

When Does the Standard of Care Change?

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“The truthful answer to that provocative question is “I don’t know.””



In Peer Review and Quality Assurance we review cases and make our judgements based on whether treatment provided conformed to or deviated from the standard of care. That in itself can be challenging, but what can make it even more difficult is that the standard of care is ever-evolving due to advancements in technology and collective clinical experience. In a recent case presented

to Peer Review a patient came to a dentist to have a lower molar restored that had endodontic treatment. The tooth was asymptomatic. The doctor took a periapical radiograph and saw no evidence of pathology. He subsequently prepared and placed a full crown on the tooth. A few months later, the patient, who spends the winter in Florida, had gingival swelling around the same tooth. When she went to see a periodontist in Florida, he took a CBVT scan and informed her that the tooth had a root fracture and should be extracted. When she returned to New York, the tooth had been extracted with the site grafted and prepared for implant therapy.

The patient filed a Peer Review complaint with the Society stating that she wanted a refund for the crown because a CBVT scan should have been taken prior to preparing the tooth for a crown because it could have revealed the root fracture that would have changed the course of treatment. Truth be told a CBVT scan taken at the time the patient came to the dentist may, or may not have, revealed a root

fracture. But the question remains, when is a CBVT scan the standard care? As this technology has become more accessible so have the indications, particularly in endodontics and implant therapy. However, just because a technology is available does that make it the standard of care? Certainly, the manufactures and sales people think so.

Unfortunately, new and expensive technologies are often marketed on their ROI (return on investment) rather than their clinical advantages. In this particular case the CBVT scan may have been useful prior to crown preparation, but without a baseline how would it be interpreted? Should every tooth have a CBVT taken prior to endodontic therapy? Can new technology lead to over treatment? The indications and application of new technology must always be critically assessed. Back and knee surgeries are done more on a per capita basis in the United States than anywhere else in the world even though long term outcomes aren’t necessarily better than more conservative treatments. Did the advances in technology take us down that path?

This case was resolved in mediation, but I am not sure what the outcome would have been had it gone to a hearing. Any determination by the Peer Review hearing committee would have been influenced by the approach to CBVT scans taken by the three individual dentists hearing the case.

At some time in the future there may be a tipping point where the preponderance of dentists will use CBVT scans as a matter of course. That will be a good thing as long as it’s for clinical advantage and not for the return on investment.

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