

Hawaii Dental Association Journal



Spring 2017



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Spring 2017

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STAFF & CONTACT INFORMATION

Kim Nguyen, Executive Director
Irish Edsman, Director of Operations
Antonia Perez, Office Manager
PH (808) 593-7956 | TOLL-FREE (800) 359-6725
FAX (808) 593-7636
EMAIL hda@hawaiidentalassociation.net
WEBSITE www.hawaiidentalassociation.net

ADVERTISING CONTACT

Dan Hartzog, LLM Publications
PH (800) 647-1511 x2229 | EMAIL danh@llmpubs.com

DESIGNER

Benjamin Caulder, LLM Publications | EMAIL ben@llmpubs.com

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HDA President
Chris Lee, DDS

Aloha HDA Members

As most of you have already heard our search for an Executive Director is officially over! I've had the pleasure of officially welcoming Kim Nguyen on board as our new Executive Director. Kim has quickly proven to be a valuable asset to the Hawaii Dental Association, and we are extremely blessed to have such a talented professional to help lead our association forward. In her first month on the job, Kim has hit the ground running and has transitioned nicely into her new position as HDA Executive Director. While the road to finding Kim was long and bumpy, I feel that in the end we found the right person for the job who brings great energy, and enthusiasm to our office. I would like to thank our Executive Director Search Committee for all of the hours of hard work they put in over the past eight months, and Bishop and Company for their guidance throughout the process.

Special thanks and recognition must go to Dr. Steve Wilhite. Dr. Wilhite went above and beyond the call of duty by stepping in as our interim Executive Director from last August till March of this year. He did all of this while still working full time in his practice.

We also had another great Give Kids a Smile event in Honolulu this past February, and we are working to get more events on the neighbor islands as well. In addition, we have also officially established the Hawaii Dental Association Foundation. It is a true charitable foundation that is able to accept tax deductible donations and provide support for our Give Kids A Smile Event as well as other community service projects for our members to participate in.

Also, I'm writing this in the midst of a very challenging legislative session for the HDA. Mahalo to all of the members who participated by sending testimony or calling the legislators. We as professionals need to be heard and take an active part in the legislative process where the politicians make the rules that affect how we practice dentistry. Please consider donating to our state PAC and getting to know the Senator or Representative in the district you live in as well as where you practice. A phone call, email, or maybe a small campaign donation may not seem like much, but if we can get a large number of members participating, it will go a long way towards giving the profession a voice at the capitol.

Finally, I just want to thank all of the members of the HDA who continue to support organized dentistry through membership and volunteering. Please keep an eye out for announcements, new member benefits, and volunteer opportunities.

Mahalo,
Christopher Lee, DDS



HDA Executive Director
Kim Nguyen, MSW

Aloha HDA Leaders and Members

It is with great enthusiasm that I join all of you as your new Executive Director! In my brief few weeks here, I have had the pleasure of visiting with, and learning from, such committed dentists and team members who have welcomed me on board with the Aloha spirit and sharing with me their institutional knowledge and history of this organization. Mahalo Nui Loa!

As I settle in, my time with the Washington State Dental Association in Seattle is coming back: The familiarity of our advocacy and public policy issues, the structure of our administrative and governing bodies and entities, and the opportunities and challenges faced by our profession. All that said, I will rely on our HDA leaders, our members, and our team—to walk alongside me in this journey to move HDA into the next era, as we lead and collaborate to improve Hawaii’s dental well-being. Please reach out if I have not yet visited with you.

Health, healthcare, and public health have always been my personal and professional platforms. As a survivor of polio and breast cancer, I’ve learned to become my own patient advocate while recognizing the incredibly complex systems in which our health care providers operate. How do we best support both the patients and providers, and their relationships and experiences? I look forward to addressing this for our profession.

As I continue to learn more about HDA and our profession, I want to send my deepest appreciation to HDA’s Leadership for moving HDA ahead during this transition, and for lending support to my arrival. And a very special shout out to Dr. Steve Wilhite, for directing the HDA while juggling professional and personal priorities these past few months. It’s certainly not an easy task to manage (trust me, I know); please know I appreciate all of your efforts!.

I’m here now, so let’s continue forward—for Hawaii’s oral health!

Aloha,

A handwritten signature in black ink that reads "Kim Nguyen". The signature is written in a cursive, flowing style.

Kim Nguyen

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Give Kids A Smile: Oahu

The Hawaii Dental Association Young Dentist Group, was proud to host a GKAS event, and bring complimentary dental services and education to the children of our own community. We want to extend a huge

thank you to all our volunteers and sponsors! This event has continued to grow each year. This year we reached 750 kids and taught them about oral health at their schools, and we impacted 150 kids and their families on February 25, 2017! 🦷



Give Kids A Smile: The Big Island

In an effort to bridge a gap between underserved children and access to dental care, the Give Kids A Smile (GKAS) program made its debut on the Big Island at Keaau Family Health & Dental Center on February 25, 2017. During this one-day event, over 30 children from Keaau and its surrounding communities were able to obtain complimentary dental care. Kids were greeted in a friendly reception area with fun games and engaging activities that included “what are sugar bugs” and “how to dress like a dentist.” In addition, children were taught oral health tips, such as “brush two minutes, two times a day” and “clean between your teeth daily.” After receiving education on prevention, children underwent dental screenings, x-rays

and cleanings from volunteer dentists from Bay Clinic, Inc. The central goal of the GKAS program aims to establish a dental home for children and continuity of care.

