On the Cusp

VOLUME 25 • OCTOBER 2018

EASTERN DENTISTS INSURANCE COMPANY

By Dentists, For Dentists®

IT'S A TEAM EFFORT

What *didn't* they teach you in dental school? The business side of running a dental practice.

Even though I graduated in 1973, it's the same now as it was in the 1970's. In dental school, their job has always been to teach students how to be a good practitioner. How to run a dental practice, is solely up to you. Consequently, in my forty-five years of general practice, I attended more practice management courses than I'd care to mention. My goal in attending these courses was to find useful pieces of information, or a philosophy, that I could utilize in my office to improve my delivery of dental care. My clinical skills were honed through experience, but my business acumen started almost at ground zero the day I graduated dental school. I realized that my time and my finances were very precious to me. I later found out that if I could glean one useful piece of information that I could use in my office after attending a course, it was time and money well spent.

Each course I took espoused a distinct management philosophy. Some were based on very different precepts than the others, some were very similar in the principles. The commonality that I found in all of them was the concept of working together as a team. We were able to better serve our patients while utilizing the skills of all of the auxiliaries in the office in order to be more efficient in the way we conducted the daily business of caring for our patients.

Essentially, this team concept can apply to any business. EDIC utilizes this same model, the team concept, to serve our member policyholders in the best way. Our first and most important priority is to serve, protect, and defend our owner policyholders as well as maintain our mission to be the only "By Dentist, For Dentist"® dental malpractice insurance company. The combination of a dentist-run Board, a professional dedicated staff, and support from local and state dental societies, has allowed EDIC to grow and be successful these past 26 years. As Board members, dentists in both private practice and academia, we have an allegiance and loyalty to our beloved profession and support organized dentistry at many different levels. We also support 17 dental schools in 11 states either through unrestricted gifts to the schools, student scholarships, or by presenting much needed risk management curriculum and career planning seminars for the students to utilize as they graduate and become dentist colleagues. We believe that by following this inclusionary team concept, we can support and serve our loyal policyholders and our profession as well as continue our financially stable "A-" (Excellent) rating.

It takes a team to build a great business. EDIC will continue to provide our dental colleagues with both risk management and practice management resources so that you can be a good practitioner and business owner. Thank you for being part of the EDIC team and for your continued support and loyalty throughout the years. ■

Richard LoGuercio, DDS
Chairman of the Board
rloguercio@edic.com

THE DENTAL CALL

This Fall, join two of EDIC's leaders as they sit down with national speaker and dental lawyer, Steve Kaufman, Esq., for an informative live interview speaking about the business side of dentistry.

OCTOBER 23 | 12:30 - 1PM ET
The Past, Present, and Future of Dentistry

Christopher Salierno, DDS
EDIC Board Director

The dental profession has arguably undergone its greatest change in the past fifteen years. New business models, advances in technology, and a changing relationship with patients has left many dentists and industry experts wondering what the future will hold. Chris and Steve will explore the biggest economic forces affecting dentistry, if corporate dentistry will take over the profession, and more.

NOVEMBER 27 | 12:30 - 1PM ET
Claims and the Claim Process - How to Avoid It

Barry Regan, EDIC VP of Claims and Risk Management

Barry and Steve discuss the malpractice claim process, including practical steps you can take to prevent claims and provide safer and better care.

To Participate in the Call, Get a PIN and Call In. Email jhyatt@wcslaw.com for a pin number then you have access each day of The Dental Call.

1) Call: 866-906-0123
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A Dental Society Risk Retention Group

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Malpractice Insurance
By Dentists, For Dentists®

EDIC CASE STUDY
Why Documentation Is So Important

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

In March 2012, the plaintiff began treating at our insured's practice with an associate. The associate found that the plaintiff had severe periodontal disease and that most of her upper teeth were mobile. The associate initially planned conservative treatment for the plaintiff's periodontal disease to include root planing and scaling. However, during the patient's May 2012 visit, the associate asked our insured to evaluate the patient for potential implants.

