A full mouth model with a large toothbrush can also be reserved to help with your presentation.

For more information on National Children's Dental Health Month and good oral health habits for kids, please visit ada.org/GKAS for a wealth of information and free downloads, i.e., NCDHM presentation resources, posters, activity sheets, crossword puzzles, and more.

"FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH MONTH AND IS DEDICATED TO EMPHASIZING THE VALUE OF ESTABLISHING GOOD ORAL HEALTH HABITS IN CHILDREN AT AN EARLY AGE."

envolve
Benefit Options

Envolve Dental, Inc. is a wholly-owned subsidiary of Envolve Benefit Options, Inc., and Centene Corporation, a diversified, multi-national healthcare enterprise offering services to government sponsored healthcare programs, focusing on under-insured and uninsured individuals. We look forward to seeing membership grow through Ascension and Wellcare expansions in 2022.

wellcare

Supported by the United Concordia National Medicare Advantage Network

Ascension
Complete

Supported by the United Concordia National Medicare Advantage Network

Beginning January 2022, Envolve Dental will administer the dental benefit for Wellcare in Tennessee, providing members with an allowance for dental services. Wellcare's focus is giving Medicare members of today and tomorrow the coverage they need, the simplicity they want, and the high-quality care they deserve.

Envolve administers the dental benefit for Ascension Complete, a plan created to provide affordable and quality Medicare coverage to help members get the care they need to feel their best. Ascension Complete will be expanding in January 2022.

The Envolve Dental Difference

- **PPO vs HMO** – Envolve contracting remains the same regardless of whether the medical plan is an HMO or PPO. Envolve administers dental benefits under a single fee-for-service model without additional mandates or administrative burdens. The only exception is that members with an HMO medical benefit do not receive dental benefits when receiving care from out of network providers.
- **Reduced Administrative Burden** – Envolve limits administrative burden by reducing the number of services that require prior authorization through Medicaid, and minimizing prior authorization requirements for both Medicare Advantage and Health Insurance Marketplace products.
- **Robust Provider Web Portal** – Envolve's provider web portal is designed to be a one-stop shop for submitting claims, corrected claims, appeals, and prior authorization requests. The portal can also be used to check claim status, update practice information and verify member eligibility.

High volume of members

Selective participation

Innovative client solutions

Partnership approach

EnvolveDental.com

Call To Join:

(833) 274-1222

or email

ProviderContracts@EnvolveHealth.com

IMPORTANT MEMO REGARDING YOUR

2022 MEMBERSHIP DUES

You should soon be receiving your 2022 Membership Dues statement.

In 2022, TDA is offering four different payment options for dues:

OPTION 1: Payment in full, due January 1st
OPTION 2: Two equal payments, due Jan 1st and June 1st
OPTION 3: Four equal payments, due Jan 1st, March 1st, May 1st, July 1st
OPTION 4: Monthly installments, due on the first business day of each month

****Options 2, 3 and 4 can only be paid via credit card through an automatic deduction. ****

To pay your 2022 membership dues:
• Send your check or credit card payment information directly to the TDA Executive Office at 660 Bakers Bridge Avenue Suite 300, Franklin, TN 37067
• Visit the TDA website at tndentalassociation.org to make an online payment

The TDA accepts Visa, MasterCard, Discover and American Express
Membership is based on the calendar year. Regardless of when you joined or paid your 2021 dues, benefits expire on December 31st of each year. Renew your membership to ensure continuous membership benefits.

CALL THE TDA BEFORE YOU MOVE!

Moving to another city or state could affect your membership! Simply updating your address doesn't ensure you are enrolled into the correct local component society. Please call the TDA executive office before you move so your membership records can be transferred as necessary.

ben-pat INSTITUTE

Are you curious about the connection between pain and sleep?

At Ben-Pat Institute, we go beyond just basic dental education on orofacial pain, temporomandibular disorders and dental sleep medicine. We link the correlation of these conditions together to help make you a more skilled clinician in these disciplines to further help your patients.

If you've ever been curious about how you can help pain and sleep patients, join us for a four-part dental education course on orofacial pain and dental sleep medicine. The great thing about this education series is that we take a hybrid approach, which means there are three ways to join: All sessions in a live setting, half virtual and half in person, or all virtual.

You will learn various bite techniques for sleep apnea appliances and TMJ splints as well as injections for various blocks that are associated with orofacial pain. We will also show you how to create temporary oral appliances, examine pain and sleep patients, and the delivery of custom sleep appliances.

