PROFESSIONAL INSURANCE EXCHANGE MUTUAL, INC.

ONLINE NEWSLETTER

VOLUME 32, NO. 2

April-May 2017

Approaching 40 years serving the profession

445 East 4500 South #130
Salt Lake City, UT 84107
801-262-0200 Local
800-432-5743 Statewide
801-262-0285 Fax
info@pieutah.org
www.pieutah.org

RETIREMENT: WILL YOU BE READY FOR IT??

Our statistics have taught us that the average retirement age of Utah dentists is 70. A few of you will be leaving for church-related or humanitarian missions this summer. A few more of you will decide to switch to an educational emphasis at one of the two dental schools in the Salt Lake Area. Some of you are still several years away from retirement but should probably start putting the planning process into gear. So what should you look forward to and what should you expect?

Dr. John Huang wrote an interesting article in a recent edition of the ADA News where he shared his own views on his recent retirement. His comments are worth sharing with a little commentary added:

1. Things he does not miss about dental practice:
   A. Getting up early to be the first one at the office.
   B. Dealing with day to day surprises such as showing up to a flooded office, a phony law enforcement warrant, crazy patients, employee melt-downs, compressor and suction malfunctions, office break-ins, employee thermostat battles and occasional staff mutinies.
   C. Dealing with the after-school time rush of patients wanting to come in, non-compliant patients, divorced parents who point fingers at the ex and say they are the one who should pay the bill, trying to get money out of the ex, greedy landlords, the fear of having to deal with ambulance-chasing lawyers, and fights with patient insurance companies that refuse to pay or dock you for overpayments made to other patients who turned out to be ineligible for benefits.
   D. Being under daily pressure to conform to a work schedule of 15 minute increments. Having to fit in emergencies that are not really emergencies. Trying to fit in your own vacation and work around employee vacations.

2. Things he missed about dental practice:
   A. Regular income. Filling the pot rather than now watching the pot diminish.
   B. Seeing patients grow up right before your eyes, developing self-esteem and confidence based in part with the smile you helped create. Seeing your patients go on to thrive in successful careers. Seeing patients bring their children in to see you or sending their friends for no reason other than knowing that you will take good care of them.
   C. Having opportunities to help underserved children denied access to care through no fault of their own and providing care to adults, who, after painstakingly providing for their own children, finally having time to seek treatment for themselves.
   D. The opportunity to work with loyal, dedicated, and hard-working staff members who poured their heart and soul into making your practice successful. For the most part, working as a practice family, bonded together by a common purpose and having each other's back.

3. Things he enjoys about retirement:
   A. Being able to go on vacation and not worry about the schedule or how hectic the first day back will be.
   B. Being able to write and teach part time at a leisurely pace.
   C. Being able to savor the time together with friends and family who are important to him.
   D. Being able to participate in volunteer projects, mission trips and business opportunities he cares deeply about.

So, what are some of the take-aways from this dentist's opinions?

1. He was able to retire on his own terms. He planned out what he wanted to do and was prepared to sell his practice and walk away while he still had good health and plenty of things he wanted to do. He apparently was able to set money aside for retirement so he could live

comfortably, travel, and continue to be able to afford the activities he enjoyed.

2. He dealt with the same hassles in practice that all of us have to deal with at one time or another, whether it be equipment malfunctions, staff problems, and crazy patients. To deal with equipment malfunctions you should all have good Business Owner Policies (BOP) in force and make sure your equipment is insured at replacement value. PIE can refer you to Berkley Risk Services of Colorado that handles several PIE insured obtain adequate and competitively priced policies. You should follow instructions as far as equipment maintenance. As far as crazy patients and ambulance chasers, PIE is here to help you deal with them.
3. He tried to do excellent work on his patients such that families and generations stayed with him over the years and their friends came to him as well. These are generally the kinds of patients that you look forward to seeing and are usually the batch of patients that do not give you any heartburn.
4. He apparently had some hassles with staff which is fairly universal. There are plenty of C.E. courses you can take on how to select excellent staff members and there are also lessons to learn about putting up too long with toxic staff members or embezzlers. Read the article later on in this Newsletter about a Utah dentist's recent experience in this regard.
5. There are many dentists in Utah who have fallen to the siren call by some to sell your practice to another entity before you are ready to retire so you no longer have to deal with hiring and firing, management issues and the like. The sad follow-up story here is that many of these dentists ultimately get fired by the new owners from their former practice they slaved away to build up and now must start fresh elsewhere. Or they end up clashing with the new management and do not like the direction their lives and practice are now going.
6. There are other dentists that have trouble managing debt and having enough patients come in to allow them to not only service debt but have enough take-home pay to survive. The glut of dentists in Utah will not likely go away and nationally this trend will not abate either due to the plethora of new dental schools starting and the information being promulgated about what a great career dentistry is! Dentistry can be a great career but expensive and sometime faulty technology (see the article on that later in this Newsletter) can mitigate and even deter the enjoyment. Many dentists in Utah, both experienced and new, are struggling financially right now. So prudence may need to be exercised in how extravagant you need to be and it may be worthwhile to look to the future and how you plan to deal with it.