On June 9, 2012, our insured evaluated the patient, took a cone beam CT, and met with the plaintiff and her husband to discuss treatment options. Recognizing that the plaintiff's upper teeth needed to be extracted, but that the plaintiff was very concerned about the esthetics of a denture at her young age, the insured recommended an "all-on" procedure whereby all the plaintiff's upper teeth would be extracted, 7 implants placed, and an immediate fixed temporary denture placed. After discussing the risks, including the risk of implant failure, the plaintiff decided to proceed with the treatment.

On August 4, 2012, the plaintiff returned for her preoperative visit during which the insured again went over the risks of the procedure and how the procedure would take place as well as her pre- and postoperative medications.

On August 10, 2012, the plaintiff presented for the all-on procedure. During the procedure, the insured extracted 15 upper teeth, placed 7 implants, and placed a temporary fixed denture cemented to the implant abutments. At the conclusion of the procedure, the temporary fit well and the patient was happy with the result. At her two week follow-up appointment, the plaintiff reported discomfort with the temporary when eating meat. She was instructed, as she was told before the procedure, that she should only be eating soft foods for the first six weeks after surgery. On September 15, 2012, the patient returned for her one month follow-up complaining of discomfort with the temporary. The temporary was removed, cleaned, and recemented in the patient's mouth. The insured also took this opportunity to check the stability of the implants at this visit and found them to be stable.

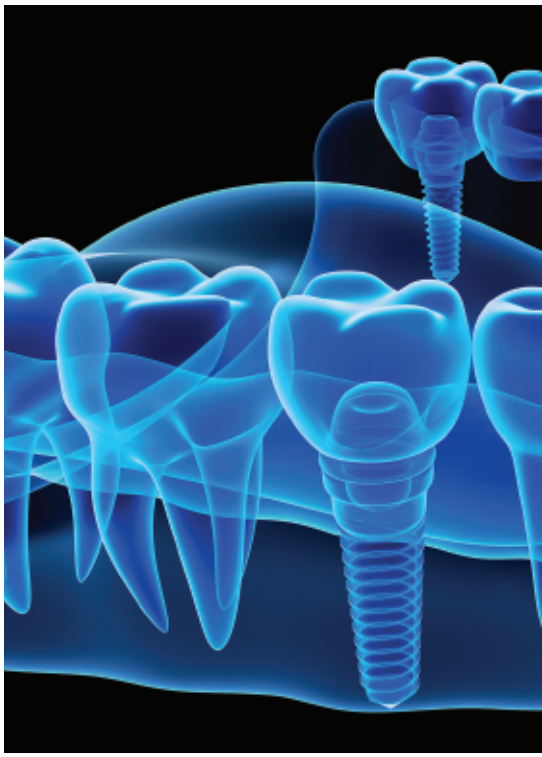
On March 25, 2013, the plaintiff presented to the insured's office for a follow-up visit during which it was planned to remove her temporary and take impressions for a permanent prosthesis that would be fixed to her implants. Unfortunately, when the insured removed the temporary denture, four of the implants came out with the temporary, two were mobile and had to be removed, and one had migrated into the sinus. The insured referred the patient to an oral surgeon to have the implant removed from the sinus and offered to redo the work for free. However, the plaintiff did not return to her care.

From March 2013 through October 11, 2017, the plaintiff treated at an implant center with Dr. Periodontist. Dr. Periodontist removed the implant from the sinus, performed additional bone grafting, and placed several implants. Two of the implants he placed failed, but the plaintiff currently has four implants in her upper arch that appear to have integrated. However, she continues to wear a removable denture over her implants and having left Dr. Periodontist's care, there does not appear to be any current plan to pursue additional treatment.