Each attendee will also receive two custom appliances for themselves, temporary appliances for TMJ disorders and sleep appliances. But the benefits of this course don't stop there.

Our course also offers a 2-month complimentary mentorship.

This allows you to ask us questions or receive further guidance as you begin to implement services around orofacial pain, TMD and dental sleep medicine. And if you need additional guidance and advice beyond those two months, we also offer a pay-as-you-go mentorship service.

Join us for our pain and sleep programs

Location: 200 Ashford Center North, Suite 195. Atlanta, GA 30338

56 CEUs
Lecture and Participation

CLASS 1 (Early 2022):	CLASS 2 (Late 2022):
Session 1: Jan 21-22	Session 1: Aug 26-27
Session 2: Feb 25-26	Session 2: Sep 23-24
Session 3: Mar 25-26	Session 3: Nov 4-5
Session 4: May 13-14	Session 4: Dec 2-3

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

Ben-Pat Institute, LLC
Nationally Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or AGD endorsement.
12/1/2021 to 11/30/2025.
Provider ID# 401524

Space is limited. Register Now!

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www.benpatinstitute.com/courses

Thank you

Donated Dental Services (DDS) Volunteers

You are helping change and save the lives of people with special needs.

Donated Dental Services (DDS) Program Restores Patient's Smile

Dental Lifeline Network's Tennessee Donated Dental Services (DDS) program provides comprehensive dental treatment to Tennessee's most vulnerable people through a network of volunteer dentists and labs.

Thanks to TN DDS program volunteers, many patients like Marion are able to confidently smile again. Marion, 71, lives in Knoxville and suffers from type 2 diabetes, lymphedema, hypertension, high cholesterol, and a brain tumor. In addition, she has significant orthopedic problems and has undergone several hand and knee surgeries. Sadly, she also had dental problems including a lower denture that no longer fit properly and she was in pain. Unfortunately, Marion wasn't able to afford the dental care she desperately needed.

Thankfully, the American Diabetes Association referred her to the DDS program, and after waiting for two years, the program was able to connect her with three volunteers. Dr. Robert Kelso, Dr. Michael Wooten and NDX Rogers Dental Lab donated and fitted her with a crown, a partial lower denture and a full upper denture and extracted 13 teeth, which relieved Marion's pain and gave her a new reason to smile!

"Thank you with all my heart. I deeply appreciate what you did to get my teeth. They are so pretty and fit good. I can't thank you enough, I never thought I would have teeth."

— Marion, DDS Patient

When you volunteer with the DDS program, you provide care to people with great needs right here in Tennessee. By seeing just ONE patient a year, you can help provide comprehensive dental care to those who otherwise could not afford it.

Currently, in Tennessee, over 210 people are waiting for treatment. To help those in need, please consider volunteering to see ONE patient. **Sign up by contacting Lindsay Harold at 615.983.2601, visit WillYouSeeOne.org, or use the QR code.**

Dental Lifeline Network • Tennessee is part of a national organization and a strategic partner of the American Dental Association. More than 15,000 volunteer dentists and 3,400 laboratories participate in DLN's DDS programs nationwide.

14 YEARS of life-saving volunteers = **$3.3M** in donated dental treatment

203 Volunteer Dentists in Tennessee

51 Volunteer Labs in Tennessee

692 PEOPLE SERVED in Tennessee since 2007

Dental Lifeline Network • Tennessee
More than Dentistry. Life.®

Volunteer Today:
WillYouSeeOne.org

DEATH FOLLOWING EXTRACTION ON COUMADINIZED PATIENT

From our partners at MedPro

BY MARC LEFFLER, DDS, ESQ.

INITIAL EVENTS

An experienced general dentist (we'll call him Dr. A) on the verge of retirement was greeted as he entered his office one morning by a process server who handed him a Summons and Complaint — it alleged that he caused the wrongful death of one of his patients and had no further details. At first glance, the dentist had vague recall of the patient whose estate filed the suit, but he did not remember any problems with the patient's treatment which was over a year earlier.

He immediately pulled the patient's chart – all handwritten – to review it, in advance of getting in touch with his dental malpractice carrier. He was soon contacted by the assigned attorney representing him, and they agreed to meet the following day, as strict time limits existed regarding when a response on behalf of the dentist needed to be filed.

