Major portions of our day-to-day lives are online using e-commerce options. More than 55 percent of all mailed bills are now online. Nearly half of us (48 percent) shop online. More than 65 percent of all households pay their bills online. How secure are those records? One hundred percent we hope, right? If we shop online, bank online and book travel online, isn’t it time for health records to be online? Interoperable electronic health records (EHR) are inevitable. EHR will include a patient’s entire medical history, pharmacy, vision, laboratory testing and all other clinical information. Dentistry is not exempted from this in the near future.

However, the transition is inevitable and on track for 2014. This fact strikes fear, concern and anger in many health-care providers, leading them to ask: “Why is this necessary? What about privacy and security? What about the cost?”

The real potential of EHR is to improve the quality, safety and efficiency of care to help practitioners make better clinical decisions. Interoperability will allow the appropriate information to be portable and to move with patients who consume health care from one point of care to another.

EHR moves from record and practice management toward cross-provider clinical decision support tools. The ideal is for clinical decision support to provide clinicians and patients with current clinical knowledge and patient-related information at the appropriate time to enhance patient care.

Key information will be intelligently filtered and presented in a way so that this patient-centric information can be used to manage wellness and assist with personal healthcare decisions.

EHR is not only valuable to health-care professionals. Patients will have the opportunity to be proactive consumers in the management of their own health. Who can/should access personal health information? When? Why? How? These questions are vital. The HIPAA Privacy Rules provide federal protections for personal health information and give patients an array of rights with respect to that information.

At the same time, the privacy rule is balanced so that permits the disclosure of personal health information needed for patient care and other important purposes.

In nearly a year since the passage of the American Recovery and Reinvestment Act, HIPAA is still a topic in every dental office. Providers wonder: How do we prepare for electronic health records in 2014?

By Fred Michmershuizen, Online Editor

While Halloween may be over, the candy left over from this annual night of merriment can remain in the house for weeks or even months. Dental professionals say that when it comes to oral health, there are some important things to keep in mind before indulging too heavily in the sweet stuff.

“Long after the scary costumes are put away, the horror of cavi- ties remains,” said Ellen Standley, president of the California Dental Hygienists’ Association (CDHA), one of several dental associations that recently offered tips on getting through the Halloween season without causing damage to teeth. “Parents can let their children enjoy some candy, but just do it in a responsible way.”

More children suffer from dental decay than from asthma. In fact, according to the American Dental Hygienists’ Association, dental caries is the most chronic disease of childhood. It affects 50 percent of children by middle childhood and 70 percent by late adolescence.

“Fun as it is, Halloween is really the start of the country’s candy and dessert intensive holiday season,” said Fred Joyal, founder of 1-800-DENTIST. “Between now and New Year’s, Americans will consume millions of sweets. Being smart about how and what they eat will help them avoid starting 2011 on a sour note.”

Excessive consumption of candy creates the perfect recipe for tooth decay. All candy is not created equal. Sour candy is the worst. This candy has an acid content on par with battery acid and has the power to cause even more damage to your teeth than regular sweets.

“Sour candy is one of the most frightening of all Halloween treats,” Standley said. “This new generation of candy is highly popular, but especially dangerous due to the high acid levels.”

“The key thing for parents to remember is that it is how often sugar is consumed, rather than how much sugar, which affects the chance of decay,” said Dr. Nigel Carter, chief executive of the British Dental Health Foundation. “It takes the saliva in the mouth up to an hour to neutralize the acid. This means every time sugary foods or drinks are consumed, the teeth are under attack for an hour. If children are constantly snacking on sweet foods, their teeth never have a chance to recover completely.”

Parents should axe the sour candy and take other steps to protect their children’s teeth this Halloween.

Sour candy comes in dozens of varieties and forms, including hard, soft, chewy, gummy, gels, liquid sprays, crystals, foam sprays, powders, cotton candy and chewing gums. According to the CDHA, most people think this type of candy is safer, but it is not.

With repeated exposure and frequency, sour candy can also lead to a host of oral-health problems, including increased cavities, tooth sensitivity, staining, soft-tissue sensitivities and dulling of teeth, according to the CDHA.

Here are more tips for people who want to enjoy sweet treats while preventing tooth decay:

• Avoid hard candy. Hard candy is risky. Bite into a piece the wrong way, and you might wind up with a cracked tooth or broken crown.