The patient filed suit in 2014. She had an expert who would testify that our insured did not properly evaluate the amount of bone available for implant placement; that she failed to check the stability of the bone during the procedure; that she should not have placed a fixed prosthesis until the implants had integrated; that she should not have designed the prosthesis with a labial flange which makes cleaning around the implants more difficult; and that she should not have removed and recemented the denture at the one month follow-up appointment. Finally, plaintiff's expert alleged that because of these alleged breaches in the standard of care, the plaintiff suffered additional bone loss and was no longer a candidate for an implant supported prosthesis. The plaintiff claimed pain, suffering and embarrassment of removable prosthesis.

"Unfortunately, when the insured removed the temporary denture, four of the implants came out with the temporary, two were mobile and had to be removed, and one had migrated into the sinus."

EDIC had the case reviewed by an expert. The expert was supportive of the care provided by the insured in this case and testified to rebut each of the patient's expert's assertions. While he wished there were better records so that he could more definitively support some of her decisions, he believed that the insured was well trained to perform this type of procedure, chose the correct procedure to perform, and executed the surgery appropriately. He would further testify that the insured appropriately checked the stability of the implants, that it was appropriate to immediately place a fixed prosthesis, and that the design of the prosthesis was not only appropriate but was necessary to properly treat the patient.



With the insured's permission, due to the poor record keeping, EDIC went to a pre-trial mediation in an attempt to settle the case. The patient's demand to settle was $300,000, and during the mediation, the demand was lowered to $150,000. EDIC offered $45,000 to settle the case, but that was not acceptable to the patient, and the mediation failed. The case went to trial, and lasted five days. The jury deliberated for 3.5 hours and returned a verdict in favor of the patient in the amount of $200,000. ■

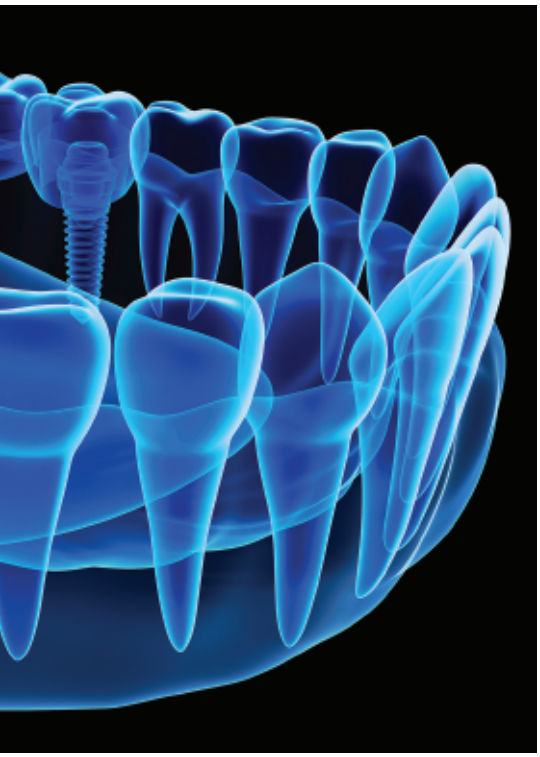
WHAT EDIC INSUREDS ARE SAYING...

"I chose to leave my current carrier to join EDIC because the customer service was greatly lacking. It took hours to even find someone to talk to in order to just obtain a copy of my liability insurance declaration page. With EDIC, the customer support is amazing, took minutes to speak with a representative and obtain all the information I needed. Thank you, EDIC!"

Max M. Enkin, DMD
General Dentist, MA EDIC Insured

"EDIC has, by far, the best customer service with a quick and responsive team to handle your needs in a timely manner. They go out of their way to make sure the process is as painless and seamless as possible. It doesn't hurt that EDIC also has the best rates in Virginia, so why pay more for less service at other companies."

