SOUTH CAROLINA DENTAL ASSOCIATION

Bulletin
July 2020
Volume 48, Issue 7

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Published by the South Carolina Dental Association

Design: Maie Burke

www.scda.org

Toll Free in SC: (800) 327-2598

President's Message

By Dr. Julia Mikell, SCDA President

Dr. Julia Mikell

Reality check…we are working in the airway during a respiratory pandemic. Dentists and their teams are on the frontline. We are not only dealing with the pandemic on a personal level like everyone else, but professionally, we are categorized along with the highest risk workers.

We stood down reluctantly; we fought to get back to work; we digested and enacted the Interim Guidelines and the Return to Work Toolkit. Even though we are back to work and feeling some relief, we continue to wait for supply chains to come back to life, and struggle with patient flow algorithms. And does anyone else wonder, out loud, why paper products are still backordered? I understand that masks are under new supply demands, but toilet tissue?

Due to the lower than average levels of COVID-19 in our state, and with the guidance of our Governor, South Carolina dentists were able to put the ADA COVID-19 guidance documents to use much sooner than most dentists in our country. Thanks to the immediate action of a newly formed ADA task force, which included our own trustee, Dr. Kirk Norbo, the ADA generated the "Interim Guidelines for Minimizing Risk of Transmission of COVID-19" released on April 18th and then the more in depth document - The Return To Work Toolkit, released on April 27. As you know the CDC and OSHA were stuck on 'Emergency and Urgent Care' guidance until late into May. Had the ADA not begun work on these documents before the end of March, we would never have had the guidance we needed to head back to work confidently when we did.

Since mid-March, your SCDA volunteer leadership and the SCDA staff have been at your side. You will probably never know the amount of time, effort and concern so many people have put forth for your benefit. From some of our most veteran colleagues to some of our newest additions to our organization, we worked together for the common goal of getting back to work safely and soon. The work is not done yet, but I want to acknowledge the people who have answered our call for help. This word cloud captures the many topics that were managed since March, but also spotlights the many people in our dental community who helped all of us get back to work.

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It's too early to feel much relief because this virus is not our friend, a vaccine is a long way off and testing isn't even readily available yet. In addition, the guidance requires us to monitor and respond to local virus trends and South Carolina is trending up. Our employees and our patients are counting on us to lead with integrity and intelligence. Although we are confident that our infection control guidelines are thorough and effective, the true test of our infection control effectiveness is going to be if we and our employees stay well. Thankfully, monitoring ourselves is built into our interim guidelines. I am grateful every day for those ADA documents that gave us the resources to reopen our doors confidently, but I know we still have work to do and the SCDA will stay vigilant watchdogs as we continue to manage the challenges that are still in our midst.

I wish you all continued health and success in your recovery.

History of the South Carolina Dental Association 150th Anniversary, 1869-2019

Dr. Gene Atkinson has announced the release of this 336-page book. He has spent eight years compiling this book including, 265 pictures of SCDA moments, and recounts the history with a special emphasis on the last 50 years.

The cost of this history book is $25 each (Great gifts for friends and family) to maintain a copy please contact the SCDA office 803-750-2277 or scda@scda.org. First 100 year book also available for $5.00.

EPA Amalgam Recycling Rule

NO SEPARATOR OR NEW OFFICE? MUST INSTALL

All non-exempt practitioners must install a compliant separator by July 14, 2020. Newly opened offices that begin operating on or after July 14, 2017 must be in compliance immediately.

Must file a One-Time Compliance Report within 90 days of installation.

SEPARATOR ALREADY INSTALLED?

Good until June 14, 2027 or unit needs to be replaced, whichever comes first.

Must file a One-Time Compliance Report by October 12, 2020 or 90 days after transfer of ownership.

EXEMPT FROM INSTALLING

1) Dentists exclusively practicing in one of these specialties: oral pathology; oral + maxillofacial radiology; oral + maxillofacial surgery; orthodontics; periodontics; prosthodontics.

No further action required.

2) Wastewater discharges from a mobile dental unit or into a private septic system.