The dentist's attorney contacted the attorney for the plaintiff to try to understand the underlying circumstances. The plaintiff's attorney conveyed that this was a simple case: Dr. A had extracted the patient's tooth, which led to a significant post-operative bleeding event on the day of extraction, which caused the need for emergency transport to a local hospital, where the patient (age 67) died. The plaintiff's attorney suggested a quick settlement to save the family a stressful legal process. As would later be learned, those reported case facts were all true, but critical events – which would guide the entirety of the litigation and its resolution - were left out of the description.

TREATMENT BACKGROUND

Dr. A and his attorney went through the dental chart together to work through the course of treatment. The patient initially presented several years prior for a check-up. The dentist, who never had a medical history form as part of his chart, verbally discussed with his new patient any existing medical conditions: he was taking Coumadin due to a history of a "blood clot" (deep vein thrombosis), and metoprolol for hypertension. Dr. A simply noted "Coumadin and HBP" in the chart for medical history and called the patient's physician after determining that the patient needed a deep scaling; the physician said a subsequent dental appointment should be scheduled a week later rather than treating that day.

Unbeknownst to the dentist, the physician then told his patient to stop taking Coumadin for 4 days prior to that upcoming dental appointment and to obtain a blood test the day prior to it. The patient did exactly that, and his physician advised him to tell Dr. A that he may proceed with the planned procedure, and that the patient should re-start his Coumadin 2 days after the scaling. The patient reported to Dr. A only that his physician had told him that he may proceed, but he did not mention, nor was he asked about, Coumadin stoppage and testing. All went forward without complication.

"Dentists would be well served to present their patients with printed medical history forms, which are then supplemented through a back-and-forth discussion, so nothing of relevance is omitted."

The patient next appeared nearly a year later for what would be his final visit, complaining of a loose, annoying upper first molar. Radiograph and exam demonstrated a periodontally hopeless tooth, so the dentist suggested extraction and the patient agreed. Dr. A asked the patient how his health was, and he responded – according to Dr. A – that he was doing well, but his blood pressure medication had been changed to better control it. That was the entirety of the conversation, although the subsequent medical records clearly reveal that he continued to take Coumadin as of that time.

Dr. A routinely extracted tooth #14 and debrided the associated granulation tissue. He applied gauze pressure to the site and good hemostasis was achieved. The patient was discharged home with a packet of extra gauze, and instructions to place additional gauze on the site as needed. The patient's son, who knew his father was going to the dentist that day, was unable to reach his father that evening, so he drove to his father's house, to find him conscious but lying on the floor with blood seeping out of his mouth. An ambulance was called to transport the patient to a local hospital.

At the hospital, the patient was admitted and transfused. Laboratory values showed that the patient had an elevated prothrombin time, as would be expected in a Coumadinized patient. A hematologist managed the patient's anti-coagulation and was able to medically stabilize him within a fairly short time. However, the laboratory studies also, unfortunately, revealed that the patient had an advanced, aggressive form of leukemia. After a work-up and a discussion of treatment options, the patient agreed to start a course of chemotherapy, but he stopped it several days later due to side effects that he found intolerable. Palliative therapy was provided at the hospital, but he soon passed away.

LEGAL STEPS TAKEN

Once defense counsel obtained all relevant medical records and had experts review them, it was clear that Dr. A was negligent in failing to take an adequate medical history at the extraction visit — so as to have ignored the important fact that the patient was taking Coumadin, thereby leading to the bleeding event which hospitalized him. But it was equally clear that it was the entirely unrelated leukemia which caused the patient's death.

Defense counsel contacted the plaintiff's attorney, asking for discontinuance of the action because there was no good faith basis to maintain a wrongful death claim. Plaintiff's counsel argued that it was the dentist's negligence which put him in the hospital due to uncontrolled bleeding, but the dentist's attorney reminded him that the only claim was for wrongful death, which was not caused by the dentist, and that the statute of limitations had expired as to any potential bleeding-related claim, thereby precluding its addition at that point. Ultimately, the plaintiff's attorney relented, and discontinued the case.

However, the estate executor and plaintiff – the patient's son - was upset that Dr. A was not held accountable for his negligent actions, so he filed a disciplinary complaint with the State. Disciplinary bodies, unlike courts in malpractice litigation, do not consider what result came of a dentist's claimed improper actions, but only whether those actions constituted professional (i.e. appropriate) or unprofessional conduct — the latter of which is sanctionable. In this case, the disciplinary agency determined that Dr. A had acted improperly with regard to his record-keeping, specifically relating to his taking and recording of the patient's medical history at the extraction visit. The dentist was given a stayed suspension and a fine and required to take continuing education classes in the subjects of history taking and dental charting during his next license renewal cycle.

