



Don Hubbig

Screw-ups

BY DAVID W. CHAMBERS, PHD

Every dental office is well-stocked with a supply of screw-ups. We teach students to distinguish between those that are unavoidable by a competent and well-motivated dentist (called “bad outcomes”) and those that reasonably could have been avoided (called “bad work”). Peer-review committees, lawyers, and malpractice carriers make such distinctions; patients not so much.

The overriding rule, the essence of the American Dental Association’s Ethics Code, is that patients must be made aware of their oral conditions. This is a requirement for describing the condition and explaining its significance. The matter of accepting responsibility, justifying what has been done, or otherwise owning the problem is a separate matter.

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Transcendentist Inc.

Transcendentist Inc. is proud to announce the official launch of its green dental products and services for dental professionals. The company’s initial offering includes a uniquely designed, reusable, cloth dental operator line of headrest covers, patient bibs, and light handle covers designed to reduce waste and save

money. Transcendentist is also introducing an all natural aromatherapy line created especially for the dental office, Joysence, which includes a CDC-compliant hand-sanitizer containing organic alcohol, as well as a scented lotion, hand soap and room and hot towel spritz. For more information go to transcendentist.com.

Another Way to Go Green

For the ever-increasing number of physicians wanting to offer patient payment plans to finance health care and to go green, online payments may be the way to go.

ePatientPayments.com is simple and cost-effective, with options for custom patient recurring payment plans, or simple pay-on-account functionality. ePatientPayments allows staff to quickly generate a custom plan for every patient and e-mail a URL link to patients for easy online payment. Its easy admin control panel allows staff to monitor income received from recurring payment plans or “pay-on-account” payments entered by the patient. With PayPal handling all sensitive customer information, practices do not need to worry about storing credit card numbers or how to set up a secure Web site, according to a ePatientPayments.com press release.

Javelin Strategy & Research said if every home in America viewed and paid its bills online, it would cut solid waste by 1.6 billion tons a year and curb greenhouse-gas emissions by 2.1 million tons a year.





“We found that the abilities of those aged 50 to 59 with pain were far more comparable to subjects aged 80 to 89 without pain.”

KENNETH COVINSKY, MD, MPH

Pain May Speed Signs of Aging Significantly

Fifty looking 30 is great. Fifty looking 80, not so much. (Cue Edvard Munch’s “The Scream.”) But, according to a study in a recent issue of the *Journal of the American Geriatric Society*, young people in pain look the same as their elders who are pain-free.

Researchers pored over data from the 2004 Health and Retirement Study in which there were 18,531 participants age 50 and older. It was posited that functional restrictions that weaken the ability to live independently increase significantly as one ages. Mobility, i.e., jogging or walking; upper extremity tasks; climbing stairs; and daily self-care such as eating, dressing, bathing with or without help, were examined.

The results: People living with pain develop at a much earlier age the functional limitations that generally are associated with aging. According to a press release, 24 percent of participants had significant pain (often troubled by pain that was moderate or severe most of the time) and across all four physical abilities studied, partici-

pants with pain had much higher rates of functional limitations than subjects without pain. In the mobility function as an example, of subjects aged 50 to 59 without pain, 37 percent were able to jog one mile and 91 percent were able to walk several blocks without difficulty, compared to those in pain with 9 percent and 50 percent, respectively.

“We found that the abilities of those aged 50 to 59 with pain were far more comparable to subjects aged 80 to 89 without pain, of whom 4 percent were able to jog one mile and 55 percent were able to walk several blocks, making pain sufferers appear 20 to 30 years older than nonpain sufferers,” said Kenneth Covinsky, MD, MPH, of the Division of Geriatrics at University of California, San Francisco, who led the study. “After adjustment for demographic characteristics, socioeconomic status, comorbid conditions, depression, obesity, and health habits, across all four measures, participants with significant pain were at much higher risk for having functional limitations.”

Caries Risk Is Higher in Cleft Lip/Palate Patients

Those with cleft lip and/or palate are nearly twice at risk for exhibiting a moderate or high dental caries score than their siblings who do not have the facial condition.

In a study, recently published in *The Cleft Palate-Craniofacial Journal*, researchers at Damascus University of Syria compared 53 patients with clefts aged 12 to 29 years with 53 sex- and age-matched siblings without clefts. All of the 106 study participants had the same dental examination without X-rays.

The dental caries scores were computed according to decayed, missing, and filled permanent teeth. Of the 53 patients with clefts, 85 percent exhibited a moderate or high dental caries score while of the 53 control subjects, 43 percent scored similarly.

According to the study author, “independent of socioeconomic status, cleft patients are more susceptible to dental caries, and therefore ‘the implementation of special dental caries preventive programs should be encouraged in approaching cleft lip and/or palate patients.’”

