On the Cusp

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# EASTERN DENTISTS INSURANCE COMPANY

ADA C·E·R·P® | Continuing Education Recognition Program

# 2015 EDIC Fall Webinar Series

## Prosthetic Complications and Dental Implants

***Dr. Christopher Salierno, DDS***

**Thursday, Nov 12, 2015**
**7:00 PM, EST**

***— EDIC INSUREDS ONLY —***

A distinction must be made between implant survival and implant success. Achieving long term esthetics and function can only be accomplished by proper communication between the surgical and restorative disciplines.

**Learning Objectives:** Complications of poor implant treatment planning include implant/prosthetic failure, peri-implantitis, unaesthetic restorations, and patient dissatisfaction. Results of improper implant treatment planning will be discussed. Surgical and prosthetic solutions for poor implant placement will be shown. Attendees will understand: The types of complications that can occurr (functional, hygienic, and cosmetic), creative solutions for poor implant placement, cases to avoid, and proper management of complications.

## Eye Safety in Dentistry and Associated Liability Issues

***Dr. Peter Arsenault, DMD & Amad Tayebi***

**Tuesday, Nov 24, 2015**
**7:00 PM, EST**

The objective of this webinar is to express an experimental-work-supported opinion regarding the inadequacy of the present dental mask and eyewear for protecting dental care practitioners. and to suggest updating OSHA Standards to mandate effective eye protection for dental care practitioners. Dental practice eye occupational hazards will be discussed. Experimental work, confirming the inadequacy of the present dental mask and eyewear combination for protecting practitioners will be presented. Fundamentals of Products Liability Law will be presented and liability issues associated with providing adequate eye protection will be discussed including employer responsibilities according to OSHA Standards.

**Learning Objectives:** Understanding the concept of bottom gaps and liability issues associated, recognizing shortcomings with the current accepted PPE standard for eye safety in dentistry, and incorporating improved eye safety standards in dentistry.

**To learn more about these FREE webinars and to register, go to: http://edicevents.webex.com**

EDIC is an ADA-CERP recognized provider, and dentists may earn two CEU credits per session and be eligible for risk management insurance discounts.

## Speaking With Hope

Today, EDIC insures over 5,600 dentists in eleven East Coast states. Our commitment and focus on dentistry enables us to provide our dentists with sound insurance coverage. But EDIC goes beyond the standard services of an insurance company. We recognize the many opportunities dentists have to participate and serve in various dental societies and programs.Through financial commitments and educational services, EDIC supports dental societies, dental schools, and volunteer programs.

Over the past few months, as dental students have graduated, we have welcomed over 200 new to practice dentists to EDIC. In June, we appointed three distinguished dentists to our Board of Directors, and we are seeking nominations for another appointment in June 2016. Our Board is comprised of 14 dentists, and we are very fortunate to have the commitment of all of the Board members. Sadly, in May, we mourned the loss of Dr. James Hanley. We are grateful for his years of service to the EDIC Board and he will always be remembered fondly as a dear friend of the company.

Throughout this edition you will find detailed information on the above highlights. As always, we are grateful for the loyalty of our current policyholders. If you are not currently insured with EDIC, I trust the following pages will inspire you to join the only "By Dentists, For Dentists"® insurance company.

**Hope Maxwell**
President & CEO, EDIC
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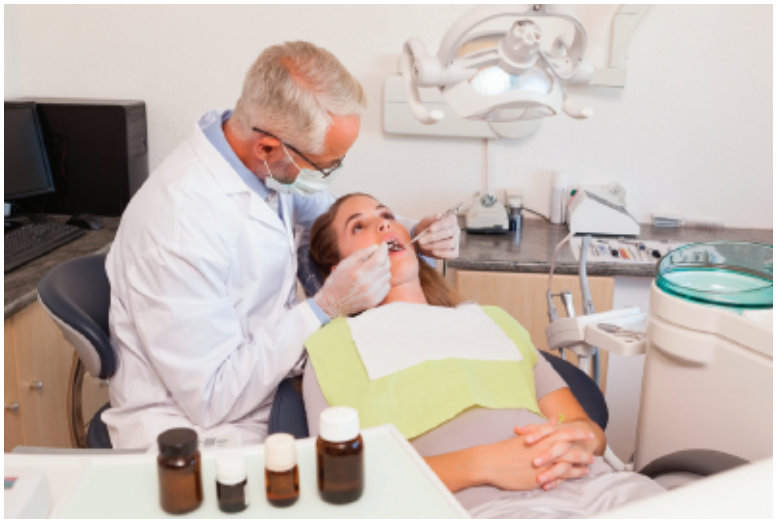
A Dental Society Risk Retention Group
edic®
EASTERN DENTISTS INSURANCE COMPANY
Malpractice Insurance By Dentists, For Dentists®