In conclusion, two younger dentists have died this year as a result of accidents or health issues. You should have proper insurance policies in place for those scenarios, especially when you are younger and may think you are immortal. You should also have a plan in place where steps are laid out for your staff or spouse to deal with your practice, transition arrangements and so forth.

--RCE

INSURANCE FRAUD ISSUES

I recently took a course sponsored by the Utah Insurance Department that covered a number of issues pertinent to PIE and our insured members. Half of the course was devoted to insurance fraud issues which we should pass on to you since any fraud that a lawyer can dig up will be used against you in a malpractice case. One law recently passed by the legislature is helpful to dentistry and your practices. I would like to share the following pertinent points from the Course:

1. A new law that takes effect as of 1/1/18 prohibits dental insurance companies from setting fee limits for procedures not covered by the dental insurance policy. If you see this happening by any company you deal with, call the Insurance Department at 801-538-3800 and ask to speak to someone in the Fraud division. Unfortunatly this law only applies to companies based in Utah and not to trusts, etc.
2. Upcoding is insurance fraud! The Insurance Department will come after you if you are caught upcoding, meaning you do amalgams and charge for composite resin fillings, for example, for any patient. Medicaid fraud is a particular aspect that can get dentists in trouble

An interesting question arose recently regarding Medicaid patients and what is allowed and what you should do if a Medicaid patient wants something done that is not covered or could be upcoded if you were foolish enough to take that risk. For example, Medicaid will pay for posterior amalgam fillings but not composite resin fillings. Can you go ahead and do composite fillings for a patient and then bill Medicaid for amalgams, thinking you are doing the patient a favor? The answer is a resounding NO! This is insurance fraud. In a similar vein, can you start a procedure in January but bill it as being done the prior December so a patient can get their full insurance benefit? NO, as this is insurance fraud! Even if it favors a patient, it is still insurance fraud. Playing Robin Hood will only get you in trouble!

What if the Medicaid patient offers to pay the difference between your fee for amalgams and composites so you can bill Medicaid for the fillings? The answer is still, "DO NOT DO IT!" If the patient insists on posterior composite fillings, then Medicaid will not be involved and the patient will have to pay the entire fee out of pocket (and in advance, if you are wise since being on Medicaid means the person does not have a lot of money anyway). And you can count on this patient being intolerant of any post-placement sensitivity, etc. So be careful when people try to talk you into something that may stretch the rules or go against the standard procedures in your practice.

--RCE

A SAD TALE OF EMBEZZLEMENT

The following article is based on an account that a PIE insured shared with us recently. Hopefully the story told will help each of you avoid going through such an ordeal yourselves.

The subject dentist purchased the practice of another dentist in February 20XX. He needed an office manager so he agreed to retain MaryJane (not her real name), the existing employee. She took all the benefits made available to her but suddenly quit eighteen months after her hire date. When she quit, she made the allegation that the subject dentist sexually harassed her.

As often happens when an employee quits or gets fired, MaryJane went to the Utah Department of Workforce Services to collect a $950 unemployment benefit. The subject dentist subsequently filled out the paperwork he received from workforce services, was able to prove that her accusations were false and the benefit she requested was denied. She tried to challenge this ruling repeatedly but each time her requests were denied.

The dentist grew suspicious that there may have been more going on with this former employee and discovered the following occurrences:

1. She had been recording discussion with the subject dentist with her smart phone for a couple of months in an effort to try to set up conversations to get the subject dentist to imply any words that could be misconstrued as sexual harassment.
2. She made quite an effort noise to distract the dentist's attention from her embezzlement by keeping him on guard with her efforts to create atmosphere where she could accuse him of sexual harassment.
3. Her working hours turned out to be less than what she claimed when wages were calculated.

The subject dentist is expecting to find more issues pertaining to her embezzlement efforts. He has concluded that this kind of problem happens when the owner dentist is not paying enough attention to his/her practice and things such as collections compared to production, etc. Furthermore, the seller had not been actively engaged in full time practice so Mary Jane was the one left over in the empty clinic which gave her ample opportunities to embezzle. She apparently enjoyed the opportunity to have been overpaid to handle for a while a mere office keeping job.