No further action required.

3) Dentists who do not place amalgam and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and who certify as such (estimated less than 5%).

Must file a One-Time Compliance Report by October 12, 2020 or 90 days after transfer of ownership. Keep on record for lifetime of practice ownership.

Installed amalgam separators must comply with the following best management practices:

1. File a One-Time Compliance Report. Keep on record for lifetime of ownership.
2. Monitor according to manufacturer's recommendation.
3. Replace/Repair if malfunctioning according to manufacturer's instructions within 10 business days of discovering defect.
4. Maintain by replacing amalgam retaining cartridge, separator canister or units as directed by manufacturer or when the collection unit reaches capacity, whichever comes first.
5. No use of oxidizing, acidic cleaners when flushing dental unit water lines, chair-side traps and vacuum lines. Therefore no bleach, chlorine, iodine and peroxide cleaning agents that have a pH of lower than 6 or greater than 8.

Must maintain records on site for 3 years of:

1. Any reports filed
2. A visual inspection log
3. Documentation of any repair or replacement
4. Disposal records
5. Manufacturer's current operating manual for the device in place

ADA American Dental Association®

Dentist Misjudges Patient's Tongue Lesion, Resulting in Missed Oral Cancer Diagnosis

By Mario Catalano, DDS, MAGD

Background

A necessary prerequisite to efficacious dental treatment is an accurate diagnosis. Misdiagnosis can result in failure to treat, undertreatment, or overtreatment. As this case illustrates, accurate diagnosis requires diligence in ordering appropriate testing or, at a minimum, thorough follow-up to ensure that the patient's condition resolves on its own.

Case Discussion

A 46-year-old female was a patient of record at a dental practice in which Dr. N, a young dentist, was an associate. Dr. N's first contact with the patient occurred when she presented to the practice with a complaint of a "sore" that suddenly appeared on the left lateral aspect of her tongue. Dr. N's examination notes indicated that he believed the lesion was lichen planus. However, his notes did not indicate any differential diagnoses or state whether the patient had experienced any recent trauma or illness. If Dr. N was correct in diagnosing lichen planus, he could expect that the condition, although chronic, would not require treatment.

Approximately 2 weeks later, the patient presented to her family physician with complaints of coughing and gastrointestinal symptoms; however, no evidence suggests that the patient complained of any discomfort in her tongue. Further, the family physician did not note any irregularity in relation to the patient's tongue.

About 6 weeks after the patient visited her physician, she presented to the dental practice for a cleaning, which was done by a hygienist. Following the cleaning, Dr. N performed an oral examination. He did not note any abnormality of the patient's tongue. However, during subsequent investigation, it was learned that the hygienist had observed a 2–3 mm lesion on the left lateral aspect of the patient's tongue. Whether this lesion was brought to Dr. N's attention is not documented or known; obviously, though, no further evaluation of the lesion occurred.

Approximately 5 weeks later, the patient again presented to Dr. N for extraction of teeth 15 and 18. The removal of tooth 15 involved considerable difficulty, and the patient and Dr. N decided wait to remove tooth 18. Dr. N's notes regarding the removal of tooth 15 did not indicate any difficulty with the extraction, and they contained no reference to the previously discussed tongue lesion. For whatever reason, the extraction of tooth 15 was the last time the patient had any contact with Dr. N.

About 5 months after the extraction of tooth 15, the patient presented to her family physician with a complaint of a sore throat. The physician's notes stated that an examination of the palate, tongue, and tonsils did not indicate anything unusual. The patient had four additional encounters with her family physician for chest congestion issues over the winter, but the physician did not document any abnormal appearance associated with the patient's tongue.