# FYI: EDIC CASE STUDY

## *Treatment Plan Out of Your Expertise? Refer to A Specialist*

**Barry Regan** | Vice President of Claims and Risk Management
bregan@edic.com

The patient, a 51 year old married female with 2 grown children, first treated with the insured general dentist on 2/10/10. A full mouth series of radiographs was taken and the patient was rescheduled for periodontal examination and prophylaxis. She returned for the prophylaxis and exam, and a treatment plan that included root canal therapy followed by post/core/crowns was developed. Prior approval was sought and received from her insurance company. She returned for the scheduled treatment on 3/10/10. At this visit, the patient reported generalized temperature sensitivity and pain to biting on her lower incisors. She returned on 3/19/10 and the record shows that single visit root canal therapy was performed on teeth #'s 22, 23, 24, 25, 26, and 27. Her next visit with the insured was on 3/31/10 when posts and cores were fabricated for teeth #'s 22, 23, 24, 25, 26, and 27. All of these teeth were also prepared for permanent crowns during this visit, and temporaries were placed at that time. She returned again on 4/27/10, and the permanent crowns were inserted and cemented into place. The crowns from #22 to #25 were "fused" together because the insured felt his patient was placing excessive biting forces in this area. The patient returned on 8/4/10 and periapical radiographs were exposed of teeth #'s 22, 24 and 27. The patient complained of biting pain and tenderness in the gingival area of teeth #24-27. The insured recommended that a new bite guard be fabricated. The patient returned the next day continuing to complain of pain in the same area and the insured prescribed antibiotics and pain medication. On the patient's next visit on 10/28/10 the insured described what he saw as a "small draining abscess" in the area of tooth #25. He placed the patient on antibiotics and reiterated that she needed a new night guard. The patient's last visit to the insured was on 11/26/10 when she once again returned with the fistula. At that time the patient was told that she should see an endodontist for possible apical surgery.



The patient visited with Dr. Endodontist on 12/1/11, complaining of a "bubble" on her gum tissue. Dr. Endodontist noted that teeth #'s 22-27 all had periapical lesions, but that probing depths were within normal limits. He opined that the best chance for a favorable long-term prognosis could be accomplished with endodontic re-treatment. Dr. Endodontist performed apical surgery on teeth #'s 23, 24, 25 and 26 on 1/31/12. The patient returned to Dr. Endodontist on 2/7/12 for suture removal. It was noted that the patient was, "healing pretty well but swelling and pain still present". Dr. Endodontist recorded that he suspected a "post-operative infection" and placed the patient on antibiotics. The next visit occurred on 2/15/12 and it was noted that, "Healing looks good at this point. Patient is complaining of some residual numbness of gum tissues but reports it is getting better." This visit was followed-up on 3/20/12 when the patient reported that she was feeling much better. She also reported the presence of a "small bubble" on her gums. Dr. Endodontist read this as scar tissue and that everything else looked normal.

On 4/24/12, the patient was next seen by a Dr. Prosthodontist. He noted she needed to improve her oral hygiene and that both his and her main concerns continued to be the lower anterior area. He told her that "the margins are failing, and connecting the crowns here has made it difficult for her to keep the area plaque free." He also listed teeth #'s 22, 23, 24, 25, 26 and 27 as having failing restorations.

She saw Dr. Endodontist on 6/27/12 and complained of palpation sensitivity over the root of #26. A new periapical radiograph was taken and a radiolucency was described at the apex of #26. At that same visit, the area around #26 was surgically re-treated. The tooth was then retro filled with a filling material known as "Super EBA" and the area was sutured closed. Prescriptions were given and the patient was reappointed for suture removal. The patient returned on 7/7/12 for suture removal and was reported to be doing well. On 8/3/12 she presented to Dr. Prosthodontist for restorative treatment and again complained about the lower anterior area.

On 11/8/12 she reported to Dr. Prosthodontist that she had noticed a "bubble" on her gum again, and had "popped it" the night before. She reported percussion sensitivity on tooth #26.

