

AN EDIC PUBLICATION VOLUME 17 • APRIL 2014

# Conversations with Hope

It has been only a few months since I joined EDIC, but in that short time, I have witnessed and come to truly appreciate the dedication of our policyholders. Many of you speak so highly of EDIC, and for that we are grateful. For all of the marketing we can do, you speak louder than any material we could create. We are proud of the prompt client service, timely risk management and dedicated claims services that we provide, and to hear you so vocally defend us is more than we could ask. That will not change, as we remain steadfast to our "By Dentists, For Dentists"® motto.

Recently, I was moved by Tricia Martin, one of our valued Customer Service Representatives, who learned that a long time policyholder had recently passed away. She shared with our staff his long-term loyalty to EDIC, and the fond memories of phone calls she had with him. Many in our office were saddened to hear of this news, and our thoughts are with his family. As you read through the next few pages of our newsletter, I encourage you to reflect on the testimonials provided by our valued policyholders; they underscore that at EDIC you are a name, not just a number, and we consistently walk that talk.

As a continued show of our commitment to our dentists, EDIC has exciting new services and programs available this spring, including the ability to pay your invoices online and new webinars focused on sleep apnea and implant overdentures. You can find more information about these in the following pages.

(Continued on page 4)



Sleep Apnea and Oral Appliances

By B. Gail Demko, DMD

Tuesday, May 20, 2014, 7:00 PM, EST

Learn the ability to communicate with physicians and understand the standard protocol for treatment with oral appliance therapy and state laws.



Learning Objectives: Discussion on the basic vocabulary involved when communicating with medical providers about patients with snoring and obstructive sleep apnea, brief discussion on mandibular repositioning appliances: their mechanics and impact on sleep disordered breathing, share protocols that had been set by the American Academy of Sleep Medicine and the American Academy of Dental Sleep Medicine, explain proper record-keeping and procedures that will help protect you from complaints and potential malpractice suits by patients, and a brief review on insurance billing for oral appliances for the treatment of obstructive sleep apnea.

#### **Implant Overdenture**

By Dr. William Lobel, DMD - FOR EDIC INSUREDS ONLY -

Wednesday, May 28th, 2014, 7:00 PM, EST

Implant overdenture is one of the fastest growing areas of dentistry. A detailed review of diagnostic criteria, impressioning, delivery and follow up



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protocols will be presented as well as a new European cost effective bar system.

**Learning Objectives:** How to avoid common problems by a careful diagnostic evaluation of patient anatomy and expectations, learn a definitive one visit overdenture impression technique utilizing a stock tray customized in 3 steps, understand how to deliver the final prosthesis with a direct chairside pick-up technique, learn new techniques for dealing with angled implants and SFI (Stress Free Implant) bar technique.

#### 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.

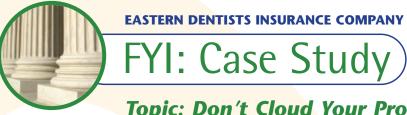
## What You Save By Taking an EDIC Sponsored RM Seminar?

A savings of \$100-200 per ceu credit

(based on potential commercial provider fees)

No travel expense - Take the course online from your personal computer Your time is money- Take the course on your own schedule 5% Risk Management discount on your EDIC policy

#### Don't pass up this EDIC Member Benefit!



### **Topic: Don't Cloud** Your Professional Judgment -Allowing Patients to Dictate Treatment

Barry Regan | Vice President of Claims and Risk Management

On April 12, 2010, the insured diagnosed decay below the crown margin of tooth #18. The dentist recommended removing the crown, having endodontic therapy, and perhaps a crown lengthening procedure prior to placing a new crown, or extracting the tooth and going with an implant supported crown or a bridge. The patient did not want to incur additional expenses, and requested the dentist do what he could to try and save the existing crown. The dentist performed hand excavation and placed a restoration in the existing crown, but still advised the patient that the tooth may need a root canal or extraction. He made an appointment for patient to be seen by Dr. Endo for April 18, 2010. When the patient appeared at Dr. Endo's office she had gross submandibular swelling. When he opened the tooth and did not have any drainage Dr. Endo transferred the patient emergently to a community hospital.