Phu-Quy Cai, DDS
General Dentist, VA EDIC Insured



CASE STUDY RISK MANAGEMENT COMMENTS

It is always difficult to predict what a jury of lay people will do in a given case. In this case, EDIC believed that we had a better than 50% chance to win. However, we also knew that there were some weaknesses in our case, particularly in the insured's sparse notes. The patient had an expert to testify that the standard of care was not met, while the defendant's expert testified that the care did meet the standard. Since EDIC's attempt to settle the case for a reasonable figure at mediation failed, EDIC really had no choice but to try the case. Sometimes, however, the defense has an uphill climb even though it is the burden of the patient to prove negligence occurred. As a plaintiff attorney once told me, "Give me a case with clear damages, and I'll find the negligence." In this case, the fact that all seven of the insured's implants failed may have been too much for the jury to accept having happened without any negligence. As comedian Dave Barry once wrote, "We operate under a jury system in this country, and as much as we complain about it, we have to admit that we know of no better system, except possibly flipping a coin."

In The Board Room
Charles L. Silvius, DDS

EDIC would like to announce the appointment of Charles L. Silvius, DDS to the EDIC Board of Directors. Dr. Silvius is a general dentist practicing in Revere, Massachusetts with two partners. He graduated from Saint Joseph's University in Philadelphia and Temple University School of Dentistry. He served in the U. S. Army Dental Corps at Hunter Army Airfield in Savannah, Georgia. He has been an active member of Massachusetts Dental Society for more than forty years and has been fortunate to serve as a Trustee, Secretary, President and, most recently, Speaker of the House of Delegates. Dr. Silvius was a Director for EDIA from 2009-2011. He has been a volunteer at Yankee Dental Congress for thirty years, most notably a Core Chair on General Arrangements, Registration, and Hospitality and Special Events.

WITHIN YOUR CONTROL

I'm Sorry – Does It Always Mean You Did Something Wrong?

Debra K. Udey | Risk Manager | dudey@edic.com

"I'm sorry" can be a powerful tool in your armamentarium to make your patients happy. Many dentists don't want to say "I'm sorry" in any situation because they think or have been told it implies they did something wrong. But "I'm sorry" can be used in so many ways other than admitting to a wrong.

When "I'm sorry" is used as empathy instead of apology, it can be a powerful tool for your practice. Think of times you've encountered frustrating circumstances, be it poor customer service from a large corporation, or even someone who hits you in the shoulder with their bag on an airplane. Wouldn't you like to hear "I'm sorry" from them?

Difficult situations happen. It's how you deal with the situation that can make your patients "forgive" you for it and move on, chalk it up to a "bad" or "unfriendly" practice, or even bring a claim. If you unexpectedly have a patient who takes far more time than is scheduled because of an emergent problem, you and your staff's actions can make all the difference with the other patients. Telling a waiting patient that you are sorry he or she is having to wait shows that you know you are inconveniencing them. A brusque, "we'll be with you as soon as we can" tells them you don't care about them.

Most difficult situations are not of your doing. But if you tell patients what has happened (in general terms) and show empathy for their inconvenience, they are much more likely to give you the benefit of the doubt. They will appreciate you treating them well, even in difficult situations.

Apology vs. Empathy

One important part of using "I'm sorry" to be empathetic instead of being apologetic is the way the statement is worded. If you say, "I'm sorry I didn't call you," that is an apology. If you use a word other than "I" after "sorry," it then becomes empathy. "I'm sorry you weren't able to reach me," or I'm sorry you've had such a difficult time with this," or "I'm sorry this infection occurred" are all empathetic statements. Sometimes patients just want to hear that someone realizes that they've had a difficult time. A well placed "I'm sorry" can go a very long way to winning back the patient's loyalty or good feelings about your practice.

Responding to Negative Reviews Online

One area where "I'm sorry" can be used to your benefit is in responding to a negative review on the web. Patients who would never dare to criticize you in person may have no problem doing exactly that anonymously on a review site. If you get such a review, particularly when it was the patient's lack of follow through or other behavior that caused the problem, your immediate reaction might be to call out the patient and note that the problem occurred because of their actions, not yours.

This is a bad idea for several reasons. First, doing so could potentially violate HIPAA regulations. Second, it may be interpreted that you don't really care about your patients and might speak directly to them in that manner. Instead, you could create a statement you can use in these situations that shows empathy as well as the fact that you try to do your best to treat all patients well.