The patient returned to Dr. Endodontist on 4/16/13 expressing her desire to "get rid of infection at #26 but maintain esthetics until she can have teeth replaced." Dr. Endodontist offered to remove the root and leave the bridge intact. The root of #26 was extracted on 4/23/13. She returned on 5/28/13 with a complaint that the fistula was still present on the lower right anterior. Dr. Endodontist, again, to remove infection and maintain esthetics, recommended sectioning the root at #25 which was done on 6/25/13. She returned on 8/20/13 with a complaint of pain/swelling of the lower anterior. Dr. Endodontist discussed her options and decided to fabricate an immediate acrylic lower partial denture and remove #25 and pontic #26 upon delivery of the denture. The patient presented for extraction of #25 on 12/4/13 and an interim partial denture was inserted. Dr. Endodontist, on 5/5/14 noted that the extraction site at #25 might not be healing and noted a possible apical lesion at #24. It was decided that #23 and #24 would be removed at the same time the lower partial inserted. On 2/9/15 #s 23 & 24 were extracted and the partial denture was inserted.

The patient consulted with another prosthodontist on 3/23/15 seeking options as her lower

partial denture was not fitting well. This dentist noted that "PAs" reveal thin and poorly filled RCT on #22 and #27 as well as poor crown margins and recurrent decay." He outlined several options and recommended extracting the remaining teeth and placing an implant supported denture.

The patient filed a law suit against the general dentist. The patient claimed damages of $6,000 for the past treatment incurred and $9,000 for future treatment to place the implant supported denture. The plaintiff expert opined that the insured failed to treat periodontal disease and inadequately filled the root canals that he performed on teeth #22-27. As a result, these teeth developed abscesses necessitating multiple apicoectomies and root amputation of number 26. Furthermore, he opined it was negligent and below the standard of care for the insured to place fused crowns on teeth #22, 23, 24, 25, 26 and 27 with open margins, which led to the need for extraction of the teeth in question. Lastly, the expert alleged that this case should have been referred out to a specialist based on the need for endodontic therapy on multiple teeth, and the increased possibility for complications.

EDIC had the case reviewed by both an endodontist and a general dentist. The endodontist was not supportive of the insured's treatment of the plaintiff. He indicated that radiographs provided by all treating providers did demonstrate that the insured's root canal therapy of teeth #'s 22, 23, 24, 25, 26, and 27 was below the standard of care. All of the completed procedures show all canals to have been poorly obturated, allowing for re-infection of the alveolar bone after completion of the treatment. He was very critical of the insured's records indicating that they do not show that any diagnostic procedures were performed prior to those teeth being treated or that the insured employed rubber dam isolation during his treatment of any of the involved teeth, and that there was no indication that he followed proper protocol of biomechanical instrumentation. Our expert also agreed that the general dentist should not have undertaken a treatment plan that consisted of multiple endodontic procedures.

The general dentist also agreed with the patient's expert that the restorations all showed open margins that led to the loss of the teeth.

EDIC obtained the dentist's permission to settle the case. The patient's demand to settle the case prior to trial was $125,000. After several rounds of negotiations, EDIC was able to settle the case in the amount of $35,000.

## CASE STUDY
# Risk Management Comments

While a general dentist is trained in all fields of dentistry, he must also recognize his limitations as an operative dentist, and pick and choose those cases that are in his comfort level when deciding whether to perform the work on his own or refer it out to a specialist. The dentist must recognize the complexity of a treatment plan when making that decision, for if the treatment fails, the first avenue for attack by a plaintiff's lawyer will be a failure to refer. In this case, it would be very difficult to prove to a jury of laypeople that a general dentist could perform a treatment plan including endodontic therapy on six teeth in one visit. To undertake this plan of action without good documentation of the diagnostic test results upon which the treatment plan was built, and then fail to provide a written treatment plan, as well as to obtain written specific consent for the treatment, was indefensible.

# EDIC DSO Symposium Summary - May 21, 2015

Dental Support Organization (DSO) supported dental practices are an increasing segment of dentistry in America today. Within the next five years, they are projected, by some reports, to support up to 20% of the practicing dentists. In an effort to understand and evaluate these entities, EDIC hosted a DSO Symposium on May 21st, at the Boston Westin Waterfront Hotel. Attendees included Deans from dental education, ADSO representatives, ADA staff, an ADEA representative, young dentists, and EDIC staff. Our findings concluded that DSO supported models provide another alternative for delivery of dental care. DSOs can differ widely in structure and support services provided. A good understanding of any DSO environment being considered is important to both the DSO as well as the dental provider to ensure future success. Therefore, as with any potential professional affiliation, a thorough analysis of business culture, contracts, and future opportunities should be performed prior to finalization.