A CT scan showed air in the left mandible. It became apparent that the community hospital could not handle the situation and the patient was transferred to Mass General Hospital (MGH). The patient was 15 days inpatient and received significant thoracic surgery leaving her with very long scars on her neck and torso. The tooth was extracted at MGH. After extraction the tooth was described as having a perforation in the furcation and a perforation in the area of the bone of the furcation into the lingual cavity.

There was a perforation on the lingual cortex that was correlated with the furcation. The patient was discharged with a feeding tube and orders for physical therapy.



The patient filed suit against the insured general dentist. The allegations were that the insured caused a perforation through the furcation of tooth #18 and through the bone of the mandible allowing air and/or debris to enter the soft tissues. The emphysema and subsequent infection followed the path of the esophagus into her neck, mediastinum and chest.

The claimant was a married woman of 52 years of age at this time.



The claimant's expert opined that the insured breached the standard of care by perforating the furcation and the bone. Further, he should have known that this tooth was not salvageable and referred for an immediate extraction rather than attempting a restoration.

EDIC had the case reviewed by a general dentist. Our expert agreed that the insured is responsible for the medical course incurred by this patient. He does agree that the insured embarked upon treatment on a tooth that was non-

restorable. Extraction should have been the plan from as early as February 2010, let alone April 2010. EDIC's expert disagreed to some extent with the patient's expert, as EDIC's expert believed the insured probably did not 'cause' the furcation.

However, because the expert believed the furcation was already evident by carious effect prior to the insured's excavation, it follows that the insured should not have attempted to restore the tooth. When the insured placed a filling into the tooth after stirring up the bacteria inside, he blocked the buccal egress of the infection and forced it lingually into the tissue, thus causing the massive spread of the serious infection.

We also had the case reviewed by an endodontist. He was also not supportive. He opines that the insured failed to meet the standard of care in several respects; at the time of his treatment the insured did not correctly assess the restorability of the tooth, did not remove the crown to achieve the best scenario for decay removal, and failed to detect the several perforations of tooth and bone.

The claimant presented bills from the community hospital for \$23,846; Mass General for \$138,683; and MGH Physicians for \$23,346, for a total \$185,875. The photos of scarring show a scar of 7-8 inches on the front of her neck that continues onto her clavicle area, and a scar greater than 12 inches going from her mid-back arcing to under her right arm.

Without a supportive expert, EDIC would not have been able to get a defendant's verdict at trial, so we sought the insured's permission to settle the case prior to a trial. The insured granted his consent to settle, and the case was settled for \$450,000.





# **Risk Management Comments**

Unfortunately, the dentist in this matter allowed his concern for the patient's financial situation to cloud his clinical judgment. The dentist would admit later that he knew it was a long shot to save the crown and the tooth, but he didn't think there would be any harm in trying to do so. He never anticipated the complications that arose in this instance.

EDIC reminds its member dentists that they should never allow a patient to dictate treatment to them. You are the dentist, and you should use your best clinical judgment and deliver treatment to the patient that will meet the standard of care required of the average qualified dentist. However well-intentioned the dentist in this matter was, no matter how unexpected the infection was, the bottom line here is that if the insured refused to attempt to clean out decay without removing the crown, the patient would have had a better result in both the long- and short-term.

#### Colleague Speaks...

"Speaking as a longterm client of EDIC, I encourage all my colleagues as well as all dentists, to join the EDIC family – a family that constantly looks out for all of its members".

Frank Glushefski, DMD PA Dentist EDIC Insured

#### Who owns the Medical Record the dentist or the patient? Are patients entitled to original records and X-Rays? How about the study models?

**fflOs** 

As a general matter, the dentist owns the original record (including the charts, radiographs, and models). The dentist is ordinarily required to retain a patient's original record for a number of years after last seeing the patient. (This period varies by jurisdiction.) That being said, the patient does have a right to examine his or her record upon request.

#### Am I entitled to charge a fee for copying medical records? If the patient has an outstanding balance, do I have to provide their record?

In general, you are entitled to charge a patient a reasonable fee for copying medical records. Although it might be tempting to withhold copies of the record if a patient has an outstanding balance, you are obligated to provide a copy upon receipt of a reasonable copying fee. Aside from being obligated to do so, consider the practical effect of refusing a copy to the patient. This itself may inflame a situation where the patient is dissatisfied with his or her condition or your treatment. For example, if a patient is dissatisfied enough to switch to a new dentist and faces difficulty in obtaining a copy of his or her chart, this may only increase the chances that the patients dissatisfaction may ultimately lead to a claim.

