

DENTAL EXPRESSIONS®

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Clinical Guidelines: A Dental Risk Management Perspective

In today's ever-changing practice environment, it is imperative that dentists stay abreast of the latest information on treatment and patient management, as well as the applicable standard of care. Increasingly, the professional obligation to remain current involves awareness, evaluation and application of clinical practice guidelines.

This issue of *Dental Expressions*® considers clinical guidelines from a dental risk management perspective, examining their nature and value, describing some of the risks associated with their implementation, and suggesting effective search strategies for new and updated guidelines. The goal is to ensure that guidelines serve to enhance patient care, support professional judgment and strengthen the dentist-patient relationship.

DEFINING CLINICAL GUIDELINES

The American Dental Association (ADA) defines guidelines as "a systematically developed statement designed to assist clinician and patient decisions about appropriate healthcare for specific clinical circumstances. Guidelines should be based on evidence, combined with local knowledge, to ensure that they are appropriate for local conditions."¹ Until recently, the ADA employed the phrase "evidence-based clinical recommendations" to describe such resources, and both terms remain in use. This article will use the term "guidelines."

¹ The ADA Center for Evidence-Based Dentistry™ "Glossary Terms for Critical Summaries," at <http://ebd.ada.org/GlossaryTermsCS.aspx>.

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Guideline development typically begins with an extensive literature search and, in many cases, a systematic review of all relevant evidence that applies to a specific clinical condition or question.² Once the evidence is gathered and analyzed, a committee then translates the results into clinical recommendations, which are rated according to the quality and breadth of supporting evidence. To be credible, the process must be transparent, thus permitting practitioners to assess the evidence supporting the guidelines and their relevance to a specific patient and condition.

GUIDELINES AND CLINICAL DECISION-MAKING

Guidelines are designed to enhance patient outcomes by strengthening the clinical decision-making process. However, it is important to note that even the best supporting evidence is not infallible or universally applicable. Sound clinical practice requires the integration of applicable evidence with professional judgment, in order to determine the optimal treatment approach for individual patients. In short, guidelines inform and support the clinical decisions that are made jointly by practitioners and patients.

Each dental patient presents with a complete history that may affect his or her health and care, such as the presence of diabetes or hypertension. For this reason, both oral / dental and medical guidelines may prove essential to the decision-making process.³

REMAINING CURRENT ON GUIDELINES

Providing quality oral healthcare requires a commitment to staying up-to-date on research. The demands of managing a busy clinical practice, the volume of new information available and the increasing pace of change in healthcare make this a significant challenge. Systematic reviews and clinical guidelines can help practitioners navigate the ocean of research findings more efficiently.

Keeping up with newly issued guidelines and revisions requires a well-defined procedure to search for the most current guidelines and warnings from appropriate organizations and websites. Though a range of important guidelines are printed in the *Journal of the American Dental Association*, many are published elsewhere and some may be available only via the Internet.

In addition to actively searching for clinical guidelines, practitioners should utilize so-called “push” technology to receive automatic updates from key dental and medical sources. A strategy combining both elements will reduce the likelihood of overlooking important data and findings. Further suggestions and Internet links to enhance guideline awareness and access are listed on page 5.

ASSESSING CLINICAL GUIDELINES

Are guidelines always applicable? Dentists know that each patient and dental situation is unique, and that not all recommendations are equally valid. Consequently, it is necessary to understand how the evidence supporting the guideline was compiled, analyzed and interpreted, in order to determine whether the guideline applies to a given patient.

When assessing a clinical guideline, consider the following questions:

- *Was the guideline carefully developed, using a well-defined and transparent protocol?*
- *Are numerous studies cited, and do these studies appear to be of high quality?*
- *Is all evidence analyzed systematically, thoroughly and impartially?*
- *Is sufficient scholarly detail incorporated into the guideline to permit proper assessment of its conclusions?*
- *Do the guideline’s authors collectively possess broad and deep expertise in clinical, methodological and statistical fields?*
- *Are supportive explanatory and educational tools included with the guideline, and are these additional resources clear and practical?*

² “Systematic review” is defined by the ADA as a “summary of the medical literature that uses explicit methods to perform a thorough literature search and critical appraisal of individual studies and that uses appropriate statistical techniques to combine these valid studies.” See “Glossary Terms for Plain Language Summaries,” at <http://ebd.ada.org/PLS/GlossaryTermsPLS.aspx>.

