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MLMIC Insurance Company
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MLMIC QUARTERLY

THE SCOPE

DENTAL EDITION



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MLMIC's Dental Residency Programs

An Analysis of Misdiagnosis in Dental Claims Involving Oral Cancer

Can You Be Sued for Transmission of COVID-19?

Maintaining a Safe Practice Environment: **Are You R.E.A.D.Y.?**

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MLMIC Insurance Company provided 'Preparing for Post-COVID-19 Operations for Dental Practices,' which greatly assisted my staff and me in reopening my dental practice.

Paul M. Chlosta, DMD

MLMIC Insurance Company
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EXECUTIVE MESSAGE

To Our MLMIC Insurance Company Policyholders:

When work began on the development of a new publication for MLMIC Insurance Company's dentist policyholders, the world was a different place. Our kick-off meeting was held in a small room in MLMIC's Manhattan offices with a dozen or so of us around a table, elbow-to-elbow. How times have changed! COVID-19 and the resulting crisis have been the agents of this change.

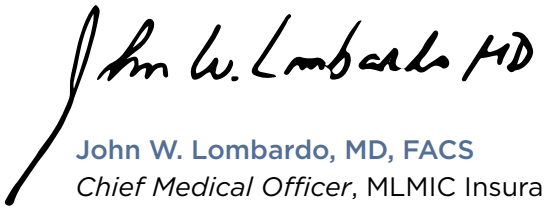
What has taken place in the past several months is breathtakingly stunning. Dental offices were mandated on March 20 to suspend practice, and all Americans, along with billions more around the world, experienced a situation both unforeseen and, for most of us, unimaginable.

While the world changed, work on this publication continued, albeit in a different manner. Zoom chats and group emails replaced roundtable planning sessions.

As the country, and New York especially, continues to reopen, I am pleased to present to you *The Scope*, MLMIC Insurance Company's new newsletter for its dentist policyholders. *The Scope* will present topics and information designed to help our policyholders avoid dental professional liability litigation and, through this, improve patient care. Each issue will feature illustrative, real-world depictions of litigation that took place against your fellow professionals here in New York State. Healthcare attorneys from Fager Amsler Keller & Schoppmann, LLP, counsel to MLMIC, and MLMIC Risk Management professionals will provide actionable direction designed to protect you, your practice, and your patients. *The Scope* will also be a vehicle for the latest MLMIC Insurance Company information on everything from policy updates to the announcement of new, value-added policyholder benefits.

We recognize that it is our policyholders out there in the field, caring for patients throughout New York State, who know best what is happening in the practice of dentistry, and we would like to hear from you. Since reopening, have you made changes to your practice or its operation that you plan to keep in place post-COVID-19? What topics would you like addressed in a future issue of *The Scope* that will most directly help you?

We very much value your feedback and ask that you please not hesitate to reach out to us at any time at (212) 576-9600 or jscott@mlmic.com. Additionally, please contact us should you wish to contribute an article to *The Scope* on a topic related to the practice of dentistry in New York.



John W. Lombardo, MD, FACS
Chief Medical Officer, MLMIC Insurance Company

Underwriting Update

MLMIC STANDS WITH YOU THROUGH COVID-19

We are now deep into the new reality that is the COVID-19 pandemic. It is staggering to think that everyone on our planet has been affected in some way, shape, or form. And when you drill that down to the impact on the individual level, our collective hearts ache for the hardships inflicted on so many.

As an insurer of physicians, nurses, dentists, allied professionals, hospitals, and facilities in New York State, one of the hardest hit by the pandemic, **MLMIC is intimately aware of the demands, challenges, and strains that have been imposed on our policyholders.**

MLMIC has endeavored to do what we can to help our policyholders through this crisis, and we will continue to do so. Visit **MLMIC.com/covid-19** for any COVID-19-related questions, resources, and updates.

Our dental underwriters, Luisa Fernandez (**lfernandez@mlmic.com**) and James Simons (**jsimons@mlmic.com**), have been hard at work assisting our dentists, so please don't hesitate to contact them, or **myself**, with any questions.

We are truly thankful to the physicians, nurses, dentists, allied health providers, and everyone on the front lines of this battle, for your heroism in the face of this pandemic.

MLMIC Dental Program Enhancements

MLMIC Insurance Company is pleased to announce two updates to our Dentist Professional Liability Program that will bring it in line with the current marketplace as they broaden our capacity to offer coverage and services to a wider range of New York State dentists.

Both updates have been approved by the Department of Financial Services and were implemented April 1, 2020.