GKAS was made possible for the first time in Keaau, Big Island through notable support from Drs. Ruth Ohata and Ammon Kau; Bay Clinic, Inc.; providers Drs. Brian Higa (Dental Director), Joe Cha, Tuan Pham and Koa Yamashita; Dental Residents Drs. Maddie Johnson, Kris Nip and Eva Payette; staff members Jaydee Chung, Steph Czerwonka, Larissa Lee, Sherlyn Pasion and Tiana Santiago; volunteers Leilani and Princess from Head Start, Nancy Monroe from Henry Schein, Inc. and generous contributions from local dentists. 🦷



Successful Visit to the State Capitol

Mahalo to Drs. Chris Lee, Steve Wilhite, Patsy Fujimoto, Ed Cassella, Dayton Lum, Curtis Tom, Curt Shimizu, Darrel Teruya, Norman Chun, Mark Chun, and our legislative consultants Melissa Pavlicek and the Hawaii Public Policy Advocates staff members for a successful legislative breakfast!



From left: Dr. Ed Cassella, Kim Nguyen, Sen. Breene Harimoto



From left: Dr. Steve Wilhite, Rep. Gregg Takayama, Dr. Curt Shimizu, Sen. Gil Keith-Agaran

We communicated to legislators HDA's opposition to *HB 374* which would limit dental assistants from applying topical fluoride and highlighted our other legislative efforts. We thanked legislators for deferring *SB 343* which would have allowed licensure by reciprocity. We strengthened our relationships with legislators and made a few new friends. Please see a few photos from the breakfast and note the legislators who attended—and we also visited with many staff members at the capitol!

- Senator President Ron Kouchi
- Senator Breene Harimoto
- Senator Gil Keith Agaran, Judiciary Chair
- Senator Clarence Nishihara, Public Safety Chair
- Rep. Jimmy Tokioka
- Rep. Tom Brower, Housing Chair
- Rep. Gregg Takayama, Public Safety Chair
- Rep. Chris Todd
- Rep. Joy San Buenaventura
- Rep. Isaac Choy
- Rep. Richard Onishi, Tourism Chair
- Rep. Cindy Evans
- Rep. Marcus Oshiro
- Rep. Nicole Lowen
- Rep. Lauren Matsumoto
- Rep. Ken Ito, Veterans, Military & International Chair
- Rep. Mark Nakashima, Economic Development Chair
- Speaker Emeritus Calvin Say 🍷

A promotional banner for the 38th Annual Dental Forum in Hawaii. The background is a scenic view of a tropical beach with palm trees and turquoise water. The text reads: "DON'T MISS THE 38th ANNUAL DENTAL FORUM IN HAWAII! Maui FEBRUARY 3-10 & /OR Kauai FEBRUARY 10-17, 2018". In the bottom left corner is the logo for Dental Seminars & Symposia, LLC. In the bottom center is a QR code. To the right of the QR code, it says "For details & registration, visit www.dentsem.com or call 952.922.1707". To the right of that, it says "For travel information, call Linda 800.826.6644 or email linda@travelleaders-cf.com".

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Dr. Errol Y.W. Yim

Orthodontist and Family Man

Errol Y.W. Yim was born in Honolulu and attended St. Louis High School. He was raised in Honolulu, however, most of his family is from Kaneohe. Some of you older dentists will remember that Errol's family had a supermarket and department store in Kaneohe. It was called Lin's Supermarket and Y. Ah Lin's Department Store. Errol's grandparents, who immigrated from China, arrived sometime in the early 1900's and his grandfather started the initial store in Kaneohe. Their children included one girl and five boys. All five boys eventually would manage both the supermarket and department store. It was after high school that Errol attended St. Louis University for his undergraduate education. His family, his siblings and cousins, have a long



history of medical and dental careers. It was his grandmother, who was responsible for their level of achievement. She would not accept anything less than everyone going to college. In his senior year, Errol's college roommate was studying to take the DAT. Back in those days, one of the requirements was to carve different forms on a big piece of chalk. Errol said, "I remember watching him practice and I asked him if I could try to carve and discovered that I had a talent that I was not aware of. Anyway, long story short, in my senior year of college, I decided to go to dental school." He then went on to St. Louis University Dental School for his dental education, which turned out to be the last graduating class of St. Louis University Dental School.

Errol and his wife Andy had two children, a daughter Leslie and son Brad. Both attended Punahou School for 13 years.



*By HDA Member
Dr. Candace Wada*

Leslie went on to graduate from Cornell University, School of Hotel Administration. Tragically, when Brad was about to start his senior year at the University of San Diego, he was involved in a fireworks accident at the 1992 Olympics in Barcelona and passed away. He is long remembered for his years of playing water polo at Punahou. As a tribute to Brad, his coach, Ken Smith, started the "Brad Yim Perpetual Award" given to the most inspirational water polo player of the year at Punahou; it is still in existence to this day. Errol's daughter, Leslie, is back in Hawaii now with his two grandchildren, Noa and



Sofia, who both attend Punahou. Andy is a full time grandmother with duties that fill her day.

As far as fun, over the years, Errol has stayed active in tennis, racketball and squash. He then decided it would be fun to race bicycles on the road for some 5-6 years. Currently his passion is golf. He said, "Golf is a great game that consumes a lot of your free time. It is the challenge that attracts you. It is a game that you can practice and achieve great success or one that you can simply play. It is a game that allows you to go all over the world and experience the pleasure of different golf venues." He loves to travel and experience all the different cultures of the world.