Approximately 6 months after that, the patient presented to an emergency department with a complaint of left-sided facial pain and blisters on her tongue. The emergency physician noted that tooth 18 (which had never been extracted) appeared to be abscessed. The patient was prescribed antibiotics and referred to an ENT practice. Two days later, an ENT surgeon noted a large red mass over the medial third of the patient's tongue, possibly caused by the problems associated with tooth 18. The ENT surgeon ordered a CT scan of the patient's neck to rule out a neoplasm and referred the patient to an

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oral and maxillofacial surgeon for treatment of tooth 18. The radiologic report indicated a 17 mm mass on the patient's tongue with nodal involvement. Ultimately, she was diagnosed with stage IV squamous cell carcinoma of the tongue.

The patient brought a dental malpractice lawsuit against Dr. N, alleging failure to timely diagnose cancer in her tongue. Despite numerous occasions in which Dr. N potentially had the opportunity to properly diagnose the patient, the jury returned a verdict in favor of the defense.

Risk Management Considerations
Theodore Passineau, JD, HRM, RPLU, CPHRM, ASHRM

The defense verdict in this case is particularly surprising given the fact that Dr. N appears to have mishandled this case on multiple occasions, resulting in a catastrophic outcome for the patient. Although time could be spent speculating about the outcome of the case, Dr. N might have avoided the courtroom altogether if he had implemented certain patient safety and risk management strategies.

The problems with this case began during the patient's first encounter with Dr. N, in which the patient complained about a "sudden sore" on her tongue. Dr. N rendered a presumptive diagnosis of lichen planus, which — although chronic — would require no further treatment. This diagnosis should not have been considered final for several reasons: (1) the lesion was not in the normal anatomical location, (2) the diagnosis was not supported by any historical evidence, and (3) no biopsy had been performed to confirm the diagnosis. The best practice in this situation would have been for Dr. N to consider lichen planus a presumptive diagnosis and follow the patient until it was clear that the diagnosis was correct.

The patient's record demonstrates numerous opportunities for Dr. N to reexamine and evaluate the lesion, but that never happened. At least two factors appear to have contributed to this failure. First, Dr. N's documentation generally appears to be inadequate; even if he took the time to review the patient's record prior to seeing her during subsequent visits, any concerns he might have had about the lesion likely would not be brought to his attention (because they were not adequately noted). In cases like this, in which follow-up is needed to rule out more serious conditions, the doctor's concerns should be recorded in a "tickler system" of some sort, so that the practitioner is reminded to follow-up with the patient.

Second, during legal discovery, it was determined that the hygienist had observed the lesion. However, whether the hygienist notified Dr. N about the presence of the lesion is not known. If the hygienist had reviewed the patient's record prior to the prophylaxis, she might have seen the reference to the lesion and realized that it had not resolved. However, regardless of whether she was aware of the lesion before observing it, she should have brought it to Dr. N's attention. Again, the exact situation that occurred is not clear, but it seems likely that the communication between Dr. N and the hygienist was inadequate.

The lack of documentation in this case combined with poor communication and failure to follow up ultimately deprived the patient of a timely diagnosis and, in all likelihood, a much better outcome. As is often the case, nonclinical factors combined to cause a suboptimal clinical outcome.

Conclusion
In dental practice, as in all aspects of life, so often "the devil is in the details." As this case illustrates, mundane (and even boring) tasks such as thorough documentation and good communication can be critical components of quality patient care. Disciplining oneself to do the little things well can contribute to satisfying and successful patient care experiences.

