Inside: New Laws Target Sexual Harassment

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Don’t Get Locked Out
Beginning with the November issue, the online version of The New York State Dental Journal will be available to NYSDA members only. If you are not a member and wish to continue to read The Journal online, visit the NYSDA website, www.nysdental.org, to join or renew your membership.
When Form is Substance

A truly integrated practice takes equal account of clinical excellence and compliance with regulatory, legal and ethical duties.

We, as dentists, usually understand exactly what our patients need, what the law requires and what society expects from us as practitioners. I must say, we do this as well, if not better, than any other profession. Nevertheless, most healthcare professionals, including dentists, for a long time have labored under a basic misconception of how we view our compliance with some of our regulatory, legal and ethical duties. We conduct our practices as if our clinical procedures constitute the sole substance of the service we provide. Compliance with laws, regulations and ethical principles stands outside the limits of that substance and merely represents the form in which we deliver the service. We can term this perspective the “Limited Substance Doctrine” (LSD).

The dental profession has applied LSD with the good intentions of emphasizing clinical excellence as the fundamental cornerstone of dental care. However, to meet the challenges of operating a busy practice, we began to utilize LSD as an excuse to treat our compliance responsibilities as a non-essential element, or not critical to what it means to practice dentistry. We label compliance duties as form, secondary and ancillary to our fundamental and substantive clinical duties. However, this ideology fails to recognize that sometimes form is substance. Practicing as if compliance is not an integral element has resulted in a backlash of increased regulatory compliance mandates. In order to reverse the trend and satisfy our duty of self-regulation, dentists need to introduce an exception to LSD, the “When Form is Substance Corollary.” This exception recognizes that sometimes form is substance. It embraces compliance duties as a broader, but equally substantive, element of the practice of dentistry.

Dentists complain they now spend more time complying with mandates than treating patients. Larger practices delegate the burden to compliance officers and other dedicated staff. Senior dentists consider retirement when the time, effort and cost of compliance makes it less profitable and enjoyable to continue to practice. We can blame LSD, to an extent, for the increased regulation. External supervision will only increase as society concludes more oversight is essential to protect the public from the effects of any profession that marginalizes the importance of compliance.

It is time dentists accept the “When Form is Substance Corollary” and acknowledge compliance as an equally substantive element of the practice of dentistry. In law and ethics, form is substance. The words of laws, regulations and ethical principles are its form and determine its content or substance.1 No doubt, in this regard, the form must be equally as substantive as the clinical component.

We can demonstrate the indispensable and substantive role of compliance in the clinical care of patients by analyzing whether we would meet our responsibilities to our patients, the law and society if we executed flawless clinical treatment absent compliance with regulations, laws and ethical principles. Certainly, if we placed and restored an implant to the standard of care, but delivered the treatment without an active dental license, delegated functions to auxiliaries beyond their scope, failed to obtain autonomous informed consent, violated patient confidentiality and HIPAA laws, violated infection control and OSHA regulations, unlawfully discriminated against the patient in scheduling and billing, failed to maintain an accurate and complete patient record and submitted a fraudulent insurance claim, we would not have delivered the sub-
stance of what the patient, the law and society expect under the circumstances. In the end, care without compliance may cause more harm than no care at all.

LSD may have its origins in dental education. Dental curricula historically have dichotomized the teaching of clinical skills versus legal, regulatory and ethical principles. Practically, this separation was necessary to effectively teach technical competency. However, a course of study that never merges the two disciplines risks imparting to the students the misbelief that compliance duties do not form an integral part of the treatment. The measurement of student competency in live patient treatment must include evaluation of competency in applying applicable regulations, laws and ethical principles. Students must learn exactly when such form is substance.

Dental education, along with examining bodies, have begun to act in accordance with the “When Form is Substance Corollary.” In 2013, the Commission on Dental Accreditation (CODA) developed new accreditation standards that required integration throughout the educational curriculum of legal, regulatory and ethical principles, along with other behavioral and basic science concepts. The Joint Commission on National Dental Examinations is currently in the process of creating a new board exam, the Integrated National Board Dental Examination, which will integrate these concepts to assess entry-level competency in dentistry. Hence, new competencies will require graduates and licensees to integrate compliance with regulations, law and ethical principles into the substance of what they do. In the same manner, today’s practicing dentists must integrate regulatory, legal and ethical compliance into the substance of our practices. Dentists need to stop treating compliance as an ever-growing collection of form that interferes with the clinical substance of what we do. We must recognize compliance as substance to help reduce third-party mandates, meet our duty to self-regulate and preserve our professional autonomy.

ENDNOTES


Call for Manuscripts
The New York State Dental Journal invites submission of original manuscripts on themes related to the clinical practice of dentistry. All submitted manuscripts will be subject to review by the members of The Journal Editorial Review Board. Interested authors are advised to read the Author’s Guidelines found in the Publications section of the NYSDA website, www.nysdental.org.

Please direct manuscripts and questions to Mary Stoll, managing editor, at mstoll@nysdental.org.

Implantology Manuscripts Sought
The New York State Dental Journal is planning a special issue devoted to Oral Implantology. It is inviting submissions of original manuscripts for that issue, which is planned for the latter half of 2019. The deadline for submitting manuscripts is March 29, 2019. All submitted manuscripts will be subject to review by the members of The Journal Editorial Review Board. Interested authors are advised to read the Author’s Guidelines found in the Publications section of the NYSDA website, www.nysdental.org.

Please direct manuscripts and questions to Mary Stoll, managing editor, at mstoll@nysdental.org.
Sex in the Workplace

More New York employment laws target sexual harassment, including in dental offices.

Lance Plunkett, J.D., LL.M.

The 2018-2019 New York State Budget brought sweeping changes to employment law for all employers, including all dental offices, in New York State. And, to top that off, New York City passed its own sweeping employment law changes this spring that also apply to certain New York City employers—the double whammy.

There are four key dates in the New York State law. Effective immediately upon enactment, on April 12, employers are required to protect from sexual harassment persons who are not their employees but who are contracted workers (contractors, subcontractors, consultants, vendors and any other persons working pursuant to a contract with the employer). This is a change from existing laws that required only protecting actual employees, and it presents a significant new burden for employers. Now, not only must employers worry about sexual harassment internally with their employees, but also externally where the office interacts with others who may only work temporarily for employers. For example, if you contract to use a cleaning service for your office, now you have to worry that the people working for that cleaning service are not sexually harassed when they are at your office. Or, as one wag put it, beware of complimenting your lawyer on how sexy he or she looks.

The second key date is July 11. On that date, the law takes effect to prohibit using nondisclosure clauses and mandatory arbitration clauses in settlements or agreements relating to sexual harassment claims. The prohibition on nondisclosure only applies unless the employee wants the matter to be confidential. The law transfers exclusively to the employee the right to make this decision as to nondisclosure—the employer cannot sneak it into any contract or employee handbook.

Confidentiality provisions are a common part of most severance agreements with any employee. Now employers must draft such severance agreements with extra care where the severance might in any way be connected to a sexual harassment claim. The “no arbitration” provision is going to be the subject of some legal debate because it poses potential conflicts with
the Federal Arbitration Act and may be preempted. New York tried to forestall this by providing that the “no arbitration” provision must be consistent with federal law, but it may require litigation to figure out exactly what that intersection will be. For the time being, it will eliminate potential headaches for an employer to avoid using mandatory arbitration clauses for sexual harassment employment matters in New York State.

Then, and probably most importantly, effective October 9, all employers must distribute written policies against sexual harassment to all their employees, and they must train all their employees annually on how to prevent and deal with sexual harassment. This is a new obligation that is a significant burden in terms of time and resources. To mitigate that burden, the New York State Department of Labor and the New York State Division of Human Rights will develop models for the required training that employers can use if they do not have their own acceptable sexual harassment prevention policies and training programs in place. It is unlikely that those model training and policy materials will be ready until much closer to October 9.

The sexual harassment prevention training is required to be “interactive,” but the New York State law does not define that term, so it is unclear if it means live training or not. The model training materials should make that clear when they are released. The state sexual harassment prevention training must include:

a) an explanation of sexual harassment consistent with guidance issued by the New York State Department of Labor in consultation with the New York State Division of Human Rights;
b) information concerning the Federal and State statutory provisions concerning sexual harassment and remedies available to victims of sexual harassment;
c) examples of conduct that would constitute unlawful sexual harassment;
d) information concerning employees’ rights of redress and all available forums for adjudicating complaints; and
e) information addressing conduct by supervisors and any additional responsibilities of such supervisors.

It should be noted that the New York City law differs from the New York State law and makes it clear that live training is not required by more carefully defining what “interactive” training means—but more on that and the differences in the training program requirements later. Suffice it to say, for now, a comprehensive combination of the two sets of training requirements (state and city) will likely satisfy both if both are needed—a good idea in any case.
Finally, effective January 1, 2019, New York State will require that bids on specified state contracts must contain language affirming that the bidding entity has implemented a written policy addressing sexual harassment in the workplace and that the bidder provides annual sexual harassment prevention training to all of its employees. While this provision probably means little for dental offices, it is an indication of how seriously New York State is taking sexual harassment issues. The state will not do business with any entity that does not establish it is in compliance with the new laws regarding prevention of sexual harassment in the workplace.

**Behind the Law**

So what is sexual harassment? A reminder of some of the key items of this illegal behavior is in order. Sexual harassment is a form of gender-based discrimination. It involves unwelcome sexual conduct that: 1) is used as the basis for hiring or other employment decisions, such as promotions, raises or job assignments; or 2) creates an intimidating, hostile or offensive work environment. The harasser can be a supervisor, a co-worker or someone who is not an employee, such as a client or customer or volunteer member. Harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision.

Sexual harassment may be verbal, visual and/or physical, including: 1) sexually offensive remarks or jokes; 2) unwanted touching or groping; 3) coerced sex acts; 4) requests for sexual favors of a sexually suggestive nature (for example, asking an employee to dig coins out of a supervisor’s pants pocket); 5) displaying pornographic images; 6) comments, either complimentary or derogatory, about a person’s gender or sexual preferences; or 7) sexual gestures (for example, pantomiming sex acts).

Sexual harassment is prohibited by Title VII of the 1964 Federal Civil Rights Act, New York State Human Rights Law and, in some instances, local law (for example, the New York City Administrative Code). The New York State Human Rights Law also protects against harassment based on gender identity or transgender status. Harassment on the basis of actual or perceived sexual orientation is also prohibited by the New York State Orientation Non-Discrimination Act (SONDA). With respect to sexual harassment issues, the New York State Human Rights Law applies to all employers regardless of the number of employees.