Once in dental school, Errol realized that he wanted to specialize in orthodontics. In dental school, Errol found that he enjoyed being around adolescents and young adults. He

also enjoyed the art of creating the orthodontic appliance and the diagnostic challenge of orthodontics. In the 1970's, orthodontic residency programs preferred not to accept students straight out of dental school, so the dean asked him to get some dental experience. So, he joined the US Army Dental Corp, served two years at Fort Sill, OK (Artillery Center.) He then entered his orthodontic residency at St. Louis University Dept. of Orthodontics.

Looking back at dental school and his orthodontic residency, Errol said he thinks the learning process is very similar to today. However, the modern technology, digitalization and instrumentation, makes a huge difference in what you can achieve and how quickly the process can occur.

Errol said, "Back in the 70's, when I started orthodontic training, we started from the very basics of soldering brackets onto bands. There were no tips or torques in the brackets, you literally had to make all of those movements by placing bends in the archwire." His favorite thing in orthodontics is technology. The technology that has occurred in the last 10-15 years has allowed wonderful beautiful results with minimal extraction of permanent teeth.

Errol has been in the practice of orthodontics since 1974—about 42 years. He has always been in solo practice but said, "I am always looking for a great young associate."

His advice for new orthodontists or new dentists is to embrace technology and to find groups of other orthodontists (or dentists) who strive for excellence and learn from each other and your mentor. ♥

2017 Annual OSHA Training & Compliance Seminars

INITIAL TRAINING SEMINAR

OAHU Thursday, August 10 9am – 5pm	BIG ISLAND Friday, August 11 8am – 4pm
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RETRAINING UPDATE SEMINARS

OAHU August 10 1pm – 5pm	BIG ISLAND August 11 10am – 3pm	MAUI August 14 1pm – 5pm	KAUAI August 15 1pm – 5pm
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Market Research is Your Springboard to Success

By Wendy O'Donovan Phillips

After surveying hundreds of patients in dental practices nationwide last year, we have compiled the following data to help your practice increase production and profitability over the remaining months of 2017. In our proprietary survey process, we ask 25 key questions to uncover why patients are loyal to their practice and what marketing tactics they consume. This report details the cumulative data from three of those questions.

Would patients search online for a practice like this one?

The common 21st Century misnomer is that it is best to invest heavily in online marketing. Patient data shows that a diversified marketing plan is a stronger strategy, since only 62% of patients surveyed in 2016 would search online for a dental practice. In fact, online marketing is only a fraction of the appropriate marketing mix for today's dental practices.

There are more than 50 marketing tactics that a dental practice could deploy, and of those, only a handful is appropriate right now. The majority of practices realize higher production dollars and profits when their marketing plan includes the right combination of brand/awareness marketing, traditional marketing, internal marketing, as well as online marketing.

There is good money in online dental marketing, so more and more providers are popping up and wooing dentists

with strong sales pitches. (A Google search for "online dental marketing" yields 2.5 million results!) If your practice invests with one of these providers, be sure to also invest with a full-service dental marketing firm that can round out efforts for optimum overall results.

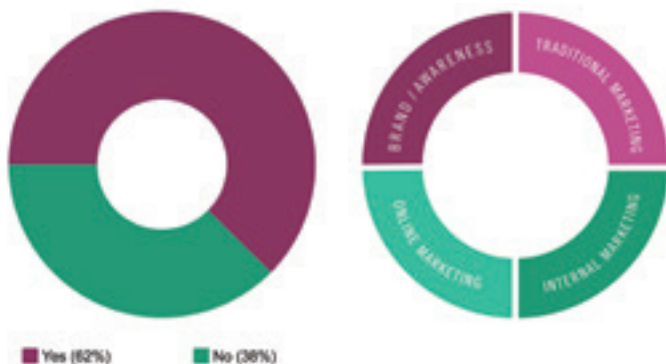
What type of marketing do patients pay attention to when searching for a dentist?

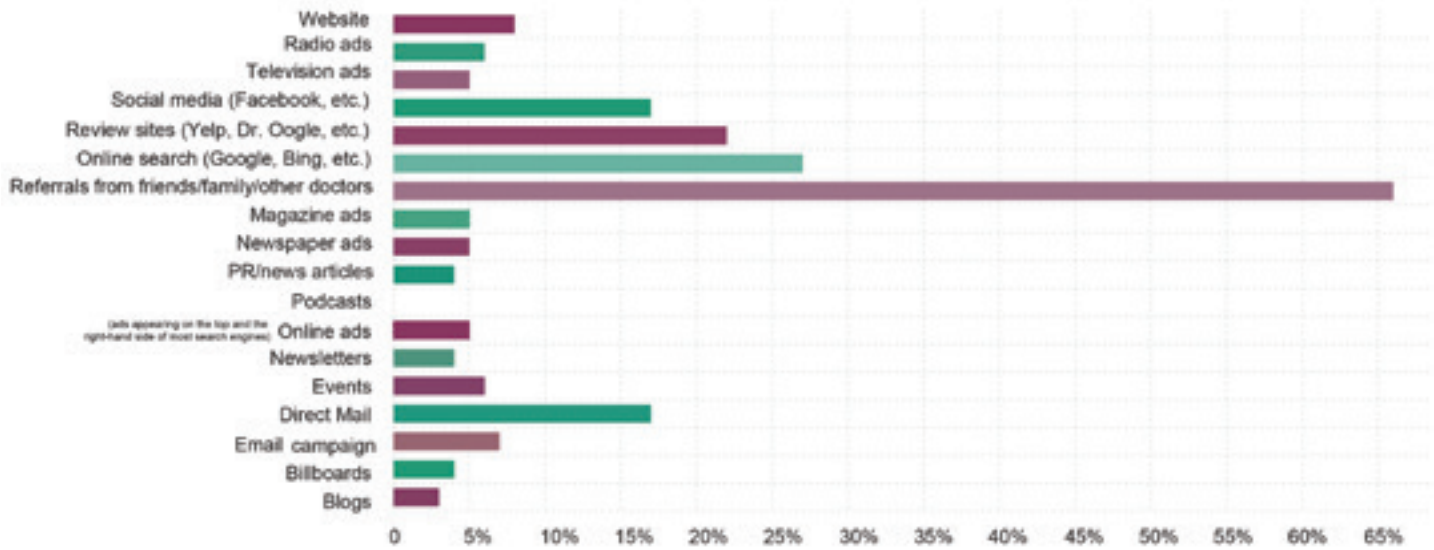
ot surprisingly, referral emerged as the most popular answer in last year's market research. Note that this means patient referrals rather than doctor referrals, which are far less common than in past decades. Practices cannot rely on patient referrals without marketing communications supporting them. Have on hand "care-to-share" cards that help facilitate the referral conversation and demonstrate value to the patient. Cards should clearly articulate what the patient gets for referring, such as a \$50 gift card. Beyond that, branded note cards will allow the front office to easily print batches of thank you cards to send to referring patients and welcome cards to send to referred patients.

