

---

*The National Society of Dental Practitioners and the Dentist's Advantage Insurance Program for Dentists*

## **RISK MANAGEMENT ARTICLE**

---

### **Medical Screening by Dentists Can Save Lives**

It has been estimated that 27 million people visit a dentist and not a physician each year, making dentists well positioned to screen for medical problems. Given that many patients with chronic conditions such as hypertension and diabetes go undiagnosed, chairside screening has the potential to set patients on the path to the treatment they need.

Screening has general financial benefits too. Medical screenings for diabetes, hypertension, and hypercholesterolemia in dental offices could save the healthcare system from \$42.4 million to \$102.6 million over 1 year, according to a 2014 study by Nasseh and colleagues in the *American Journal of Public Health*.

If dentists are going to commit to screening, however, they need to approach it systematically and follow up appropriately to avoid placing themselves at risk for a lawsuit because of failure to take action based on screening results or because they perform testing that is outside their scope of practice.

#### **Willing to participate**

Studies have shown that dentists are willing to screen for medical conditions, despite barriers such as time and insurance coverage. For instance, a 2012 study by Laurence reported that dentists thought it was important to conduct screenings for hypertension, cardiovascular disease, hepatitis, and HIV. Most were willing to conduct screening that yielded immediate results, to discuss results immediately with the patient during the visit, or refer a patient for a medical consultation. However, fewer than half were willing to send samples to a lab for testing.

Interestingly, "insurance was significantly less important than time, cost, liability, or a patient's willingness when deciding whether or not to incorporate screening," according to Laurence.

On the other side of the equation, patients have indicated openness to medical screening in the dentist's office. A 2014 study in the *British Dental Journal* found that 87 percent of respondents thought that it was important or very important that dentists screened patients for medical conditions such as diabetes, and 79 percent were very willing to let a dental team member carry out screening.

Closer to home, a U.S.-based 2011 study by Greenberg and colleagues found that most respondents were willing to have a dentist conduct screening for heart disease, high blood pressure, diabetes, HIV, and hepatitis infection; discuss the results; provide oral fluids, finger-stick blood, blood pressure measurements, and height and weight; and pay up to \$20.

So if dentists are willing to conduct medical screening and patients are willing for them to do so, how can willingness be translated into practice?

#### **Obtaining a thorough medical history**

A beginning step is to review the medical history form for current requested information and to identify additional questions that would elicit valuable data. For instance a family history of cardiovascular disease could alert the dentist to the potential for hypertension. A history of smoking and obesity are obviously risk factors for chronic disease. Dentists should keep the completed history form in the patient's record.

© *Dentist's Advantage, 2017* © *The National Society of Dental Practitioners, 2017*

Risk Management services are provided by Dentist's Advantage and the NSDP to assist the insured in fulfilling his or her responsibilities for the control of potential loss-producing situations involving their dental operations. The information contained in this document is not intended as legal advice. Laws are under constant review by courts and the states and are different in each jurisdiction. For legal advice relating to any subject addressed in this document, dentists are advised to seek the services of a local personal attorney. The information is provided "AS IS" without warranty of any kind and Dentist's Advantage and NSDP expressly disclaims all warranties and conditions with regard to any information contained, including all implied warranties of merchantability and fitness for a particular purpose. Dentist's Advantage and NSDP assume no liability of any kind for information and data contained or for any legal course of action you may take or diagnosis or treatment made in reliance thereon.

## **RISK MANAGEMENT ARTICLE**

### **Physical assessment**

Dentists can easily integrate medical screening into the oral assessment and other tools they use on a regular basis. For example, they can check for lesions that may indicate HIV infection or early-stage oral cancer. Sparse trabeculation and thinning of the mandibular cortex on panoramic radiographs may indicate osteoporosis. (Dentists should know that the American Dental Association has published a Screening for Oral Cancer Clinical Practice Guideline. Following the guideline recommendations in the case a suspicious lesion is found will reduce risk of litigation.)

One of the simplest screening tool is the blood pressure cuff. Taking a blood pressure during a patient's visit adds little time and could lead to the detection of hypertension.

A finger-stick blood sample could be used to determine hemoglobin A1C (to assess for possible diabetes) and total cholesterol and HDL. Point of care rapid screening tests are available for hepatitis C and HIV.

Dentists should consult with their state boards if they are unsure as to whether specific screening activities are within their scope of practice.

### **Appropriate steps**

Dentists are not expected to make medical diagnoses when engaging in screening for medical conditions—that is outside their scope of practice. However, dentists are expected to inform patients according to patients' expectations and make appropriate referrals.

In 2013, the Presidential Commission for the Study of Bioethical Issues published "Anticipate and Communicate: Ethical Management of Incidental and Secondary Findings in the Clinical, Research, and Direct-to-Consumer Contexts." The report recommends that practitioners inform patients about the possibility of incidental findings and how they will be disclosed and notes that patients can choose not to be informed of these findings. Dentists should document the discussion and the patient's preferences in the dental record.

Assuming the patient wants to know about incidental findings, dentists should share the findings, explain possible implications of the results, and discuss options for next steps. The conversation should be documented in the patient's record.