The law protects both men and women, and also covers incidents in which the harasser and the victim are of the same sex, regardless of sexual orientation. Third parties may complain when one or more of the following occurs: 1) submission to sexual...
demands is a general condition of employment; 2) harassment directed at others adversely affects the third party’s work environment; or 3) offensive sexual conduct, even if consensual between the parties involved, is creating a hostile work environment for the third party.

Retaliation for making a complaint about sexual harassment is prohibited by law. If this occurs, a person may have a separate claim of retaliation in addition to any claim of sexual harassment. Retaliation occurs when the terms and conditions of one’s work are unfavorably changed as a result of one’s reporting sexual harassment or cooperating with the investigation of a sexual harassment complaint or lawsuit.

Meanwhile, in New York City

Finally, why did New York City adopt its own additional laws regarding sexual harassment with effective dates that are different from those in the state law? First, the New York City Human Rights Law needed updating and has always charted a parallel but separate course from the New York State Human Rights Law. With massive changes in the state law on sexual harassment, the city could not risk not keeping pace. However, the city law is likely to create a lot of confusion. For one thing, the state law applies in the city. The city law, to the extent it differs from the state law in being less strict, is overridden by the state law in this context. However, the city law also creates additional stricter obligations on top of the state law which will apply. Sorting this out will be complex, but both laws apply in the confines of New York City.

For one thing, the New York City Human Rights Law, which became effective May 9, now applies to all employers regardless of size with respect to gender-based harassment. This is a big change for the city that brings many dental offices under that law when previously it had only applied to offices with four or more employees. Is that a big deal when the state law already applied to all employers? Yes, because the city human rights enforcement authorities are even less friendly to employers than the state human rights enforcement authorities are.

One piece of good news is that the city law, unlike the state law, only applies its sexual harassment prevention training requirements to employers with 15 or more employees. This is very odd because the state law applies anyway to all employers in New York City, so the reason for this difference is moot. All New York City employers, regardless of size, will still have to follow the state law on sexual harassment prevention training. For those unlucky city employers who also have 15 or more employees, they will have to comply with the training requirements of both laws, which do differ. Why this foolish nightmare was created is inexplicable other than that the city had its laws in the works long before the state one-upped them with its version. Ironically, the state law was signed into law first, on April 12, while the city law did not get signed until May 9. The city sexual harassment pre-
vention training requirement takes effect April 1, 2019, but the state requirement takes effect this year, on October 9.

The city sexual harassment prevention training must include:

a) an explanation of sexual harassment as a form of unlawful discrimination under City law;

b) a statement that sexual harassment is also a form of unlawful discrimination under State and Federal law;

c) a description of sexual harassment and use of examples;

d) any internal complaint process available to employees to address sexual harassment claims;

e) the complaint process available through the New York City Commission on Human Rights, the New York State Division of Human Rights, and the United States Equal Employment Opportunity Commission, including contact information;

f) a prohibition on retaliation and examples;

g) information concerning bystander intervention, including but not limited to any resources that explain how to engage in bystander intervention; and

h) the specific responsibilities of supervisory and managerial employees in the prevention of sexual harassment and retaliation, and measures that such employees may take to appropriately address sexual harassment complaints.

Lastly, effective September 6, all New York City employers, regardless of size, must display an anti-sexual harassment rights and responsibilities poster and distribute an information sheet on sexual harassment at the time of hire. Both the poster and information sheet will be made available on the New York City Commission on Human Rights Web site at: http://www1.nyc.gov/site/cchr/index.page.

As noted in previous Journal articles, New York employment law is rapidly evolving in a pro-employee direction. Current events have helped spur that trend. The traditional concern of excessive regulatory burdens on employers has largely fallen by the wayside in this environment. The happy employers will be the ones who keep pace with these laws and regulations and who do not allow themselves to fall victim to opportunistic discrimination lawsuits and human rights complaints.

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

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Surfaces for Operative Restorations
A Guideline for Diagnosis and Proper Billing

The number of surfaces being restored is not always predictable. The manner in which treatment is rendered and reimbursed should be.

Joseph P. Graskemper, D.D.S., J.D.

With the intrusion of third-party stakeholders, dental insurance companies and government, there is great need for some basis for diagnosing the size of operative restorations upon which all can rely for fair and equitable patient care. In regard to billing, most dentists currently rely on their individual feeling and ethical conscience as to what is fair when a restoration extends into another surface; there are no set guidelines to determine when to include another surface. We need a new paradigm that outlines a mutually fair and consistent manner in which to correctly diagnose and treat the number of surfaces involved in a restoration when a preparation extends into another unexpected surface of the tooth.

Prior to dental insurance, dentists were able to properly charge patients for the cost of a filling based on time, materials and size. Now, for the most part, treatment is billed per an insurance fee schedule without consideration of the actual size of the restoration. For example, many Class II restorations may extend more facially or lingually past the marginal ridge area. Without established guidelines, dentists are left to arbitrarily decide whether to include the extended portion as another surface—the insurance companies, of course, would rather pay only for two surfaces, when the restoration actually involves three. Insurance companies may even require verification that extra surfaces were actually involved during the restoration. The cost of verifying via an intraoral photograph is prohibitive because insurance companies most likely will not pay for the time, effort and equipment/materials involved for the small amount of reimbursement.

I propose a guideline for dentists to be more united in the discussion of which surfaces are actually involved in the restoration of a tooth. The real question arises when a traditional Class II restorative preparation extends well into the facial or lingual area, thereby involving another surface. This can also be noted in large anterior restorations and large Class V restorations that wrap around to other surfaces. The insurance companies’ method of combining all surfaces to the least number of surfaces as a means of reducing payment is not proper or fair to the dentist, who has restored the tooth properly, or to the patient, who wants fair reimbursement for the treatment received.

This new guideline must be fair to all people involved in the dental field: patients, dentists and insurance companies. Every tooth is different, so caries removal may differ greatly depending upon the skill and expertise of the dental provider.

For proper diagnosis, treatment and payment of services, each tooth is divided into four planes (two mesial-distally and two buccal-lingually), leaving nine surface areas (Figure 1). Draw a line occlusally and create a plane mesial-distally 1 mm lingually from the lingual edge of the mesial and distal contacts. Likewise, draw a second line/plane through the occlusal surface 1 mm buccally of the contacts. These planes should approximate the cusps of a molar 1 mm to 2 mm toward the center of the occlusal center or the width of the incisal edge of the anterior teeth (Figure 2).

Similarly, draw a line buccal-lingually 1 mm to 2 mm of the marginal ridge for a posterior tooth and the contact for an anterior tooth, sectioning the tooth into thirds. This should be app-
approximately through the cusps of a molar 1 mm to 2 mm from the cusp tips from the marginal ridge. Or, you can divide an anterior tooth 1 mm to 2 mm from the mesial and distal incisal angles, cutting the tooth into thirds mesial-distally and creating nine sections of a tooth. The planes should extend through the labial-buccal and lingual surfaces (Figures 3, 4).

The illustrations show that as the tooth preparation extends into another plane, an added surface is encountered. As you go occlusally, mesially or distally through the mesial or distal occlusal plane, another surface is encountered due to the undermining of the marginal ridges or the incisal corners for anterior teeth, which results in the need to restore another surface. Likewise, as you go buccally or lingually, you either undermine a cusp or are well beyond merely breaking the mesial or distal contact, and are actually into another surface. When preparing a large, deep facial abfraction/erosion, you would also encounter the mesial and/or distal plane, thus additional surfaces would require restoration.

This proposed guideline for dentists and insurers would foster a mutual understanding of the need to diagnose, treat and receive proper remuneration for needed additional surfaces when the operative restoration extends beyond the traditional ideal preparation.

Dr. Graskemper is an associate clinical professor at Stony Brook University School of Dental Medicine, where he teaches professionalism, ethics and risk management. He has authored many peer-reviewed articles, lectured, published nationally and internationally, and recently published a book, Professional Responsibility in Dentistry: A Guide to Law and Ethics. Queries about this article can be sent to him at jpgraskemperdds@optonline.net.
There is a new generation of parents out there who are not as easily swayed by the traditional marketing mix. Millennials are fast becoming the most important demographic for your practice, and you need to know how they make decisions and where they can be reached. They’re technological natives, meaning they came of age with the Internet at their fingertips and have always owned some sort of computerized device. And they are not only very comfortable with the latest in computer science, they also expect everyone else to be just as up-to-date as they are, even more so. To understand how to attract millennials as patients, we need to know who they are and what pushes their buttons, so to speak.

Who are Millennials?
The Pew Research Center defines millennials as the generation born between 1981 and 1997. According to statistics, including reports from Pew and the U.S. Census Bureau, they currently make up a third of the population in this country and have surpassed baby boomers as the largest living generation. And, many already have children who are of treatment age.

These young parents are active online and depend upon social media to connect to what’s important to them. Social media is also where they solicit opinions on purchases and source information about local businesses, mostly from their mobile devices while multitasking work and play. In addition, it is estimated that millennials comprise 20% of annual discretionary spending, translating into over $1 trillion per year.

Millennials are early adopters and are comfortable with always-on technology, feeding on a constant stream of status updates and alerts. This means they don’t have time for more conventional means of communication, preferring impersonal and short messaging channels like texting. On text they speak in shorthand using abbreviations like TTYL (translation: talk to you later) and even emoji’s in lieu of whole phrases to express their mood or feelings. They have also integrated artificial intelligence (AI) into almost every aspect of their lives through ever-smarter interconnected devices. Think of the Nest brand thermostat that learns your habits to become more efficient over time, or video games that get smarter the more you play them.

How does the average practice attract these digital natives? It’s actually not as hard as it seems. Although, if you haven’t gotten the message already, it might be time to step out of your comfort zone. Radio ads and newspaper coupons just aren’t cutting it anymore. You have to adopt a digital-first strategy and even adapt AI-enabled software into your workflow.
Social as a First Touchpoint

If you’ve done any research then you’ve probably heard all this before, but it’s even more important for you to engage with millennials on social and mobile. This generation is savvy and as much as they rely on the Internet in their daily lives, they’re more cynical about what they read online in the era of alternative facts and fake news. You have to offer genuine value and be open to constant, two-way communication. You aren’t blasting messages at them, you’re engaging them in a conversation that ends up with them in your practice asking for a consultation because you have established trust, communicated value and connected with them in their own space.

Some recently published marketing research shows that 45% of millennials surveyed say they begin researching a company on social media before they look anywhere else. Before they go to Google and click on search results that take them to your website, millennial parents are going to social media to see what they can find out about your practice. This means that a practice must have a vibrant presence on social media, otherwise you might as well be invisible to the millennial parent. Make sure all the vital information about your practice goes onto your Facebook page, including contact information. Make it easy for someone to go from social media to making a call for a consultation. Facebook offers plenty of fields to fill out on your profile, so use them all, including the option to add a button that encourages people to contact you. Social media has gone from “nice to have” to an imperative. It’s most likely your first touchpoint of contact with the next generation of patients.

