

Communication Challenges: Dental Implants

SOMSA Fall Webinar November 15, 2022

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OMSNIC Mission

We are dedicated to serving and protecting oral and maxillofacial surgeons and dental professionals, enabling them to deliver safe patient care.

Course Objectives

- Modify office procedures to educate patients about dental implants and patient specific responsibilities.
- Develop strategies to communicate expectations related to dental implant treatment plans given a patient's assessment.
- Formulate risk reducing communication practices specific to referring doctors.

Challenging Patients and Implant Scenarios

- Patients with medical comorbidities
- Overall “noncompliant” patients
- Patients with poor oral hygiene
- Smokers and/or those patients struggling with substance abuse
- Patients who started treatment elsewhere
- Unreasonable expectations and/or dictating the treatment plan

OMS Administrator's Unique Role

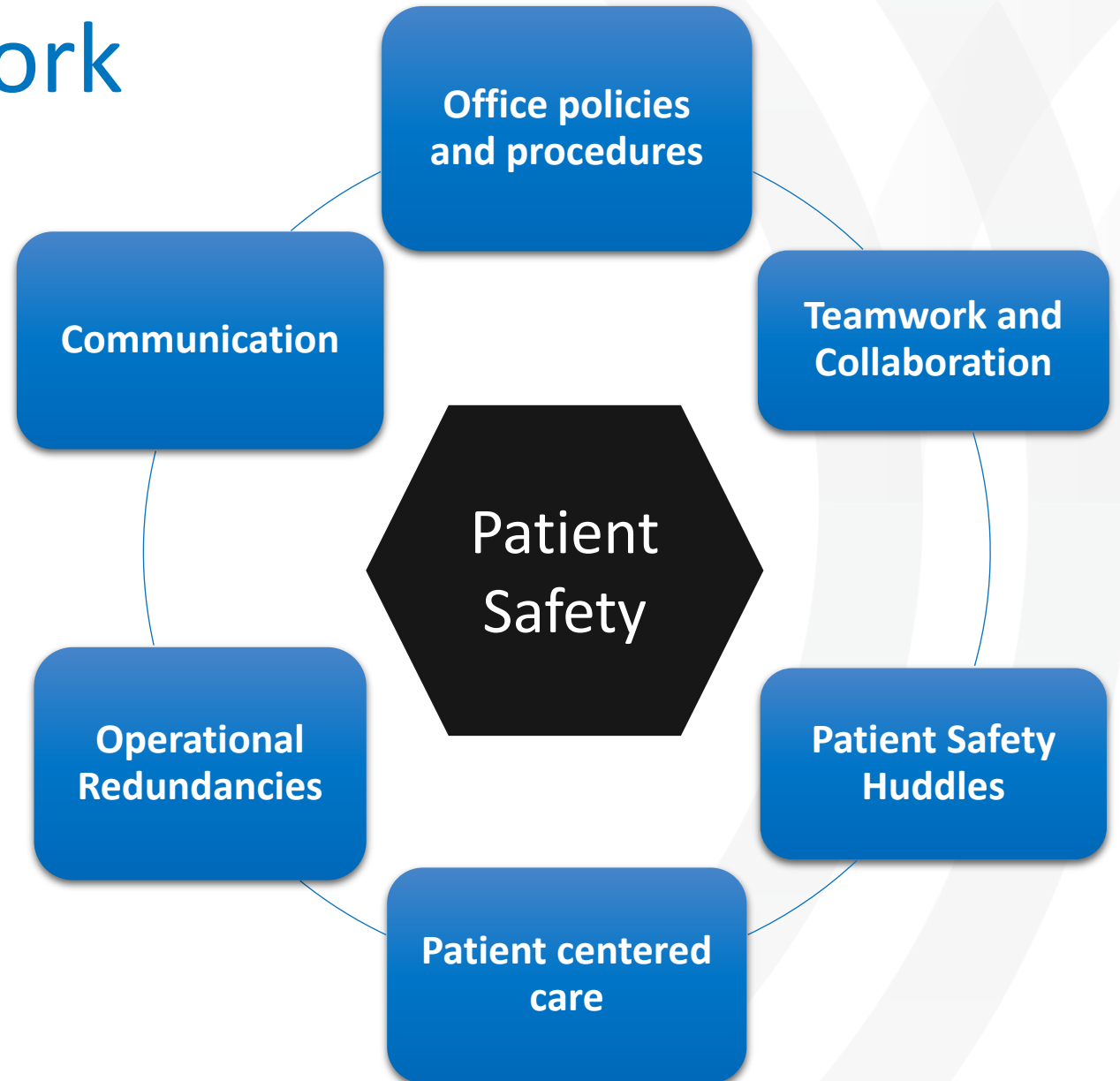