The subject dentist has determined that MaryJane used the opportunities available due to the transition to take advantage of him. In addition to not working reported hours she also, without any authorization from the subject dentist, turned in dental scrap gold to a refiner and received a large check that should have gone to the dentist. This came to light later when the refiner came back to see if there was any more scrap gold to process and reported to the subject dentist how much he paid out to MaryJane. Additionally, MaryJane bribed another employee to keep quiet about what was going on. Mary Jane had requested over $200 in cash and used this to bribe the other employee and kept the rest. She actually requested more cash from the refiner but was told that there were limits to the amount of cash that could be tendered with these transactions.

The subject dentist had the following warnings to all PIE insured:

1. Do not flirt with your employees under any circumstances.
2. Pay more attention to financial details and transactions such as gold refining.
3. Encourage your employees to be honest and report any activities of others they observe that indicate problems.
4. Observe the tenets of your various religions.
5. Don't engage in any illegal activities either yourself or with employees, small or larger, or they will come back to bite you big time!

Embezzlement can come in many forms. Hopefully this article has taught you a couple of other forms to watch out for or prevent.

CONE BEAM MACHINE AVAILABLE FOR USE AT WEBER STATE

Two years ago, Weber State University, Department of Dental Hygiene completely remodeled its 18 chair dental clinic and is now capable of providing CBCT images for your patients. As a cost saving to you and your patients, particularly if you do not want to invest in a CBCT unit yourself, those of you in the Ogden area can schedule your patients to have CBCT images taken in WSU's dental hygiene clinic on Tuesdays or Thursdays by calling 801-626-6130. At a cost of $125.00, this is due at the time of services. The WSU Dept. of Hygiene will provide you with a CD with all images and the viewing software.

--RCE

PIE'S COMPETITORS AT IT AGAIN

We routinely deal with stunts and schemes from our competitors in an effort to counteract their inferior service with efforts to pry our insured away. The latest is "bundling." The agent will tell you that you can save money by putting all of your insurance products together with their agency or company, including your malpractice insurance. But, what aren't they going to tell you?

1. One of our major competitors hates PIE as they have never been able to establish a strong foothold in Utah. Therefore, they do not have a local office but work out of an adjoining state, where they basically have a corner on the market as there are no other decent alternatives there such as PIE.

2. Do these competitors or agents tell you what the mature premium will be once the cheap rate they entice you with has expired? We recently checked and the major competitor mentioned in #1 above charges $745 more than PIE. Another major competitor charges $400 more. If you have had claims, you will have to pay an additional $2,555 for your premium.

3. PIE also has options through Berkley Risk Services of Colorado where we can refer you to for Business Owners coverage (BOP) for equipment and office liability insurance better than what our competitors offer along with Workers Comp coverage. Before you fall for the bait and switch tactics you hear through the bundling option and make any final decisions to switch, you might want to look at Berkley Risk for your BOP or WC options.

4. Our competitors will further entice you by offering to cover the cost of PIE's Tail Coverage or Extended Reporting Coverage in the form of Prior Acts coverage. However, if years later once you deal with their lack of support and claims handling and desire to switch back to PIE, you will find that their own rates for tail coverage exceed PIE's by a substantial amount.

5. If you do have a potential claim or problem with a patient, you can't call PIE anymore. Does the agent who wants you to bundle know anything about dentistry or how to handle irate patients? Do they have any dentists on staff who could help you? A few dentists have had to deal with the unfortunate proposition of having a claim surface after they leave PIE and finding out that I cannot help them. I cannot even furnish a Release of All Claims form since if the patient won't sign it or other problems develop, the new insurance company may have their own forms and rules they now want you to follow.

6. Another thing they won't tell you is that if you call to ask for help with a situation that comes up, such as when a patient swallows something like an implant torque wrench, even though nothing is paid by them to deal with the situation, they will log the reported problem as a claim that may or may not have to be reported to certain insurance carriers, etc. from now on.

The choice is yours. Hopefully PIE give you a better alternative as it is your only Utah based option that is dentist run and dentist owned, by you our insured. Bundling may look good initially but if you think about all of the ramification, it is not a good deal and you should think twice before you cancel your PIE coverage. Interestingly, at the recently completed UDA Convention we had a number of dentist ask us questions at our PIE booth about what it would take for them to switch from their current carrier to PIE. So, hopefully we are doing something right!