## Are there any requirements or laws that pertain to computer records?

A number of states have laws that concern the confidentiality of patients' medical records, including those records kept on a computer, but these vary considerably by jurisdiction. Some states have laws that provide for criminal or civil penalties for unauthorized access to such data.

As a practical matter, patient confidentiality should be a paramount concern with regard to all patient records. You should limit access to computerized records as you would with paper records, on a "need to know" basis. With regard to computerized records, you should have a password protected system for access to data, and you should require staff to log off a computer containing patient data when not in use. In addition, in order to prevent loss of patient records kept on computer, you should routinely back up this data to CD/DVD, removable hard drive, tape, or a cloud based system, and secure the storage media as you would a chart. **EDIC** 



As always, we thank all of our members for their continued loyalty and recognition of EDIC as a premier provider of medical malpractice insurance for the dental community.

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Hope Maxwell President & CEO, EDIC hmaxwell@edic.com

#### Colleague Speaks...

"Our practice has been with MMIC Agency since 2009, I was not sure about how the transition would be with EDIC's involvement. I can say without hesitation however, that the transition has not only been seamless, but has only improved in the services provided! The customer service and insurance provided by both MMIC Agency and EDIC are simply the best in the business."

Dr. Anna Abernethy Renaissance Dental, NC EDIC Insured

# New EDIC Member Benefit

## Cyber Privacy and Data Breach Liability Coverage

EDIC understands the unique challenges and risks you face in running your own dental practice. In an effort to provide the protection you need, through its wholly own agency EDIA, EDIC held an extensive search to find a company that can provide dental practices with the best coverage and pricing for data breach liability and are now offering it directly to our EDIC colleagues throughout our \*coverage area. We are happy to announce our partnership with RT Ryan Turner Specialty to provide this new cyber privacy and data breach policy to our colleagues. Ryan Turner Specialty is a leading provider of speciality insurance and has extensive experience providing coverage to dental and medical practices throughout the country.

#### What would you do if any of the following happened:

- Stolen Office Laptop
- Rogue Employee
- HIPAA Fines and Penalties
- Computer File Hacking
- Misplaced Medical Records
- Electronic Medical Files Data Breach
- Telephone Hacking
- Phishing Scams
- ID Theft: Stolen Patient SS#s and credit card information

## What would you do to help mitigate the potential loss? How would you pay for it?

In this technology-driven age, dental practices need to be ready for potential breaches with their office information. The new coverage policy will cover 2-3 different coverage limits and also offer the best handing of your claim if you ever need it. Colleagues with this coverage will have free access to a 24/7 privacy breach hotline that is staffed around the clock by expert privacy breach lawyers in an event of a claim to build the most appropriate response given the circumstances. This results in fewer incidents requiring notification, less chance of future liability claims and lower claims costs.

<sup>\*</sup>Excludes NJ and NC EDIC Insureds





#### Data Breach Loss Scenarios

#### Hackers

During a routine network maintenance check, it's discovered a hacker has accessed over 2,000 former & current patient's health care information, including social security numbers and credit card numbers.

Forensics, public relations, notification costs: \$100k HIPPA Fine: \$150k Total Loss: \$250k

#### Extortion

Your office receives a call form a man claiming to have taken over your network. The man threatens to destroy all patient files on your network unless you pay a \$150K ransom. **Total Loss: \$150k** 

#### Data

While closed on a holiday, a janitor leaves your front door open. Someone enters the office and removes an undisclosed amount of paper files you were planning on converting to electronic. Loss: Notification \$50k Regulatory Fine: \$250k **Total Loss: \$300k** 

#### **Business Interruption/Data Restoration**

During your busy season, an unknown virus shuts down your network. Since you cannot take appts or bill patients, you are forced to close your doors for a full week until your network is fixed. Since the network had to be rebuilt, your patient data has been lost and must be recreated. Business Interruption Loss: \$100k Date Restoration: \$50k

Total Loss: \$150k

#### **Third Party Loss**

During a routine system update, your third party payment processor has informed you they just had a breach that affects several thousand patients. An email is sent out to several patients containing other patients Health Care information. A few patients bring suit for breach of privacy and lack of adequate security. Notification and forensics loss: \$50k Regulatory Fines: \$100k Third Party Lawsuit: \$250k **Total Loss: \$400k** 

For more information on the Cyber Privacy and Data Breach Liability Benefit as an EDIC insured, please contact EDIC at 800-898-3342 or contact your exclusive EDIC customer service representative.