As OMS administrators, you are in a unique role to help your doctors with processes around:

- patient intake,
- referrals,
- patient selection, and
- patient education.

Patient Safety Framework

Walk the Walk for
Patient Safety with
OMSNIC.



Dental Implants: Case Review

Initial Presentation

- 32-year-old man referred to OMS for failed implant at # 19
- Presented with a referral slip
- OMS examination: Failed implant at #19
- Dentist originally placed the implant after a fracture in natural tooth about six months ago

Dental Referral Slip

What potential risks do you identify on this referral communication?

Patient Name: _____

Patient Referred By: _____

Patient Referred For: _____

*- This is the case I texted you
- about....Please extract #19 failed
- implant, IV sedation, grafting
- and replace implant for future
- crown restoration.. Call with
- questions. Thanks”*

Bring this to your Appointment

Health History

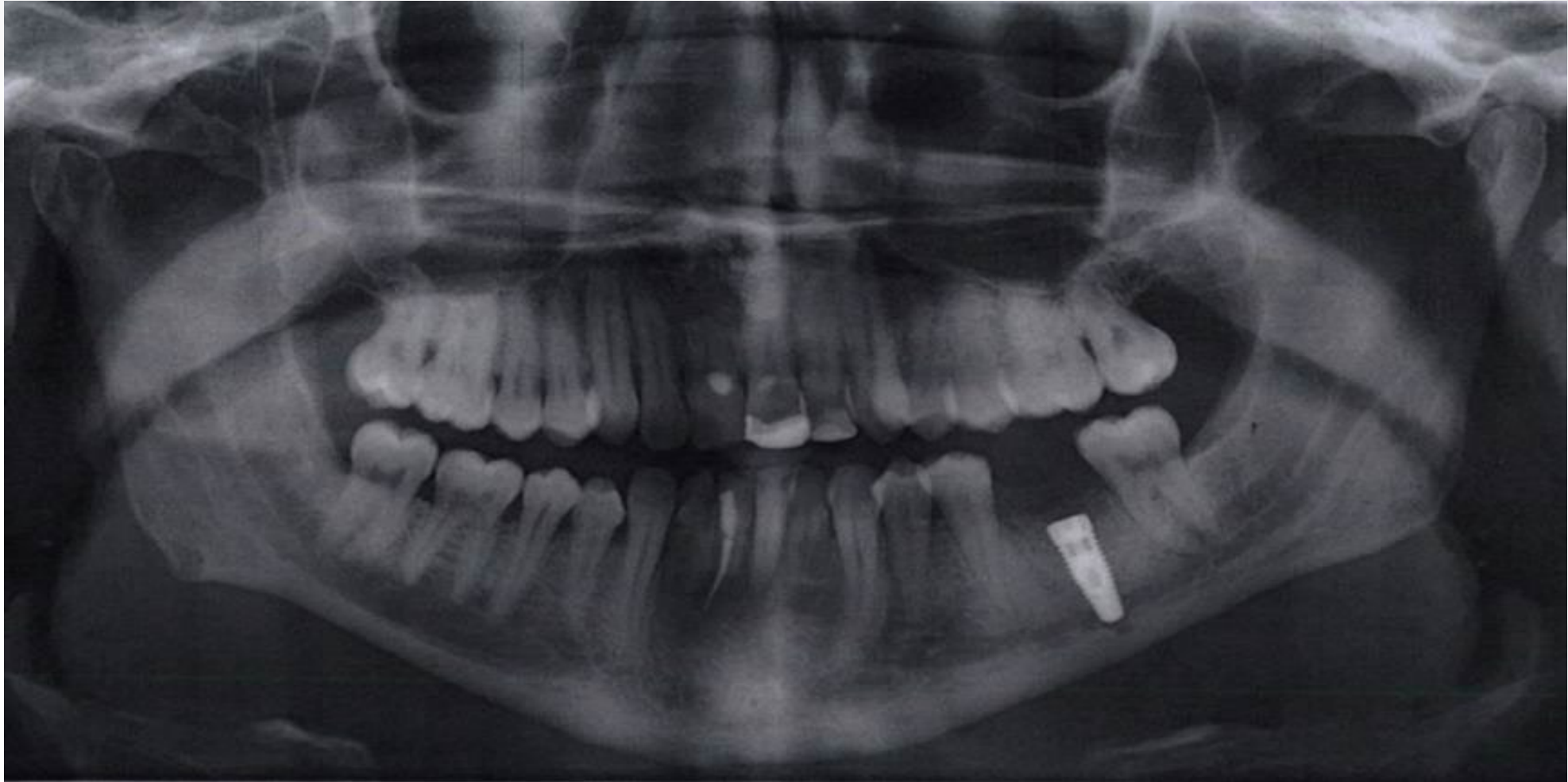
- Diabetes/Metformin
- Past smoker
- Admits to being noncompliant with routine dental cleanings