"We are sorry you weren't happy with your encounter with us. We strive to give each patient the very best care we can. If you are unhappy with any aspect of your care, we encourage you to contact us so that we can help you with your concern," is an example of such a statement. This type of statement will let the patient know that you are trying to do things right, and care about their problems. It can lead to a positive conversation that will give you a chance to resolve the issue directly with the patient.

> ***"Telling a waiting patient that you are sorry he or she is having to wait shows that you know you are inconveniencing them. A brusque, "we'll be with you as soon as we can" tells them you don't care about them."***

I'm Sorry as an Apology

Using "I'm sorry" as an apology can also be a powerful tool. An apology almost immediately disarms patients. Society has become so contentious that people expect an argument in difficult situations. If a patient is angry about something that you or your staff did not do right, apologize for it. It will take the wind out of their sails. Once so disarmed, you can move quickly to find a resolution to the situation, sometimes easily, that will please the patient.

Happy patients make for a happy practice, and unhappy patients can make everyone's lives miserable. This is not a surprise to anyone. Finding ways to turn unhappy patients to happy patients are not so hard. "I'm sorry" can be used in multiple ways to do just that. That can be a happy situation for everyone. ■

"

"As a new dentist practicing in the Boston area, I am thankful to have had the opportunity to attend EDIC's Risk Management seminar given by Ms. Debra Udey where I found the discussion practical, engaging, and relevant to my everyday practice."

Dr. James Lee, DMD
General Dentist, MA
EDIC Insured

Referrals
One Good Lead Deserves Another

EDIC would like to say **Thank You** to all of our current insureds who have referred their colleagues to us. It's a tremendous compliment to receive referrals and it's a reflection on EDIC's tagline, "By Dentists, For Dentists"®. This strong loyalty parallels our long-time customer retention rate. When our colleagues insure with their own company, they simply do not leave. Together we stand among colleagues who truly believe in our mission to promote the highest standards of dentistry and we truly appreciate your continued support.

Keep sending your friends and colleagues our way. Starting in 2019, we will be launching a new ***Colleague Referral Program*** where you could be part of something bigger.

Who Doesn't Like to Receive a Good Member Benefit!

As an EDIC Insured, You Receive:

- 5% Risk Management Discount on your premium
- FREE EDIC Risk Management Webinars that earn FREE CEUs for all insureds who earn a passing grade
- 24/7 (800) Claims Hotline to speak to someone in our claims department to avoid incidents becoming claims
- EDIC wins 92% of cases that go to trial
- EDIC Claims Department has over 30+ years of experience handling dental malpractice claims
- EDIC is not like other malpractice carriers. EDIC only insures dentists. Dental claims are our only business.

CUSTOMER SERVICE NEWS

Want To Save Money? Join EDIC AutoPay

Contact EDIC's Accounting Department and switch your policy payment to AutoPay. By switching to AutoPay, you will not only save money on any administration fees that you accrue from paying quaterly, you also have peace of mind that your policy is always paid on time and is current.

Have You Relocated? Mailing and Email Updates

Did you recently change your mailing address or have a new email address you would like us to use? Please contact EDIC as soon as possible to update your account on file. With accurate updates, you can be sure not to miss any policy documents mailed to you or any emails that come to you pertaining to your policy coverage.

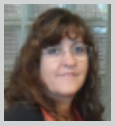
Do You Have A Multi Member Corporation or Partnership Policy With EDIC? Time For A Checkup

We have been experiencing coverage issues with corporate policies not being up-to-date. Please review your corporate policy carefully and call EDIC at 800-898-3342 with questions or changes. If you recently altered new ownership or have ownership retirements, contact your customer service representative so these changes can be updated in our system immediately.