Ensure that the team is trained and incentivized to ask for referrals on a regular basis. Inspire the team to regularly use referral materials, and reward them when the practice reaches its new patient goals.

Online search came in as the second most popular answer at 27%. Again, note how low that is compared to today's supply and demand for online dental marketing. Your competitors are under the impression that online marketing will get them all the patients that they need. You know that this tactic is only one part of a much bigger picture.

Even so, patients are constantly using mobile devices to connect to your practice. Be sure that your website is not just mobile-friendly but also responsive, which means it is easy to navigate for people using any device. Also be sure that patients can click your phone number on their mobile device for ease of calling the practice. Dialing is passé.





Review sites also come in at 27%. Post point-of-sales campaigns throughout the practice that show clear instructions on how patients can write an online review. Be sure that the front office is asking every patient at checkout to write reviews. Two of the most popular review sites among dental patients in 2016 were Yelp and Google, so focus the team and patients there.

Social media and direct mail follow online search and review sites as the most popular ways for patients to find a dental practice, both at 17%.

Social media is like a practice open house happening 24/7 online. Appoint two people on the dental team to manage the practice social media strategy, or outsource this function for highest patient engagement. If you are managing social media in-house, be sure the team is trained in HIPAA guidelines for social media marketing.

And yes, direct mail is still a great way to drive new patient traffic and to increase treatment acceptance rates. It matters not if you would pay attention to another postcard in your mailbox; it only matters that your future patients will. There are plenty of marketing functions that can be managed by your team, but direct mail is best handled by dental direct mail experts who will use demographic data and specific designs to engage the right audience for you.

What would be the easiest way to encourage patients to write a review or make a referral?

The easier you make it for patients to write reviews and make referrals, the more likely they are to do just that. Services like Demandforce and Lighthouse 360 can help automate the process of staying in front of patients and encouraging them to take action around reviews and referrals. Beyond that, a simple “thank you” and small gift card go a long way in inspiring them to continue to sing your praises across your community.

While these are the major trends we saw in dental marketing over the past year, our philosophy is that each practice has its own unique thumbprint on the world. Resist the temptation to copycat what everyone else is doing. Conduct market research specific to your patient base, and use those findings to springboard your practice to success throughout 2017.

Wendy O'Donovan Phillips is president of Big Buzz, the only full-service dental marketing firm in the nation. They offer more than 35 different marketing solutions, all backed by real research. Her book, KABOOM!: The Method Used By Top Dentists for Explosive Marketing Results, helps dentists build thriving practices with marketing backed by strategy. The American Marketing Association has awarded her for excellence in her industry, and she is currently acting as an expert marketing consultant to the American Dental Association. In 2016, her agency formed a partnership with Seattle Study Club, and she will be lecturing to their clubs nationwide.

Dentist by One



The American Dental Association and the American Academy of Pediatric Dentistry recommend that children should see their dentist within six months of getting their first tooth - and no later than their first birthday.

Please help us deliver this message to your patients, in conjunction with HDS's oral health initiative - "Dentist by One."

Let's work together to reach out to all Hawaii families, particularly those with Medicaid and in underserved communities, to educate them for a lifetime of healthy smiles.

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The American Dental Association and the American Academy of Pediatric Dentistry recommend that a child should go to the dentist within six months of getting their first tooth - and no later than their first birthday.

HOW TO CARE FOR YOUR BABY'S SMILE

- CLEAN** Clean your baby's gums with a damp washcloth after eating and drinking.
- BRUSH** Once the first tooth shows up, use a soft toothbrush and water to brush your baby's teeth and gums. Brush in soft gentle circles every time a day.
- NO BOTTLE IN BED** Don't let your baby fall asleep with a bottle of milk or sugary drinks at any time at night.
- NO SUGAR** Give your child water. Do not give your child drinks with added sugar, such as soda or juice.
- DON'T SHARE TOYS, SPOONS OR FOOD** If you put food in your child's mouth, be sure to get them to your child's mouth because sharing germs that can cause cavities.