--RCE

UNWILLING PERIO PATIENTS

We continue to get phone calls from dentists frustrated by patients that refuse or do not understand the need for periodontal treatment. Many patients do not want to pay for it either as they are more worried about cavities or fillings and think that recommendations for perio treatment are nothing more than a glorified cleaning or something that you, the dentist have come up with to line your pocket! The other common scenario involves a patient with periodontal problems who needs scaling and root planing or even more involved procedures on a regular basis who decides he/she does not want to go through that process and asks you to simply do a prophylaxis. They agree to sign a waiver absolving you of any responsibility. We have explained before that such waivers are not worth the paper they are printed on. As dentists you cannot manage a patient in any way that condones negligence. If you know that a patient really needs scaling and root planing but ignore the indications and let them off the hook, you are negligent and committing malpractice.

When the patient tells you they can't afford periodontal treatment or do not want to go through with it, you should say something like: "We have a culture of prevention we are trying to encourage with our patients. In other words, we would like to help you avoid having expensive dental problems. There is no point in our doing fillings, crowns, or any other treatment if you are not willing to follow our recommendations. Your teeth and gums are in a situation that warrants more than just a standard cleaning. If you are not willing to follow our recommendations and efforts to promote prevention, we cannot function as your dentist. Truthfully, you can't afford not to follow our recommendations if you want to preserve your teeth!"

You can use your x-rays as visual aids to show patients the calculus deposits that need to be removed or use other visual aids available through the ADA and other organizations. Often, as they say, "A picture speaks a thousand words!" and may help to convince a recalcitrant patient.

DISRUPTIVE INNOVATIONS

I recently attended a CE course where the concept of disruptive innovations was brought up. What are these? They are changes that may occur to be good on the surface but ultimately cause problems that you need to stay on top of.

There are several examples of disruptive innovations that we have seen at PIE over the past several years. A few of these deserve your consideration as follows:

1. The concept of going paperless and digital records. What! Are we talking heresy here? Unfortunately we have seen several problems as s result of what is actually poor technology and poor software. For example, pad signatures do not work well with informed consent forms as there is no actual proof in the chart that what the patient actually signed is what is shown on the screen in court. There is no question what was read when the original form or a scanned original form is shown in court. Furthermore, we have ongoing problems with undated digital x-rays, or copies of progress notes sent to the lawyer in one format and sent to us in another so the automatic opinion of the plaintiff's lawyer is that the records have been changed or altered. Another problem has to do with systems where items are deleted from the treatment plan as they are finished. A problem with some records systems is where a diagnosis or problem list is repeated constantly but no dates are recorded and no status of each issue can be tracked. And we could spend two pages describing problems dentists have when data is lost during upgrades or if data is not backed up properly. Additionally there are now hackers who can get into your systems and lock your information up until you pay a "ransom." Even after you pay these crooks, there is no guarantee your system will be unlocked!

   Twenty five years ago we never saw as many problems with records as we routinely see now with digital records or attempts by offices to go paperless. So we definitely

consider changes in records protocol to be a disruptive "innovation." And we are not the only ones. Many physicians and hospital personnel have the same problems that we see dentists having to deal with! If your records are not reproducible and cannot be printed or generated in repetitive fashion so they look the same for us a well as lawyers, or are designed such that pertinent information is hard to reproduce or deleted as you go, it makes it difficult if not impossible to defend you!

2. Crown and bridge materials that don't stay in or don't last are disruptive! Have you noticed that you have more of the new types of ceramic crowns come off after cementation than you did back in the days when you seated porcelain fused to metal crowns? There are several reasons for this disruptive innovation. First of all, you did not have to remove as much tooth structure with the metal substrate in place. Second, you could cut retentive grooves in your preps which greatly ensured the ability of your crowns to stay on, especially if you used zinc phosphate cement. Unfortuantely the new ceramic materials cannot follow a groove cut with a 169 tapered bur and with occlusal reduction necessities you may not have much of a ferrule after your prep is complete. And if there is too much taper your crown does not have much of a chance of staying on very long. If any of you have any secrets you have learned to assist with retention, please let us know!

3. Posterior Composites in place of amalgams is another area where there will be a lot of argument if they are considered as disruptive innovations. I have had some interesting discussions with some excellent clinicians who argue vehemently that amalgam is bad because it splits teeth, stains teeth and gums, and is ugly. Yet, if it is placed in a conservative prep, is well contoured and polished, it may last as long as the patient or at least go 20 years or so. Back in the 1980s, if I had told a patient that I will be doing a filling that will maybe last five years and then be covered again by insurance that they can pay $200 for each time, they would have gotten angry and told me I was a lousy dentist if I could not get a filling to last much more than five years. But composite resin falls into that category and people seem to expect that lack of longevity. And how many of you really focus on concerted efforts to isolate the tooth well to avoid salivary contamination? And how many of you have much success bonding to cementum if the prep must extends deep interproximally or can get a good contour despite fluting? There are some of you who could argue that they have seen composite resin fillings last well past five years but others would argue that this is the exception.