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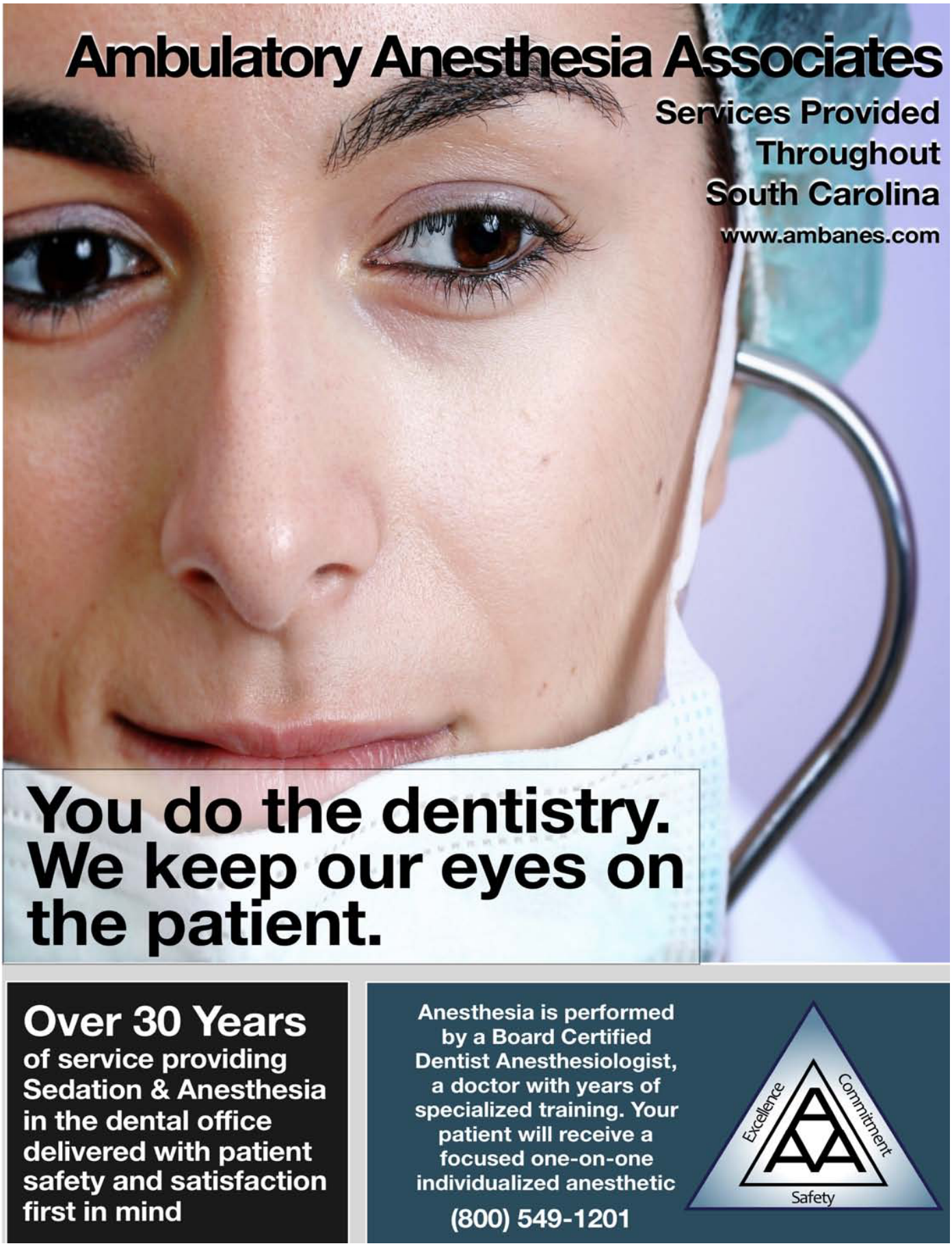
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Executive Director's Notes

By Phil Latham, Executive Director

Phil Latham

Over the last 20 years, I have witnessed a lot of things that have occurred within the dental industry, but the most recent pandemic rises to the top of the list. There were numerous issues to deal with from day one and new terms and acronyms to get accustomed to, one of those was Personal Protective Equipment (PPE).

The SCDA recognized early on that we had to explore the PPE market to get a better understanding and attempt to find appropriate PPE for our members. That said, President Julia Mikell set up a work group.

Needless to say, this was a huge learning curve. We soon realized the challenge that most vendors wanted to sell in bulk, the SCDA was not fully equipped to buy product in bulk, and even if we did come up with the funds, there were numerous other issues: where would the products be shipped, how would they be guarded, how would the products be sold back to the members, shipping and postage. If that were not enough to deal with, we soon learned that this pandemic had opened up a market of counterfeit products. The work group spent numerous hours over zoom meetings and conference calls discussing these issues.