Treatment Plan

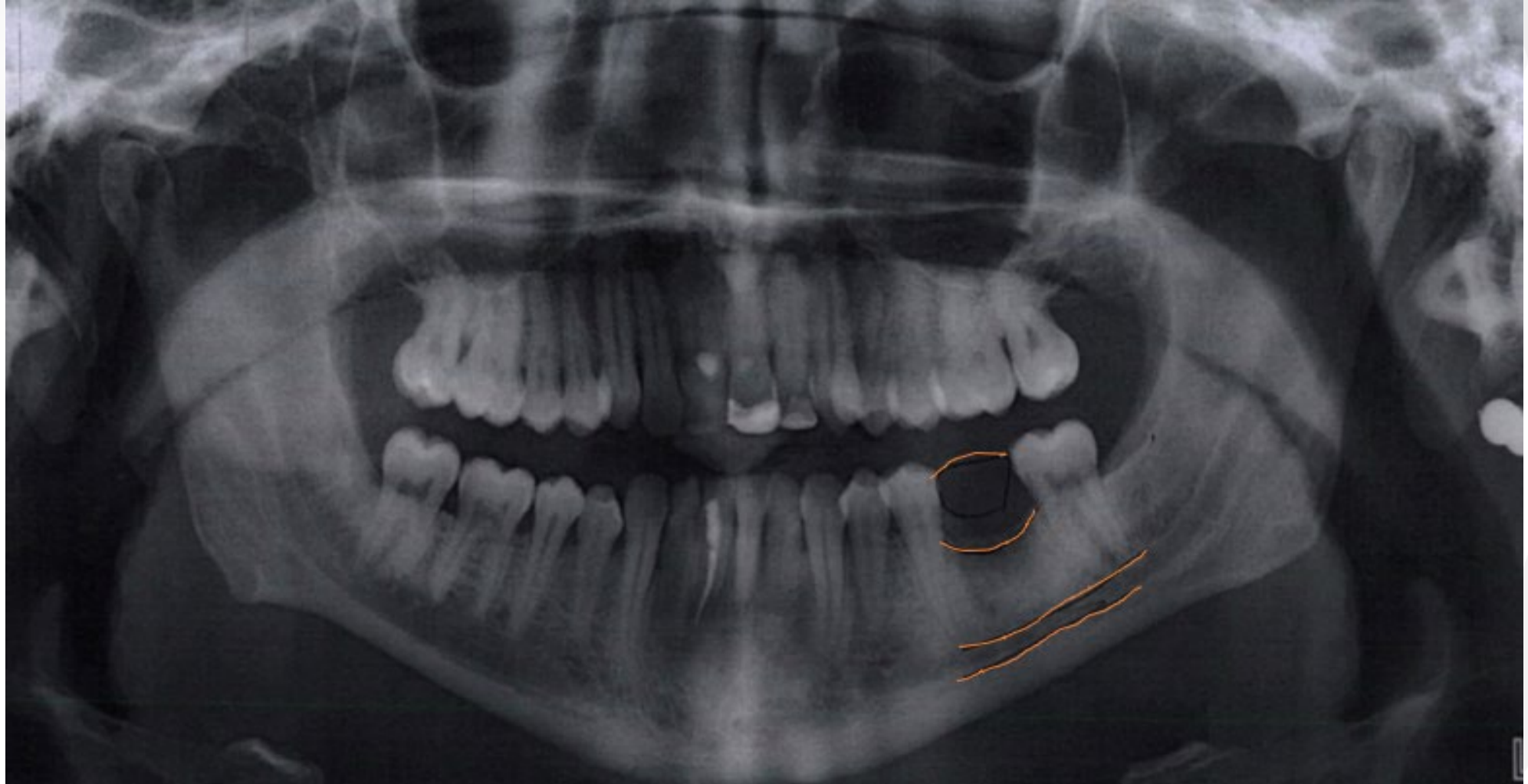
OMS Surgical Plan or referring provider's plan