(Left L to R) Cecile Feldman, DMD, MBA-Dean, Rutgers School of Dental Medicine, Bruce Donnoff, DMD, MD-Dean, Harvard School of Dental Medicine, Kathleen O'Loughlin, DMD, MPH-Executive Director, American Dental Association, Ronald L. Rupp, DMD-Senior Vice President, External Relations and Institutional Advancement, American Dental Education Association

(Top L to R) Maureen Manna, Executive Assistant, EDIC; Sheila Anzuoni, Executive Vice President & COO, EDIC; Jessica Chaffee, Dental School Coordinator, EDIC; Michael Cooper, DMD, Young Dentist Practitioner/ EDIC Board Member; Dave Lane, D3 Boston University Dental Student; Hope Maxwell, President & CEO, EDIC; Richard LoGuercio, DDS, Vice Chair, EDIC; Charles P. Hapcook, DDS, Chairman, EDIC.

(Left L to R) Richard LoGuercio, DDS-Vice Chair, EDIC, Quinn Dufurrena, DDS, JD, ASDO, Kathleen O'Loughlin, DMD, MPH-Executive Director, American Dental Association, Dave Preble, DDS, JD, CAE-Vice President, American Dental Association, Charles P. Hapcook, DDS-Chair, EDIC

(Top L to R) Quinn Dufurrena,DDS, JD, ASDO, Jennifer Bryant-VP, Associate General Counsel Pacific Dental Services, NSC, Andrew Matta, DMD-North American Dental Group

# WITHIN YOUR CONTROL

## *Growing Misuse of Prescription Drugs — One Thing You Can Do To Help*

**Debra Udey** | Risk Manager
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In September 2014, Dr. Nora Volkow, the director of the National Institute on Drug Abuse, reported that opioid prescriptions had increased threefold over the past two decades. "More deaths now occur as a result of overdosing on prescription opioids than from all other drug overdoses combined, including heroin and cocaine," Volkow said.

Today, the media (print, television, and internet) is awash in stories about the growing incidence of the misuse — and overdoses — of prescription pain relievers. Researchers now recognize that narcotic pain relievers (e.g., Vicodin, oxycodone, etc.) are pathway drugs leading to heroin use. That disturbing pattern makes the number of prescriptions written even more important. The occurrence of substance abuse and overdoses, particularly heroin, is also on the rise.

Why does this matter to you? Dentists frequently prescribe narcotic pain relievers. A recent conversation with a total stranger at a train station illustrated the problem. When my conversation partner learned I worked for a professional liability company insuring dentists, she immediately asked why dentists prescribed so many pain pills for a simple procedure. After such a procedure, her dentist gave her a prescription for narcotic pain relievers — 60 pills. She said her pain lasted two days and she took three pills. She now has 57 left.

How are extra pain pills relevant? It can begin simply enough: A teenager, looking for a kick, raids the family medicine cabinet. Enjoying the "high" from the medication she finds, she takes more. The situation can reach the point where she no longer takes the pills for a high, but rather, to prevent the withdrawal from them. She is addicted.

Addicts, having used up the medications at home, start buying pills to feed their addiction. But they are pricey. That's where heroin comes in. Heroin, the chemical cousin of prescription opiate pills, is cheaper than the pills. According to a recent Washington Post article ("Cheap Fix: Heroin's Resurgence,"- July 26, 2015), single pills bought on the street can cost as much as $50 or $60. A single dose bag of heroin can be had for as little as $10.

The point of this information is not to lay the addiction problem at the feet of dentists. Dentists do not prescribe opiates on a whim: They prescribe them to treat the pain associated with procedures they perform. In days past, the issue of under-treating pain was at the fore, and health care providers are sensitive to the proper treatment of pain. They prescribe opiates appropriately in the vast majority of cases. But given the growing misuse of prescription drugs, it makes sense to reconsider prescribing practices. Long standing prescribing patterns that were learned in school, or have been used for convenience, should be examined. Simply prescribing a larger number of pills to prevent patients from calling in the evening or on weekends for more is no longer reasonable.

