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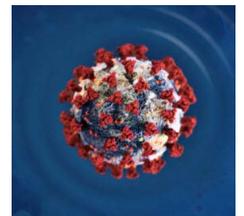
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COVID-19 Responses

During these challenging times, Fortress has responded to the needs of our policyholders with the following actions to date:

- Allowed dentists to delay invoice payments
- Provided premium relief for full-time policyholders
- Posted a [COVID-19 Information and Frequently Asked Questions page](#) with resources for our policyholders.

Read more in this issue's [President's Message](#).



Fortress Responds to the COVID-19 Pandemic

William Passolt, CPA - President and CEO



The COVID-19 pandemic has changed everyone's lives. One of the greatest impacts is the closing of so many businesses at the same time due to shelter-at-home and social distancing guidelines to slow the virus' spread. Dentistry was severely impacted as national and many state authorities issued responses to control COVID-19 spread from practice guidelines to mandates only allowing emergent treatment on patients.

Fortress moved quickly to address the impact on its policyholders. Actions included:

- Allowing dentists the option to delay invoice payments for thirty days past the invoice due date without fear of policy cancellation.
- Re-rating all full-time dentists to part-time for a 90 day period effective March 16th, providing a fifty percent rate reduction for this period, and allowing dentists who would not be treating patients for at least 90 days to suspend their policy to obtain rate relief.
- Posting a [COVID-19 Information and Frequently Asked Questions page](#) with answers focused on our policyholders' needs. Through this page dentists can access the new Pandemic Emergency Dental Treatment and Acknowledgment of Risk Form, and a new Patient Disclosure form (also available in Spanish).

Please be sure to check the [FAQ page](#) for additional Fortress information regarding our pandemic responses.

All of this was accomplished while moving our entire operation to work-from-home to protect our employees.

Many dentists, after addressing the urgent need to curtail normal practice activities, will find they have extra time until the mandates are lifted and they can return to practice. Rather than dwell on what isn't getting done, there is much that can be done during this time period to help your practice.

Our Patient Safety and Risk Management services and resources provide excellent education on the risks we see regularly in dental practices and how to address them practically in your practice. We encourage you to visit www.dds4dds.com to utilize these important resources to reduce risk and improve patient safety.

One suggestion is to complete one of the on-demand CE courses available through dds4dds.com to earn a 10% premium credit on your policy. Complete the 3-hour course, "Prioritizing Patient Safety" to earn a three-year credit and 3CEs. Alternately, complete any of the available 1-hour courses to earn a one-year 10% premium credit and 1 CE. These courses are also available to your staff.

Even with the limitations this COVID-19 pandemic has placed on all of us, Fortress is doing what it can to assist the dental profession through a difficult time. We hope all of you, your families and loved ones and your patients and staff stay well during this time.

Linking Patient Safety and Risk Management

Michael Stronczek, DDS, MS - Chair, Patient Safety and Risk Management Committee



The fact is, dentists routinely do amazing things that positively affect our patients' health and wellbeing. Combining patient-focused care with risk management principles can assist in protecting your patients and your practice. This straightforward formula should be applied in our practices every day. This article outlines how dentists can benefit from linking patient safety and risk management principles within their practices.

Applying the patient's perspective

Many claims involve issues related to poor clinical communication. To mitigate risks related to ineffective clinical communication, consider the patient's perspective as they interact with your practice.

Some questions that may provide insight to a patient's experience with your practice include:

- Does my website provide enough information to help prepare patients for their office visit?
- Do the appointment reminders include pertinent information for that specific patient's visit or is the content a generic scheduling reminder?
- Is the building and office lobby signage adequate to find my office, even during off-hours and weekends?
- Is the office check-in process friendly and efficient?
- Does the office check-in process respect each patient's privacy?
- Is the waiting room clean and comfortable to inspire patient confidence in my practice?
- Are there adequate opportunities for patient questions during the informed consent process?
- What does the patient see when they enter the treatment room?
- Do the discharge instructions anticipate our patient's educational needs?
- Is the process to manage emergent patient telephone or email messages the same during office hours, off-hours, and weekends?

Considering a patient's experience with your practice may avoid complacency and may identify patient safety and risk management improvement opportunities. This same patient perspective may also decrease patient anxiety and care delays.