TAKEAWAYS

This case demonstrates the importance of immediate reporting to the malpractice carrier, so that counsel may be immediately assigned — not only for the purpose of filing timely response papers, but to allow counsel to evaluate the lawsuit's pleadings to assess what the claims specifically are. Here, defense counsel was able to determine that the sole claim involved a wrongful causing of death, so that the review of the dentist's chart and the subsequent medical records could be focused toward assessment and defense of the pending legal claims. Yes, this patient died after dental treatment – albeit well after that treatment, a fact not initially disclosed by plaintiff's attorney – but it turned out to be unrelated to the dentist's care. For a valid claim in dental malpractice, there must be negligent treatment which directly caused the injuries claimed.

A common theme explored in legal case studies is the importance of proper record-keeping, which simply cannot be emphasized enough. In this case, even if Dr. A did appropriately discuss medical history with his patient, he did not record having done so. Therefore, a reasonable inference may be drawn, including by a jury, that what was not recorded did not happen. While that issue did not play out in this malpractice case scenario, it was the focus of the discipline levied against the dentist.

From a risk management perspective, it is always a good idea to regularly review medical conditions and medications

Dentists would be well served to present their patients with printed medical history forms, which are then supplemented through a back-and-forth discussion, so nothing of relevance is omitted. Simply asking a patient, "Are you in good health?", as is done with surprising frequency, leaves it to the patient to evaluate and report what conditions might be significant. Furthermore, a patient's failure to disclose on a written form carries far more defense weight before a jury than conflicting stories about what was or was not said. Similarly, if physician consultations are requested, a written response from the physician, or minimally, a contemporaneously documented conversation between dentist and physician will eliminate issues associated with gaps in patient recall and/or which may confuse a patient.

While the purpose of this case study is not to dictate what actions dentists should or should not take in given situations, it is worth pointing out that it is far from uncommon that dentists are caught in situations which would appropriately differentiate between the initial stoppage of bleeding and the development of a stable clot. As a general principle, blood initially stops due to the actions of platelets, whereas stable fibrin clots are created after the body later completes a coagulation cascade; drugs such as aspirin and conditions such as thrombocytopenia may interfere with the formation of an initial platelet plug, while medications like Coumadin and conditions like hemophilia interfere with the clotting cascade to inhibit clot formation later. Here, the hemostasis achieved in Dr. A's office was attributable to platelets (which are essentially unaffected by Coumadin), but the platelet plug which is normally replaced by a clot was not so replaced in this case, thereby accounting for the delay in the onset of bleeding.

From a risk management perspective, it is always a good idea to regularly review medical conditions and medications, especially as they arise in treatment circumstances; it is never a problem to consult literature or field experts.

Finally, this case demonstrates the value of open communication and a strong professional relationship between dentist and defense counsel familiar with the subject matters at hand.

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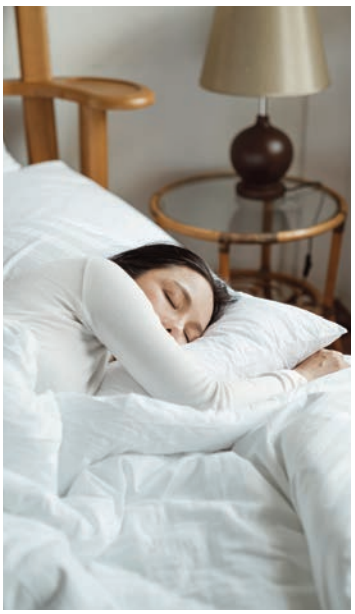
GOOD SLEEP FOR GOOD HEALTH

GET THE REST YOU NEED



Sometimes, the pace of modern life barely gives you time to stop and rest. It can make getting a good night's sleep on a regular basis seem like a dream.
But sleep is as important for good health as diet and exercise. Good sleep improves your brain performance, mood, and health.

Not getting enough quality sleep regularly raises the risk of many diseases and disorders. These range from heart disease and stroke to obesity and dementia.

There's more to good sleep than just the hours spent in bed, says Dr. Marishka Brown, a sleep expert at NIH. "Healthy sleep encompasses three major things," she explains. "One is how much sleep you get. Another is sleep quality—that you get uninterrupted and refreshing sleep. The last is a consistent sleep schedule."