Garner Good Reviews

Once you’ve begun providing services to millennials at your practice, you can capitalize on the fact that this is a generation not bashful about sharing. By targeting millennials, you are more likely to get positive reviews for a good experience. They want to share their point of view with others, and they understand the impact their reviews have on their peers. According to a report on millennialmarketing.com, 70% of millennials feel a need to share their opinions about a company on the web. There is a sense of civic duty that compels them to post online, whether it’s a Google business rating or a comment on social media that tags your Facebook page.

Marketing companies like People & Practice specialize in online reputation management for orthodontic practices. Prospective patients will do their homework before selecting a practice, and they trust peer-to-peer feedback above all else. One negative review can significantly damage your reputation, especially if there are no positive ones. According to Brightlocal.com, negative reviews drive away about 22% of customers. Potential patients will go to a Google or Facebook review, read something bad about your business (whether you deserve it or not), and never call you. On the other hand, the same site said that consumers will spend more on products and services at a business that has good reviews. That’s why it’s vitally important that your practice have as many positive reviews as possible online. Evidence shows that 97% of consumers use online reviews to research a local business. You ignore online reviews at your own peril.

Go Live

Video is the most dynamic and engaging form of content on the web these days. Facebook’s video feature lets people broadcast in real time, allowing your followers to know that you are currently online and filming live. Videos don’t have to be slick productions either. Millennials have come to expect a certain low-budget level of DIY video from their friends and local business owners. All you need is to load up your business page on your smartphone and start filming your patients with their new smiles, having fun in
your office around the holidays or broadcasting the latest prize-winner in one of your contests. Facebook is always tweaking its algorithm, and recent changes have steered the newsfeed to favor showing live video over video content from other sites like YouTube on their platform. Live video also offers the opportunity to talk directly to your audience with Q&A sessions or demonstrations of a new product or orthodontic technique.

AI in the Office
Innovating doesn’t stop with your marketing efforts either. In order to continue to attract this tech-savvy generation, professionals have to get comfortable with a concept of artificial intelligence. According to that same millennialmarketing.com website, millennials are 2.5-times more likely to be early adopters of technology than other generations. This means they want everyone they do business with to be on the cutting edge of their industry. The dental profession is no exception.

While the terminology might seem futuristic, AI is a technology that has actually become more pervasive in our everyday lives than you realize. Google uses predictive algorithms to deliver the most relevant results when we search online. Applications like Siri and Alexa are speaking to us and answering questions in a human voice only seen before in episodes of Star Trek. Watson, IBM’s advanced AI computer, is already helping doctors resolve problems by analyzing millions upon millions of data points and coming up with solutions within minutes.

AI-enabled intelligence imaging software is letting orthodontists check in with patient progress through a mobile app. Patients use their mobile phone camera to take a picture of their teeth. The image is uploaded to the software so a doctor can do a virtual check-in on progress, spot issues and communicate directly with the patient in real time. Not only does this put the cool factor into dental work for millennials, it provides them with the constant communication and control over their own or their kids’ treatment that they look for. Communicating to millennials that you use the latest tools, like teledentistry software, will go a long way to bringing them into your practice.

Direct Channel Communication
Don’t get us wrong: personal communication remains key to retaining patients. However, now we need to take that personal communication and enhance it using mobile and web tools so that we can capitalize on the relationship, encouraging millennials to refer their friends and family to your practice. Millennials are used to companies speaking with them on a one-to-one basis through the web, taking time on Twitter to answer questions or offering immediate availability 24/7 through customer service chat applications. This constant-on communication is not exclusive to big brands either.

If a local practice can take the time to invest in teledentistry software that allows the patient to communicate directly with the doctor through a mobile app or text messaging, it will go a long way toward furthering its reputation. Beyond social media—which is becoming more and more of a no-brainer when it comes to an effective marketing plan—practices must invest in direct channel communication. Many millennials prefer texting to a phone call—not surprising since a text message is quick, can be done from anywhere and doesn’t require someone to schedule time out of a day. A question might be forgotten before a call can be made to the office, whereas, as soon as someone thinks about it, he or she can text a query to the doctor, who can respond whenever he or she has a moment between appointments or after hours—no more missed calls, playing phone tag or forcing an unnecessary appointment onto a patient. Being responsive is a huge benefit to millennials, who are always busy multitasking.

This is a generation that has already amassed a considerable amount of influence online, not only among their peers, but also other generations. Millennials are the decision-makers you need to attract to grow your business. To do that you must adapt to AI-enabled software, be willing to communicate with your patients through new channels and upgrade your marketing mix to include not only social media and content marketing but online reputation management as well. This is where your new generation of patient will be, and they’re waiting for you to engage with them. The future of your practice is the millennial generation. Be ready for them.

Dr. Klempner and Ms. Epstein are cofounders of People & Practice, a digital marketing consultancy exclusively for doctors. Their expertise is derived from 40 years of private practice and as many combined years of marketing experience. Their aim is to help dentists build trust in their practices online to attract new patients. For more information, or a free marketing analysis, call (888) 866-DOCS, or email them at hello@pplpractice.com.
Association Activities

RISK MANAGEMENT COURSES

The New York State Dental Association has announced the dates and locations of Risk Management courses scheduled for 2018. They are listed below.

5 p.m. Thursday September 13
OnCenter
Syracuse
Fifth District Dental Society
(315) 434-9161
www.5dds.org

3 p.m. Wednesday September 26
Buffalo Niagara Dental Meeting
Buffalo, NY
www.bndmeeting.com

9 a.m. Wednesday October 31
Suffolk County Dental Society
Hauppauge, NY
www.suffolkdental.org

9 a.m. Friday December 7
Nassau County Dental Society
Garden City, NY
www.nassaudental.org

The NYSDA Risk Management course is accepted by most malpractice insurance carriers. An exception is CNA Insurance Co., which accepts only its own course. Members are encouraged to check with their carriers before registering for a class. Carriers who accept the course will extend a discount on liability premiums to dentists completing the course.

RISK MANAGEMENT COURSE ONLINE

The NYSDA Risk Management course is offered online. Dental professionals who choose to take the course online will be charged a small fee, but will have up to six months to complete the course. Upon completion of the course, they will receive a 10% discount on their malpractice insurance for three years, four continuing education credits, automatic recording of their credits with the NYSDA Continuing Education Registry and a certificate of completion.

The course is available at www.nysdentalfoundation.org. Fees are as follows: $40/NYSDA & ADA members & auxiliary staff; $80/others.

Executive Directors Named

TWO NYSDA COMPONENTS have announced the appointment of new executive directors in the past several months. In the Ninth District Dental Association, the promotion of Stephan Cancian from interim executive director to executive director became official at the beginning of February. In Suffolk County, Bill Panzarino was appointed in June to succeed the retiring executive director Paul Markowitz.

Mr. Cancian has been with the Ninth District since 2006, when he was hired as an administrative assistant. In the intervening years, he has become experienced in all facets of association management.

Mr. Cancian is a graduate of the University in Albany, with a bachelor’s degree in business and sociology. He lives in Harrison with his wife and two children.

Mr. Panzarino is a Brooklyn native. He received his degree in computer programming and began his career in technology at Reuters in New York City in 1981. He remained with Reuters for 35 years, rising through the ranks to hold many different senior positions, including running technical operation in the Americas, leading product management for wealth globally and heading up business programs globally. He was directly involved in several corporate acquisitions, working on the integration teams, as well as corporate spin-offs and the Thomson acquisition of Reuters in 2008.

Mr. Panzarino and his wife, Meryl, are the parents of three girls.

NYSDA PRESENTS
Albert H. Stevenson Award

THE ALBERT H. STEVENSON AWARD, established by the Dental Society of the State of New York to honor the pioneering work of Albert H. Stevenson in the field of dental hygiene, is presented annually to a graduating student of each of the dental hygiene schools in New York State.

Each Stevenson Award recipient has demonstrated leadership qualities and displayed the same level of enthusiasm as Dr. Stevenson, who in the early 1900s, despite tremendous opposition, led the fight to get the field of dental hygiene legislatively recognized as a licensed profession in many states, including New York.

The 2018 recipients of NYSDA’s Albert H. Stevenson Award are: Isabella Wong, New York City College of Technology; Divya Bhandari, New York University Allied Health; Jie Xu, Hudson Valley Community College; Nicole Pond, State University of New York at Canton; Kailee Granger, Broome Community College; Rebekah Krzyzanowski, Monroe Community College; Brittany Carlson, Erie Community College; Kimberly DiChiara, Orange County Community College; Anderson Benavides, Hostos Community College of the City University of New York; Ellen Altinerlielmas, State University of New York at Farmingdale.

Jie Xu, dental hygiene graduate, Hudson Valley Community College, receives NYSDA Stevenson Award from Mark Bauman.
David Miller to Head Special Dentistry Association

NYSDA PAST PRESIDENT David J. Miller, D.D.S., is the new president-elect of the Special Care Dentistry Association. Elected at the SCDA Annual Meeting in April in Seattle, Dr. Miller will assume presidency of the association in April 2019.

Dr. Miller has devoted 33 years to treating special needs patients, educating and training residents, and managing dental departments in hospitals as chairman, director. He is chairman of the Department of Dental Medicine at Interfaith Medical Center in Brooklyn.

In 2015, then NYSDA President-Elect Miller co-chaired the Association’s first-ever “Oral Health Stakeholders’ Summit on the Future of Special Needs Dentistry, Hospital Dentistry and Dental Education.”

He currently serves on the following boards and task forces to address access-to-care and funding issues for special needs patients: Project Accessible Oral Health; New York State Office for People with Developmental Disabilities; Task Force on Special Needs Dentistry; Dental Disco Advisory Group (Managed Care Implementation); Task Force on Special Needs Dentistry; Task Force on Public Health & Access; Henry Schein and The Viscardi Center; and Task Force Alliance for Oral Health.

Ethics Council Ruling Revealed

ON MARCH 27, 2018, the NYSDA Council on Ethics issued an order to expel Dr. Martin A. Sorbero (NYS License No. 037373) from membership. After a full hearing on March 16, 2018, the Council on Ethics found that Dr. Sorbero had failed to abide by peer review and, as such, was in violation of Paragraph B of Section 20 Chapter X of the NYSDA Bylaws. Dr. Sorbero did not appeal the council’s decision within the requisite 30 days to the American Dental Association (ADA). The decision of the NYSDA Council on Ethics thereby became final and effective as of May 1, 2018.
### Rising to the Challenge

For the sixth year running, NYSDA fielded a team to run/walk the 3.5-mile Workforce Team Challenge in May, sponsored by the Capital District Physicians Health Plan. Posing for team photo prior to start of the race in downtown Albany are, from left, Christa Wheeler, John Murray, Team Captain Patty Marcucia, Mercedes Susa and Jenna Malenkiewicz. The Workforce Challenge is the largest road race between Utica and New York City, attracting 10,000 participants, representing area businesses, government agencies, educational and financial institutions, and not-for-profit organizations.