Most patients have some amount of pain that subsides shortly after a procedure and they only need a small number of pain relievers. Some patients will have more pain, and it is not always possible to tell which patient will require more than a small amount of pain relief. Yes, it is inconvenient for patients to have to come in to the office to get a prescription for more pain medications. But given current trends, prescribing a larger number of pills to cover that small number of patients pales in comparison to the potential for addiction.

The discussion of opiate use should also include patients who seek these medications. Efforts are being made to stem the tide of patients trying to obtain prescriptions from multiple doctors for the same medication. The efforts have been led by the Food and Drug Administration (FDA) reclassifying hydrocodone to a Schedule II controlled substance. Though the government has tried to enact legislation to mandate continuing education requirements for prescribers of Schedule II medications, none of the legislative bills have been enacted. However, several states have enacted such legislation.

Some of the state legislation addresses education in pain management and prescribing controlled substances, such as Connecticut. Other states, such as Massachusetts, have more stringent programs. Massachusetts' prescription monitoring program (PMP) requires participants (registered individual practitioners) to check the PMP before prescribing a Schedule II or III narcotic medication or a Schedule IV or V medication to a patient the first time, and each successive time.

Given that dentists prescribe a good number of opioids, it might be the time to take a hard look at prescribing practices. You can reduce the number of medications that could lead to misuse, and possibly addiction. You have the power to help curb this problem — it's in your prescription pad.

# Business Insurance Coverage in Small Doses

EDIA understands the unique challenges and risks you face in running your healthcare practice. In an effort to provide the protection you need, we've partnered with The Hartford – who has more than 200 years of experience with over 30 years specializing in healthcare and 140,000 outpatient healthcare customers. When the unexpected happens, we can help your business prevail.

## Dental Equipment

### RISK
Is your dental equipment covered for the right amount? If you estimated amount based on its market value rather than the actual replacement cost, you might be in for a shock.

### REALITY
1 in 10 dental offices unknowingly underestimate the cost to replace their dental equipment by an average of 50%.[1] And they don't find out until it's too late that they don't have enough coverage to replace it.

### SOLUTION
In The Hartford's Business Owner's Policy, dental equipment is included as a business personal property—and it's covered at the replacement cost[2], not the depreciated market value.

### ADVANTAGE
You can rest easy knowing that even your most expensive diagnostic equipment—like X-Ray machines—are covered if they're ever damaged.

## Business Income

### RISK
It doesn't take a catastrophe to disrupt your business. A simple power outage can shut your doors for hours or days and can have a huge impact on your bottom line.

### REALITY
30% of small businesses have had to close for at least one day due to a natural disaster.[3] If your office is affected, it could cost you hundreds of dollars per day in missed appointments.

### SOLUTION
Business income optional coverage from The Hartford protects your revenue stream when you can't see patients and reimburses you even if you reschedule patient appointments for a later point in time.

### ADVANTAGE
Our first, straightforward claims process requires no or minimal paperwork, so you can focus your energy where it belongs—on caring for your patients.

## Needlestick & Sharps Injuries

### RISK
With an estimated 800,000 healthcare workers suffering needlestick and sharps injuries each year, chances are you or someone you know has already been affected.[4]

### REALITY
The pain from a needlestick or sharps injury is nothing compared to the anxiety of having to wait up to 3 months to find out if you've been infected by HIV or another disease.[4]

### SOLUTION
The Hartford's Workers' Compensation not only covers the cost for the employee's initial blood test—it also pays for the source patient to be tested. So, any infections can be identified and treated much sooner.

### ADVANTAGE
Testing source patients might save you, your practice and your employees the money and anxiety associated with the unknown, multiple blood tests and potentially unnecessary prophylactic treatment.

## Data Breach

### RISK
Think about how many patient records you have—in both paper and electronic form. It doesn't take a hacker to cause a data breach. All it takes is a lost smartphone, hard drive or a misplaced file.

### REALITY
1 in 3 data breaches investigated in 2012 happened to small businesses with less than 100 employees[5] at an average cost of $194 per breached record.[6] When you do the math, you'll see that it pays to be protected.

### SOLUTION
The Hartford gives you access to data protection resources and, if a breach occurs, provides critical services to contain it, covering notification and legal defense costs and helping restore your reputation.

### ADVANTAGE
If a breach occurs, every state has different laws about how you need to notify your patients—and the process can be costly and time consuming. But The Hartford covers the cost and effort of sending notifications, so you don't have to worry about it.