- Extract failed implant and graft the site with IV sedation
- Replace implant for future crown restoration
- Patient signed implant consent form
- OMS documented “ R/B/A discussed”

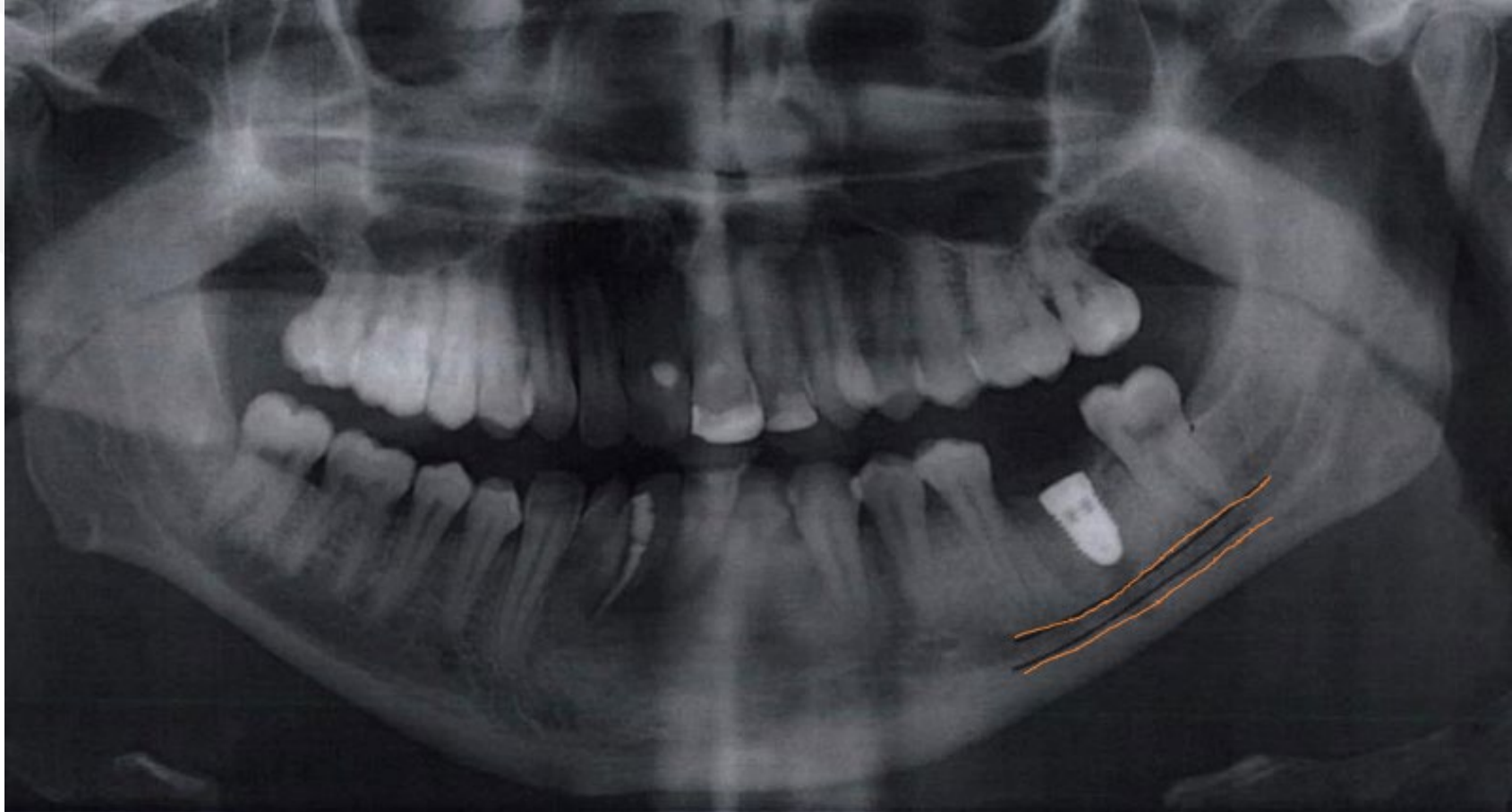
Pre-Op Pano



Post-Extraction Pano



New Implant Post-Op Pano



5 x 13 mm implant replaced with 6 x 10mm implant

Two Weeks Post-Op

- Patient calls the OMS practice and complains of lower lip paresthesia-alleged there was no post-op call from OMS prior to this
- Patient reports that his dentist said he needed to discuss this paresthesia concern with the OMS
- OMS office staff scheduled an appointment with the OMS for two weeks out

One Month Post-Op Pano

- Neuro Exam: + directional sense, pins and needles sensation
- Plan: Follow up in 6 weeks for re-evaluation
- Did not refer to neurosurgeon

Lawsuit Allegations

- Patient filed a lawsuit only against the OMS
- Allegations included:
 - negligent placement of a dental implant injuring the mandibular nerve (during first implant?)
 - permanent paresthesia with “pins and needles” sensation to the left lip, chin and gums, and,
 - no referral for microsurgical evaluation/repair (patient did not return for 6 week follow up visit)

Lawsuit Outcome

- OMS and dentist started pointing fingers at each other
- Case was taken to mediation and settled with OMS consent
- Lack of communication and documentation of the communication challenged the defense:
 - Text messaging
 - Support for an independent evaluation
 - Initial presentation and review of the pano indicating that the general dentist might be at fault

Closer Look at Concepts: Dental Referral Slip

- Texting?
- Reason for implant failure?
- IV sedation?
- Details of the implant type, replacement?
- What has the patient been told about payment?

*This is the case I **texted** you about....Please extract #19 **failed implant, IV sedation, grafting and replace implant for future crown restoration.. Call with **questions.** Thanks”***

Closer Look at Concepts: Texting