### DATES TO REMEMBER

For more information about NYSDA-sponsored events, call the State Association at (800) 255-2100.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Central New York Dental Conference</td>
<td>September 13-14</td>
<td>OnCenter, Syracuse, NY</td>
<td><a href="http://www.cnydc.org">www.cnydc.org</a>, (315) 434-9161</td>
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<tr>
<td>Council on Ethics</td>
<td>September 14</td>
<td>NYSDA</td>
<td></td>
</tr>
<tr>
<td>Council Membership &amp; Communications</td>
<td>September 14</td>
<td>Desmond Hotel, Albany, NY</td>
<td></td>
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<tr>
<td>Buffalo Niagara Dental Meeting</td>
<td>September 26-28</td>
<td>Buffalo Niagara Convention Center</td>
<td>Buffalo, NY, (716) 829-2061</td>
</tr>
<tr>
<td>Greater Capital District Dental Symposium</td>
<td>September 27-28</td>
<td>Albany Marriott, Albany, NY</td>
<td>(518) 782-1428</td>
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<td>Council Dental Practice</td>
<td>September 28</td>
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<td>Council Dental Health Planning</td>
<td>October 12</td>
<td>NYSDA</td>
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<td>ADA Meeting</td>
<td>October 19-21</td>
<td>Honolulu, Hawaii</td>
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<td>Chemical Dependency Committee</td>
<td>November 1</td>
<td>NYSDA</td>
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<td>Council Peer Review &amp; Quality Assurance</td>
<td>November 2</td>
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<td>Council Dental Benefits</td>
<td>November 7</td>
<td>Video Conference</td>
<td></td>
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<tr>
<td>Greater New York Dental Meeting</td>
<td>November 23-29</td>
<td>Javits Center, New York, NY</td>
<td><a href="http://www.gnydm.com">www.gnydm.com</a>, (212) 398-6922</td>
</tr>
</tbody>
</table>
In Memoriam

SECOND DISTRICT
Carmelo Giorlando
New York University ’47
8 Gansevoort Blvd.
Staten Island, NY 10314
November 6, 2017

Sheldon Jacobson
New York University ’49
4 Saxon Woods Rd., Rm 325
White Plains, NY 10605
November 13, 2017

FOURTH DISTRICT
Roy Darling
University of Pittsburgh ’56
46 Crooked St.
Schenectady, NY 12302
November 11, 2017

Edward Kerr
University of Buffalo ’65
45 Meldon Cir.
Queensbury, NY 12804
November 17, 2017

John Lanka
University of Illinois at Chicago ’61
9340 Harts Road #B
Broadalbin, NY 12025
January 28, 2018

Collyer Matousek
Tufts University ’65
36 Tieman Rd.
Schenectady, NY 12302
November 8, 2017

Leo Nash
University of Buffalo ’54
133 Lawrence St., Apt 85W
Saratoga Springs, NY 12866
January 19, 2018

SIXTH DISTRICT
Richard Castor
University of Pennsylvania ’58
168 Miller St., Apt A314
Horseheads, NY 14845
March 21, 2018

EIGHTH DISTRICT
Basil Arnone
University of Buffalo ’56
4781 Union Rd.
Cheektowaga, NY 14225
December 21, 2017

Ronald Korn
University of Buffalo ’63
5927 Monaghan Ln.
Clarence Center, NY 14032
February 26, 2018

Nelson Militello
Case Western Reserve University ’62
705 Yellow Mills Rd.
Pittsford, NY 14534
March 21, 2018

NINTH DISTRICT
John Davies
University of Pennsylvania ’51
155 Blake Blvd, #201C
Pinehurst, NC 28374
January 31, 2018

Donald Horton
New York University ’57
850 Phoenix Ave.
Peekskill, NY 10566
January 1, 2018

NASSAU COUNTY
John Buonasera
New York University ’71
347 Maple Ave.
Westbury, NY 11590
February 7, 2018

Harvey Fader
New York University ’55
16 Timber Ridge Dr.
Oyster Bay, NY 11771
November 29, 2017

SUFFOLK COUNTY
Sheldon Zaslow
New York University ‘51
337 Deer Park Ave.
Dix Hills, NY 11746
January 29, 2018

What Happened?
The NYSDJ received the following letter from member Jay Orlikoff. It was one of many inquiries we received regarding the absence of the “In Memoriam” section from preceding Journals:

As do many at my stage of life, one of the first pages I turn to when I receive my Journal is the “In Memoriam” section. When I leafed through the March issue, I was thrilled for two reasons. First, there was no “In Memoriam,” meaning I hadn’t lost anyone I know. And, second, my name wasn’t there—well, maybe not in that order.

Jay S. Orlikoff, D.D.S.
South Setauket
Suffolk County

They say no news is good news, especially in the case of death notices. Regrettably, that wasn’t the case. When NYSDA transferred its member records from one database to another, it temporarily lost its ability to access information on deceased members. But we’re back on track, with apologies for the misstep.
Finding a Landing Spot for the Dental Homeless
A Conversation with NYSDA President Brendan Dowd, D.D.S.

Brendan Dowd won’t be satisfied until every New Yorker has a home, a dental home, that is. It’s a lofty goal, but one he believes he can help along by putting himself out in the community where he can best reach the most vulnerable, those whose need for dental care goes mostly unanswered. As volunteer dentist coordinator of the NYSDA Volunteer Dental Demonstration Project, Dr. Dowd has overseen 12 demonstration projects held in the past three years at nine different facilities across the state. Each project is intended to provide free dental care to low-income, uninsured adults and children from diverse populations, including military veterans.

The last of these events was held this past November at the University of Buffalo, where Dr. Dowd is clinical assistant professor of restorative dentistry in the School of Dental Medicine and senior group director. On one day, volunteers treated 174 patients and delivered $82,700 worth of oral health services.

While similar to the better known Mission of Mercy events, Dental Demonstration Projects have a set goal of determining whether a day of free dental care and oral healthcare education could be the impetus for patients to find a dental home. In an article he wrote for The New York State Dental Journal that appeared in January, Dr. Dowd made the case for NYSDA members to participate in the discussion and proposed decisions for improving access to dental care.
“Access to care has become a true conundrum in the United States,” he wrote. “Dentistry is no stranger to this issue. The few tragic cases of untreated dental abscesses that have led to serious health consequences have been well documented.... Dentistry needs to be a leader in making sure as many people as possible in this country receive continuous dental care in a place they can call their dental home.”

A graduate of Niagara University and UB School of Dental Medicine (Class of 1986), Dr. Dowd completed a general practice residency at New York Hospital-Cornell Medical Center in New York City. He practiced dentistry in Niagara Falls for nearly 30 years, including 25 years as a solo practitioner, before returning to his alma mater to teach.

Dr. Dowd’s involvement with organized dentistry is long and deep, reaching back over 30 years and including leadership positions at the local, state and national levels. A past president of the Eighth District Dental Society, he has represented his district and the State Association multiple times at the ADA House of Delegates, was a member of the ADA Council on Dental Practice and previously chaired the NYSDA Council on Dental Practice.

What follows is more information about Dr. Dowd, gleaned from a recent conversation.

Where did you grow up?
I grew up in Tonawanda, NY. My parents, Bill and Arleene Dowd, came from the Buffalo area. They decided to raise their family in the same place where they had been brought up. Since their deaths, I continue to get together regularly with my four siblings. Brother Brian and sister Susan live in the Buffalo area with me; sister Mary Jo hails from Bethesda, MD; and brother Sean is from McKinney, TX.

What about the rest of your immediate family?
My wife, Colleen, is a clinical assistant professor in the Nursing Department at D’Youville College in Buffalo. My older son, Alex, is an attorney working for Bloomberg BNA in Arlington, VA. My daughter, Emily, is an Institutional Review Board-certified analyst at Children’s Hospital of Philadelphia. My younger son, Steven, is a copy editor for Cox Media in Washington, DC.
You have devoted much of your most recent professional life to volunteer dental causes, like the Dental Demonstration Project. Why? How do you persuade more of your colleagues to aid in this project?

I have had a wonderful career in private practice and teaching at the University at Buffalo. I think it is important to give back to your profession and your community—and what better way is there than by helping less fortunate people with emergent care and finding a dental home? Many of my colleagues are more than willing to volunteer and participate. Dentistry is full of caring and compassionate people who choose to use their trained skills to assist folks in need of our help.

Are there other areas of concern you have for the profession and how will you address them?

Membership is one area of concern. Leadership is doing all that it can to stress the importance of advocacy and speaking with one voice. In order to do this effectively, we need to have a high percentage of dentists on board as members. The better we communicate with our members about these intangible benefits, the more they will agree the profession is best served by being a part of organized dentistry.

For its part, organized dentistry must continue to push to facilitate the licensure process and improve the portability of licensure. Our younger members expect this from our association, and we need to produce results. Reducing the difficulties of the licensure process itself and making it easier to move around the country are examples of improving tangible benefits for younger members.

What do you do to relax/unwind?

I enjoy spending time with my wife and family. I also like to travel and read history books whenever I have the time. I especially enjoy American Civil War literature. To unwind, I try to get on the tennis court as much as possible for a good game of singles or doubles.
Dentists Continue to Prescribe more Antibiotics as Other Healthcare Providers Prescribe Less

Romesh P. Nalliah, D.D.S., MHCM; Diane H. Rhee, Pharm.D.

A B S T R A C T

Many dentists use arbitrary means to decide whether to prescribe antibiotics. Previous research has shown that dentists may not be aware of the latest guidelines and that they may not know the risks of overprescribing. The current study is an evaluation of Centers for Disease Control and Prevention (CDC) data on outpatient antibiotic prescription from healthcare providers from fields of primary care medicine, dentistry, surgical specialties, emergency medicine, dermatology, obstetrics and gynecology, physician assistants and nurse practitioners. Rates of antibiotic prescription among dentists in the United States continue to rise, while all other studied fields prescribe less and less.

A new patient presents at a dental office with a chief complaint of wanting a cleaning.

Patient: “I’m new to the area and haven’t been to the dentist for about two years. I’m here to have a cleaning and get back on track again.”

Dentist: “It says on the medical history form you filled out that you had a heart murmur. Do you usually have antibiotics when you have a cleaning?”

Patient: “Yes. My old dentist always gave me antibiotics.”

Dentist: “Okay. We will too.”