The first involves expanding eligibility for coverage. MLMIC coverage has always been available to qualifying members of the New York State Dental Association (NYSDA). As of April 1, 2020, MLMIC is now offering coverage to qualifying nonmember dentists licensed and practicing in New York State.

The second update involves a change in the dentist policy consent to settlement provision. As of April 1, 2020, a policyholder's unconditional consent is required before any offer in settlement can be made. This will replace the provision that required the consent of the policyholder's Component Society District Claims Committee.

Our existing policyholders will be converted to the new consent provision on renewal. It will take a full year to convert to the new provision, that is, from April 1, 2020, to March 31, 2021, since dental renewal dates occur throughout the year.

MLMIC is proud to be the exclusively endorsed professional liability carrier of NYSDA. We continue our commitment to offer the dentists of New York State the best possible coverage at competitive premiums, along with MLMIC's concierge-level service and New York State-focused expertise.



Danielle Zimbardi is Vice President of Dental Underwriting for MLMIC Insurance Company.

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MLMIC'S DENTAL RESIDENCY PROGRAMS:

Providing Real-World Risk Management Advice for the New Practitioner

MLMIC Insurance Company has always valued its relationships with practicing dentists throughout New York State. As the dental community continues to grow, MLMIC has recognized the need to connect with and educate soon-to-be dentists. Over the years, MLMIC has reached out to dental residents in New York

MLMIC has reached out to dental residents in New York to provide informative risk management programs geared to new dentists.

to provide informative risk management programs geared to new dentists. MLMIC's Dental Residency Programs are one-hour risk management presentations providing cutting-edge, up-to-date tools to reduce risk and improve patient relationships. Topics discussed include communication, the electronic health record, charting, and healthcare proxy law, as well as refunds and releases.

MLMIC's presentations have been well received by these young dentists, and we continue to increase our outreach to bring this valuable information to many more residents. Unfortunately, our programs scheduled for Spring 2020 were postponed due to the COVID-19 pandemic. We would like to thank all of the Residency Directors who assisted us in scheduling our programs this year, and look forward to providing them either in-person or virtually in 2021.

As always, residents graduating and practicing in New York State may qualify for MLMIC's New Dentist Discounts. These incredible discounts include a flat-rate-premium of $50 for the first year, with discounts available for years two through four. To schedule a MLMIC Dental Residency program or obtain additional information regarding our New Dentist Discounts, please email us at any time.



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MLMIC Healthcare Weekly

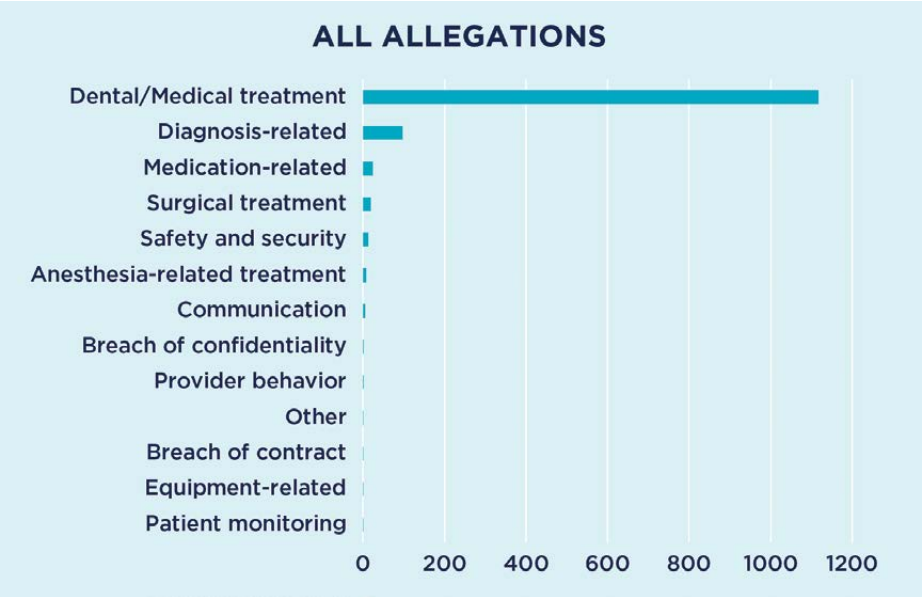
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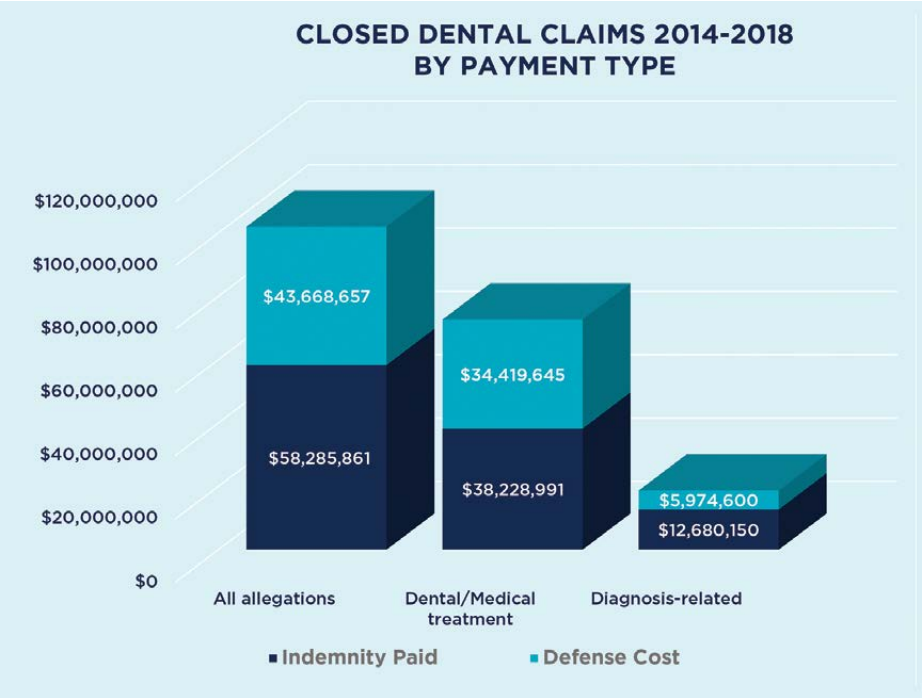
MLMIC.com/healthcare-weekly