4. There are other innovations that, of course, are not at all disruptive but are great improvements over prior methods. Very few if any of you would rather do a Class III gold foil restoration in lieu of a tooth colored composite restoration on a front tooth. And a few endodontists were sorry to see gold foils go the way of the world as it reduced the number of teeth that were available for them to treat. But implants, when placed properly with proper patient knowledge of their limitations are another great innovation that has made life better for many patients.

But, in summary, the old adage that you never want to be the last person on the block to buy the great new product but you don't want to be the first, either, holds true. This adage especially applies to new restorative materials that are not sufficiently tested before they hit the market. We have had to help dentists deal with products liability claims because some ceramic materials went so bad so fast in a large number of patients. Even in dentistry, the other adage *caveat emptor* or "buyer beware" is very apropos.
--RCE

SOME PRACTICE MANAGEMENT SUGGESTIONS

I receive information from time to time from a national practice management consultant, Scott Manning. He is not a dentist but has some helpful ideas about how to run a practice. Many of his suggestions have to do with recommending needed dentistry to existing patients rather than trying to flood your practice with new patients.

Recently he has had some suggestions worth passing on that may help you deal more effectively with patients, especially new patients, and provide a more comprehensive and better service. These suggestions are as follows:

1. If you are serving patients well and you like your patients, they should be referring other patient with like-minded thinking and your practice should be growing with the kind of patients you want to have, not just the shoppers that want the cheapest deal and have no loyalty. If any follow-up after the first phone call is dropped or forgotten, that will tarnish your reputation.
2. Bad telephone protocol will drive new and old patients away. Too many questions about their insurance, handling fee questions incorrectly, etc. will hinder, not help.
3. Many dentists do not pay adequate attention to their websites which really turns patients off, especially the younger Gen X and Millenial age patients which are more in tune with online marketing. You should have a website which is personal, effective, educational and enhancing to your approach and personality, according to Manning. You should also pay attention to online reviews and your online ratings and reputation.
4. Don't handle new patients like existing patients with annoying reminder texts or reminders that make them look like part of a cattle drive.
5. Don't have your front desk personnel fail to greet people as soon as they enter your office or act distracted when trying to multi-task.
6. Schedule such that your first appointment is properly structured such that there is minimal waiting an you are not rushed and get off to a bad start with the new patient. Have a way to allow warm and professional

introductions of staff members when moving a patient to different areas and personnel in your practice.

7 Use plenty of visual aids to do the talking such that presentations are interesting and educational in an effective way.

GUEST COMMENTARY
By Stephen M. Burton, DMD
- **President and Chairman, PIE Board of Directors**

In the almost fifty years that I have been in dental practice, I have seen many wonderful improvements in the profession. It has been a privilege to watch all the great strides dentistry has made, both for the enhancement of esthetics for our patients and for the improvement of materials that allow us to restore areas of the mouth that we could only dream about in the past.

In dental school, I was able to be part of the original studies at Monsanto Chemical Company of the new dental miracle, which, supposedly, was going to make all dentists become obsolete, ala buggy whips. That miracle, of course, was fluoride.

One amazing "miracle" after another came and went, and a few actually did make a mark in our treatments, one of them being composite resin material.

On a not so positive note, there is a theme that continues to plague us dentists, rearing its ugly head once in a while. I am speaking of criticism; that is, one dentist criticizing another dentist, whether it be his or her operative skills, judgment in diagnosis, the equipment he or she uses, or even personality. When one does this without consulting with the dentist in question, it results in an uninformed judgment that may prove to be false and unethical, when all the facts are known.

Over the years I have known of friendships that were shattered as a result of such criticism, patients who were left confused as to what to believe, and the resulting unnecessary hurt feelings over frivolous claims.

The next time you offer a second opinion for a patient, or if you see a patient for the first time, if you have a question about any work that has been done previously, call the other doctor before you make a judgment and inquire about the details of his/her treatment and the reason for that treatment.

Dentistry is a great profession; we are fortunate to be a part of it. May we all be mindful of those around us, including our fellow dentists, that we may be able to continue the high standards of our profession for which we should all strive.

****

The PIE Newsletter is brought to you by:
PROFESSIONAL INSURANCE EXCHANGE MUTUAL, INC.
YOUR Professional Liability Insurance Company