#### **Dental Practice Examples:**

#### Delta Dental - Smile Center, May 2011

Delta Dental is announcing the personal information used in a lawsuit between the company and a St. Paul dentist's office is missing after a laptop used in the case by an expert witness was stolen from an office at the University of Minnesota. Neither Delta Dental nor The Smile Center would say how many people were affected by the theft, but the missing data includes patients at the St. Paul office who were insured by Delta between Jan 1, 2003 and June 30, 2010. SS#s, names and dates of birth were on the database.

Number of exposed records: Unknown

#### Daniels & Daniels DDS - March 2011

Daniels and Daniels DDS of Phoenix, AZ recently notified 10,000 patients that a portable device stolen on March 2, 2011 contained protected health information. *Number of exposed records: 10,000*  Colleague Speaks...

"I am a client of EDIC who had the opportunity to use their services in regard to a recent claim. I wanted to express my gratitude to EDIC, as I felt my claim was handled professionally by both EDIC and my attorney.... I highly recommend him and EDIC to my colleagues."

DMD, Rocky Hill, CT EDIC Insured





# New EDIC Member Benefit

# **Online Payment Has Arrived**

Premium payments just got easier with EDIC's new online payment portal. As of April 1st, EDIC will begin accepting online payments for your premium. We have spent several months selecting the most secure infrastructure available, Authorize.net, to offer this important member feature. Authorize.net



provides the security necessary for the transmission and storage of personal data to many leading companies. EDIC's number one priority for our colleagues is to protect your information from any potential data breach that may occur. Authorize net will allow us to provide this safety while simultaneously managing your policy.

Included in this new payment option, each colleague will have the ability to see their own policy status through their personal portal available on the EDIC website. There, you can download your declarations page, participate in EDIC's archived risk management seminars, and print verification forms for EDIC CEU's.

Stay tuned for other member benefits that will be available as we build our new EDIC website this summer to showcase more risk management features and an easier user-friendly experience.

### Colleague Speaks...

"Thank you for your advice and counsel in dismissing a very difficult patient from my practice this week. Your guidance supported me to take the necessary action. As a result, my entire team, including myself, are breathing a sigh of relief and sleeping much better. You (John Barry) are a wonderful resource for EDIC."

Dr. C, MA EDIC Insured

# Dr. James Hanley named New Dean at UNE College of Dental Medicine



Congratulations to Dr. James Hanley, DMD, who has been appointed

the new Dean of the University of New England College of Dental Medicine effective April 1, 2014. Dr. Hanley is an active member of EDIC's Board of Directors and is the Associate Dean for Clinical Affairs and Associate Professor of Periodontology at Tufts' School of Dental Medicine. Dr. Hanley holds an impressive career in private practice, dental education and administration for over 34 years. Join us as we wish him the best in this new venture to build and shape the UNE dental program from the ground up.

# Ten Under 10: Dr. Michael Cooper, DMD Selected by Mass Dental Society

Ten Massachusetts dentists were recently recognized as the "Ten Under 10" by the Massachusetts Dental Society (MDS) at the Yankee Dental Congress event on January 29, 2014. Among these ten dentists was Dr. Michael Cooper, DMD, EDIC Young Dentist Advisory Committee (YDAC) Member and Board Liaison. Dr. Cooper has been a vital member of the EDIC YDAC since 2011 and joined the EDIC Board of Directors in 2012 with a non-



voting seat to represent and serve as an active voice for young dentists.

To qualify and be nominated for this recognition, dentists must have graduated from dental school within the past 10 years, be an MDS member, and have made significant contributions to the profession, their community, and organized dentistry.

Dr. Cooper is a 2007 graduate of Tufts University School of Dental Medicine and currently runs a private practice, Cooper Dental, in Whitinsville, MA.