The conversation plays out daily in dental offices throughout the United States and the world. Dentistry began as a cottage industry; today it is described as an art and a science. While it takes tremendous technical skill and artistic flair to rebuild teeth and periodontal tissue, dentists must not forget their roots in science and their expansive training in human physiology and pharmacology.

Many dentists use arbitrary means to decide whether to prescribe antibiotics, as the vignette at the top of this article shows. Updated American Dental Association (ADA) guidelines are clear about how infrequently patients need antibiotic prophylaxis for dental care. Yet, dentists fail to follow these guidelines, even though inappropriate prescribing contributes to the formation of resistant bacteria and can harm patients.1

A Centers for Disease Control and Prevention (CDC) publication shows that one-in-three antibiotic prescriptions is unnecessary.2 Further, the CDC estimates that two million individuals are infected with an antibiotic-resistant organism, while 23,000 individuals die annually.3

Every year the CDC releases information targeted at decreasing inappropriate antibiotic use. In 2013, it published “Antibiotic Resistance Threats in the United States,”4 which identified the main bacteria that pose the biggest threats to society. Unfortunately, that was in 2013, and every year, new bacterial threats emerge due to inappropriate antibiotic use.5

Although increased risk of adverse drug reactions is a potential complication, what outpatient prescribers do not see is that overprescribing leads to more serious consequences, such as development of Clostridium difficile infections,6,7 which can lead to hospitaliza-
tions and poor outcomes for the patient, and development of antibiotic-resistant bacteria with no other treatment options available. The current study is an evaluation of trends in antibiotic prescribing across the medical professions from 2011 to 2013.

Methods
The CDC collects data on outpatient antibiotic prescription from healthcare providers from the fields of primary care medicine, dentistry, surgical specialties, emergency medicine, dermatology, obstetrics and gynecology, physician assistants and nurse practitioners. The authors acquired data for years 2011-2013 from the CDC. Data was exported to JMP Pro, a data visualization tool. Descriptive statistics were utilized in this evaluation. The University of Michigan Medical School Committee on Human Studies provided an exemption for this study (HUM00119593).

Results
In the three years of the study (2011-2013), primary care physicians had successively fewer antibiotic prescriptions per physician, with 568 in 2011, 543 in 2012 and 512 in 2013. Likewise, surgical specialties (233, 230 and 228 in 2011, 2012 and 2013, respectively), dermatology (746, 719, 700 in 2011, 2012 and 2013, respectively) and obstetrics (191, 187, 182 in 2011, 2012 and 2013, respectively) all had successive reduction over the three years.

Emergency medicine reduced antibiotic prescriptions from 454 in 2011 to 441 in 2013; however, they spiked in 2012 to 462. The combined group of physician assistants and nurse practitioners rose every year with 222, 249 and 279 in 2011, 2012 and 2013, respectively. Similarly, dentistry increased every year of the evaluation from 187 in 2011, to 191 in 2012 and 200 in 2013 (Tables 1, 2).

Discussion
Previous research has tried to elucidate why dentists overprescribe antibiotics. Some common themes were uncovered. They are: inappropriate prescribing for periapical abscess and even irreversible pulpitis; slow adoption of guidelines for less perioperative antibiotic prophylaxis; and underinsurance driving antibiotics as an alternative to surgical intervention.

A German study found inappropriate antibiotic prescribing by dentists, which was attributed to a lack of clear guidelines. However, in the United States, the ADA has released clear guidelines, so the lack of such guidance should not be an issue in this country. An Indian study also found overprescribing among dentists there; the authors related it to a lack of awareness of the guidelines. It is not clear in the U.S. whether dentists are aware of the updated guidelines. Perhaps this lack of knowledge is leading to the growth in antibiotic prescribing by dentists, while most other medical professionals are prescribing fewer antibiotics.

A study of Australian dentists’ prescribing habits from 2001 to 2012 found there was a 50% increase in the amount of antibiotic prescribing. Extraordinarily, amoxicillin accounted for 66% of the prescriptions. This shows that antibiotic prescribing habits may have something to do with the structure of the dental profession, the autonomy the provider has and the independent decision-making dentists tend to engage in.

The prescribing habits of hospital-based healthcare providers are under scrutiny by the Joint Commission and the Centers for Medicare and Medicaid Services (CMS). The Joint Commission has required that hospitals establish an effective antimicrobial

### TABLE 1. Antibiotic Prescriptions by Each Profession

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<thead>
<tr>
<th></th>
<th>2011 Total AB Prescriptions (millions)</th>
<th>2012 Total AB Prescriptions (millions)</th>
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<tr>
<td>Primary Care Physician</td>
<td>134.9</td>
<td>129</td>
<td>121.7</td>
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<td>48.4</td>
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<td>20.3</td>
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<td>14.7</td>
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<td>7</td>
<td>6.8</td>
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<tr>
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<td>All Providers</td>
<td>273.3</td>
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### TABLE 2. Antibiotic Prescriptions per Provider

<table>
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<th>2011 AB Prescriptions per Provider</th>
<th>2012 AB Prescriptions per Provider</th>
<th>2013 AB Prescriptions per Provider</th>
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<td>Primary Care Physician</td>
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<td>512</td>
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stewardship program since January 2017. CMS previously proposed, in June 2016, new rules to help limit antibiotic prescribing. Hospitals that fail to fulfill Joint Commission rules can lose their accreditation. Failure to comply with CMS regulations mean hospitals cannot manage (and gain income) from Medicare and Medicaid patients. Even the World Health Organization endorsed a global action plan to combat antimicrobial resistance, in May 2015. Any time a patient uses an antibiotic, bacterial resistance can occur. While the ADA has guidelines in place, there is no significant consequence to dentists for overprescribing.

All licensed dentists are eligible to apply for the privilege of prescribing various medications from the Drug Enforcement Administration (DEA). But with privilege comes responsibility. Do dentists fully understand the collateral damage and implications of overprescribing? More research is needed to answer this question.

Our data also showed that the combined group of nurse practitioners and physician assistants increased their antibiotic prescribing from 2011 to 2013.

In 2010, the Institute of Medicine (IOM) released a report entitled “Future of Nursing.” It called on the American Nursing Association and other stakeholders to improve Americans’ access to healthcare by expanding the scope-of-practice for qualified nurses. Subsequent to this, a partnership with the Robert Wood Johnson Foundation did result in moving that profession forward from 2011 to 2013 (the period of our evaluation). This period repre-
sents a time of significant change, expanded scope-of-practice and NPs and PAs working in MinuteClinics and other independent environments. Therefore, the increase in prescribing is, at least partly, due to the expanding scope of practice of this profession.

New strategies to control opioid prescribing in New York State have been effective in reducing the opioid prescribing habits of dentists. However, no such control mechanism is in place for antibiotic prescribing. A study from British Columbia considered antibiotic prescribing from 1996 to 2013 and found an upward trend. Senior author David Patrick stated in an interview, “There is nothing special about British Columbia, so we are raising the question as to whether this could be going on elsewhere, too.” The current study confirms that recent trends in the United States are similar to those in British Columbia—upward. The Patrick study included dentist interviews and found that many dentists wanted to prescribe antibiotics as a short-term solution for irreversible pulpitis. However, a Cochrane meta-analysis showed that pulpectomy or drainage was the best solution and that antibiotics provided no additional advantage.

On June 13, 2016, CMS released a proposed rule that would require antimicrobial stewardship in hospitals as part of their conditions of participation. Additionally, as of Jan. 1, 2017, all hospitals undergoing Joint Commission accreditation must have antimicrobial stewardship in place. This includes all hospitals, critical access hospitals and skilled nursing centers.

The Joint Commission requirement is in line with the CDC “Core Elements of Hospital Antibiotic Stewardship Programs.” Within these standards, the hospital is required to educate all clinicians, patients and family members about the appropriate and inappropriate use of antibiotics and the consequences of bacterial resistance. Moreover, the hospital is required to have a multidisciplinary team that monitors the appropriate use of antimicrobials and takes action to improve appropriate utilization and tracking resistance. Clinical pharmacists have been an integral part of this initiative, as some hospitals do not have infectious disease-trained physicians. In those cases, infectious disease-trained clinical pharmacists lead the stewardship initiative, since they are experts in the field of medications, but are also trained in microbiology, laboratory and infectious disease pathology.

Although the Joint Commission is currently developing standards for antimicrobial stewardship in the ambulatory care and office-based surgery arenas, the CDC published their “Core Elements of Outpatient Antibiotic Stewardship Guidelines” that are targeted toward dentists and other outpatient practitioners. The three standards are:

1. Identify one or more high-priority conditions for intervention.
2. Identify barriers that lead to deviation from best practices.

It can be expected that regulatory agencies are acknowledging that antimicrobial stewardship is an important requirement to ensure appropriate antibiotic use in order to prevent further development of bacterial resistance.

**Summary and Conclusions**

Dentists’ rates of antibiotics prescriptions continue to increase, while primary care, emergency medicine, dermatology, obstetrics/gynecology and even surgical specialties prescribe less and less. The main factors proposed that contribute to this growth are the following:

1. Knowing what to do but not “trusting” newer, more conservative guidelines.
2. Lack of awareness of most recent guidelines.
3. Poor communication between dental and medical provider, resulting in overly cautious prescribing habits.
5. Lack of knowledge of the consequences of overprescribing unnecessary antibiotics.

Keiji Fukuda from the World Health Organization has said, “Without urgent, coordinated action by many stakeholders, the world is headed for a post-antibiotic era, in which common infections and minor injuries that have been treatable for decades can once again kill...the implications will be devastating.” It is the responsibility of every healthcare professional to utilize the remaining antibiotics we have available as wisely as possible.

Queries about this article can be sent to Dr. Nalliah at romeshn@umich.edu.

**REFERENCES**


The Oral and Dental Significance of Synthetic Cannabinoids

William James Maloney, D.D.S.

ABSTRACT

The effects of the use of synthetic cannabinoids can be seen in an ever-growing number of neighborhoods throughout New York State. In New York City alone, in 2015, there were more than 6,000 emergency room visits resulting from the use of synthetic cannabinoids. Two of these emergency room visits involved fatalities. In many neighborhoods, synthetic cannabinoids have, tragically, become ubiquitous. The extremely low cost—$1 to $2 for a joint of K2—has made the drug all too popular. In comparison, a marijuana joint costs $5. An individual seeking synthetic cannabinoids can obtain the illicit drug by simply walking into one of many bodegas on New York City’s 125th Street. The product being sold to New Yorkers is most often produced in China. There are certain areas known by seekers of synthetic cannabinoids to have a steady supply of the drug. One such area is Willis Avenue and 149th Street in the Bronx, which is known as “K2 Alley.”

The use of synthetic cannabinoids results in many alterations to the normal status of the human condition. Dentists must be aware of these effects in order to provide safe and effective dental treatment to their patients.