[1]The Hartford's internal financial data and analysis in partnership with Hartford Steam Boiler, July 2012. [2]Coverage is for replacement value up to policy limits. [3]National Federation of independent Businesses - 411 Small Business Facts: Disasters, Vol. 4, Issue 5, 2004. [4]www.cdc.gov/hiv/topics/testing/resources/qa/index.htm. [5]Percentages are approximate based on the Verizon 2013 Data Breach Investigations Report. [6]2011 Cost of a Data Breach Study, United States, Ponemon Institute LLC., Report Date: March 2012.

# New Colleagues Join the EDIC Board of Directors

**Dr. Peter Arsenault, DMD, MS**

Peter Arsenault, DMD earned his Doctor of Dental Medicine from Tufts University School of Dental Medicine in 1994. Upon graduation, Dr. Arsenault completed a General Practice Residency at Tufts New England Medical Center and then went on to private practice. Since 2005, Dr. Arsenault has taught at Tufts University School of Dental Medicine and is currently the Division Head of Operative Dentistry in the Department of Comprehensive Care. Dr. Arsenault is the team dentist for the Lowell Spinners baseball club and continues to maintain a private practice in Salem, NH.

**Dr. Michael Cooper, DMD**

Dr. Michael A. Cooper, DMD received his dental degree from Tufts University School of Dental Medicine in 2007. At Tufts, Dr. Cooper was selected as the recipient of the Tufts Alumni Clinical Excellence Award in General Dentistry. He was also chosen to participate in the Teaching Assisting program, where he taught in both clinical and pre-clinical settings. He is a member of EDIC's Young Dentist Advisory Committee since its inception in 2009 where he served as a young dentist liaison on the EDIC Board. Dr. Cooper continues to be an active member of the Massachusetts Dental Society serving on the Standing Committee on the New Dentist. He currently owns a private practice in Whitinsville, MA.

**Dr. Christopher Salierno, DDS**

Dr. Salierno received his DDS from SUNY Stony Brook School of Dental Medicine in 2005. He also completed a one-year GPR at Stony Brook Hospital's General Practice Residency program where he focused on implant prosthetics. Dr. Salierno is a past ASDA National President and continues his advocacy efforts with the American Dental Association, the New York State Dental Association and the Suffolk County Dental Society. He is a recognized author and international lecturer. His areas of expertise include practice management, leadership development, implant prostheses, occlusion, and cosmetic dentistry. Dr. Salierno recently became the Chief Editor of Dental Economics publication and maintains a private practice, Broadhollow Dentistry, with his business partner in Melville, NY.



DIRECTOR • COLLEAGUE • EDUCATOR • FRIEND

UNE UNIVERSITY OF NEW ENGLAND
College of Dental Medicine

# In Memoriam: Dr. James Hanley, DMD

EDIC would like to extend our thoughts and prayers to the family and colleagues of Dr. James Hanley, Dean and Professor of UNE College of Dental Medicine. Dr. Hanley was an active EDIC Board member, colleague, educator, and friend. His sincere friendship and true dedication to EDIC and to the dental community will be truly missed.

## CALL FOR DIRECTORS
## Be the Voice EDIC Needs


EDIC is currently looking to fill one position on its Board of Directors. If you are from any of the 11 states in which EDIC currently writes, insured with EDIC, and would like to serve on the board, please email a letter of intent and resume to Maureen Manna (mmanna@edic.com) by **December 1st, 2015.**

# EDIC NC Advisory Committee Members Earn Recognition from the NC Dental Society

EDIC Board member and EDIC NC Advisory member Dr. John Olmsted, DDS, received a Distinguished Service Scroll Award presented from the NC Dental Society. Dr. Richard Hunt III, DDS, from the EDIC NC Advisory Committee was also awarded a Meritorious Achievement Award. Congratulations to both of you on your achievement.

## Organized Dentistry: *Strength In Numbers*

Dr. John Fisher, DDS, Massachusetts Dental Society member and EDIC Board member.