To read the entire article, “Comparison of Dental Caries Prevalence in Patients With Cleft Lip and/or Palate and Their Sibling Controls,” go to www2.allenpress.com/pdf/cpcj-46-05-529-531.pdf.



Podcasts Entertain, Inform Public on Oral Health

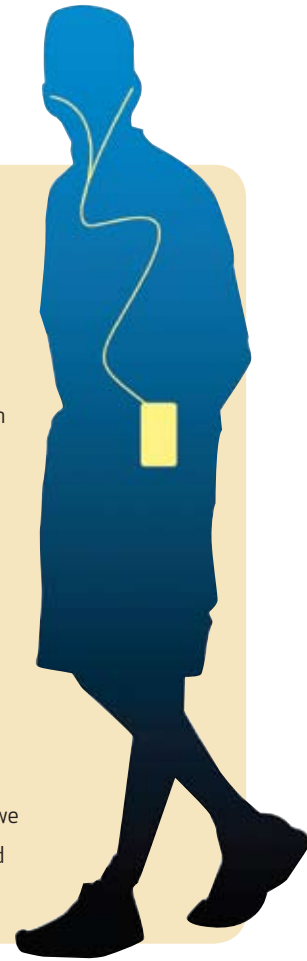
Are your patients wondering about tooth whitening, how to overcome dental fears, or dental care while in other countries? Then tell them to stay tuned each month, or rather, iTunes in.

The American Dental Association recently launched a video podcast, *Straight from the Mouth*, that provides three- to five-minute Webisodes that are fun and educational. In addition to being available on iTunes, the podcasts are featured on ADA's Web site, ada.org.

Topics range from dental care for kids, oral health care while traveling around the globe, tooth whitening and not letting dental fear get the best of them.

"We're having a lot of fun with these, but at the heart of each episode is sound clinical and scientific information to help people maintain their oral health," said Ruchi K. Sahota, DDS, a practicing dentist in Fremont, Calif., who cohosts the show with recent Loma Linda University School of Dentistry graduate Eric Grove, DDS.

"Movies and TV shows make fun of dental anxiety," Grove said of the first episode that covered dental anxiety. "But people who suffer from it also can suffer the consequences of neglecting their teeth and gums, and that's no joke. In our podcast, we joke around a little, but we also offer practical tips to help people overcome anxiety. Regular dental care is important, and dentists want to make their patients' visits as comfortable as possible."



SCREW-UPS, CONTINUED FROM 11

Reports are beginning to appear in the medical literature that lawsuits can be reduced in frequency and in cost when physicians acknowledge and express regret over unwelcome outcomes, regardless of fault.

The major categories of response to unwelcome outcomes include expression of regret, apology, excuses and justification, offers of reparation, diagnosis and explanation, encouragement or acceptance of legal remedies, arbitration, promise making, and bluffing, or doing nothing. The question is, which ones work best in which situations? If the unwelcome outcome is an unforeseeable result, despite good intentions and good procedures or if it is a result discussed in informed consent chosen by the patient, expression of regret, denial of responsibility, diagnosis and explanation, and perhaps promising to work out a new approach, are good strategies.

If the unwelcome outcome is a result of negligence, poor skill, misjudgment, or other form of isolated incompetence in the eyes of the patient, the correct response is expression of regret, diagnosis and communication, offers of reparation, and above all, an apology. An apology involves the twin components of regret and acceptance of responsibility. The goal in this situation is to repair the level of trust between the dentist and patient. Legal or arbitration responses will not do this. Engaging the patient in diagnosing, even tentatively what is at stake in correcting the problem, is an excellent strategy. Research has shown that positive gestures are magnified where the concern is competence.

The opposite happens when the patient perceives that the issue is the dentist's integrity: cutting corners, lack of informed consent, overtreating, etc. In such situations, negative information is weighed excessively. Dentists should not apologize

but should consider denial of responsibility, excuses and justification, and legal settlement. I am not so much offering advice for bad actors to beat the rap as altering those who make the occasional, well-intended misstep that patients will interpret the strategies of the dentist with poor motives as evidence that the dentist lacks integrity.

The nub:

- ❶ Never let another dentist be the first to tell a patient that there was an unwelcome event in their mouth.
- ❷ Explain and offer to help when unwelcome outcomes occurred by chance.
- ❸ Apologize if it is reasonable for the patient to believe that the unwelcome even was caused by a slip of competence.

David W. Chambers, PhD, is professor of dental education, Arthur A. Dugoni School of Dentistry, San Francisco, and editor of the Journal of the American College of Dentists.



Flavors range from mint to chocolate, making them appealing to youths who can purchase them online and in malls.