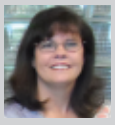
EDIC Customer Service Team: Revised Alpha Split

EDIC recently made changes to our policyholder alpha split system. The first letter of your last name will correspond to a customer service representative below. Please take note of the split to find your new designated customer service representative. The contact information can also be found on our website at **www.edic.com/dentist/customer-service/**

Debbie MacDonald
A - Go
dmacdonald@edic.com



Lili LeBreton
Gp - Og
llebreton@edic.com



Tricia Martin
Oh - Z
tmartin@edic.com

EDIC YOUNG DENTIST SPOTLIGHT

Dream Big, Think Big

Michael Mayr, DMD | Massachusetts General Dentist | EDIC Insured

2043, the year of flying cars, commercial space travel and hand-held computers. While one of those may already exist, it is exciting to see how far dentistry has come in the past 25 years and even more exciting to guess where it will be in another 25 years. Advancements in science and technology seem to have moved at an exponential pace in the past decade. Many of those innovations have found a place in dentistry. However, it is not just science and technology that have and will make big changes in the next 25 years. It is likely that the entire way we practice dentistry will evolve.

"If you look at where dentistry has come in the past 25 years, not many would have predicted where it would be today."

In the past two years, Massachusetts has seen one of its largest dental insurers shake up the market by restructuring reimbursements. As leaders in the state dental society have worked to ease the impact of these new changes, it has presented the nation with a potential new landscape of dental insurance. Changes in Massachusetts will begin almost immediately, but some predict that this is only the beginning. In 2043 dental insurance as we currently know it could cease to exist and instead be replaced by a single payer system. While it will probably take the Affordable Care Act another couple of decades to work out its issues on the medical side, it's not unlikely that dentistry could be incorporated into its structure. Another possible scenario that is already here and likely to grow, is the development of in-house membership based programs that cut out dental insurers and instead provide discounts directly to patients. Regardless of what does happen with dental insurance over the next 25 years, it is guaranteed that it will not look like dental insurance that exists today.

As Amazon continues to dominate the online marketplace, rumor has it that they could set their sights on the next conquest, dental supplies. While this is just a rumor, in 2043 we may no longer suffer the woes of running out of suction tips in the middle of the day, when you can just press a button and have a new box delivered by drone within minutes. Companies that provide supplies on the fly currently exist, sans drones. However, this on-demand type of service could eliminate the need to have closets full of boxes of gloves and face masks and instead create a more "on demand" approach to how a practice is stocked. If a company like Amazon were to enter into the dental marketplace, it would surely put pressures on existing dental supply companies and potentially drive down prices and ultimately overhead for a practice. Additionally, the need for supplies like impression material, model stone and temporizing material will be close to extinction with the domination of digital dentistry.

It all lends to the biggest question. What will a dental practice look like in 2043? First, let's compare a new practice opening in 2018 versus one opening in 1993. Electronic records were not a concept in '93 and in just a few years from today it is likely that they will be required. Back closets once full of stone models are now being replaced by hard drives that store patient records digitally. As the practice model continues to become more patient centered, innovations like 'virtual reality' has been suggested as a tool to address dental anxiety, making flat screen televisions in the operatory seem archaic. Perhaps the greatest change we will see in the dental practice is not the structure itself, but instead the delivery of care. As the push towards prevention continues, innovations like silver diamine fluoride, ozone and the use of 3D imaging may become the standard of care, driving down the prevalence of decay and dental infections. Sequencing of a patient's oral microbiome could be as common as a blood glucose test and dental assistants will assume the role of a patient champion, coaching them on nutrition and lifestyle as a way of combating dental disease.