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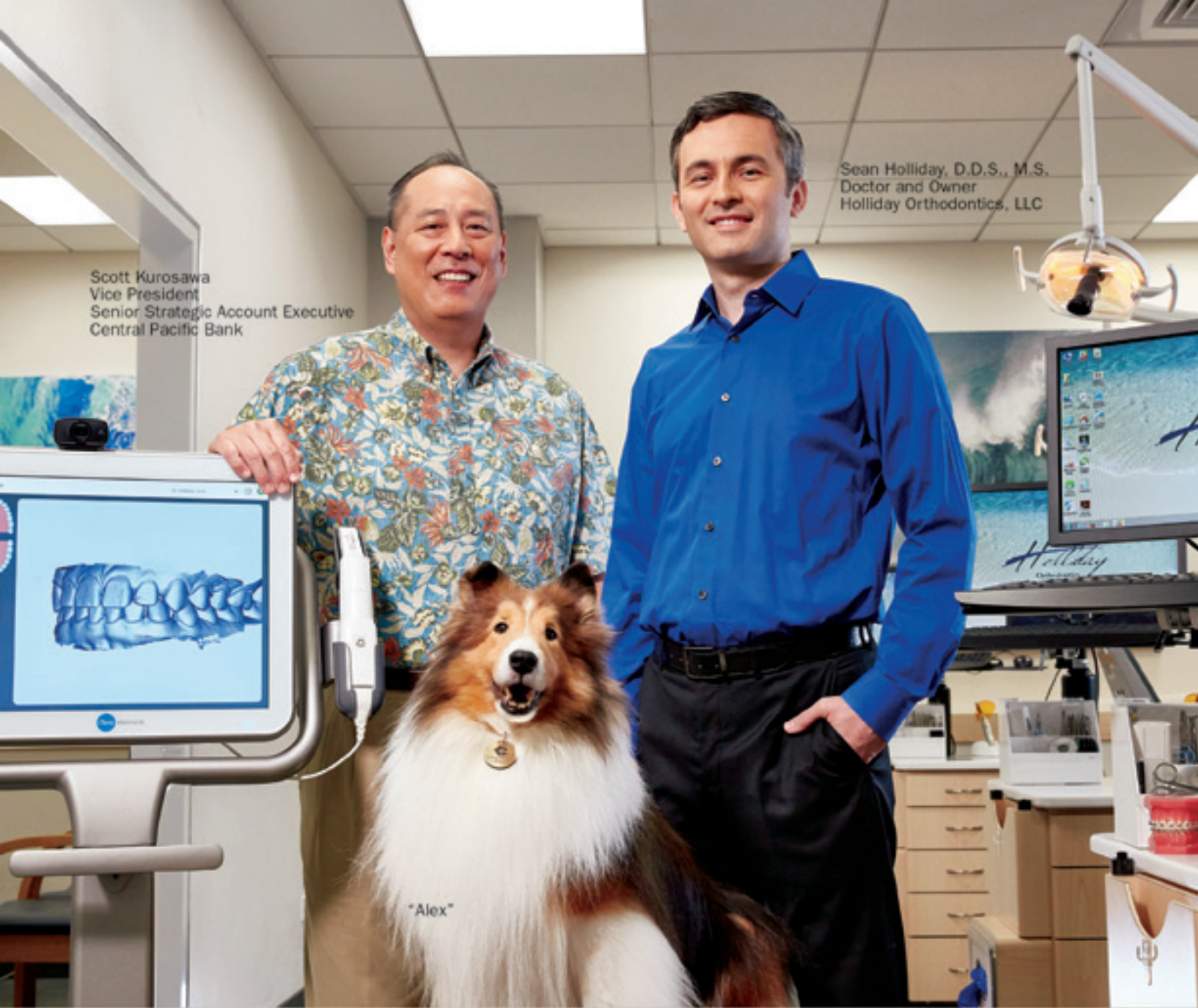
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The Importance of Time, Timelines, and Timing with Your Commercial Lease

By Jeff Grandfield and Dale Willerton—The Lease Coach

How much time do you need to effectively handle the different parts of the leasing process? That will depend on whether you're opening your first or fifth practice location. You can discover a lot during your first few lease deals that you can carry forward—potentially saving you both time and money with further leasing projects. Give yourself ample time to recover from setbacks without it costing you more capital or rent.

At The Lease Coach, we have heard from many dental tenants who have explained how they felt pressured by real estate agents who keep pushing them to make a deal. Often you will get a call from the agent saying that someone else is looking at the space you looked at last week, so you had better hurry and sign an offer to lease. Don't let things like that sway you—Go your own speed and get it done right.

Time is also money for many successful dentists who can better spend their time doing what only they can do for themselves and their practice. Many tenants hire professionals to save them time so why not use a professional lease consultant to handle your commercial leasing matters too?

The entire lease process can take 20 to 40 hours stretched over many months—this is time that you may better delegate to someone who does this for a living.

Timelines can also be critically important. Most often, any condition stated in the offer to lease may be for a finite period of time (e.g. ten days). If you know up front that you need more time to get your financing in order or have your contractor look over the commercial space, then ask for more days in advance. It is better to have a 20-day condition period rather than your having to keep extending five-day condition periods.

Timing plays a key role with your lease renewal. Ideally, a dental tenant will want to start the lease renewal process 12–15 months in advance of their lease expiration date. More precisely, look at your renewal-option clause. If this says your cutoff date for exercising your lease-renewal is six months before your lease expires, you would need to start the renewal process six months before that—or a total of 12 months in advance.



Dale Willerton and Jeff Grandfield—The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of *Negotiating Commercial Leases & Renewals FOR DUMMIES* (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.



Note that your strength or leverage may lessen the closer you get to the cutoff deadline, so the farther in advance you can find out what the landlord wants to do with your tenancy and rental rate, the more time you have to react. If you're going to get bad news, you will want that information sooner rather than later. Do keep in mind that most landlords want (and plan) to have their tenants renew, so you're usually on the same page plan-wise anyway.

