



Precise Documentation is an Advantage in Veneer Cases

By TDIC Risk Management Staff

Risk management articles and seminars often look at problematic cases where things go wrong during dental treatment, but let's turn the tables and see what happens when a case goes right.

The following case involves the placement of dental veneers, a procedure that generates numerous questions, according to risk management analysts at The Dentists Insurance Company. TDIC reports regular calls to its Advice Line about veneer-related situations, and numbers show that veneer cases are sent to claims more frequently than cases involving other dental issues. In a recent two-month timeframe, Advice Line calls revealed 10 of 12 veneer-related calls ended up in the claims department. "Veneer cases can be difficult," said a senior risk management analyst with TDIC. "There is not one easy answer."

Risk management analysts are clear, however, that dialing the Advice Line does not mean your call is automatically sent to claims. Based on the facts of the call, the analyst may determine the case is beyond risk management and refer the caller to the claims department.

Some veneer cases have a more positive outlook than others. Here's an example: Last October, a Northern California dentist placed five anterior veneers on a 29-year old patient. The dentist discussed the procedure with the patient, and she signed an informed consent form. The dentist also charted the discussion and procedure and took photos, including a final photo of the smiling patient with the new veneers in place. The patient even gave a "thumbs up" in the photo.

The dentist was surprised when the patient called a month later and demanded a refund. She said another dentist had to "fix" the veneers. The dentist called TDIC's Advice Line to discuss options about the best way to proceed.

The risk management analyst asked the dentist about documentation surrounding the case. He had appropriate chart documentation, photos and the informed consent form. He said he took time to explain the procedure, including tooth preparation, and noted the conversation in the dental record. This documentation gave the dentist an advantage because he felt the veneers were clinically sound, and he had the evidence to back it up.

The TDIC analyst recommended the dentist tell the patient he was willing to investigate further. The dentist should then ask the patient for permission to speak with the new dentist who fixed the veneers, so he could learn what was allegedly wrong.

In this case, the burden is on the patient to prove there is a complication with the veneers, and the dentist is poised for a favorable outcome thanks to good clinical work and recordkeeping.

Unfortunately, not all cases go this way.

"Some would say we preach documentation," said a TDIC risk management analyst. "Yet, in too many cases we find the documentation is spotty or incomplete. What we see is a lack of signed informed consent forms for invasive procedures such as veneers and no documented patient esthetic approval prior to the permanent cementation of veneers."

Dentists have told analysts that patients often assume if they do not like the veneers, then the veneers can just be removed with no consideration of tooth coverage. The issue is whether the doctor was clear during the informed consent discussion that the tooth preparation is irreversible and veneers cannot simply be taken off.

Informed consent discussions about veneers include essential information about tooth preparation, potential consequences and possible alternatives. If orthodontics or periodontal surgery is recommended but the patient chooses veneers instead, be clear verbally and in writing about the risks, benefits and alternatives to veneers.

Equally as important are questions about what the patient expects from the treatment. Patients may bring pictures of celebrities they admire. Often the patient is looking at the overall appearance in the photo rather than just the teeth. Other times the patient is seeking a more youthful appearance. As a prominent dental attorney advises, "There needs to be a meeting of the minds about the patient's expectations and the limitations of dentistry. Communicate what you can accomplish compared to what the patient expects, and make sure the patient hears you."

Document the conversation and include the patient's comments and questions. Keep consistent records throughout the treatment including progress notes, findings, patient and clinician concerns, and photographs. Claims professionals emphasize the importance of the dental record for continuity of care and keeping the facts straight. Without consistent and thorough recordkeeping, it is difficult to remember everything for every patient, especially relating to treatment that may have happened several months or even years ago.

Additionally, risk management experts always advise dentists to pay attention to any intuition they may have about a patient. This is especially true during an informed consent discussion about veneers. The desire for cosmetic procedures may be tied in with complex emotions, and the patient may be seeking a cure-all or miracle that even superior dental work cannot deliver. You are not obligated to

take on every case that comes your way. As one well-known esthetic dentist put it, "In one instance, my best cosmetic case was one that I never started."

Key Recommendations

To boost the success of veneer cases, TDIC strongly recommends the following:

- Communicate clearly with the patient about the irreversible aspect of porcelain veneers. Discuss tooth preparation, potential consequences and alternatives.
- Ask the patient to sign an informed consent form. Informed consent forms are available at thedentists.com.
- Chart the informed consent discussion, treatment plan and progress notes in sufficient detail.
- Photograph the procedure from start to finish.
- Prior to cementation of veneers, ask the patient to sign an esthetic approval form. Esthetic approval forms are available at thedentists.com.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

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