An Analysis of Misdiagnosis in Dental Claims Involving Oral Cancer

MLMIC Insurance Company provides risk management strategies and education to our insured dentists in order to improve patient safety and mitigate the risk of professional liability claims. These efforts are directed by review and analysis of closed dental professional liability claims, along with other industry data.

MLMIC has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions, which manages the most robust medical and dental professional liability claims database in the world. Using CRICO's sophisticated coding taxonomy to code claims data, MLMIC is able to more specifically identify clinical areas of risk vulnerability for its dentist and oral surgeon policyholders.





MLMIC recently analyzed the frequency of oral cancer claims in dentistry: What is the incidence of diagnosis-related errors, and what are the associated costs and factors contributing to these claims?

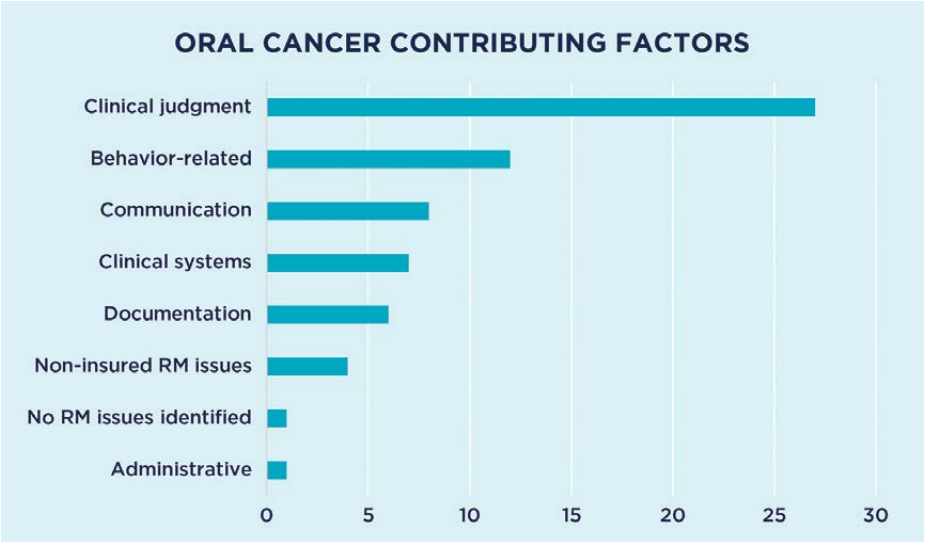
This analysis began with a five-year review of all dentistry and oral surgery claims closed from 2014 through 2018. **Out of a total of 1,294 claims, the majority (86%) involved an aspect of dental/medical treatment.** Examples in this classification include, but are not limited to, allegations of delay in treatment and procedures, the failure to provide treatment, the improper performance of a treatment or procedure, and retained foreign bodies.