After a few failed attempts to provide PPE to our members, the work group turned its' attention to the Government only to realize that almost all 50 states did something totally different regarding the issue of PPE. In South Carolina a consortium of vendors was established under the direction of the South Carolina Emergency Management Division, but again, the problem became that these vendors wanted to sell in bulk and the SCDA had made the decision that was not a logical move to make.

Our work group continued to research and finally were able to find some of the most needed PPE products for our members. Face shields, masks, thermometers were some of the main items offered where members could buy directly and have the items shipped directly to them. These vendors still have products available and you can go to our website, to access the list under the PPE Shoppers Guide.

Please keep in mind: *The SCDA does not endorse any specific PPE vendor, but has had contact and communication with the supplied vendors on our website. Due to the rampant counterfeit PPE market, we encourage you to inspect your masks and other PPE and cross check with the resources also found on our website, The SCDA disclaims any warranties of any kind with respect to the listed vendors or their products and disclaims any liability of any kind resulting from the purchase or use of these products.*

We are starting to hear that the dental supply companies and others are beginning to receive inventory that should continue to help ease the burdens of having the appropriate PPE on hand to work with staff and patients.

In closing, Dr. Mikell and I want to personally thank Drs. Nick Papadea, John Comisi, Scott Cayouette, Vicky Chung and David Moss for the numerous hours spent discussing the subject. We also want to thank the SCDA staff who all played a role in the PPE market one way or another.

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Third, some services offer unique functionality such as a built-in, pre-verified referral network you can access right inside the email window.

Now is a good time to rethink some of your business services to reduce stress, save money and improve on your practice efficiencies.

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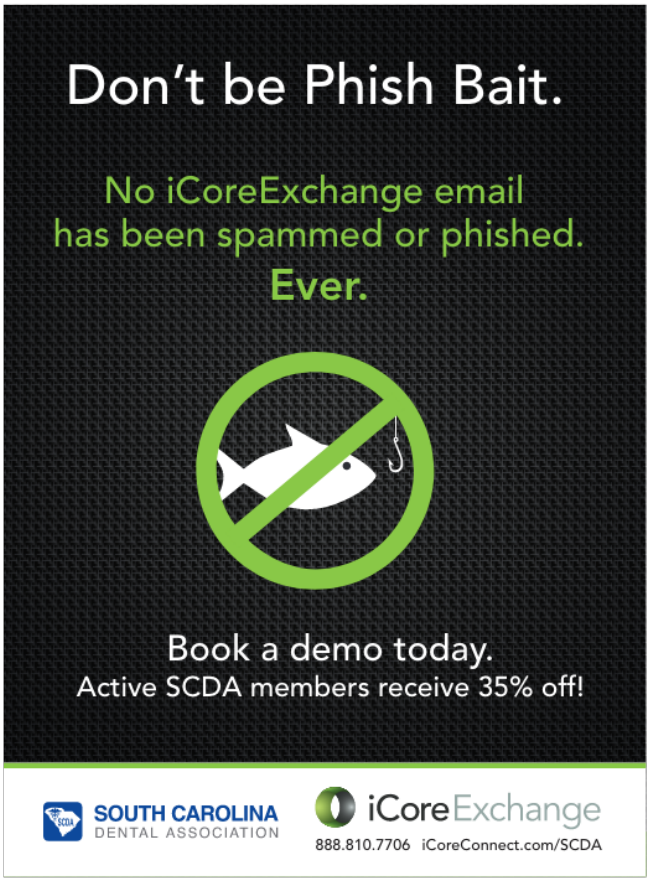

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For more information on the SC Healthy Connections Medicaid Dental Program or provider trainings, you may contact your DentaQuest Provider Engagement team at CarolinaProviders@dentaquest.com