This also applies in cases where you don't have a renewal option and want to remain in your same location. The closer you get to the end of your term the less relocation time you have, and it becomes clearer to the landlord that you can't (or don't) intend to consider relocating. Doing this all in advance also impacts your own peace-of-mind—when you can put the lease renewal to bed earlier, it reduces your own stress dramatically.

If you are relocating, selling, or closing up your practice, you will also need to consider time in regards to the refunding of your damage deposit. Talk to your landlord before

your lease expires about getting your entire deposit back as soon as you vacate the premises. You may be nervous to bring up the subject for fear that your landlord may have some excuse for not refunding your deposit in full. This may be true; however, you can't determine if there is a problem (and then work to solve the problem) if you don't ask before you move out.

As a tenant, paying your rent on time will also be an obligation. For many smaller dental practices, the beginning of the month, however, is not a pleasant time as payroll, loan payments, and rent are all often due then. Changing your rental due date may be possible—having a few days' grace period to make the monthly rent payment can make a world of difference if your business has decent cash flow. By negotiating with your landlord to change the day your rent is due (perhaps to the fifth or tenth day of the month), you can breathe a little easier at month's end. 🍷

For a copy of our free CD, *Leasing Do's & Don'ts for Dental Tenants*, please e-mail your request to JeffGrandfield@TheLeaseCoach.com.

Final Notice:

Sending an Account to Collections

By TDIC Risk Management Staff

Most dentists enter the profession with one focus in mind: patient care. In theory, the concept of providing care is pretty simple: dentists perform a service, and patients pay for that service. But what happens when patients fail to hold up their end of the bargain?

Collections is one of the most crucial, yet also the most challenging, aspects of practice management. Using a collections protocol is a basic first step in addressing unpaid balances, but if phone calls and letters go unanswered, a dentist is faced with the dilemma of whether to turn the account over to a collection agency. The Dentists Insurance Company advises dentists to carefully consider the pros and cons of such an action. Depending on the dollar amount of the outstanding balance, the length of time that has passed and the patient's payment history, the negatives may outweigh the positives. Angry patients can and have attempted to retaliate against dentists for sending their bills to collections.

In one case reported to TDIC, a patient presented for an exam, requesting veneers on her upper front teeth. The dentist wanted to address the patient's periodontal issues and improve her oral hygiene prior to placing the veneers. The patient underwent scaling and root planing on four quadrants, and a few months later, the dentist began preparations for veneers. The patient returned for an occlusal adjustment, and the dentist delivered her permanent veneers two weeks later.

The patient returned several times for occlusal adjustments over the next few months, and at the last visit, the dentist noted that one tooth was tender and another had slight mobility. The dentist recommended a nightguard and took impressions for its fabrication. But the patient did not return for the delivery of the nightguard, leaving a \$3,800 balance. The dentist hired a collection agency in an attempt to recover the unpaid balance, but the patient filed a lawsuit alleging negligent treatment, demanding \$15,000 to correct the treatment in addition to compensation for pain and suffering.

"All too often, as soon as a dentist starts pursuing an unpaid balance, a patient claims that the treatment was

unsatisfactory," said Taiba Solaiman, risk management analyst, TDIC. "Unfortunately, this triggers them to pursue actions against the dentist to avoid paying the bill."

Professional liability claims aren't the only retaliatory threats dentists face. Patients have filed complaints with their respective dental boards, insurance companies and the Better Business Bureau. They have also resorted to posting negative reviews on social media and other user-generated review sites.

In another case reported to TDIC, a patient presented to a prosthodontist to get replacement crowns on his upper front teeth. The original crowns were made by a general dentist several months prior and were of marginal quality and aesthetic integrity.

The prosthodontist completed treatment, but it took the patient two years to pay \$1,500 of his \$9,000 balance, so the doctor decided to turn the account over to collections. In response, the patient posted a negative review online, stating it was the worst experience of his life and advising others not to waste their time or money on the doctor's services. In the review, the patient also stated that he attempted to contact the dentist on multiple occasions and left several voicemails, but the dentist failed to return his calls. However, the dentist's records did not reflect this assertion.

TDIC reports several issues with this case. First, the dentist did not have the documentation to prove patient acceptance of treatment at the delivery of the restorations. Second, there was no record of follow up in terms of post-operative checks. Third, the practice did not hear from the patient for two years and assumed he wasn't coming back, but failed to send a dismissal letter. TDIC advised the dentist to reach out to the patient directly to resolve the matter or not to pursue it.

"While dentists certainly have a right and an obligation to pursue money that is owed them, it is important to consider the pros and cons of doing so. Sometimes, the long-term costs can outweigh the short-term benefits," Solaiman explained.

To mitigate any potential risk, TDIC recommends implementing a sound, clear financial policy. The policy should explain the patient's financial obligations and clearly

state that delinquent accounts (for example, those that are 120 days overdue) are turned over to collection agencies. It should also detail any fees, if applicable. All patients should sign the financial agreement and consent form, as well as authorization to release patient information to a third party, should a collection agency be used. If so, it is also important to have a business associate agreement on file and to limit the information shared to avoid potential HIPAA violations.

It should also be noted that, in the end, dentists usually only see a small fraction of the amount owed once a collection agency is involved. Most agencies charge a percentage of the money collected, as much as 50 percent, depending on the amount and age of debt. But the amount collected is not necessarily the amount owed; agencies usually negotiate a smaller settlement. For example, if a patient owes a dentist \$500, and the collection agency negotiates to \$300 and charges 30 percent, the dentist will only receive \$210.