If you look at where dentistry has come in the past 25 years, not many would have predicted where it would be today. Will the next 25 years continue this progression or perhaps make exponential leaps? Hard to say, but there is no future of our profession without those who dream up new ideas and work to continuously improve how we practice. ■

EDIC Dental School Programs

University of New England College of Dental Medicine

BU Henry M. Goldman School of Dental Medicine

Harvard University School of Dental Medicine

TUFTS University School of Dental Medicine

UCONN School of Dental Medicine

University of Buffalo School of Dental Medicine

Columbia University College of Dental Medicine

NYU College of Dentistry

Stony Brook University School of Dental Medicine

Touro College of Dental Medicine

Rutgers University School of Dental Medicine

University of Pennsylvania School of Dental Medicine

University of Pittsburg School of Dental Medicine

Temple University Kornberg School of Dentistry

East Carolina University School of Dental Medicine

UNC School of Dentistry

VCU School of Dentistry

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The New Malpractice Tribunal Statute

Joseph A. Regan, Esq. | Regan & Kiely LLP | jar@regankiely.com

Superior Court Rule 73, which deals with medical and other similar malpractice cases, went into effect on January 1, 2018. It incorporates significant changes to the existing tribunal system. Prior to enactment of the statute, in Massachusetts, a defendant dentist had the right to a tribunal prior to the commencement of discovery. The tribunal panel always consists of a judge, a lawyer and a dentist. The patient has to produce an Offer of Proof, which includes an opinion from an expert indicating that the care provided by the dentist was below the standard of care to be expected of the average qualified dentist. If the Offer of Proof contains such an opinion, the tribunal will, virtually automatically, vote that there is sufficient evidence to proceed with the suit. If the opinion is missing or ruled to be insufficient, the tribunal panel can rule that the offer is insufficient. In that case, in order to proceed with the suit, the patient must post a bond in the amount of $6,000.00. Since most patients do not post this bond, the practical result is that the case gets dismissed if it does not pass the tribunal standard.

The tribunal is supposed to be convened within 15 days of the defendant dentist filing an Answer. In practice, however, it generally takes 1-2 years before a tribunal can be scheduled. This generally is a combination of trying to find a lawyer to serve, trying to find a dentist to serve and the court's own schedule. Because of this delay, Superior Court 73 has recently been enacted. It changes the way in which a tribunal will now be scheduled.

Now, rather than convening a tribunal within 15 days, the patient must produce the Offer of Proof within 15 days after the defendant dentist files an Answer to the Complaint. The burden is then placed upon defense counsel to forward a Request for Tribunal to the Massachusetts Dental Society (MDS) and/or the Board of Registration in Dentistry (BORID). We will address that situation below.

The important point is that the burden is now on the dentist's attorney to arrange for MDS to send a list of dentists willing to serve on the tribunal to the clerk of the appropriate court within 90 days after the Answer has been filed. If this list is submitted, the clerk will then schedule the tribunal. However, if no list is submitted, then the tribunal consists of a judge only who looks at the plaintiff's Offer of Proof and makes a decision.

The new Superior Court rule separates out "licensed physicians" from someone who is "not a licensed physician." In this matter our practical experience since the beginning of the year has seen courts treat it different ways. For example, Middlesex County Superior Court clerks are treating a dentist as a physician. As a physician, the request to submit a list of dentists to sit on the tribunal is supposed to be sent to the licensing agency, which presumably would be BORID. In discussing physicians, the rule talks about the Massachusetts Medical Society. It would seem to be an easy analysis to translate that for dentists into the Massachusetts Dental Society. The Middlesex clerk was of the opinion that non-licensed individuals are MRI technicians, phlebotomists and the like. She was of the opinion that the request to submit a list of participating dentists should not be sent to BORID but to MDS.

The Suffolk County Clerk is of the opinion that dentists are non-physicians, and there is no need to involve BORID. As you can see, the implementation of the new rule has resulted in growing pains. To date, in order to be prudent, we have been sending the request to both BORID and the MDS.

In our initial discussions with counsel for BORID, we were advised that BORID was as confused and annoyed with Superior Court Rule 73 as others are. We were initially advised that BORID's position would be that they would 1.) not immediately open up an investigation, but would do so only if the patient filed a separate complaint with BORID; and 2.) probably not respond in ANY way, either to us or to the court with a list of dentists because they are just not equipped to provide such a list. They also indicated that they were unaware of any complaints or Offers of Proof being automatically forwarded to BORID.