Healthy Connections

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SCDA Member Spotlight

Dr. Katie Bullwinkel, Bullwinkel Orthodontics

1. **How long have you been a dentist and member of SCDA?** I have been a member of the SCDA since I started MUSC in 2007. I received my DMD in 2011
2. **What dental school did you attend?** Medical University of South Carolina
3. **Tell us about how you and your significant other discovered your shared love of and interest in dentistry?** Haha! My husband could care less about teeth! Although, his sister is a dentist as well. When we first started dating, his sister and I tricked him into a veneer. One night before the final restoration could be placed, his temporary came off eating pizza... needless to say he was surprised when he looked in the mirror! My orthodontist growing up introduced me to the world of dentistry. I was originally interested in architecture, but after shadowing one, I knew I needed more PEOPLE time and less computer time. My orthodontist suggested Orthodontics and Dentistry and an alternative. I ended up working for him after school and during the summers.
4. **What are you doing in your practice that you think other members of SCDA should know about?** With the coronavirus outbreak, we were forced to really dive deep into virtual consultations and office systems that can be handled remotely. We are always striving to better our patient experience and it seems that virtual options are a step in that direction.
5. **What advances in the field of dentistry are you most excited about?** LINGUAL BRACES!!! I am so excited about digital orthodontics and the ability to put braces behind the teeth. It's a little upside down and backwards for the orthodontist, but I love a challenge.
6. **What would you say to young dentists just starting out or students who might be considering dental school?** I love my job! I tell people my job is best described as throwing a party while doing math all day... basically my dream. Keep an eye on your student debt. If I had to do it over again, I would have worked while in dental school and taken out less in loans or even paid some of the interest. Compounding means exponential growth and can get away from you quickly.
7. **What would you say to those who are considering joining SCDA?** If we don't work together as a collective group, our voices will be lost. The SCDA is crucial to keeping our voices and the oral health of our community at the fore front of legislators minds. A professor once told me, 'your degree means nothing unless the law says it does.' I think he's probably right.

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Greenwood dental office for sale or lease. The free standing building has 6 to 8 operatories with a city owned children's park beside it. 864-229-6719.

North Charleston, SC- Gorgeous 3 op, General practice just 1 mile off I-26. Seller would like to close by soon. For details contact Courtney Howell Robinson, 843-324-0703, courtney.robinson@henryschein.com. #SC1118

Dental office retirement sale: Modular office near **Laurens County** Hosptial, can be moved or rented; great for satelite office. Dental EZ chairs, recently recovered (like new), new compressor (2020)- Air Star 22, sterilizer- Midmark Mll Ultrasonic Cleaner (2020), Patterson Dental, Dental EZ and Pelton and crane lights, office furniture/filing cabinets. 864-682-8029 or 864-871-0041, crowgaryfdmd@bellsouth.net.

17 year old general dentistry practice in an excellent facility in rapidly growing **Lexington**. All patients are fee for service. Ideal for a start-up practice or to add patients to your existing patient base. May purchase as a whole or separately- I am open to any creative ideas. Interested please: Text (803)226-4473 alyssa.umbel@yahoo.com

Turn key Dental space for lease in **Seneca**. The space is 2,500 SF and includes 6 exam rooms, lab, x-ray room, break room, office, reception/file storage and waiting area. Contact Grayson Burgess, CCIM 864-770-3288 or grayson@tbccre.com.

Charleston-area GP for sale. 2019 collections were over $814k with the doctor seeing patients 4d/wk. There are 6 operatories in 2150 square feet in an attractive facility with updated equipment and technology. transitions@mcgillhillgroup.com

Columbia SC practice for sale. Well established dental practice with a loyal patient base. Gross receipts of $711,000 in 2019. Located on the northeast side of Columbia with 4 trx rooms and digital technology. Mixture of FFS and PPO. Great practice! mary@jpatransitions.com.

For Sale

For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

For Sale: **I-CAT- 2008 Gendex GX-CB500**. This unit is in good working condition and was recently pulled from service and professionaly de-installed. $35,000 contact charles@mstxs.com or 843-697-7567.

Brand new, never been used, Astra Tech **Implant System**. Includes hand piece, inventory of implants, basically everything needed to start implants in your practice. hmfingar@gmail.com.

For sale: Dental equipment, chairs, lights, cabinetry, x-ray. Call 803-783-2686.

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