³ For patients with diabetes, see the *American Association of Clinical Endocrinologists Medical Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan* (March / April 2011), at <https://www.aace.com/files/dm-guidelines-ccp.pdf>, and the *American Diabetes Association Clinical Practice Recommendations 2014* at <http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160>. For patients with hypertension, see the *2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults*, at <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

APPLYING CLINICAL GUIDELINES

Utilization of clinical guidelines is no guarantee of treatment success or patient safety. Clinical decisions and less-than-perfect outcomes may be challenged later by patients, attorneys and even fellow dentists. As with any clinical situation, applying guidelines involves informing patients of the benefits and risks associated with accepting or rejecting the recommendations. It is vitally important to document both the decision and the rationale, especially if deviating from an established guideline.

The following additional risk management strategies, divided between practitioner and patient risk factors, can help reduce liability exposure and strengthen the dentist-patient relationship:

Practitioner-related Risk Factors:

Guideline identification and awareness. There are many variations on Ben Franklin's saying, "By failing to prepare, you are preparing to fail." With that in mind, develop a guideline awareness process that includes the following elements, among others:

- *Identify oral / dental diseases, conditions and procedures for which guidelines are likely to exist.* (Check the Additional Resources section at the end for more information.)
- *Determine the medical conditions and diseases most likely to affect the practice's patient population, based on past experience and emerging trends.*
- *Develop a written protocol (with time frames) for locating and reviewing guidelines.* Consider rotating roles among staff members to enhance learning opportunities.
- *Cultivate guideline research and assessment skills on an ongoing basis via staff meetings and discussions, in-service training, continuing education programs, etc.*

Specialist referrals. External guidelines may clarify decision-making, but dentists still must honestly and objectively assess their own skill level before determining whether to treat a particular patient themselves or refer to another professional.

Clinical knowledge and skills. The dental profession embraces the ethic of "nonmaleficence" (doing no harm), which includes the obligation to keep clinical knowledge and skills current.⁴ The following strategies enhance dental skills in all areas, including application of clinical guidelines:

- *Pursue post-licensure continuing education* to maintain and expand fundamental expertise.
- *Obtain elective training* in areas of special interest.
- *Review the professional literature* in a thorough and ongoing manner.
- *Interact with peers on a regular basis via local professional societies and study clubs.*

Communication skills, patient education and informed consent.

A combination of poor communication, preventable misunderstandings and an inadequate informed consent process is often at the core of dental claims. Regular review of communication skills and methods is a key risk management measure for all dental practices. Well-honed communication skills are of particular importance when implementing guidelines that are more complex, vague or general in nature, or that represent a significant change in current practice.

Emotional awareness and conflict resolution skills. Emotional awareness / intelligence refers to one's degree of empathy and ability to perceive social cues.⁵ These skills are essential when discussing treatment options, delivering bad news, negotiating differences of opinion, or implementing guidelines that are not simple and clear-cut.

Clinical documentation systems and practices. Effective risk management – in terms of both patient safety and legal defensibility – begins with sound documentation. Treatment decisions should be thoroughly documented, with reference to relevant guidelines. If a standard guideline is determined to be inapplicable to a given patient, document the supporting rationale for this decision.

⁴ ADA "Principles of Ethics and Code of Professional Practice," Section 2 (Principle: Nonmaleficence) and 2.A. (Education), at http://www.ada.org/sections/about/pdfs/code_of_ethics_2012.pdf.

⁵ See the Helpguide website on emotional intelligence at http://www.helpguide.org/mental/eq5_raising_emotional_intelligence.htm, and on conflict resolution at http://www.helpguide.org/mental/eq8_conflict_resolution.htm.

Patient-related Risk Factors:

Degree of health literacy and capacity for informed consent.

Clinical guidelines may be complex, and to effectively convey the facts needed for informed decision-making, the practitioner must be able to assess the patient's level of understanding. For this reason, guidelines often include tools to enhance patient communication. Their use should be documented, with a copy included in the chart if possible. Remember that informed consent is more than a form; it is a communication process that must involve discussion with the patient. Document this discussion – including questions asked and answers given – on the consent form or in chart notes.

Expectations regarding results. Whether or not clinical guidelines are utilized, it is important to discuss patient expectations and the limits of predictability. This discussion should address potential patient questions, such as:

- What is the medium and long-term outlook?
- Which risk factors or circumstances most influence success or failure?
- What patient behaviors or actions contribute to an optimal outcome or, conversely, may increase the risk of failure?
- What steps can be taken if the outcome is not as anticipated or desired?

Medical, dental and social history that may affect outcomes.

By assessing patient history in these areas, as well as documenting current findings, dentists can most accurately judge whether a guideline applies to an individual patient. Note in the patient's chart the factors that most influenced the shared decision to accept or reject procedures, tests or other elements of a clinical practice guideline. At future visits, when reassessing the patient's medical history, also inquire if anything has occurred regarding family or life circumstances that may affect healthcare decision-making.