Recently, I happened to read an old summary, written by Dr. Sam Carito, a long term member of the American Dental Association and a past secretary of the Massachusetts Dental Society's North Shore District. His summary dealt with the genesis of our company, Eastern Dentists Insurance Company. EDIC grew out of a need to define ourselves as a market apart from the general medical malpractice market, and as such, worthy of a lower insurance premium than that which was previously ascribed to us as dentists. It became apparent that commercial insurers were not as interested in our market at the lower premiums and we began to explore the founding of our own company. Today, EDIC is widely recognized as the only "By Dentists, For Dentists"® company. This is the greatest example of the value of organized dentistry. Founding members were members of the Massachusetts Dental Society and the American Dental Association, all part of organized dentistry. These members assumed a leadership role and formed EDIC which continues to serve as a stabilizing force in the dental malpractice insurance industry since it's inception in 1992.

For myself, EDIC is one of many reasons I personally continue membership in organized dentistry. Labor laws change, state dental regulations change, standards of care change. Many of the claims EDIC receives each year emanate from a lack of knowledge of these changes. Your state dental society keeps you aware of these changes. Practicing alone in an office, not attending dental society meetings, and not participating in organized dentistry, increases isolation from valuable resources to facilitate a responsible dental practice. Association with fellow professionals empowers you. Organized dentistry and EDIC with our various educational and timely risk management programs, seek to support you and help you to succeed in your profession and protect you from the many untoward events which we potentially face as dentists. Looking back over my many years of membership in organized dentistry, I am thankful for the opportunities afforded me, and the many times when I needed support. EDIC and organized dentistry were always there for me. I encourage our younger dentists to thoroughly evaluate the concept of strength in numbers, and realize the tremendous value that organized dentistry can help in maintaining and promoting the highest standards of dentistry.

# The EDIC Student Spotlight Program

The New EDIC Student Spotlight Program shines a light on current dental students and residents who go above and beyond just being "a dental student". We continue to read about the various ways dental students today are giving back to their local communities and also providing dental care abroad in countries with less than adequate dental care and education. At EDIC, one of our missions is to give back to the dental community and we felt the need to share some well-deserved student "spotlights" with our colleagues. Below, we have selected three students who submitted their stories and highlighted why they are so passionate for their mission to make a difference in dentistry.

If you are a current dental student or resident and would like to be featured in our Spring 2016 *On the CUSP* and the EDIC website, submit your story 500 words or less, to Melissa Surprenant, Director of Marketing at EDIC. msurprenant@edic.com. **To read the full submission of each spotlight student, go to: http://edic.com/for-dental-students/spotlight-program/**

## Jason Safer

Class of 2016 | DMD

**Tufts University School of Dental Medicine**

**Sharewood Clinic Volunteers** (L to R) Monica Moitoso, Nelly Shteynberg, Diane Asmar, Dr. John Morgan, Elizabeth Moss, Dr. David Leader, Emma Zimmerman, Jason Safer, and Marissa Schwartz.

Jason is a D4 dental student at TUFTS School of Dental Medicine. Jason is a student leader at the TUFTS Dental Sharewood Clinic in Malden, MA. Medical and dental students provide free care to the underserved under faculty supervision. Dental students provide free dental screenings, teach prevention, apply fluoride, and refer patients to establish a "dental home". A majority of their patients speak limited English, which leads the dentists to use every resource to transmit their message to the patients. Often, a bit of creativity, patience, and persistence is necessary. In 2013, Jason felt there was a need for basic oral screening to every patient that entered the clinic. Jason developed a screening form to assess the need for dental care for all patients, not just those who requested dental services. The clinic purchased a rolling cart with dental supplies, and now the volunteer dentists visit the medical students' exam rooms to screen every consenting patient. To learn more about the free healthcare project at Sharewood Clinic, go to: https://www.facebook.com/sharewoodtufts

## Bari Levine

Class of 2016 | DMD/MPH

**Kornberg School of Dentistry, Temple University**

**D4 Temple Dental Students in Peru 2015 with young patient** (L to R) Zach Harrison, Bari Levine, Alesia Walsh. Photo courtesy of: Dr. Robert Levine.

Bari is a D4 dental student at Kornberg School of Dentistry at Temple. In 2012, Bari started her journey traveling to an orphange in Lima, Peru. After her initial visit with a team of Temple medical students, Bari realized the dire need of oral health education and supplies at a local Peruvian orphange. Bari started fundraising and recruiting her first team of dentists to return to Peru as the Peru Dental Mission. Bari actively recruited supervising dentists and students for the next two years and found sponsors to help support their dental needs. With a growing group of dentists, portable dental units, and educational materials, Bari continues to grow her Mission and in 2015 alone was able to provide $130K in comprehensive dental services to the children at the orphange. Bari is extremely grateful to her team of dentists, the support and mentors of Temple University School of Dentistry, and the many corporate sponsors who have supported this mission. In order to continue this oral health program and to create additional programs, Bari established a dental non-profit organization, the Growing Smiles Foundation (www.growingsmiles-foundation.org).