The conversation should be documented in the patient's record. The next step may include referral. If the patient already has a physician or nurse practitioner, the dentist can refer the patient to this provider. If the patient has no primary care provider, the dentist can assist in identifying one, taking into consideration the patient's needs and the abilities of the provider.

When making referrals to medical providers, dentists should follow organized procedures such as when they refer to dental specialists.

### **A healthy intervention**

Dentists are busy in their practice, yet investing time to screen patients for medical conditions can pay off in terms of optimal health for patients.

© *Dentist's Advantage, 2017* © *The National Society of Dental Practitioners, 2017*

Risk Management services are provided by Dentist's Advantage and the NSDP to assist the insured in fulfilling his or her responsibilities for the control of potential loss-producing situations involving their dental operations. The information contained in this document is not intended as legal advice. Laws are under constant review by courts and the states and are different in each jurisdiction. For legal advice relating to any subject addressed in this document, dentists are advised to seek the services of a local personal attorney. The information is provided "AS IS" without warranty of any kind and Dentist's Advantage and NSDP expressly disclaims all warranties and conditions with regard to any information contained, including all implied warranties of merchantability and fitness for a particular purpose. Dentist's Advantage and NSDP assume no liability of any kind for information and data contained or for any legal course of action you may take or diagnosis or treatment made in reliance thereon.

## RISK MANAGEMENT ARTICLE

### Making an effective referral

Dentists need to communicate with physicians or nurse practitioners when referring patients so care is delivered in a timely manner. Provided information should include:

- Date
- Name, address, telephone, and (depending on patient preference) email of the patient
- Date and time of the patient's scheduled appointment with the provider
- Reason for the referral, including a description of the current problem
- Any relevant test results (e.g., blood pressure, hemoglobin A1c)
- General background information about the patient that the provider would need to know (e.g., previous history of myocardial infarction in patient with newly discovered hypertension)
- Whether the situation is an emergency, urgent, or routine
- A request that the provider provide the dentist with a follow up report.

A template for referrals may be helpful to ensure key information is not omitted and to save the dentist time. Keep a copy of the referral letter in the patient's dental record. Include the follow-up report from the clinician the patient was referred to, so that the loop is closed.

To ensure follow up, dentists might want to consider using a spreadsheet to track referrals. This can easily be set up in Excel.

Article by: Cynthia Saver, MS, RN, President, CLS Development, Columbia, Maryland

Article reviewed by Dr. Kenneth W.M. Judy, DDS, FACD, FICD, PhD

### Resources

Rethman MP, Carpenter W, Cohen EEW, et al. Evidence-based clinical recommendations regarding screening for oral squamous cell carcinomas. *J Am Dental Assoc.* 2010;141(5):509-520. Access a Chairside Guide of the report at <http://ebd.ada.org/en/evidence/guidelines/screening-for-oral-cancer>.

Greenberg BL, Kantor ML, Jiang SS, Glick M. Patients' attitudes toward screening for medical conditions in a dental setting. *J Public Health Dentistry.* 2012;72(1):28-35.

Jarve RK, Dool DW. Simple tools to increase patient satisfaction with the referral process. *Fam Pract Manag.* 2011;18(6):9-14.

Laurence B. Dentists consider medical screening important and are willing to incorporate screening procedures into dental practice. *J Evid Based Dent Pract.* 2012;12(3 Suppl):32-33.

Nasseh K, Greenberg B, Vujicic M, Glick M. The effect of chairside chronic disease screenings by oral health professionals on health care costs. *Am J Public Health.* 2014;104(4):744-750.

Presidential Commission for the Study of Bioethical Issues. Anticipate and Communicate: Ethical Management of Incidental and Secondary Findings in the Clinical, Research, and Direct-to-Consumer Contexts. Washington,

DC: US Dept of Health and Human Services; December 2013. [http://bioethics.gov/sites/default/files/FINALAnticipateCommunicate\\_PCSBI\\_0.pdf](http://bioethics.gov/sites/default/files/FINALAnticipateCommunicate_PCSBI_0.pdf).

Primary health care in the dental office. *Dental Clin N Amer.* 2012;56(4):699-884.

Creanor S, Millward BA, Demaine A. Patients' attitudes towards screening for diabetes and other medical conditions in the dental setting. *Br Dent J.* 2014;216(1):E2.

Vujicic M, Israelson H, Antoon J, Kiesling R, Paumier T, Zust M. Guest editorial — A profession in transition. *J Am Dental Assoc.* 2014;45(2):118-121.

© Dentist's Advantage, 2017 © The National Society of Dental Practitioners, 2017

Risk Management services are provided by Dentist's Advantage and the NSDP to assist the insured in fulfilling his or her responsibilities for the control of potential loss-producing situations involving their dental operations. The information contained in this document is not intended as legal advice. Laws are under constant review by courts and the states and are different in each jurisdiction. For legal advice relating to any subject addressed in this document, dentists are advised to seek the services of a local personal attorney. The information is provided "AS IS" without warranty of any kind and Dentist's Advantage and NSDP expressly disclaims all warranties and conditions with regard to any information contained, including all implied warranties of merchantability and fitness for a particular purpose. Dentist's Advantage and NSDP assume no liability of any kind for information and data contained or for any legal course of action you may take or diagnosis or treatment made in reliance thereon.