This relates to a provision in the new Rule that if the dentist waives the tribunal (presumably because defense counsel has seen an Offer of Proof that contains the requisite opinion that there has been a deviation from the standard of care), the clerk of the court is supposed to send a copy of the Complaint and the Offer of Proof to BORID. For this reason, we have not been willing to waive any tribunal because of that particular provision. This is true despite the fact that if the tribunal is held and a determination is made that the case can proceed, the clerk is supposed to send a copy of the Complaint and an Offer of Proof to BORID at that time. Again, we are unaware of any Complaints or Offers of Proof actually being forwarded to BORID.

More recently, i.e., on September 6, 2018, counsel for BORID has advised that BORID intends to reach out to the Superior Court Administrative Office to discuss the new rule. Presumably, BORID's position is going to be that they are ill-equipped to provide a list of participating dentists.

The bottom line with all of this is that the obligation, at least for the time being, still seems to rest with MDS. MDS must send a list of dentists, specializing in the particular field at issue, who are willing to serve on a tribunal to the clerk of the appropriate court within 90 days after the Answer has been filed. If the list is submitted, the clerk then schedules the tribunal.

MDS has been quite helpful in the cases which we have handled under the new Superior Court Rule to date but we know that MDS needs the help of the individual member in order to protect all dentists' rights to have their case heard by a full tribunal. Accordingly, we know that MDS is asking its members to indicate a willingness to serve as a dental member on a tribunal in order to protect all members. MDS asks that the dentists willing to serve as a member of the tribunal submit their names to Jennifer Hanlin at jhanlin@massdental.org.

The more dentists that submit the names, the quicker we will be able to schedule tribunals and the fewer times each dentist will be called to serve. Oftentimes, the court will set multiple tribunals for the same day but, overall, it has been our experience that the time commitment is less than half a day.

In this way, counsel for dentists and other dentists can cooperate in order to make sure the tribunal system remains as close as possible to the old system and that dentists accused of a deviation from the standard of care have this very valuable right to have a screening process at the outset of the case and before any discovery is engaged in to determine whether or not there is sufficient evidence to warrant going forward. ■

Attorney Regan is a 1976 graduate of Suffolk University in Boston, and a 1979 graduate of Suffolk University Law School. He is a partner in the Boston law firm of Regan and Kiely, LLP. He is admitted to the Massachusetts bar, the U.S. 1ST Circuit Court of appeals and the U.S. District Court District of Massachusetts. For over 25 years, the law firm of Regan & Kiely, LLP has provided effective and experienced legal counsel for many prominent national companies across Massachusetts and New England. They defend businesses in all types of litigation, such as medical and dental malpractice, admiralty and maritime legal defense, commercial litigation, and employment law. Regan and Kiely is an EDIC approved defense firm.

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2018 FALL WEBINAR SERIES

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

Nov 14, 2018 | 7PM EST

Use of Cone Beam Computed Tomography (CBCT) in Implant Dentistry

Presented by Dr. Mirian Belussi-Campos and Dr. Hugo Campos

Learning Objectives:

- Understand the advantages of the use of CBCT in Implant dentistry
- Radiographic appearance of the normal anatomy
- Identify the different anatomical landmarks we need to avoid in implant dentistry - case presentation
- Advantages 3D imaging compared to 2D imaging
- Normal anatomy in 3D imaging
- Variations of Anatomy/Pathologies in 3D imaging
- Implant treatment planning using CBCT

Dec 6, 2018 | 7PM EST

Dentistry's Answer to Medical Longevity: Why It's Time for a Paradigm Shift?

Presented by Dr. Kadambari Rawal

Description:

America is aging and fast. Do we as dentists have what it takes to face the challenges of longevity and its repercussions on the oral cavity? Whether we like it or not, we are all going to be geriatric dentists eventually. Attendees will learn:

- Why dentists need to embrace practicing geriatric dental medicine
- Essential treatment planning considerations
- And how we can hope to achieve this paradigm shift in clinical practice

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