# ASDA Annual Session 2014: EDIC Holds Disney Dinner with Students

EDIC's Leah Graves, Account Executive and EDIC School Liaison, recently held a dinner/discussion event at a local Disneyland restaurant on Friday, February 28th. There, Leah met with 16 ASDA reps from 15 dental schools that EDIC has relationships with, to discuss what the students needs are at dental school and what their needs may be after graduation. The amount of information gathered at events such as this allows EDIC to build and shape our dental school program and give back to each individual school and future colleagues to continue EDIC's mission to be the best "By Dentists, For Dentists"® dental malpractice insurance company in the East.

We'd like to thank each ASDA rep who attended our dinner event and as you can see by the photos below, everyone had a great Disney dinner with props and all!

Look for further EDIC dinners in the future that will be available for ASDA representatives from the 15 dental schools in our coverage area. If your ASDA chapter would like to attend an event such as this, please contact Melissa Surprenant, EDIC Director of Marketing at msurprenant@edic.com, for further information for the 2014-2015 school year.



L to R: Kayla Pietruszka and Elizabeth Freund both from UPENN.



L to R: Ben Anders (UNC), Shebani Pahwa (Maryland), Junaid Mundiyn (TEMPLE).



L to R: Pooyan Refahi (TUFTS), Neil Patel (TUFTS), Mandy Alamwala (TUFTS), Jake Shirk (UPITT) and David Cole (UPITT).



L to R: Garrett Wingrove and David Lane both from BU



Malpractice Insurance By Dentists, For Dentists<sup>®</sup>

## Dental Student Spring Event Calendar 2014

April 9	NYU Spring Vendor Fair
April 10	Stony Brook Vendor Fair
April 10	VCU Clinic Day
April 11	UNC Golf Tournament
April 16	UPENN Oral Health Fair
April 16	VCU Lunch N Learn
April 16	UB ASDA Vendor Fair
April 23	UPITT EDIC Dentist Guide Lectur
April 25	UNC Best of Dentistry Gala
May 1	UCONN Dental Expo
May 6	Columbia Vendor Fair
May 9	Columbia Class Reunion Day
May 10	BU ASDA Golf Tournament
Sept 22	TUFTS Wide Open Golf Tournament

RUTGERS EDIC Scholarship Awarded -Nov 13, 2013 (L to R) Sami Solaimanzadeh '14 with Dr. Herminio Perez, Director of Multi-Cultural Affairs presenting the award. Congrats to Sami!



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Matthew Boylan Scholarship Award at Yankee Dental Congress 2014 (L to R) EDIC Director and Vice Chairman Dr. Richard LoGuercio, award recipient Erica Weinberg from Boston University School of Dental Medicine, and Dean Jeffrey Hutter, DMD from Boston University School of Dental Medicine. Congrats to Erica!



L to R: Leah Graves, EDIC Account Executive and Melissa Mazlin (RUTGERS)

The theme of this edition of "On the Cusp" is: Anyone can talk the talk but not everyone can walk the walk. I selected this theme after it was recently pointed out to me that our competitors are talking "our" talk. EDIC has a

great message and I really can't blame our competitors for trying to pirate it, but my challenge to them is - Walk it, like you talk it. From inception, EDIC was founded to serve your dental colleagues and the

profession of dentistry. We did not, like some of our competitors, decide to enter the dental liability market because it was a supplement to a medical liability specialty book of business or because it is profitable. In the case of large commercial companies, profitable is the operative word. These companies measure themselves by the solid results and dividends that they return to outside stockholders. We at EDIC have a different walk. We return dividends to our policyholder dentists and any further profit is earmarked

solely for the dental profession.

Another component of our walk is through the governance of our Board of Directors. Our Board is comprised of dentists who have an actual seat at our Board table. Commercial companies relegate dentists' input to advisory committee status, while their governance vests in a conglomerate board made up of professional investors, technology moguls, bankers, etc. whose first loyalty is to their stockholders. Having been at EDIC for 22 years, I can assure you, that our dentist board members' first loyalty is to their colleagues. Throughout this edition these colleagues talk our walk with their testimonials about EDIC. We would love to hear from you as well.

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Executive Vice President and COO, EDIC Sheila A. Anzuoni, Esq. sanzuoni@edic.com

> 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.



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