From Good to Bad

Synthetic cannabinoids were first sold as Spice in Europe in 2004. They appeared in the United States in 2008. Although synthetic cannabinoids are used today for illicit recreational purposes, the initial research and synthesis of synthetic cannabinoids was for medicinal uses and in the development of drug therapies to aid...
in the treatment of various ailments. Unfortunately, the work of many researchers has been hijacked by others with less altruistic intentions, resulting in physical, emotional and psychological harm that is now in evidence throughout the world.

HU-210 was developed in 1988 and is between 100- and 800-times more powerful than naturally produced Delta 9-tetrahydrocannabinol (THC). It was developed by a group led by Professor Raphael Mechoulam at Hebrew University of Jerusalem, for which it is named. In 1979, Pfizer pharmaceuticals developed cannabicyclohexanol (CCH, CP47,497 dimethyloctyl homologue, CC8-CP47,497), a cannabinoid receptor drug. The “CP” in the name refers to Pfizer’s founder Charles Pfizer.

In 1993, John W. Huffman, a professor of organic chemistry at Clemson University, synthesized the compound JWH-018. JWH-018 later was identified in a forensic laboratory in Germany, where it had been sprayed onto plant leaves and marketed as Spice, thus becoming the first synthetic cannabinoid to be identified in Germany as a product adulterant.

While Spice and K2 are the popular names for synthetic cannabinoids offered for sale, there are hundreds of different street names for the drug. Clandestine laboratories are constantly changing formulas in an effort to circumvent laws prohibiting synthetic cannabinoids. This often results in varying levels of potency, as well as an inconsistent and unreliable combination of synthetic cannabinoids.

**Similar to Cannabis**

Synthetic cannabinoids cause cannabimimetic effects, which are similar to those elicited from THC, the prevalent psychoactive component in cannabis. These cannabimimetic effects are the result of the interaction between CB1 and CB2 cannabinoid receptors and the synthetic cannabinoids. CB1 and CB2 are G-protein coupled receptors. These cannabinoid receptors play a vital role in intercellular signaling. The CB1 receptors are found in the brain and central nervous system and, when activated, are responsible for the psychotropic effects associated with cannabis use. CB2 receptors are found in immune cells and interfere with regulation of the inflammatory process.

A study of the oldest and best known synthetic cannabinoids, JWH-018, demonstrated that the pharmacokinetic properties of JWH-018 when inhaled are similar to those of THC. Also, there may be an accumulation of the drug and metabolites in chronic users due to its slow terminal elimination.

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Dan Rothstein, D.D.S., M.B.A., C.P.A.
Member ADA, NYSDA, NYSSCPA and AICPA
Although synthetic cannabinoids and THC interact with the same CB1 and CB2, some synthetic cannabinoids are much more potent and have unpredictable effects on the human body.12,13

Synthetic cannabinoids allow binding to a cannabinoid receptor present in human cells and compounds with similar chemical structures. The onset of action from synthetic cannabinoids after smoking occurs within minutes. This is similar to that of cannabis and is due to instant absorption via the lungs, with redistribution to the other organs (i.e., the brain). The onset of action is delayed following oral consumption.14

It has been suggested that synthetic cannabinoids possess a higher addictive potential than cannabis. This is due to a quicker development of tolerance.14-16 Lauritsen and Rosenberg17 concluded a study that demonstrated that the negative effects of synthetic cannabinoid use are significantly greater than those for natural marijuana.17

**Understanding the Effects of Cannabinoids Use**

There are a multitude of systemic effects stemming from the use of synthetic cannabinoids. In order to safely and effectively treat the dental patient, the dental team must be aware of these deleterious manifestations. Emergency room visits subsequent to the use of synthetic cannabinoids have become a more common occurrence. The most frequent emergency room presentations have been neurologic and psychiatric in nature.18 Synthetic cannabinoids are known to cause respiratory depression in people with an underlying pulmonary disease,18 necessitating a careful review prior to administration of all possible drugs that might cause drug-induced respiratory depression, including drugs and medications that provide analgesia and sedation. Therefore, it is of paramount importance that with all patients there is strict adherence to proper protocols, including careful selection of appropriate medications and monitoring of the patient’s respiratory and physiologic functions.19

Additional adverse drug-drug interactions may result from the combined use of certain prescription medications and synthetic cannabinoids.20 Such potentially hazardous interactions involve the use of commonly prescribed medications—valproic acid and sertraline—which inhibit CYP2C9, a major polymorphic enzyme21 that metabolizes fatty acids and steroid hormones.22 CYP2C9 also metabolizes warfarin, phenytoin, tolbutamide, losartan and ibuprofen.20

The oral and dental effects of the use of synthetic cannabinoids are multifactorial and are manifested in a cascade-like manner. People who use synthetic cannabinoids are at a much greater risk of xerostomia than the general population. Xerostomia increases the incidence of dental caries, as well as the risk of the patient experiencing demineralization, tooth sensitivity and candidiasis. Treatment of xerostomia needs to begin with an examination of the underlying causes. If the patient is a chronic user of synthetic cannabinoids, the dentist should work in conjunction with the patient’s physician to rule out other causes of hyposalivation, such as medications and autoimmune diseases. As in the case of all forms of illicit drug use, patient education is paramount. Along with obvious lifestyle modifications, the dentist may implement various palliative and preventive measures to relieve the effects of xerostomia, such as salivary stimulants, topical fluoride interventions and the use of sugar-free chewing gum.23

Poor oral hygiene and poor nutrition are also common findings in users of illicit drugs such as synthetic cannabinoids. These factors, coupled with the overconsumption of carbonated, high-sugar soft drinks, contribute to devastating effects on the teeth.

Other intraoral findings include inflammation of the oral epithelium, leukoplakia and delayed wound healing.24,25

Bleeding gingivae have been documented in individuals hospitalized subsequent to the use of synthetic cannabinoids.26 These individuals also exhibited bloody noses and blood in the urine. Nine of these individuals tested positive for brodifacoum, a rat poison.27 Tachycardia and hypertension28 are also associated with the use of synthetic cannabinoids. This underscores the importance of measuring and recording vital signs.

**PHYSIOLOGIC AND PSYCHOLOGICAL EFFECTS OF THE USE OF SYNTHETIC CANNABINOIDS**17,23,24,36,37

- Headache
- Tachycardia
- Chest pain
- Nausea
- Shortness of breath
- Muscle twitches
- Acute renal failure
- Anxiety
- Cognitive impairment
- Agitation
- Psychosis
- Suicidal ideation
- Paranoia
- Tremor
- Panic attacks
- Elevated mood
- Altered perception
- Giddiness
- Short-term memory defects
- Nausea
- Psychotic episodes
- Heart attack
- Elevated blood pressure
- Hallucinations
- Vomiting

**DENTAL AND ORAL MANIFESTATIONS OF THE USE OF SYNTHETIC CANNABINOIDS**17,23,24,36,37

- Decreased oral hygiene
- Xerostomia
- Heavy biofilm
- Increased incidence of caries
- Gingival inflammation
- Staining of teeth
- Oral malodor
- Leukoplakia
- Increased incidence of periodontal disease
- Bleeding gingiva
- Delayed wound healing
Lidocaine is an amide-type anesthetic and the most commonly used local anesthetic in dentistry, primarily in a form that contains epinephrine. Epinephrine, a vasoconstrictor, can cause symptoms of hypertension, anxiety and tachycardia. This necessitates the use of caution and vigilant monitoring of vital signs in individuals known or suspected to be users of synthetic cannabinoids. It is also very important that dentists determine the last time synthetic cannabinoids or any illicit substances were used in order to assess a patient’s present state of mental awareness and cognitive ability to obtain proper informed consent prior to commencing dental treatment.

Other systemic adverse effects of synthetic cannabinoid use include nausea, vomiting, shortness of breath, chest pain, muscle twitches, acute renal failure, cognitive impairment, anxiety, agitation, suicidal ideation and psychosis.

Conclusion

Synthetic cannabinoids pose a serious risk to users. There are many systemic effects associated with its use, which have resulted in the deaths of a number of people. Synthetic cannabinoids are also illegal, despite attempts by its manufacturers, distributors and users to circumvent the law. Dentists need to be aware of both the systemic and dental/oral effects of their use in order to provide safe and effective dental treatment for their patients.

Queries about this article can be sent to Dr. Maloney at wjm10@nyu.edu.

REFERENCES

Semilunar Coronally Repositioned Flap

A Minimally Invasive Technique for Predictable Management of Gingival Recession

Abdul Ahad, M.D.S.; Shazra Tasneem, B.D.S.; Arundeep Kaur Lamba, M.D.S.

ABSTRACT

Gingival recession in anterior teeth not only catches the eyes of a dentist, it also is of concern to the patient. The goal of the periodontist in such cases is not limited to relieving the offending condition, but also to achieving optimum aesthetics. While planning the treatment of gingival recession, it is important to consider the predictability of various techniques. This report describes a successful case of semilunar coronally repositioned flap in Miller’s Class I recession defects on maxillary central incisors.

Gingival recession is defined as the migration of gingiva apically with resultant root exposure. It stems from loss of periodontal connective tissue fibers along the root surface. There could be multiple factors responsible for recession, like inflammatory periodontal disease, or a local irritating factor, like chronic trauma. Other causes could be malaligned teeth, a prominent root convexity, abnormal frenal pull, or toothbrush-induced trauma. Factors like bone dehiscence and insufficient width of keratinized gingiva may also predispose a person to gingival recession. Gingival recession commonly results in dentinal hypersensitivity, root caries and noticeably poor aesthetic appearance.

P.D. Miller classified gingival recession into Class I, II, III and IV, based on the extent of recession relative to mucogingival junction and interdental bone or soft tissue loss. Depending on the severity of recession, there is a wide range of treatment modalities that have been used for root coverage. These can be classified broadly into two categories. Free grafts like free gingival graft and free connective tissue grafts have one major disadvantage. They involve a donor site, thus increasing patient morbidity. Pedicled flaps like coronally repositioned flap and lateral pedicled flap have better patient acceptance, since no additional donor site is involved. Semilunar coronally repositioned flap was originally described by Tarnow in 1986 for minimally invasive and predictable management of gingival recession.

Case Report

A 45-year-old female reported with the chief complaint of receding gums and sensitivity to cold in her upper front teeth that had been present for the past three months. There was no other relevant medical or dental history. She was found to have main-
tained good oral hygiene. Miller’s Class I gingival recession involving both maxillary central incisors was observed. Gingival biotype was thick with adequate width of keratinized gingiva (Figures 1-3). The depth of maxillary labial vestibule was also adequate. After Phase I periodontal therapy, a semilunar coronally repositioned flap was planned to cover the denuded root, all of which was found to be within normal limits. Clinical parameters of involved teeth, including plaque index, bleeding on probing, probing depth, clinical attachment level, recession depth and recession width were recorded (Table 1).