People who work the night shift or irregular schedules may find getting quality sleep extra challenging. And times of great stress—like the current pandemic—can disrupt our normal sleep routines. But there are many things you can do to improve your sleep.

SLEEP FOR REPAIR

Why do we need to sleep? People often think that sleep is just "down time," when a tired brain gets to rest, says Dr. Maiken Nedergaard, who studies sleep at the University of Rochester.

"But that's wrong," she says. While you sleep, your brain is working. For example, sleep helps prepare your brain to learn, remember, and create.

Nedergaard and her colleagues discovered that the brain has a drainage system that removes toxins during sleep. "When we sleep, the brain totally changes function," she explains. "It becomes almost like a kidney, removing waste from the system."

Her team found in mice that the drainage system removes some of the proteins linked with Alzheimer's disease. These toxins were removed twice as fast from the brain during sleep.

Everything from blood vessels to the immune system uses sleep as a time for repair, says Dr. Kenneth Wright, Jr., a sleep researcher at the University of Colorado.

"There are certain repair processes that occur in the body mostly, or most effectively, during sleep," he explains. "If you don't get enough sleep, those processes are going to be disturbed."

SLEEP MYTHS AND TRUTHS

How much sleep you need changes with age. Experts recommend school-age children get at least nine hours a night and teens get between eight and 10. Most adults need at least seven hours or more of sleep each night.

There are many misunderstandings about sleep. One is that adults need less sleep as they get older. This isn't true. Older adults still need the same amount. But sleep quality can get worse as you age. Older adults are also more likely to take medications that interfere with sleep.

Another sleep myth is that you can "catch up" on your days off. Researchers are finding that this largely isn't the case.

"If you have one bad night's sleep and take a nap, or sleep longer the next night, that can benefit you," says Wright. "But if you have a week's worth of getting too little sleep, the weekend isn't sufficient for you to catch up. That's not a healthy behavior."

ACCORDING TO THE STUDY, PEOPLE GAINED WEIGHT WITH LACK OF SLEEP. THEIR BODIES' ABILITY TO CONTROL BLOOD SUGAR LEVELS ALSO GOT WORSE.

GETTING A BETTER NIGHT'S SLEEP

Stick to a sleep schedule. Go to bed and wake up at the same time every day, even on the weekends.

Get some exercise every day. But not close to bedtime.

Go outside. Try to get natural sunlight for at least 30 minutes every day.

Avoid nicotine and caffeine. Both are stimulants that keep you awake. Caffeine can take 6–8 hours to wear off completely.

Don't take naps after mid-afternoon. And keep them short.

Avoid alcohol and large meals before bedtime. Both can prevent deep, restorative sleep.

Limit electronics before bed. Try reading a book, listening to soothing music, or another relaxing activity instead.

Create a good sleeping environment. Keep the temperature cool if possible. Get rid of sound and light distractions. Make it dark. Silence your cell phone.

Don't lie in bed awake. If you can't fall asleep after 20 minutes, get up and do a relaxing activity until you feel sleepy again.

See your health care provider if nothing you try helps. They can determine if you need further testing. They can also help you learn new ways to manage stress.

In a recent study, Wright and his team looked at people with consistently deficient sleep. They compared them to sleep-deprived people who got to sleep in on the weekend.

Both groups of people gained weight with lack of sleep. Their bodies' ability to control blood sugar levels also got worse. The weekend catch-up sleep didn't help.

On the flip side, more sleep isn't always better, says Brown. For adults, "if you're sleeping more than nine hours a night and you still don't feel refreshed, there may be some underlying medical issue," she explains.

SLEEP DISORDERS

Some people have conditions that prevent them from getting enough quality sleep, no matter how hard they try. These problems are called sleep disorders.

The most common sleep disorder is insomnia. "Insomnia is when you have repeated difficulty getting to sleep and/or staying asleep," says Brown. This happens despite having the time to sleep and a proper sleep environment. It can make you feel tired or unrested during the day.

Insomnia can be short-term, where people struggle to sleep for a few weeks or months. "Quite a few more people have been experiencing this during the pandemic," Brown says. Long-term insomnia lasts for three months or longer.

Sleep apnea is another common sleep disorder. In sleep apnea, the upper airway becomes blocked during sleep. This reduces or stops airflow, which wakes people up during the night. The condition can be dangerous. If untreated, it may lead to other health problems.

If you regularly have problems sleeping, talk with your health care provider. They may have you keep a sleep diary to track your sleep for several weeks. They can also run tests, including sleep studies. These look for sleep disorders.