The second most frequent allegation involved diagnosis-related errors, which occurred in 8% of the files. For a claim to be classified as diagnosis-related, the diagnosis either is not made, is incorrect, or is delayed, allegedly resulting in an injury to the patient.

Addressing costs associated with dental claims, the first bar in the graph on the left represents the

entire amount of indemnity and defense costs for all the closed claims reviewed. The subsequent bars show the distribution of these amounts by the nature of the allegation made as labeled below the bars. It should be noted that while **diagnosis-related** claims account for only 8% of the allegations made, they account for 18% of the total paid out for the dentists and oral surgeons. Given this disparity in claim frequency and cost, we drilled down on the costs associated with diagnosis-related claims looking for trends and noted that 31% of all diagnosis-related claims involved a final diagnosis of oral cancer.





According to the Oral Cancer Foundation, close to 53,000

31% **of all diagnosis-related claims involved a final diagnosis of oral cancer.**

Americans will be diagnosed with oral or oropharyngeal cancer this year. These conditions will cause over 9,750 deaths, or roughly one person per hour, 24 hours a day. Of those 53,000 newly diagnosed individuals, only slightly more than half will be alive in five years.

Historically, the death rate associated with this cancer is particularly high not due to difficulty with discovery or diagnosis, but due to the cancer being discovered late in its development. Through proper screening protocols, early detection by dental practitioners is the first line of defense against this disease.[1]

Payments on oral cancer cases comprise 74% of all indemnity dollars and 42% of all defense dollars spent on diagnosis-related claims in dentistry. Demographically, the typical claimant was more often a female (53%) compared to male (47%). Looking at the average age, the difference was negligible at 46 years of age for women and 48 years of age for men. Over 80% of all dental claims brought forth involved a claimant 30 years of age or older.

It can be further noted that the majority of oral cancer diagnoses were delayed (70%) or missed during treatment (30%), with one in three ending in death. While cancer accounted for almost half of all dental treatment-related deaths, other diagnoses that led to patient demise included sepsis, hemorrhaging, and anesthesia-related complications.

[1] oralcancerfoundation.org/facts

The final segment of MLMIC's analysis of dentistry and missed oral cancer diagnoses looked at the contributing factors identified in each instance. Our goal was to identify trends and opportunities to mitigate future risk. Contributing factors include but are not limited to clinical judgment, behavioral factors (e.g., a patient fails to keep a referral appointment to an oral surgeon or a dentist fails to completely document cancer screening done during an office visit), inadequate communication and documentation, and lack of technical skill.

Nearly 90% of all files reviewed in the category of missed cancer diagnosis listed clinical judgment as a contributory factor. This was followed by behavioral factors at 40%. Clinical judgment is totally within the purview of the individual provider. While MLMIC is unable to direct our policyholders on how to administer care, we will provide strategies that can be implemented to mitigate risk involving other contributing factors.

The following case studies are examples of missed diagnoses of oral cancer.

CASE STUDY #1:

The MLMIC-insured dentist had treated the patient for over 20 years. At the onset of care, it was noted that the patient had lichen planus (LP), which is known to increase the risk of oral cancer. A review of dental records noted that six years into care, the hygienist documented a change in the LP appearance. At year nine, the dentist noted the condition, but did not feel a referral or biopsy was warranted. At year 10, the patient was referred to a periodontist but failed to keep the appointment.

At year 10, the patient was referred to a periodontist but failed to keep the appointment.

For the next four years, pharmacy records indicated medications were provided to treat the patient's LP. During that same time, dental records note that the LP condition was out of control, and a referral was made to an oral pathologist. Due to scheduling issues, three additional oral pathologists were recommended and there was a delay in securing the referral.

The following year, a biopsy performed for worsening gingival irritation revealed squamous cell carcinoma. Lymph nodes were negative at that time. The patient underwent a successful resection, losing five teeth in the process.

Internal and external experts differed on the defensibility of the case but agreed the real weakness was in the timely referral. The dental records did not support a confident defense.

Facing a trial by jury, the insured dentist expressed a strong desire to settle. The patient's demand was $5 million. Based on the estimated value of a jury verdict, and after a prolonged settlement discussion, the case settled for $1.15 million.

CASE STUDY #2:

The subject in this case was a 53-year-old woman with a medical history of Hodgkin's lymphoma with a delayed diagnosis of squamous cell carcinoma that had progressed to stage III, requiring invasive surgery, chemotherapy, and intensive speech therapy.