Toxins Detected in E-cigarettes, FDA Issues Alert

Recently, the Food and Drug Administration informed patients and those working in the health care fields that toxic chemicals and carcinogens have been found in electronic cigarette samples, following laboratory analysis.

These cigarettes, which also go by the moniker of “e-cigarettes,” are battery-operated and typically contain cartridges filled with nicotine, flavor, and other chemicals such as diethylene glycol, which is found in antifreeze. E-cigarettes turns the highly addictive nicotine and other chemicals into a vapor that then the user inhales. Flavors range from mint to chocolate, making them appealing to youths who can purchase them online and in malls.

Analyzing the ingredients in a small sample of cartridges from two major

electronic cigarette brands, the FDA’s Division of Pharmaceutical Analysis found diethylene glycol as well as other carcinogens such as nitrosamines.

These products don’t carry health warnings that are found on traditional nicotine alternatives or regular cigarettes. Additionally, since e-cigarettes have not been submitted to the FDA for approval or evaluation, the agency does not know, (with the exception from its limited testing), how much nicotine or what kind of other chemicals are consumed by the user.

To report side effects or product quality issues stemming from e-cigarette use, contact the FDA’s MedWatch Adverse Event Reporting program via online at <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm> or call 800-FDA-1088.

Endo-Eze TiLOS

A unique hybridization technology Building on Ultradent’s Anatomic Endodontic Technology, TiLOS is a new hybrid system that incorporates both stainless steel and nickel titanium hand files as well as engine-driven stainless-steel shaping files and nickel titanium apical files optimized for Ultradent’s 30 degree reciprocating handpiece to present a safe, effective and affordable instrumentation system. The Endo-Eze TiLOS File System uses the

metal best suited for files in specific areas of the root canal using the safest and most effective mechanical movement. The system utilizes a cleaning and shaping hybridization technique, using the technology and speed of the biomechanical systems, while maximizing the intuitive, traditional nature of hand instrumentation. For more information go to ultradent.com or call 800-552-5212.

UPCOMING MEETINGS

2010

April 11-17	United States Dental Tennis Association, Amelia Island Plantation, Fla., dentaltennis.org .
April 26-28	National Oral Health Conference, St. Louis, Mo., nationaloralhealthconference.com .
May 13-16	CDA Presents The Art and Science of Dentistry, Anaheim, 800-CDA-SMILE (232-7645), cda.org .
Sept. 9-11	CDA Presents The Art and Science of Dentistry, San Francisco, 800-CDA-SMILE (232-7645), cda.org .
Nov. 7-13	United States Dental Tennis Association, Grand Wailea, Hawaii, dentaltennis.org .

2011

May 12-15	CDA Presents the Art and Science of Dentistry, Anaheim, 800-CDA-SMILE (232-7645), cda.org .
Sept. 22-24	CDA Presents the Art and Science of Dentistry, San Francisco, 800-CDA-SMILE (232-7645), cda.org .

To have an event included on this list of nonprofit association continuing education meetings, please send the information to Upcoming Meetings, CDA Journal, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to 916-554-5962.

State and Local Dental Societies Honored for Outreach Programs

The California Dental Association received a Golden Apple for its “CDA Leadership Education Conference and Regional Training” in the category of “Excellence in Member-Related Services/Benefits” from the American Dental Association.

The award was given to the CDA for a dental society with total membership of more than 1,000 dentists. Now in its 21st year, the Golden Apple Awards program recognizes noteworthy achievement in dental society activities and excellence in leadership.

Also receiving Golden Apples:

- West Virginia Dental Association for Legislative Achievement in the constituent society category with a total membership of fewer than 1,000 dentists;
- Indiana Dental Association for a constituent society with total membership of more than 1,000 dentists;
- Maryland State Dental Association for membership recruitment;
- Livingston District (Michigan) Dental Society, “Excellence in Dental Health Promotion to the Public,” component category;
- North Carolina Dental Society, “NC Missions of Mercy Public Awareness,” constituent category; and
- New York State Dental Association for “Outstanding Achievement in the Promotion of Dental Ethics.”

Additionally, Richard G. Stevenson, III, DDS, of the University of California, Los Angeles, School of Dentistry, was recognized with the Inspiring Careers in Dental Education Award, predoctoral level category.



Dentists Can Identify Heart Risk Patients, Study Says

An analysis has concluded that oral health professionals are in a position to identify patients who may be unaware of their risk of death as a result from cardiovascular disease and who need medical intervention.