Educating staff in patient safety and risk management

Delivering safe patient care requires preparation and commitment. Before engaging in patient care, each team member should ask himself or herself:

Am I ready to give the best and safest possible care to my patients?

With this answer, the office team can structure their day and demonstrate to each

Linking Patient Safety and Risk Management

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other the importance of delivering safe care. This question may also provide insight into where you and your team can benefit from additional education and training. Consider providing your staff with access to the Fortress educational webinars and resource materials, as well as access to their peers in the national dental care community.

The Fortress website also has multiple patient safety and risk management resources available to you and your staff. I encourage you to go to dds4dds.com and review the Patient Safety and Risk Management section for access to numerous complementary materials to promote patient safety and mitigate clinical risk for your practice.

Coordinating safe clinical care

Huddles and informal lunch-and-learns can promote safer patient care through improved communication and team building. Even with a committed office team that is well-versed in patient safety and risk management principles, novel patient situations may arise. In these situations, it is important to remind yourself and your staff that every patient is unique and that every patient requires a treatment plan responsive to that patient's needs. Always remember, the best risk management technique is to provide safe care in the first place.



New Resources to Support the Informed Consent Process for Minors

In response to inquiries received about the many challenges faced with treating minors, and the informed consent process, Fortress has updated our resource offerings.

1. **“Informational Guide for Informed Consent Challenges When Treating Minors”** offers scenarios and considerations related to the process of obtaining informed consent for minor patients.

To access: Login to www.dds4dds.com and click “Informed Consent and Documents” in the menu.

2. **A Patient Safety Minute Video** available via the Fortress YouTube Channel, addresses the unique challenges with the informed consent process with minors.



**Watch the latest
Patient Safety Minute
Video**

Opioid and Non-Opioid Pain Control Options

Colin Bell, DDS, MSD - Patient Safety and Risk Management Committee



In the late 1990's significant emphasis was placed on pain assessment and treatment, even going to the extent of referring to pain as the "fifth vital sign." As healthcare providers sought ways to help patients manage their pain effectively, opioids were considered to be one solution. However, during this period, addiction to opioids was considered to be very rare.

Today, according to the NIH, more than 130 people die every day in the US after overdosing on opioids including prescription pain relievers, heroin, and synthetic opioids such as fentanyl. While the amount of opioids prescribed nationwide has declined over the last decade, opioid-related risks remain. This article will discuss a few of the strategies that dentists can apply to continue managing prescription opioid risk.

State requirements

Given the environment of this opioid epidemic, it is good risk management to educate patients and families about the potential risks, appropriate use, alternative pain management techniques, as well as the safe storage and disposal of opioids. Not coincidentally, several states also have implemented regulations for patient education

Today, according to the NIH, more than 130 people die every day in the US after overdosing on opioids including prescription pain relievers, heroin, and synthetic opioids such as fentanyl.

and informed consent guidelines with opioid prescriptions and an increasing number of state dental regulatory agencies are requiring ongoing mandatory opioid prescribing education for dentists. Additionally, a majority of states have prescription drug monitoring programs (PDMP) which make it possible to track patients who "doctor shop" and who may already be taking opioids. The majority of state PDMPs require accessing their database before an opioid prescription can be written or filled to identify and deter or prevent drug abuse and diversion.

Multimodal approaches

Compared to 30 years ago, when single drug opioid pain management was more common, today there are many opioid pharmacologic alternatives and evidence-based prescribing protocols available for acute and postoperative pain. According to the [ADA](#), various medications and medication combinations can be considered for acute dental pain management. The ADA also reminds dentists that there is not one specific regimen that will guarantee a high level of pain control for all patients and that oral analgesic options should be matched to the anticipated level of postoperative pain.

Opioid and Non-Opioid Pain Control Options

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Practice considerations

Consider prescribing opioid analgesic medications when severe or breakthrough pain is anticipated. The opioid prescription could be made optional and for the lowest dose possible for the expected duration of postoperative pain. If you do prescribe opioids, per the [ADA statement on the Use of Opioids in the Treatment of Dental Pain](#), the considerations for prescribing dentists include:

- conducting a medical and dental history to determine current medications, potential drug interactions and history of substance abuse;
- following the Centers for Disease Control and state licensing board recommendations for safe opioid prescribing;
- utilizing the PDMP to promote the appropriate use of controlled substances and to deter opioid misuse, abuse and diversion;
- educating patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids;
- considering nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management; and
- recognizing multimodal pain strategies for acute postoperative pain management as a means for sparing the need for opioid analgesics.