## Emma Guzmán

Class of 2017 | DDS

**The University at Buffalo School of Dental Medicine**


**D3 Dental Student from The University at Buffalo School of Dental Medicine,** Emma Guzmán with patient.

Emma is a D3 dental student at UB School of Dental Medicine. After her experience at a dental mission trip to Mexico as an undergrad student, Emma knew she wanted to continue her community outreach as she attended dental school. Emma participates in outreach events on a monthly basis with organizations such as BOCA (Buffalo Outreach and Community Assistance) and HDA (Hispanic Dental Association). In July, Emma went to the Dominican Republic to set up a dental clinic with colleagues and dentists to provide dental care and services such as hygiene, oral surgery, pediatric and restorative dentistry. Emma's Guatemalan heritage and ability to speak Spanish, has enabled her to help the Hispanic community and provide dental education in Spanish. She is thankful everyday for the opportunities that have come upon her and she looks forward to continue volunteering in the future.

## EDIC Student Program

**MALPRACTICE INSURANCE FOR**

The EDIC Dental Student Program

# Dental Student Event Calendar 2015/16

| | |
|---|---|
| **10/6** | VCU Lunch and Learn |
| **10/6** | EDIC YDAC Dinner Meeting |
| **10/7** | Tufts Ethics Course |
| **10/13** | UNC Ethics Course |
| **10/14** | UPitt Lunch and Learn |
| **10/14** | Buffalo Niagara Meeting |
| **10/16** | Buffalo Happy Hour with ignite DDS |
| **10/20** | Tufts Lunch and Learn |
| **10/23** | Buffalo Lunch and Learn |
| **10/26** | Stony Brook Lunch and Learn |
| **10/27** | Stony Brook Student Professionalism and Ethics Club Lunch and Learn |
| **10/27** | Temple Vendor Fair |
| **10/28** | Howard University Risk Management |
| **10/28** | UPenn Vendor Fair |
| **10/30** | ASDA National Leadership Conference |
| **10/30** | District 1 & 2 EDIC Dinner at Cactus Bar and Grill, Chicago |
| **10/31** | District 3 & 4 EDIC Dinner at Cactus Bar and Grill, Chicago |
| **11/28** | Greater New York Dental Expo |
| **12/5** | UPenn Diwali Night |
| **1/15** | ASDA District 3 Meeting |
| **1/27** | Yankee Dental Congress |
| **1/29** | ASDA District 4 Meeting |
| **3/3** | ASDA Annual Session, Dallas |
| **3/15** | UConn Resident Lunch and Learn |
| **4/7** | UPenn Lunch and Learn |
| **4/13** | Buffalo Vendor Fair |

**Inquires for Lunch and Learns, School Events, the EDIC Student Program, and Educational Seminars should be directed to Jessica Chaffee, EDIC Dental School Coordinator jchaffee@edic.com.**

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**Join Our Community!**

# Note From The Editor

Hard to believe that we are already in the throes of another presidential campaign. There is just something so powerful about elections and the concept of a vote. We vote (i.e., make a formal indication of choice), out of the ballot box as well as in it.

Did you ever think that when patients select you as their dentist they are giving you their vote? Congratulate yourself, you have gotten elected. Remember, most important in getting reelected are excellent communication skills. It is well documented that 90% of malpractice claims involve a breakdown in dentist/patient communications. Take a look at the risk management information in this edition. Good risk management practices also go a long way to getting you reelected by your patients.

In this issue, EDIC is advocating that our insureds consider a vote for organized dentistry. A dental association is a synergistic group, meaning that the effect of a collection of dentists is greater than just one dentist. Joining an association helps you to see beyond your practice and taps you into the big picture of your profession – dentistry.

Lastly, to our insureds, we would like to thank you for your vote of confidence over the years. We will do our very best to run a quality company and earn your vote year after year. For those of you who are insured elsewhere, take another look at EDIC. We are working diligently to earn your vote as well.

Sheila A. Anzuoni

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**We welcome your comments about *On the Cusp*. Please contact our editor, Sheila A. Anzuoni, at sanzuoni@edic.com, or call at 1-800-898-3342.**