**Surgical Technique**

After local infiltration of 2% lidocaine (epinephrine 1:80000), separate semilunar incisions were made on the labial aspect of both maxillary central incisors, parallel to the free gingival margin using a No. 15 blade. Both incisions started from the middle of the interdental papillae, between the central and lateral incisors, and were joined in the midline. A uniform distance of 2 mm from the gingival margin was maintained through the extent of incision, to ensure optimal blood supply to the repositioned tissue. This was followed by two separate sulcular incisions extending from the mesiobuccal line angle to the distobuccal line angle of each central incisor, sparing the interdental papillae. Both incisions were joined by sharp dissection using a No. 15 blade (Figure 4).

Semilunar partial thickness flaps, still connected at the interdental papilla, were then mobilized coronally. Repositioned tissue was passively adapted on the denuded root surface (Figure 5). A moist gauze was used to hold the repositioned tissue against both central incisors for 10 minutes. This step facilitated formation of a uniform thin clot and stabilization of the repositioned tissue. The surgical site was carefully covered with periodontal dressing (COE-PAK™, GC America Inc., IL) (Figure 6). No sutures were used in this procedure.

**Postoperative Protocol**

The patient was asked to eat a soft diet and to avoid biting using her front teeth for two weeks. She was also instructed to avoid brushing in the operated area for two weeks. Chlorhexidine mouth rinse (0.2%) and ibuprofen 400 mg tablets were prescribed twice daily for one week.

Postoperative healing was uneventful. The periodontal dressing was removed two weeks after surgery. The patient was then instructed to gently brush the operated area using a roll technique in the coronal direction only for the next month.

**Treatment Outcome**

Complete coverage of the denuded root surface was observed three weeks after surgery. After three months of follow-up, 100% coverage was still maintained on both central incisors. Excellent

---

**TABLE 1. Pre- and Postoperative Measurement of Clinical Parameters**

<table>
<thead>
<tr>
<th>Teeth Numbers</th>
<th>#8</th>
<th>#9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Parameters</td>
<td>Preoperative</td>
<td>3 months Postoperative</td>
</tr>
<tr>
<td>Plaque Index</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Bleeding on Probing</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Probing Depth</td>
<td>2 mm</td>
<td>1 mm</td>
</tr>
<tr>
<td>Clinical Attachment Level</td>
<td>4 mm</td>
<td>1 mm</td>
</tr>
<tr>
<td>Recession Depth</td>
<td>2 mm</td>
<td>0 mm</td>
</tr>
<tr>
<td>Recession Width</td>
<td>3 mm</td>
<td>0 mm</td>
</tr>
</tbody>
</table>
color match with adjacent tissue was also observed (Figure 7). Clinical parameters recorded at the three-month postsurgical visit are presented in Table 1.

**Discussion**

Gingival recession is as serious an aesthetic problem as it is a periodontal concern. There are many possible ways to take care of a gingival defect, but in choosing among those procedures, certain things have to be considered in order to predict a successful outcome. There are a set of criteria for calling a root coverage procedure successful. These include:

A. Gingival margin should be on the CEJ in Miller’s Class I and Class II recession.
B. Probing depth should not exceed 2 mm.
C. Bleeding on probing should be absent.
D. Color should match adjacent tissue.

The prognosis for root coverage surgeries depends to a large extent on the amount of gingival recession. For instance, success rates for Class I and Class II recession defects are higher and may boast of 100% success, whereas Class III recession results in a 50% to 70% success rate, and Class IV shows a meager 0% to 10% success rate.

Semilunar coronally repositioned flap is indicated when there is adequate width of attached gingiva, accompanied by minimal recession. The procedure involves placing a semilunar incision parallel to the gingival margin at an optimum distance from the gingival margin to maintain the vascularity. It is a simple procedure with minimal trauma to the surgical site. Even sutures are not required, as the clot formed by applying the moist gauze for 10 minutes facilitates adequate stabilization of the flap. Some clinicians have also discouraged use of a periodontal pack, as it may dislodge the tissue. However, we found it advantageous, as a carefully placed pack will protect the surgical site from any kind of physical, chemical and thermal trauma.

The case presented here could have been managed by various other surgical methods to achieve similar results. However, no other technique is less invasive. A coronally advanced flap requires involvement of a larger area, apart from resulting in reduced vestibular depth. A tunnel technique with free connective tissue graft would require a donor site on the palate. In addition to patient morbidity, successful outcome with such techniques also demands more time and clinical expertise.

Given its advantages of being simple, minimally invasive, maintenance of the initial vestibular depth, flap design that allows
for better vascularity and repositioning, absence of scarring, which may result from vertical incisions, and minimal postop discomfort, as there is no donor site, this technique appears to be highly useful in maxillary teeth where gravity reinforces the coronal repositioning of the flap. The fact that it does not require advanced technique or instruments or years of experience and expertise, makes this procedure easy and feasible in even a most basic dental setup.

Conclusion
The case presented here shows that semilunar coronally repositioned flap remains a periodontal plastic surgical technique of choice when encountering Miller’s Class I gingival recession defects in maxillary anterior teeth. Case selection, if done properly and keeping in mind the indications of the procedure, provides good results, which also meet the patient’s expectations.

Queries about this article can be sent to Dr. Ahad at aahad.amu@gmail.com.

REFERENCES
Radiologic Appearance of Calcium Hydroxylapatite Malar Filler

Case Report

Ashley Coffey, D.D.S.; Louis Mandel, D.D.S.

A B S T R A C T

The authors examined a 60-year-old female because her referring dentist had noted puzzling bilateral buccal opacities when a CBCT was taken in preparation for implant placement. After detailed questioning, the cause was determined to be the cosmetic malar filler calcium hydroxylapatite (CaHA).

In increasing numbers, people, confronted with a youth-oriented society, are seeking facial rejuvenation. Soft-tissue augmentation with injectable fillers has become the frequent solution. Based on their ability to be metabolized, these fillers have been broadly categorized into biodegradable and non-biodegradable groups.1 The more widely used biodegradable fillers are non-irritating, nontoxic and do not excite an autoimmune response. The commonly utilized biodegradable calcium hydroxylapatite (CaHA) (Radiesse) was approved by the FDA in 2006 specifically for facial augmentation.2 Its effective longevity of 12 to 22 months2-5 is dependent upon the patient’s metabolic activity and the relative dynamic motion of the injected area.5

Radiesse contains uniform crystals of CaHA measuring 25 μm to 45 μm. Additionally, the filler is made up of sterile water, glycerin, and with the addition of carboxymethylcellulose, a gel-like solution is created.6 When injected, the gel is dispersed in the tissues, where it is readily resorbed and replaced by a soft-tissue collagenous growth. The CaHA microspheres remain at the site of the injection and act as a scaffold to support an ingrowth of fibroblasts and a resulting collagen deposition.3,6 The microspheres eventually undergo enzymatic degradation and form calcium and phosphate ions.2,7 In turn, the ions are eliminated by phagocytic activity.8

In the malar region, the biodegradable CaHA filler is introduced subdermally with a 27-gauge needle.1,2,6 Up to 10 ml of the filler is slowly deposited into each cheek while the needle is withdrawn, forming a band-like deposit. This retrograde withdrawal procedure allows for precise filler placement and avoids large deposits in one area.3 Repeat injections are performed until the desired facial correction is achieved. One to three parallel bands are usually necessary.3 Because of this repetitive retrograde injection technique, parallel strands of the CaHA filler will be present in each cheek.

Adverse reactions to CaHA are minimal and usually transient. Discomfort, swelling and bruising are to be expected following injection of the filler, but they disappear rapidly. Granulomas are uncommon findings when biodegradables are used.1,6 However, they do occasionally occur with CaHA,5,9-11 particularly when the lip has been injected.2,4,9,10,12 Granulomas in the malar area are rare and can occur months and years after the filler’s insertion.5 Histologically, they represent foreign body reactions. Numerous

From the Salivary Gland Center, Columbia University College of Dental Medicine, New York, NY.
giant cells surrounding particles of CaHA, along with histiocytes, lymphocytes and some plasma cells, may be observed.\textsuperscript{11}

The authors present the case of a patient seen in a dental office who had received bilateral malar injections of the CaHA filler for cosmetic reasons. Unusual bilateral opacities, visualized on CBCT, and not previously reported in the dental literature, prompted the patient’s referral for diagnostic study.

**Case Report**

A 60-year-old female was referred in March 2015 to the Columbia University College of Dental Medicine Salivary Gland Center with a tentative diagnosis of bilateral linear calcifications of Stensen’s duct. A CBCT in preparation for implants had been performed in her dentist’s office (Figure 1). The imaging revealed a puzzling bilateral pattern of irregular, horizontally grouped strands of opaque material that was somewhat consistent with the course of Stensen’s duct. Some clumping of the opaque material was also noted. A referral was made to the Salivary Gland Center because of the assumed involvement of both parotid ducts.

A medical history indicated the patient was in excellent health. Diazepam, infrequently used to facilitate sleep, was the patient’s only medication. There was no history of parotid gland swellings or discomfort. Clinically, the parotid glands were not swollen, and palpation revealed they were normal in tone and painless. The right and left buccal soft tissues also were clinically normal. There was no cervical lymphadenopathy. Intraorally, a normal quantity and quality of saliva appeared to be exiting from both parotid duct orifices when the parotids were aggressively pressured extraorally.

In order to get a clearer picture of the relationship of the opaque material to the adjacent anatomic structures, a CT scan without contrast was ordered. The scan revealed that both parotid glands were normal in appearance. Bilateral curvilinear, horizontally oriented opacities in the buccal soft tissues were seen (Figure 2). They were thought to reflect the presence of a cosmetic filler, possibly CaHA, injected for malar enhancement. Nodular subcutaneous calcifications were also noted and were interpreted to represent dystrophic calcification around a foreign body granulomatous reaction caused by the facial filler (Figure 3).

Because the CT scan report pointed to a filler as the cause of the buccal opacities, the patient was now specifically questioned as to the use of cosmetic injections. She then stated she had re-
ceived CaHA injections on three different occasions (August 2013, April 2014, August 2014). Each time, 3 ml was injected bilaterally into the malar region.

Discussion
CaHA is radiodense and can be used as a radiographic tissue marker, but its opacity is limited and not consistently evident on plain radiography. However, because the CT scan is exquisitely sensitive to minute amounts of calcium, the presence of CaHA will be clearly and consistently revealed when CT imaging is performed. Immediately after injection of CaHA, the CT scan will reveal the presence of CaHA 100% of the time, while conventional radiography will demonstrate it only 56% of the time. Threads or clumps of calcified material, with an attenuation rate of 280 to 700 HU, will be seen on the CT scan, but it will not approach the density of bone or teeth. With the passage of time, the radiopaque microspheres will resorb, such that their opacity is usually lost within 22 months. On occasion, a nodular granuloma can develop and be recognized by the CT scan, because it is surrounded by a persistent rim-like ring pattern of calcification.