Dentists have already taken steps to help reduce opioid abuse and addiction. With a continued emphasis on careful patient screening, education, and a continued focus to prescribe the fewest number of opioids possible, we can continue to assist in reversing this devastating epidemic.



Access Opioid Education Resources

1. [Login to dds4dds.com](#)
2. On the left, click on “Informed Consent Forms and Documents”
3. Under Office and Clinical Documents, click on the “Opioid Resources” heading to download:
 - Informational Guide Regarding Opioids
 - Patient Acknowledgment Regarding Opioid Use (also available in Spanish)
 - HHS Resource
 - Opioid Factsheet from the CDC
 - Opioid Prescribing Acute and Postop Management
 - SAMSHA Opioid Overdose Prevention Toolkit

References

- ADA: <https://www.ada.org/en/advocacy/advocacy-issues/opioid-crisis>
 ADA: <https://www.ada.org/en/member-center/oral-health-topics/oral-analgesics-for-acute-dental-pain>
 ADA: <https://www.ada.org/en/advocacy/current-policies/substance-use-disorders>
 NIH: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>
 DEA: https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#4

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Back to the Drawing Board

Hayley S. Wolosek - Claims Analyst



This Closed Claim Summary highlights the importance of managing patient expectations. Read about the benefits of documenting your treatment planning and patient education efforts prior to initiating care.

A woman in her late 60s presented to our insured dentist after a three-year gap in dental treatment. The exam revealed overall dental neglect with severe caries, previous extractions at #1 – 6, and an existing bridge at #12 – 14. Her treatment plan included the fabrication of an implant supported bridge at #4 – 6. Due to the patient’s prior right-sided bone loss, the insured educated the patient that the aesthetic result with the new bridge may result in a “slant.”

During four treatment planning visits in a one month period, the insured documented his patient education efforts regarding the slant aesthetic result and included illustrations of the anticipated final restoration. The patient agreed with the treatment plan and signed a consent for the bridge work. After the implants were placed by another practitioner, our insured completed the bridge work with no complications. After three separate try-in sessions during a two-month period, the patient accepted the functional and aesthetic results.

One day after final bridge placement, the patient complained of a poor aesthetic result and painful bite performance. Despite the insured’s multiple attempts to address the patient’s complaints, she filed a lawsuit claiming that the bridge was not properly aligned resulting in pain, an unacceptable aesthetic result, and prosthesis-related malocclusion.

In the course of litigation, the plaintiff was unable to secure a dental expert opinion that the insured breached the standard of care and the lawsuit was dismissed. Supporting the dismissal was the insured’s objective and thorough documentation of the extensive patient education efforts regarding the aesthetic outcome and the risk of prosthesis-related malocclusion.



Risk Management Tips

Educating your patients about the treatment plan and the anticipated results can assist with managing expectations and controlling avoidable losses. To support these efforts consider the following:

- Document the patient’s participation in the informed consent process including your patient education efforts, any questions or direct quotes from the patient, and the signed consent form; and
- Utilize educational aides such as illustrations or patient videos that are matched to the patient’s cognitive level.



Earn a 10% Premium Credit

Three-year credit course

Complete the course “Prioritizing Patient Safety” to earn 3 CE and a 10% premium credit on your policy for 3 consecutive policy periods.*

In this course, closed dental malpractice claims will be analyzed to identify how and when to implement risk management and ethical principles to enhance patient safety.

One-year credit courses

Complete any one-hour course online to earn 1 CE and a 10% premium credit on your policy for one policy period.* Complete a different course each year to renew your credit. Currently available courses:

- **Implants and Impactions: What’s the Risk?**
- **Applied Ethical Principles**
- **Understanding HIPAA**
- **Treating Challenging Patients**
- **Anatomy of a Malpractice Suit**

*All courses must be completed within 90 days of the effective date of the policy in order to receive the credit for that policy period. Maximum credit per policy period is 10%.

HOW TO ACCESS THE FORTRESS ONLINE COURSES

Log in to www.dds4dds.com

In the menu, click “Online Courses”



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