Likelihood of compliance with clinical practice guidelines. Patient compliance may determine success or failure. Carefully consider the likelihood of adherence before proceeding, and document this assessment in the patient record. The decision-making process should include the following questions, among others:

- Should a guideline be considered if there is a low probability of patient compliance?
- In view of patient compliance issues, what specific benefits, harms and costs are associated with following or not following the relevant guideline?
- Is it advisable to consult with other medical or dental practitioners who are familiar with the patient's condition(s) before making the treatment decision?

Level of financial resources. Do not make unverified assumptions about the patient's ability or willingness to pay for guideline treatment suggestions. If there is a question about the patient's financial resources, initiate a discussion about fees, payment options and treatment alternatives. Financial misunderstandings frequently strain or damage the dentist-patient relationship, and may lead to patient dissatisfaction and professional liability actions. By speaking candidly with the patient and documenting the discussion, dentists can prevent misunderstandings and reduce the risk of lawsuits alleging inadequate informed consent or breach of the standard of care.

Awareness and use of clinical guidelines can help enhance quality and consistency of care, as well as legal defensibility in the event of a claim. However, guidelines are no panacea against liability. Effective implementation requires careful attention to such risk management strategies as communication, patient education, assessment of patient expectations and thorough documentation. By consulting with local professional societies and / or joining relevant study clubs, dentists can interact with experienced practitioners from a variety of dental specialty and medical fields, and improve their own ability to identify, evaluate, select and utilize dental or medical guidelines.

ADDITIONAL RESOURCES

ADA Center for Evidence-Based Dentistry™, at <http://ebd.ada.org/>. The site includes a number of clinical practice guidelines and implementation tools, as well as an extensive resource list with links to guidelines and dental / medical practice information. Also featured are tutorials, reviews, critical summaries of systematic reviews, patient information and more.

Agency for Healthcare Research and Quality (AHRQ), at www.ahrq.gov. AHRQ provides a broad range of information on health-care research and quality for both professionals and consumers, including the following guideline-related links:

- AHRQ's National Guideline Clearinghouse, at <http://www.guideline.gov/>. (To simplify and better "filter" a guideline search, visit the Guideline Matrix, at <http://www.guideline.gov/matrix.aspx>.)
- Automatic guideline notices from AHRQ by email, at https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new?topic_id=USAHRQ_55.
- AHRQ clinician and provider resources, at <http://www.ahrq.gov/professionals/clinicians-providers/index.html>.

PubMed Health, at <http://www.ncbi.nlm.nih.gov/pubmedhealth/>. PubMed, a service of the National Center for Biotechnology Information at the U.S. National Library of Medicine, provides information for clinicians and consumers on prevention and treatment of diseases and conditions. The site furnishes reviews of clinical effectiveness research, including both full technical reports and summaries. For a listing of PubMed Clinical Guides, visit http://www.ncbi.nlm.nih.gov/pubmedhealth/s/clinical_guides_medrev/a/.

Various dental professional and specialty areas. Contact the following organizations for specific information on guidelines:

- American Academy of Oral and Maxillofacial Pathology (AAOMP), at www.aaomp.org/.
- American Academy of Oral and Maxillofacial Radiology (AAOMR), at www.aaomr.org/.
- American Academy of Pediatric Dentistry (AAPD), at <http://www.aapd.org/>.
- American Academy of Periodontology (AAP), at <http://www.perio.org/>.
- American Association of Endodontists (AAE), at www.aae.org/.
- American Association of Oral and Maxillofacial Surgeons (AAOMS), at www.aaoms.org/.
- American Association of Orthodontists (AAO), at <http://www.mylifemysmile.org/>.
- American Association of Public Health Dentistry (AAPHD), at www.aaphd.org/.
- American College of Prosthodontists (ACP), at www.gotoapro.org/.
- American Dental Association (ADA), at www.ada.org/; for search information and assistance, refer to the ADA Library & Archives page at www.ada.org/294.aspx.

Remember that in many jurisdictions, the standard of care for treatment that falls within the scope of a particular dental specialty is defined by the specialist, whether or not the defendant dentist is a specialist or a general practitioner.

Guidelines are no panacea against liability. Effective implementation requires careful attention to such risk management strategies as communication, patient education, assessment of patient expectations and thorough documentation.

LOOKING FOR ADDITIONAL RISK MANAGEMENT INFORMATION?

Visit the Professional Protector Plan® for Dentists program website at www.protectorplan.com for additional resources. The site's Risk Management tab contains links to information about both our in-person CE seminars and our online self-study CE course.

Dental Risk Management Seminars

Dentists can obtain risk management information by attending any of the risk management seminars listed below, or by completing the CNA online self-study CE course (see above). For more information about our in-person seminars, please contact the nearest Professional Protector Plan state administrator agent.

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