- HIPAA considerations
- Chart documentation
- Face-to-face vs phone
- Liability risks with offering opinions without seeing patient

Closer Look at Concepts: Referring Providers

- OMS serve as a referral source for dentists- specifically on implant cases
- Sometimes referrals ask an OMS colleague for a second opinion or a “second look”
- Referrals may also ask that the OMS participate in the treatment plan, but not handle the entire case

Closer Look at Concepts: Independent Evaluations

Questions to consider:

- Was this patient an appropriate candidate for implants?
- Would my overall approach have been different?
- What is my comfort level with taking on this case?
- If I do not agree with the referring providers plan, how is this communicated and documented?

Closer Look at Concepts: Referring Provider Education

Consider a “dental implant” consult between providers

- Educate referring providers and practices about YOUR practice, and steps taken to educate patients about implants
- Share experiences and knowledge of implants with referral source
- Share the importance of procedure specific forms and patient education resources
- Proactively address curbside consult requests
- Share OMSNIC resources



Communication and Documentation

- ✓ Set up standards and put procedures in place
- ✓ Clarify the details of the referral and/or referral slip
- ✓ Consider asking for a copy of the referring providers record when referred
- ✓ Ask what has been previously communicated to the patient about the referral to the OMS
- ✓ Ask if patient education provided to the patient

Independent Evaluations and Documentation

If helping a referral or taking on the care of a patient that began treatment elsewhere:

- document thoroughly how a patient presents to your office,
- document what the patient was told by previous provider(s),
- document the independent evaluation, and
- document the treatment plan and next steps

Patient Expectations

Google search of dental implants

Dental implants will....