This patient was first seen by the MLMIC-insured dentist for a post and core of tooth #19 with restoration. When the patient returned a year later, her medical history was updated to include recent treatment at a cancer center. She was now reporting problems with the restored tooth. Dental records from that evaluation noted a fractured root and massive decay. The patient was referred to an oral surgeon, who recommended the tooth be extracted. The patient did not follow through on this plan and came back to our insured dentist one year later. A Comprehensive Head and Neck exam was documented at that time as "entirely within normal limits."

A Comprehensive Head and Neck exam was documented at that time as "entirely within normal limits."

At his deposition, it was learned that our insured dentist was certain he would have performed a Comprehensive Head and Neck exam at her first visit, although this was not specifically documented. He further stated that on a patient with a known cancer, this should be done at a minimum of every six months.



The patient was seen over the next two years for issues with various other teeth. At her last office visit, there was documentation that the extraction site for tooth #19, which was removed four weeks prior, was healing nicely.

Three months later, the patient felt "something that did not belong there" and went to Urgent Care, which referred her back to her oral surgeon. At that visit, a 2 cm x 2 cm ulceration, most probably a squamous cell carcinoma, was noted and she was referred back to her oncologist. A biopsy confirmed the diagnosis with positive node involvement. The patient underwent weeks of speech and physical therapy, as well as radiation therapy.

During ensuing litigation, the patient passed away from an unrelated cardiac event. While both internal and external expert dentists agreed that the case was defensible with certain reservations, the biggest obstacle for both experts was the lack of documentation of screenings in a patient with a known cancer; a failure to perform a brush biopsy; and the close proximity of the cancer to tooth #19. The plaintiff's initial demand was $500,000, and the case was settled on behalf of our policyholder for $275,000.

Case Analysis

In the preceding case studies, there were several factors that contributed to the delayed diagnosis of oral cancer. There were concerns that the MLMIC-insured dentists did not order appropriate tests early on when ulcerations first presented; or that they did not follow the standard of care for patients with complex medical histories, specifically a history of cancer elsewhere in the body. There were also behavioral concerns on the part of the patients, who did not follow through with the plan of care as developed. Lastly, when records were reviewed, documentation was also noted to be lacking in specificity and completeness.

While all these actions can contribute to a delayed cancer diagnosis, both internal and external experts overwhelmingly agreed that the quality of documentation is a primary determinant of the defensibility of a claim or lawsuit. The most proactive measure any dentist or other healthcare provider can take is to be knowledgeable of, and apply measures to improve, clinical documentation.

A patient's dental record is a legal document and the primary means of communication between dentists and consulting providers. The failure to maintain a proper accounting of the care and treatment provided to patients can be seen as both dental malpractice and professional misconduct. In litigation, the dental record will be reviewed by both the plaintiff and defense attorneys, as well as experts for both sides, to determine the merits of a case and prove or disprove liability.

The proactive implementation of risk management strategies can potentially reduce the incidence of these claims and ultimately help our insured dentists and oral surgeons provide better care to the patients they serve. The following is guidance on proper documentation practices for dentists and oral surgeons.

Both internal and external experts overwhelmingly agreed that the quality of documentation is a primary determinant of the defensibility of a claim or lawsuit.

Record Accuracy and Completeness

Dental records must be accurate and complete, and include the nature of each visit (e.g., prophylaxis, an emergent problem, or part of a treatment plan); a detailed medical/social/family history; a medication list, including known allergies, which must be updated with each office visit; and a dental exam with both positive and negative findings documented.

Consultation reports, study models, photographs, and X-rays must all be included with date, time, and signature.

Plan-of-care documentation must be descriptive and concise, and include the critical thinking applied to determine the direction of care.

Discussions with the patient should include the cost of any proposed treatment, the number of visits required, and any referrals made to other practitioners.

Treatment proposals should include alternatives to the proposed treatment and the costs associated with those alternatives.

Progress notes should feature only approved abbreviations familiar to other dentists and healthcare professionals. Document any patient education that you or your staff provide.

All entries must include the date and time, and be read before signing to confirm accuracy.

Electronic Record Considerations

While electronic dental records (EDRs) have addressed many issues associated with the documentation of care, they have also introduced new concerns.

Regarding authentication, it is critical that all staff recognize that their system sign-on is their electronic signature to attribute their entries.