GETTING BETTER SLEEP

If you're having trouble sleeping, hearing how important it is may be frustrating. But simple things can improve your odds of a good night's sleep. See the Wise Choices box for tips on the previous page to sleep better every day.

Treatments are available for many common sleep disorders. Cognitive behavioral therapy can help many people with insomnia get better sleep. Medications can also help some people.

Many people with sleep apnea benefit from using a device called a CPAP machine. These machines keep the airway open so that you can breathe. Other treatments can include special mouthguards and lifestyle changes.

For everyone, "as best you can, try to make sleep a priority," Brown says. "Sleep is not a throwaway thing—it's a biological necessity."

Source: NIH News in Health. For the latest news from the National Institutes of Health, part of the U.S. Department of Health and Human Services, visit newsinhealth.nih.gov

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BUILDING TRUST WITH OUR PATIENTS

As dentists, we took a professional oath to care for our patients. We entered the profession with the ideological belief that we can and will make a difference in our patients lives. We are hopeful, eager and will go above and beyond to ensure their needs are taken care of.

We are sincere in our efforts and in this selfless endeavor, we seek appreciation so that we can feel "good" about our decision to be a servient clinician.

So when we walk into the operatory to meet our patients, we're excited and filled with optimism. We hope to charm our patient so they like us. We ask "how's it going?" but sometimes a patient will respond with a cold demeanor or simply say "Doc, nothing personal but I hate the dentist."

They are gripping the chair and are defensive in their tone. You do the usual exam and go over the findings. You ask if they have any questions, and they say "How much is this going to cost? Cause I can't afford this. I'm on a fixed income." Or they say "My last dentist said [this and that]…and I came in to see if she was right. Why are you guys are telling me different things? Don't you think it's a problem that you don't have the same diagnosis or treatment?"

These are examples of psychological barriers that I was not prepared to deal with out of dental school. I realized there is an unhealthy amount of cynicism and skepticism in our patients as a result of previous negative experiences or stereotypes of dentists.

Hollywood often depicts the dentist as wild, gray-haired men who cause pain, and our capitalistic society assumes being a dentist is a "get rich quick" scheme.

If patients believe you exist to either hurt them or take their money, where in their mental space does the word "help" fit in? It can't because its contradicting.

"WE ARE SINCERE IN OUR EFFORTS AND IN THIS SELFLESS ENDEAVOR, WE SEEK APPRECIATION SO THAT WE CAN FEEL "GOOD" ABOUT OUR DECISION TO BE A SERVIENT CLINICIAN."

Throughout dental school and residency, I invested my time and energy in being a great clinician. I wanted the quality of my work to speak for itself. I soon realized it takes more than just clinical skills. Unlike some of our health care counterparts, dentistry demanded other types of skills vital to our success. Such skills are necessary to help our patients overcome fear, anxiety, mistrust, and suspicion of our services.

One of those skills is listening. By listening, I started to understand the cause of my patients contempt when they say "I hate the dentist." I learned about their traumatic pediatric experience or traumatic surgery. I learned about the priorities in their life that led to neglect or the series of dental visits that resulted in frustration.

Regardless of how upset or combative a patient can be towards their previous dentist, I believe it's important to empathize without scrutinizing the provider. You have to remember we're only hearing one side of the story.

As practitioners, our approach to treatment is shaped more by our experiences especially as we mature in our profession. Our postgraduate training (informal or formal), the practice business model (for profit vs. nonprofit) and our personal risk tolerance help shape our treatment philosophy. Such influences can result in differences in opinion among dentist leading to multiple diagnosis or treatment choices.

But a caries is a caries…right? A simple cavity has many stages and depending on the life cycle some dentist may choose to intervene early (why not take care of it when its small) or some may choose to wait (it may be arrested).

I like to believe that most of us became dentists because we sincerely want to help. Therefore, it's imperative to maintain integrity, educate and intently listen to our patients. By doing so we can rebuild trust in our profession and ultimately change the pessimistic narrative for future generations.

Dr. Nashid Ahmed is a New Dentist News guest blogger. She is general dentist in Phoenix, Arizona. She earned her dental degree from Indiana University in 2019 and completed an AEGD in Phoenix. During her free time, she likes to explore the city of Phoenix and the great outdoors of Arizona. She enjoys hiking, biking and trying new restaurants. She also enjoys reading and blogging about career development and workplace culture.

This article originally appeared in the ADA New Dentist Now blog, newdentistblog.ada.org.

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