- improve your life...
- make you happy..
- give you a perfect smile..



Patient Expectations

Google search of dental implants

What doesn't come up first??

- Complications, infection
- Implants can fail and why...
- All patients are not candidates for dental implants



Clarify Patient Expectations Early

- Does the patient understand tooth extraction is an irreversible procedure?
- Is the patient expecting several individual implants or a few implants and a fixed prosthesis?
- If a request for a specific type of implant (i.e. All-on-Four) is made, do you know why?
- Don't forget to document these conversations!

Example Conversation

Scenario: A patient documents wanting “nicer teeth” as the reason for implants. Is this enough information and how might you handle this?

“Just to clarify, are you experiencing any pain or troubles with your teeth? When you say nicer teeth, can you elaborate? Are there any other concerns you’d like to add to your clinical chart? “

Informed Consent Documentation

After patient information is clarified, evaluation by OMS and treatment plan is created:

Informed Consent Process

- Discussion
- Procedure specific consent form
- Separate chart note

Patient Education and Responsibilities

- Multiple steps or providers involved
- Specific billing arrangements

Implant Failure and Patient Responsibilities

Implant failure can occur when the implant fails to integrate, or fuse with the bone, resulting in loosening, pain, and/or bleeding. Implant integration can be affected by several factors including trauma from either temporary replacement teeth or excessive loading, or chewing, your bone density, certain medications you may be taking, or certain medical conditions including diabetes.

Hard, sticky, or chewy foods may impact successful implant integration. Your doctor may alter your diet to limit these foods while the implant integrates. Continuing to smoke or vape, and otherwise not following your doctor's instructions, may also cause the implant to fail. Poor oral hygiene can also affect implant integration.

For long-term success, you need to care for dental implants with the same routine care as your natural teeth. This includes brushing, flossing, and regular cleanings. If not well cared for, your gums around the implant may become infected which can lead to discomfort, infection, bone loss, and the eventual loss of the implant. It is important that you understand your responsibilities related to the long-term maintenance of your dental implant. The treatments for implant failure vary based on the cause and severity of the failure. Some patients may require more frequent cleanings, education on improving dental hygiene, and antibiotics. Others may require additional surgery, bone grafting, or implant replacement.

Patient Noncompliance

Document patient noncompliance:

- Missed appointments
- Lack of oral hygiene
- Continued smoking

Sample letters available at OMSNIC.com:

- Missed appointments
- Non-compliance
- Dismissal
- Informed refusal

Example *What If* Conversation

Patient: What will happen if I get a post-op infection?

“If you experience any pain or complications, I want you to contact the office as soon as possible. My office will provide emergency contact information before you leave. While we already reviewed the risks, if an infection did occur, I would .. [prescribe antibiotics, etc..].”

Example *What If* Conversation



Patient: What will happen if my implant fails?

“The best outcome is likely to result by following the post-op care plan and being compliant with the patient responsibilities we discussed. However, if the implant fails, we can discuss options and [.....].”

Common Questions

Should we offer an implant warranty?

Should we refund for failed implants?

- Practice-provider decision
- Establish criteria and policies
- Document discussions with patients
- Call OMSNIC for release of liability letter to accompany the refund



OMSNIC Dental Implant Resources

The background image shows two dental professionals in a clinical setting. They are wearing blue scrubs, blue surgical caps, and white face masks. They are looking at a large document or chart together. The setting appears to be a dental office or clinic with shelves in the background.

Informed Consent Forms

- Dental Implant and Grafting
- Tooth Extraction and Hybrid Prosthesis
- Zygomatic Implant

Patient Education

- Dental Implant – Patient Education Form
- Patient Education Informed Consent Video

Back to the Objectives..

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Questions?

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