The "copy and paste" function may result in information being entered that is no longer accurate, current, or relevant to the patient condition. Pasting documentation originally entered by another individual is not without risk, as users are responsible for all information they enter and therefore should review all entries for accuracy and authentication.

In an EDR, the metadata – data about data – makes a record of all electronic movement in the documentation system. In metadata, any record reviews, addenda, and alterations will be noted by date, time, and user.

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Addenda

But whether electronic or on paper, it is never a good idea to enter an addendum to a note unless it is clinically relevant to correct an erroneous entry.

Addenda should be relatively contemporaneous, preferably within 48-72 hours, as the longer the delay, the less credible the entry may be perceived.

A policy should be in place to address addenda to the dental record, and practitioners should consider consulting with an attorney before adding addenda.

Never amend a dental record that has been requested by an attorney or government agency, or once a lawsuit has commenced or a patient has died.

Alterations of or falsifications in a dental record are considered professional misconduct and may result in denial of professional liability coverage.

The attorneys at Fager Amsler Keller & Schoppmann, LLP, are available to provide advice free of charge to all MLMIC Insurance Company dentist and oral surgeon policyholders. Please call (212) 889-2498 or **contact us** electronically at any time.



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Can You Be Sued for Transmission of COVID-19?

Unlikely Chance of Success

A patient can attempt to commence a lawsuit at any time. However, during the COVID-19 pandemic, if a patient claims to have contracted COVID-19 from your office, the chances of a successful lawsuit are less than likely. The patient bears the burden of proof and would have to establish admissible evidence proving they were more likely than not exposed to COVID-19 in your office as opposed to anywhere else. Inasmuch as COVID-19 entails a lengthy incubation period between exposure and the development of symptoms, it could be difficult to determine and prove where and when the exposure occurred.

Possibility of Lawsuit Still Exists

Unfortunately, you can be still be sued and should not be surprised to see COVID-19 raised in litigation. Dentists could potentially find themselves facing liability claims from patients who allege they contracted COVID-19 while receiving treatment at a dentist's office due to the practice's negligence. Now that protocols for treating patients during the pandemic have been established, if a patient can prove your office did not comply with recently enacted guidelines and protocols, you could end up as a defendant in a lawsuit. Your office should always be prepared to respond with evidence and documentation that it was and is in full compliance with public health guidelines, proving that the patient did not come down with the virus while receiving treatment at your office.

Best Defense

Therefore, the best defense against these lawsuits is to establish that all protocols were followed and that your office showed that all "reasonable measures" were taken to prevent exposure. It must show that it developed and enforced policies and procedures in an effort to comply with public health guidelines, and maintained the premises in a reasonably safe condition to handle this virus. This can be established by proving that the standard of care was met by following the relevant guidelines established by the CDC and the ADA.

CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

ADA Coronavirus (COVID-19) Center for Dentists

Bottom Line

No one is immune from a lawsuit. Therefore, it is important to remember that risk management involves more than just adhering to these guidelines and protocols. It is a style of practice that should be developed in order to prevent a lifetime of legal headaches. Moreover, having a proactive risk management system in place is vital and can save you from unnecessary litigation. All staff members should be educated and trained in a unified system regarding all protocols, patient safety strategies, and documentation. All new "extra steps" taken in this pandemic should be a system that is followed by all staff members and should be one that becomes standard office protocol.

If a patient can prove your office did not comply with recently enacted guidelines and protocols, you could end up as a defendant in a lawsuit.



Check out our blog at MLMIC.com

Read about important developments in dental liability, get risk management tips, and sign up for MLMIC Healthcare Weekly.



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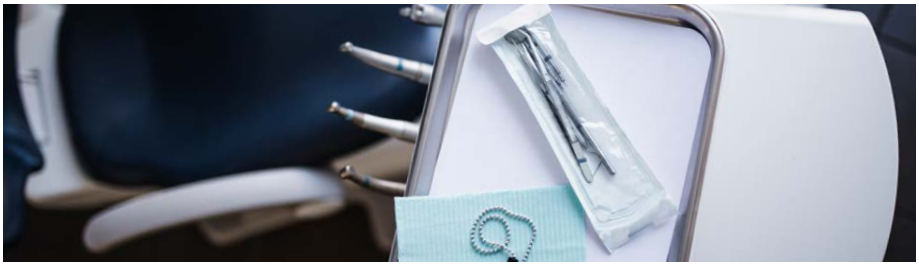
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MAINTAINING A SAFE PRACTICE ENVIRONMENT:

Are You R.E.A.D.Y.?