Suck on a piece of hard candy too long and your teeth will be over-

By Patti DiGangi, RDH

Making HIPAA safety simple

Are you getting ready for mandatory electronic health records in 2014?

By Fred Michmershuizen, Online Editor

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The temporary dilemma

Across the United States, full-time hygiene positions are difficult to come by for the unemployed hygienist. This situation leads many hygienists to rely on working in an office only a couple days a week. If there are not enough hours available, other hygienists are forced into being a "fill in" or "temporary" hygienist for an office. While some hygienists prefer to work as a temporary worker, the greatest share of hygienists would prefer to have an office to call their work home.

Temping has many pros and cons. On the up side, the hygienist has the ability to choose when and where she wants to work. If a requested day does not work into her schedule or if the location is too far away from home, she can decline the day. Filling in also provides an opportunity to see how the office operates without having to commit to a permanent position. There is no need to return to an undesirable office situation. Working in many different offices exposes the temporary worker to different equipment, products, technology, etc. This is a great opportunity to learn new things.

On the other side, it can be difficult to provide a high-quality dental hygiene experience to patients when temping. When a hygienist is not accustomed to the equipment, supplies and office environment, the focus of the appointment can land on these issues when the focus should be on the patient. In addition, difficulties can arise if the office is not practicing to the same standard of care the hygienist is familiar with.

In this situation, should the hygienist practice in his usual fashion or should he fall in line with how the temporary office operates? This has the potential to be a dilemma for the hygienist. On one hand, there is a standard of care that needs to be met.

On the other hand, the office has its standard and is likely not going to appreciate a different approach. In order to keep a temporary position, the hygienist may feel the need to comply with standing office procedures. Keeping a job in this job climate is of ultimate importance, but so is standard of care. Many hygienists have been in "the temporary dilemma." I welcome your feedback on how our readers handle this situation.

Best Regards,

Angie Stone, RDH, BS
Act (ARRA) of 2009, commonly known as the stimulus package, was signed into law making the Health Information Technology for Economic and Clinical Health (HITECH) Act the law of the land, definitions, rule-making and clarification have continued. New civil money penalty amounts apply to HIPAA Privacy and Security Rule violations occurring after Feb. 17, 2009, thus strengthening the bite of HIPAA violations.

Privacy officers in a variety of health-care locations have been debating and developing ways of determining if a breach in security in electronic records creates harm.

Does your practice have a “Privacy Officer”? If you have one, is that person’s knowledge based on the rapidly changing arena of HIPAA that currently exists? Has your office performed risk analysis to identify if your system has safeguards that comply with the HIPAA Security Rule and is up-to-date with the new world of HIPAA?

As a speaker, I am often at airports and hotels working on my laptop computer. I have long been looking for a way to synchronize my data with my desktop computer system. The simplest way is a web-based solution that automatically synchronizes my systems.

Web-based systems enable me to have a more connected and simplified lifestyle. Is it safe? Yes, probably safer than ever before. Back-ups and redundancies are part of the system. Security is on a level that I have neither the knowledge nor desire to completely understand.

Could something this simple be available in dentistry? The answer is yes. The Curve Dental system is a web-based solution for dental practices. You are in control instead of an IT person. With Curve, you don’t need special software and all the setup hassles that go with it. You simply need web access.

There is no loading software on every computer in your practice, then configuring every computer in your practice and then upgrading every computer in your practice to work with the new software.

The entire process is much easier and less expensive when all you need is an Internet connection. Your practice can start using the system the minute Curve gives you a username and password.

There are many benefits to the system no matter where you are in your career. Upgrades are constantly being made with Curve. You don’t have to wait for the next version and all the inherent problems of updates to have the latest and greatest at your fingertips. This positions Curve to readily make the changes needed for the coming interoperable EHR.

There is no reason to fear the 2014 EHR deadline. Clinicians can stop worrying knowing the heart of the business, our patient data, is safe.

Web-based solutions can provide clinical decision support to enhance patient care and productivity.

Patti DiGangi is a vision-driven person who finds strength and direction from her inner convictions. Like most true visionaries, she views obstacles as learning experiences that can be used for self-development.

As a lifelong learner, her energetic, thought-provoking and successful program development and mind-bending view of what can be shines a bright light for others to preview the future and find their place in it. DiGangi can be contacted through her website at www.pdigangi.com.

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