In the study, Swedish dentists used a computerized system, HeartScore, to track 200 patients in various private dental practices. HeartScore calculated the possibility of the patient dying, within a 10-year time frame, from a heart-related event. The computer system, designed by the European Society of Cardiology, measures cardiovascular disease risk in individuals between the ages of 40 to 65, factoring in the person’s gender, gender, smoking habits, total cholesterol level, and systolic blood pressure, according to



the article published in the November 2009 issue of the *Journal of the American Dental Association*.

Those individuals with HeartScores that indicated they had a 10 percent or more risk of experiencing a fatal heart attack or stroke within a 10-year period, were encouraged by the dentists to seek medical advice. Twelve of the 99 men in the study, had HeartScores of 10 percent or higher; all of the 101 females in the study had HeartScores of 5 percent or less.

Of those 12 men with HeartScores of 10 percent or higher, only nine sought further evaluation. Of those nine, intervention was indicated for six of the patients. Two patients did not follow the dentist’s recommendation to seek further medical evaluation; one patient was only encouraged by his dentist to discontinue smoking, according to a press release. The physicians for three patients were not able to confirm their risk for cardiovascular disease.

“With emerging data suggesting an association between oral and nonoral diseases, and with the possibility of performing chairside screening tests for diseases such as cardiovascular disease and diabetes, oral health care professionals may find themselves in an opportune position to enhance the overall health and well-being of their patients,” the authors said.

Aggressive Toothbrushing Tops the List of Causing Sensitive Teeth

In a nationwide member survey conducted by the Academy of General Dentistry, one in three dentists said aggressive toothbrushing is the most common cause of dentin hypersensitivity. Earning second place was consuming acidic drinks and food.

An estimated 40 million Americans of all ages suffer from dentin hypersensitivity, which is characterized by sudden and sharp pain in one or more teeth and often is set off by cold or hot, sour or sweet drinks and foods, inhaling cold air, and pressure on the affected tooth.

The combination of a aggressive toothbrushing and consuming acidic foods and beverages can lead to tooth sensitivity, said Van B. Haywood, DMD, because these factors can wear down tooth enamel and affect one's gums.

Other contributing factors included specific mouthwashes and toothpastes, tooth whiteners, cracked or broken teeth, acid reflux and even bulimia.

Of the 700 general dentists surveyed, 60 percent responded that they have noticed a rise in tooth erosion, compared to five years ago.

“Being able to detect tooth erosion in its early stages is perhaps the most important key to preventing dentin hypersensitivity,” said Raymond K. Martin, DDS, MAGD. “Discoloration, transparency, and small dents or cracks in the teeth are all signs of tooth erosion and should be discussed with your dentist as soon as possible.”

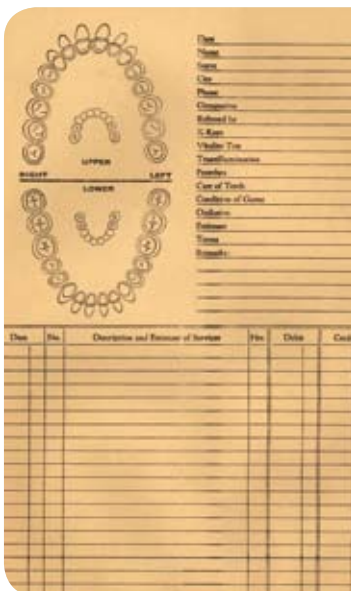
Nearly 60 percent of the dentists who participated in the survey said patients avoid cold drinks and food in an effort to manage their tooth sensitivity. Another 17 percent, according to a press release, said that patients avoid brushing the sensitive area of the mouth. “While these may seem like the quickest and easiest ways to prevent sensitivity, none of them will actually solve the problem,” said Gigi Meinecke, DMD, FAGD.

For those already suffering from sensitive teeth, the AGD recommended:

- switching to a toothpaste made especially for sensitive teeth,
- using a soft-bristled toothbrush,
- flossing regularly and brushing at least twice a day
- avoiding highly acidic foods and beverages.



Matt Mullin



New Resource Available for Complying With HIPAA Breach Rule

A downloadable electronic book, courtesy of the American Dental Association, now is available to assist dental offices in complying with the improved security breach and privacy rules as they relate to the American Recovery and Reinvestment Act.

Although HIPAA requirements in maintaining privacy of patient health records has not changed, the procedure that providers must take in case of a security breach has changed. Additionally, there now are significant fines for noncompliance.

Utilizing a Q&A format, the book can help dental offices understand and prepare for compliance. Topics range from “A Breach Notification Flow Chart” and “Sample Breach Notification Policy and Procedures” to “Sample Breach Notification Risk Assessment Worksheet” and “Sample Breach Notification Notice to Individual”.

“Guidance for Complying with the HIPAA Breach Notification Rule” is available as a downloadable e-book free to ADA members. The book also is available for \$99 to non-ADA members.