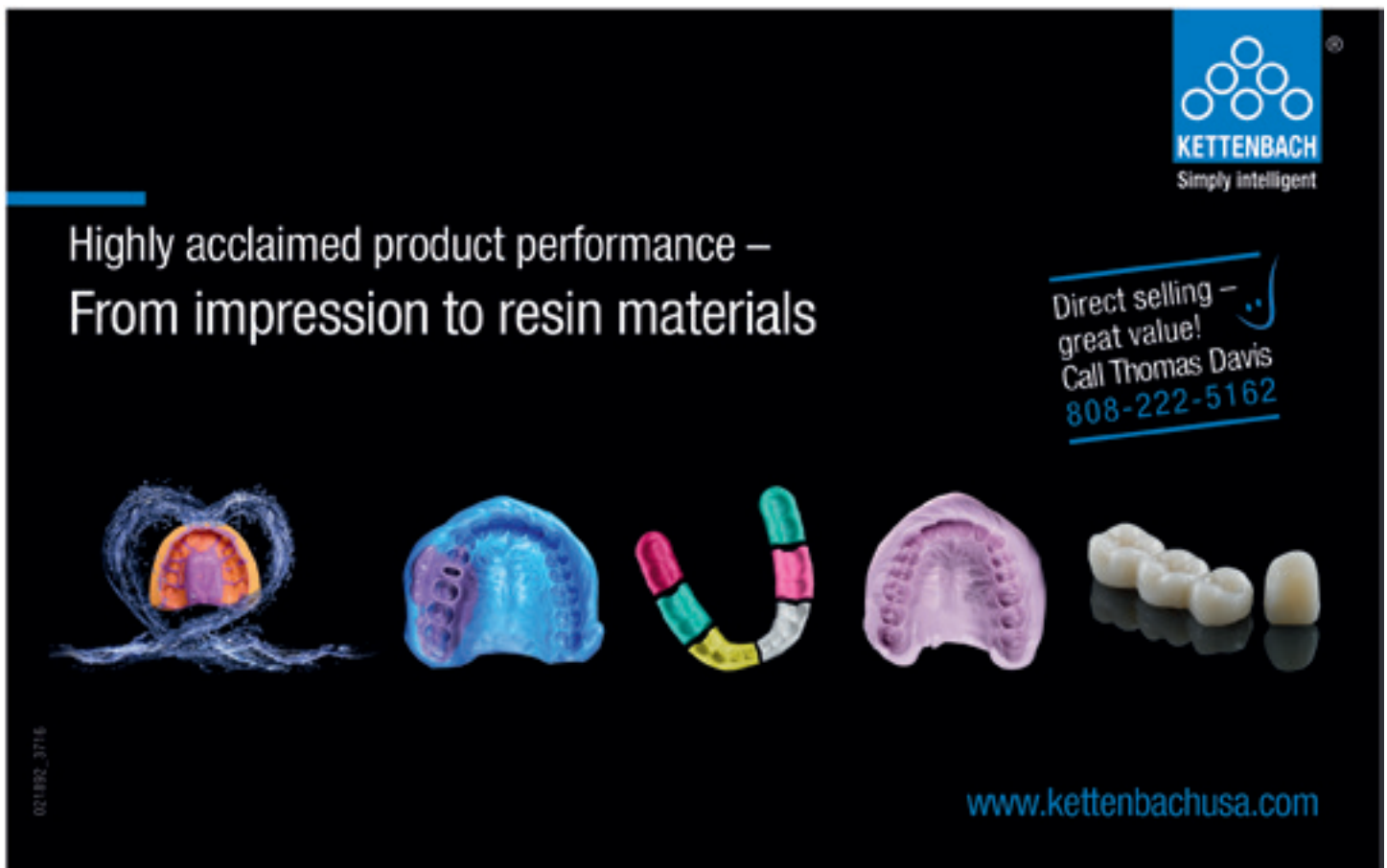
In addition, collection agencies are required by law to cease collection efforts should the amount in question be in dispute. Consumers have 30 days to notify collection agencies that the debt is disputed, and agencies must then

obtain verification of the debt or a copy of a judgment in order to pursue it. Dentists are, however, allowed to pursue disputed debt on their own.

Not all circumstances necessitate the involvement of a collection agency. In some cases, dentists would have more luck talking to patients directly to determine why they are unable to fulfill their financial obligations. Offering options such as a payment plan to a patient who has become unemployed or is going through a divorce may be a much more appropriate avenue.

Generally speaking, patients whose accounts have been sent to collections should be dismissed from the practice. It is crucial to follow the proper dismissal protocol, ensuring the patient is not mid-treatment.

Even the most well-managed practices occasionally find themselves with patients who, for whatever reason, fail to meet their financial obligations. Choosing to send an unpaid balance to a collection agency is a personal decision each practice owner should make on a case-by-case basis. By being aware of both the benefits and drawbacks of such actions, dentists can make informed decisions. 🦷



The advertisement features a dark background with a blue horizontal bar at the top left. In the top right corner is the Kettenbach logo, which consists of a blue square containing a white geometric pattern of circles, with the text 'KETTENBACH' and 'Simply intelligent' below it. The main headline reads 'Highly acclaimed product performance – From impression to resin materials'. To the right of the headline is a call to action: 'Direct selling – great value! Call Thomas Davis 808-222-5162'. Below the text are five images of dental products: a blue dental impression, a blue dental wax block, a colorful dental wax block, a purple dental impression, and a set of white dental crowns. The website address 'www.kettenbachusa.com' is printed at the bottom right. A small vertical number '021892_3716' is visible on the left side.