Due to the COVID-19 pandemic, dental practices were forced to temporarily close or significantly reduce in-office visits to just emergency service. As patients return for care, **dentists have expressed concern about liability risk for patients who may allege they became infected with COVID-19 while visiting their practice.** The best strategy to reduce this liability risk is to take effective measures to inhibit the ability of the virus to be transmissible in dental practices. This article presents measures to implement in order to provide a safe environment of care for patients and staff.

The unprecedented nature of the COVID-19 outbreak might make navigating this process confusing and stressful. As with any process improvement in healthcare, one must be prepared, have measurable goals, and have a plan for goal achievement. Taking the time to define which actions to take, along with having an appreciation of the fluidity of this pandemic, will best align your efforts for success.



Your tasks can be summarized with this question:

"Are you R.E.A.D.Y.?" **R**esources, **E**nvironment, **A**ssessment, **D**ocumentation, and **Y**ou are the important elements to consider while providing dental care during the COVID-19 pandemic.

We will address each component here. At the end of the article are links to resources developed by MLMIC Insurance Company's Risk Management staff, in collaboration with the attorneys at Fager Amsler Keller & Schoppmann, LLP, and MedPro, a Berkshire Hathaway corporate partner. These checklists will help minimize your liability risk as you move forward.

RESOURCES

In the early weeks of the COVID-19 crisis, it was vitally important to know what and where your pandemic-related resources were. Now, at this point in the crisis and going forward, resources will continue to play a critical role in your operations.

Perform daily checks for updated information from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration, the Centers for Medicare & Medicaid Services, the New York State Department of Health, and other regulatory agencies. Also reference dental organizations such as the American Dental Association, the New York State Dental Association, and your local dental society for updates and advice.

To help healthcare providers stay up to date on temporary statutory and regulatory changes that went into effect during the COVID-19 crisis, **Fager Amsler Keller & Schoppmann, LLP,** maintains a legislative dashboard on its website. Some of these important changes are to waivers, modifications, exceptions, and immunities from liability.

Prior to providing treatment, screen, test, and track all staff and patients for COVID-19 signs and symptoms. This will be critical as you determine both who is available to staff the office and which patients can be treated there safely.

To protect staff and patients when providing daily office functions, practices should routinely assess the amount of personal protective equipment (PPE) on hand. This is especially important should a second wave of COVID-19 occur and dental practices are permitted to remain open.



It is important to remain connected and aware of what is happening within your community regarding the number of cases, hospitalizations, and new infections, as this may impact other resources you or your patients may require, and may inform whether your practice can remain open.

ENVIRONMENT

During this pandemic, maintaining the proper environment of care is crucial for both patients and providers. Infection control has been brought front and center and will continue to direct dental office processes.

Practices should establish one-way ingress/egress routes for office visits, if possible.

Workflows for registration and scheduling will need to be supportive of new safety measures, including but not limited to: patient prescreening questions and temperature recording; a registration process that is largely electronic; waiting areas (if being used at all) reconfigured to accommodate social distancing; and multiple hand sanitizer and masking stations.

Practices should confirm that support services, including but not limited to cleaning and waste management, are ready, available, and compliant with enhanced industry guidelines. Verify that all equipment preventive maintenance schedules are current.

Verify that sterile storage area temperature and humidity levels are properly maintained and logged. Conduct a function test on your sterilizers to determine whether they are processing loads properly, and clean all portable and fixed dental equipment. Maintain appropriate tracking and log sheets.

Practices should seek to minimize stress by communicating often with staff to keep them informed and educated, and to show appreciation for their work. It is important that all members of the staff remain vigilant in their infection control efforts.

ASSESSMENT

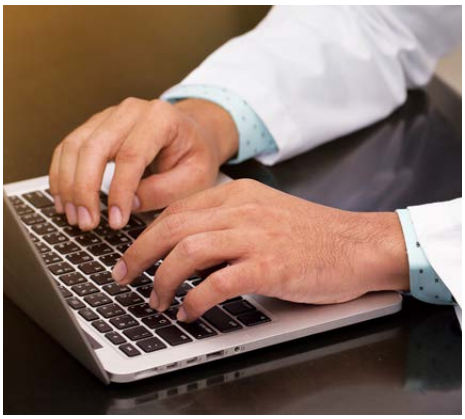
As this pandemic evolves, dental practices must continuously assess and reassess factors that have bearing on the care provided, and dentists must continuously take proactive steps to safely manage their practice.

Practices must verify that they have sufficient dental hygienists, dental assistants, and nonclinical employees to properly staff the office.

In order to maintain a safe environment of care, verify that employees remain in good health and follow the CDC's return-to-work guidelines and any other available guidelines.

For patients requiring an office visit, practices should establish a triage system and screen for COVID-19. Consider maintaining teledentistry appointments or rescheduling appointments for any symptomatic patients until they are asymptomatic for at least two weeks.

Practices should review their disaster plan in light of the pandemic response and consider adjustments to normal processes based on lessons learned. Identify whether your practice is ready for a second wave, including the availability of PPE and the readiness of contracted services (e.g., regular cleaning crews).



DOCUMENTATION

Accurate and thorough documentation is the backbone of risk management strategies. It is not only a record of services provided, it also lists essential patient information and historical details surrounding care.

Thoroughly document your pandemic circumstances, decisions, and actions taken to enhance patient care and patient and staff safety.

Update your patient portal, website, answering service, and other communication modes, alerting patients of any requirements for treatment, e.g., the need to wear a mask or wait for an appointment in their vehicle.

Reorient staff to your practice's documentation policies and privacy and confidentiality protocols.

If you continue to offer teledentistry services, determine whether new patient agreement and consent forms are necessary.

Develop resources and informed consent processes and forms to address the increased risks associated with undergoing treatment during the COVID-19 pandemic.

YOU

While it seems like everything closed in a matter of minutes, maintaining an open dental practice will be a process. The new normal for your dental practice begins now. With the diversity of dental practice settings, the pace and success of providing a safe environment for care lies with YOU. The following checklists are designed to prepare dentists and other healthcare practitioners for the reopening process, and remain as a resource to assist you with the evolving pandemic.

Preparing for Post-COVID-19 Operations: Dental Practices

Preparing for Post-COVID-19 Operations: Healthcare Practices



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Considering Retiring or Closing Your Practice?

The COVID-19 pandemic has shut down the economy of New York State since March, resulting in dental practices being able to provide emergency care only, or being forced to close completely due to financial or personnel health reasons.

Upon being told that they can reopen their offices, many dentists are looking closely at whether it is worthwhile to do so due to the economic cost of implementing required precautions such as protective equipment or any necessary structural renovations to their office. In addition, factors including the current health status and age of dentists and their staff have made these decisions even more difficult. As a result, MLMIC Insurance Company has had many inquiries about what proceeding with retirement and closing a practice entail.

There are defined steps that dentists must follow when retiring or closing a practice. Dentists considering doing so are urged to reference our article **"The Proper Way to Close a Dental Practice."** In addition, the attorneys of Fager Amsler Keller & Schoppmann, LLP, can also provide memoranda containing guidelines for the closure of a practice and the retention of records; a template letter for notification of patients; and a template agreement for retention of your records by another dentist or group.

In the interest of enhancing patient safety through effective risk management, MLMIC Insurance Company has developed a series of checklists designed to provide healthcare practitioners with easy-to-use tools to assist with everyday patient encounters and the overall operation of their practices. The following checklist is one example of the resources available at ***MLMIC.com****.*

EFFECTIVE COMMUNICATION WITH PATIENTS

Effective communication is the cornerstone of the provider-patient relationship. Patients' perceptions of a provider's communication skills may impact the potential for allegations of malpractice. The following points may be used to promote open communication, enhance your ability to reach an accurate diagnosis, and develop an appropriate plan of care.

	YES	NO
1. Active listening techniques are used, and patients are allowed sufficient time to voice their concerns.		
2. Providers sit at the level of the patient and maintain eye contact.		
3. The patient's literacy level is assessed. This may be as simple as asking what is the highest grade level the patient attained in school.		
4. Lay terminology is used when communicating with patients and their families.		
5. Procedures are in place for communicating with patients who are hearing-impaired or deaf, or have limited English proficiency.		
6. The teach-back method is used when providing patients with instructions and information. This technique requires that patients repeat the information presented in their own words. The teach-back method is particularly useful in assessing patients' understanding of: • Informed consent discussions • Medication instructions, including side effects and adverse reactions • Test preparation • Follow-up instructions If the patient is unable to convey the information, it is restated in simpler terms, perhaps using pictures and/or drawings.		
7. Educational tools and consent forms have been evaluated to determine the grade level at which they are written. This ensures that written materials are understandable to the majority of your patient population.		
8. At the conclusion of each patient encounter, the patient/family are asked if they have any questions or concerns that have not been addressed.		
9. Record documentation reflects all aspects of patient interactions and comprehension. This demonstrates the effectiveness of our communication skills and promotes patient satisfaction.		



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