Second Chances:

Accepting a Dismissed Patient Back Into Your Practice

By TDIC Risk Management Staff

We've all been faced with the dilemma of giving second chances. Whether an old flame or a disloyal friend, choosing to accept someone back into your life can be a difficult decision. But what about accepting dismissed patients back into your practice? Do they deserve a second chance?

The answer is: It depends. According to The Dentists Insurance Company, in some cases, such as noncompliance, accepting a dismissed patient back to your practice can lay the groundwork for a liability claim. But in other cases, the answer isn't so clear.

TDIC senior Risk Management analyst Carla Christensen reports cases in which patients claim they never received dismissal letters, so the dentists are unsure as to whether to take them back. In these situations, the practice is generally not required to provide care, as long as they have documentation that they followed the proper dismissal protocol.

When notifying patients of the intent to dismiss, dentists should send two letters: one by regular first-class mail, the

Another consideration concerns patients who were dismissed for noncompliance. It is common practice to send a failed appointment letter, advising the patient of the need to return and the importance of maintaining dental health. But if these letters go unanswered, dentists often have no choice but to dismiss the patient from care.

"A dentist should document attempts to educate patients regarding related risks and to provide a specific date for the patient to appoint or take the recommended treatment actions," advises Christensen. "Failed appointment letters reduce the likelihood a patient would hold the dentist responsible for failure to treat or refer, because the provider warned them of the urgency and risks related to the treatment concern."

In one case reported to TDIC, a dentist provided a temporary restoration and scheduled the patient to return in a week for cementation of the final crown. The patient failed to appear for the cementation appointment, and the office sent a failed appointment letter. The patient did not respond or reschedule the final cementation appointment, so the

"A dentist should document attempts to educate patients regarding related risks and to provide a specific date for the patient to appoint or take the recommended treatment actions."

other by a tracked delivery service that requires a signature upon receipt, such as FedEx. This method of delivery provides evidence of notification should a patient claim he or she was not informed of the dismissal. Confirming each patient's mailing address and contact information at every appointment can also protect dentists should a letter be returned.

"That way, a dentist has evidence a good faith effort was made to inform the dismissed patient via the last known address on file," Christensen says. "It serves as documentation of the dentist's efforts to provide formal notification of discharge from care."

office sent the patient a noncompliance dismissal letter. Six months passed before the patient finally contacted the office to request completion of treatment.

"Because the dentist had fully documented the patient's noncompliance with treatment recommendations and termination of the treatment relationship, TDIC advised her that she was not required to reappoint the patient," Christensen said.

Failing to document treatment options and communication with patients can lead to serious problems. In one case, a patient was only coming in for emergency care.

She was diagnosed with a deep cavity, and the dentist recommended a filling. But she failed multiple follow-up appointments, and the dentist eventually dismissed her from the practice. Three months later, she called and begged the dentist to take her back. The dentist agreed, placing an amalgam filling in the tooth. He advised her that the filling was very large and depending on how the tooth responded, a root canal could be necessary. A few weeks later, the patient showed up to the practice unannounced, upset because the tooth had fractured at the gumline. She demanded that the dentist pay for her implant and a crown.

Unfortunately, the dentist did not have thorough documentation in the patient's chart. Although the patient was only coming in for emergency care, the dentist allowed her to do so and failed to discuss the importance of regular care, including exams, radiographs and cleanings. He did not inform her that failing these routine maintenance appointments could result in her dismissal.

There are many reasons why a dentist chooses to take a patient back. Sometimes, it's purely financial—driven by a desire to maintain his or her patient base. Other times, it's

out of sympathy—a desire to help a patient in need. In some cases, the patient manipulates the situation by appealing emotionally or complimenting the dentist, and the dentist's judgment becomes clouded. But none of these reasons offset the risk to the practice of bringing back a dismissed patient.

Generally speaking, TDIC recommends dentists do not accept patients who have been dismissed for noncompliance or nonpayment. But there are specific situations when accepting a patient back could be considered. For example, some patients do not fully understand the gravity of failing routine hygiene appointments until they receive the dismissal letter in the mail, and they call right away to be seen. Still others are dismissed simply because they moved away or changed insurance; in these cases, it is acceptable to allow them to return as patients.

Choosing to give a patient a second chance is a personal decision that demands thorough consideration on a case-by-case basis. There is risk associated with accepting a patient back into your practice, but it is possible to lessen the risk and protect yourself from liability by following a few guidelines. 🦷

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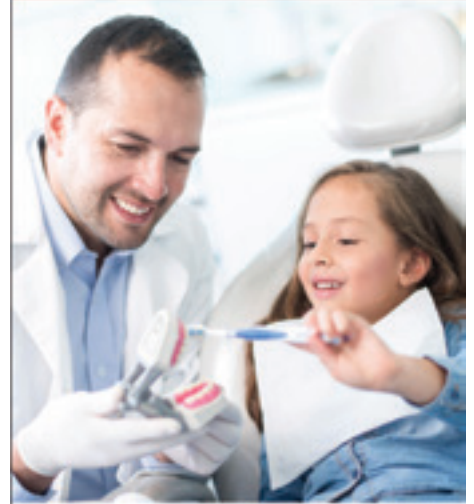
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Dental School Experiences

By Michael A. Peele, DDS



Michael A. Peele, DDS is the author of Bite Softly Please.

A special Thank-you to John M. Jones, DDS of Honolulu for the idea of republishing Dr. Peele's cartoons to the HDA Journal, sending a copy of his book, and obtaining Dr. Peele's permission to reprint the cartoons.

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