In a 19-month span of time, our patient received three bilateral injections of CaHA. A total of 9 ml was utilized for each malar enhancement in this period. Because resorption of the filler is delayed for as long as 22 months, it is not surprising that opacities were evident when the CBCT was taken by her dentist 19 months after the first of three filler injections. These multiple malar retrograde linear injections resulted in the buccal distribution of strands of calcified material that approximated the course of the parotid ducts.

Additionally, some nodular calcifications were also noted. Because of their rim-like ring pattern, they were thought to represent the dystrophic calcification that develops around a foreign body granuloma. This ring-like opaque formation represents the second calcification pattern, after stranding, seen in our patient.

Although the biodegradable CaHA filler may cause minor reactions immediately after its injection, long-term reactions, other than the infrequent granuloma, are not expected and have not occurred in our patient. Without an adequate history, confusion as to the origin of our patient’s calcifications can result. Given time, physiologic mechanisms will cause a breakdown of the calcium hydroxylapatite with a consequent loss of opacity. No treatment for the strand-like calcifications is indicated. Furthermore,
other than observation, no treatment is required for any existing granulomatous nodules.

Patients who have received fillers containing CaHA for cosmetic enhancement will be seen in dental offices. The practitioner should become aware of the unique location, pattern of distribution and longevity of this commonly used biodegradable filler. Misdiagnoses and undue consternation will be avoided.

REFERENCES

Ashley Coffey, D.D.S., is a former research assistant in the Salivary Gland Center at Columbia University College of Dental Medicine, New York, NY. She is an oral and maxillofacial surgery resident at Montefiore Hospital, Bronx, NY.

Louis Mandel, D.D.S., is associate dean and clinical professor, oral and maxillofacial surgery, and director of the Salivary Gland Center, Columbia University College of Dental Medicine, New York, NY.

Dr. Mandel

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Touro College of Dental Medicine at New York Medical College held its 2nd annual Golf & Tennis Championship June 4 at Willow Ridge Country Club in Harrison. The event drew over 150 supporters, with proceeds going to support patient care at Touro Dental Health, the college’s state-of-the-art clinical training facility. Touro Dental Health provides affordable dental care for communities of the Hudson Valley, including underserved populations with limited access to care.

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Preceptorships are available for dentists, dental hygienists and primary care clinicians in New York, New Jersey and the Caribbean. These programs are individually tailored to meet the needs, interests and experience level of the individual provider. Typical sessions are from one to five days and are available for people with no or very little HIV experience, to those looking for a more detailed clinical experience in an HIV primary care center, or discovering oral pathology.

Preceptorship sites are in multiple locations in both states. The actual location will depend on the level of the preceptorship program selected for the applicant following assessment with the program director. Tuition for the program is fully covered by a grant from Health Resource and Service Administration (HRSA), and nationally accredited continuing education credits are available from the New York State Dental Foundation and the Dental Hygiene Association of the State of New York.

For further information or to register, contact Howard Lavigne, program consultant, at (315) 247-2998 (howard.lavigne2@gmail.com) or Laura O’Shea, program coordinator, at (315) 477-8124 (laura.oshea@health.ny.gov).
NYSSOMS Installs New Officers

THE NEW YORK STATE SOCIETY of Oral and Maxillofacial Surgeons (NYSSOMS) held its Annual Meeting May 20 at Weill Cornell Medical College in Manhattan. Presenter at the meeting was Craig M. Misch, D.D.S., M.D.S., clinical associate professor at the University of Florida, Alabama and Michigan, in the departments of periodontics and prosthodontics. His presentation was titled “Changing Treatment Paradigms via Advances in Regenerative Materials & Implant Design.”

During its meeting, NYSSOMS installed the following new officers: Vincent Carrao, Manhattan, president; Joseph Fantuzzo, Rochester, president-elect; Stanley Smith, Bronx, vice president; Edward Miller, Manhattan, secretary; Guenter Jonke, Stony Brook, treasurer; Glen Donnarumma, Tonawanda, immediate past president.

Leaders from NYSSOMS, the American Association of Oral and Maxillofacial Surgeons, OMSNIC, and Osteo Science Foundation gathered for a group dinner prior to the Annual Meeting.

NYSSOMS Annual Meeting dinner companions were a who’s who of leaders from dentistry and science.

Glen Donnarumma, left, receives outstanding service award on completion of his term as president from incoming president, Vincent Carrao.
Additional Waivers Issued to Electronic Prescribing Requirements

THE NEW YORK STATE DEPARTMENT OF HEALTH has issued a blanket waiver of the electronic prescribing requirements for certain exceptional circumstances in which electronic prescribing cannot be performed due to limitations in software functionality. The waiver, which will remain in effect until March 24, 2019, covers the following circumstances in which practitioners may find themselves:

1. Any practitioner prescribing a controlled or non-controlled substance containing two or more products compounded by a pharmacist.

2. Any practitioner prescribing a controlled or non-controlled substance to be compounded for direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion.

3. Any practitioner prescribing a controlled or non-controlled substance that contains long or complicated directions.

4. Any practitioner prescribing a controlled or non-controlled substance that requires a prescription to contain certain elements required by the FDA that are not able to be accomplished with electronic prescribing.

5. Any practitioner prescribing a controlled or non-controlled substance under approved protocols for expedited partner therapy, collaborative drug management or comprehensive medication management, or in response to a public health emergency that would allow a non-patient specific prescription.

6. Any practitioner issuing a non-patient specific prescription for an opioid antagonist.

7. Any practitioner prescribing a controlled or non-controlled substance under a research protocol.

Practitioners issuing prescriptions in these circumstances may use either the official New York State Prescription form or issue an oral prescription, provided, however, that oral prescriptions remain subject to the Public Health Law, which provides for oral prescriptions of controlled substances in emergencies and for other limited purposes and subject to section 6810 of the Education Law.

Patent for Dental Aligner System

ELLIOT R. DAVIS, D.D.S., general dentist from Manhattan, was awarded patent #9,861,451 from the U.S. Patent and Trademark Office for his Arch Reformulation Therapy (ART), a periodontal aligner protocol that moves teeth in patients with gum and bone disease and other ailments. A non-invasive, long-lasting alternative to periodontal surgery, orthodontic aligner and traditional orthodontic therapy, it is the first dental aligner system predicated upon improvements to the health of the gums, in lieu of teeth positions, to gauge success. It is expected to be available to patients later this year or 2019.

ART is described as benefitting patients with active periodontal disease, temporomandibular joint dysfunction, general dental sensitivity, or as an alternative to elective orthognathic surgery.

In addition to his Manhattan practice, Dr. Davis has an arch reformulation practice in the Bronx. He is a past president of New York County Dental Society.

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NYU DENTISTRY
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Queens County Dental Society resumed its Resident/New Dentist Practice Management Expo this year, hosting an event on May 3, to the seeming delight of all in attendance. More than 80 residents, hospital program directors, new doctors and QCDS members filled QCDS headquarters for the event.

The day was devoted to practice management lectures. James Kouzoukian and Hemali Ajmera were first up with a presentation entitled “Intro to Online Claims.”

Robert Malandruccolo continued the program with a lecture on “Starting a Practice vs. Buying a Practice. What’s Right for Me?”

“Financial Kick Start for Young/New Dentists” was presented by Boyan Doytchinov, C.F.P., CFA. Attorney Jennifer Kirschenbaum concluded the program with a lecture on “DSO Employment vs. Practice Employment vs. Going Solo: The Benefits and Pitfalls of our Current Practice Models.”

After the presentations, the party began. The QCDS lecture hall was transformed into a Las Vegas casino featuring roulette, blackjack and a craps table and music. Attendees mingled, enjoyed a gourmet dinner and played for prizes of gift cards and dental equipment.

Dr. Ajmera, chair of the QCDS New Dentist Committee, coordinated the event. Throughout the day, she stressed the importance of organized dentistry. The residents were invited to attend our general membership meetings. They were told about the benefits of joining their local dental society, the importance of our representation at the state and federal level, and just how much professional action committees do for our profession.

QCDS past president Bijan Anvar said, “What a great day! The attendees really were interested in the presentations and had a great time at the party.”

Sponsors for the night included Caraguia, Bank of America, Hiossen, Care Credit, MLMIC and Philips.

NYSDA Turns 150

The New York State Dental Association is marking its 150th Anniversary this year. In honor of the occasion, Jay Ledner, a member of the NYSDA Sesquicentennial Committee, gave a historical presentation at the April General Membership Meeting. 150th Anniversary pins were distributed to the over 50 people in attendance. And an anniversary cake was presented and enjoyed by all.

Ninth District

So Much to Do

Olga Lombo-Sguerra, D.D.S.

Our year at the Ninth continues to be event-full. On Wednesday, June 13, the Association hosted a new dentist gathering
at Brother Jimmy’s in White Plains, which was open to beginning practitioners from in and around the district. It was sponsored by Bank of America, Practice Solutions.

The following Monday, June 18, the Ninth sponsored a Mentoring Mixer at Touro College of Dental Medicine in Hawthorne.

The summer will end with the General Meeting on Wednesday, Sept. 12, at a new site—the Westchester Marriott in Tarrytown, NY. Howard Farran, D.D.S., M.B.A., is the scheduled speaker. Dr. Farran earned his M.B.A. degree from Arizona State University and is the founder & CEO of Dentaltown Magazine and Dentaltown.com. He maintains a private general practice in Phoenix, AZ. He has titled his presentation “Dr. Farran’s One-Day Dental MBA.”

Special Memories
The 18th annual Special Olympics/Special Smiles took place May 5 at the United States Military Academy at West Point under the direction of the Ninth’s Patricia Seagriff-Curtin. Earlier in the year, Dr. Seagriff, who is dental director of the Westchester Institute for Human Development, was on the receiving end of two awards from the New York State Dental Foundation Give Kids a Smile program: a $5,000 grant and a portable NOMAD X-ray unit. We are all proud of her unmatched dedication to helping others.

And our Women Dentist Event on May 16 in Briarcliff was also an enormous success.

FIFTH DISTRICT

New Dentist Events
Janice Pliszczak, D.D.S., M.S., M.B.A

The Fifth District Dental Society New Dentist Committee, headed by James Wanamaker, has had a busy spring. In April, it hosted a financial planning seminar, presented by Peter Derrenbacker from Northwestern Mutual. Student loan repayment options, first-time home buying tips and retirement planning were among the topics discussed.

The committee followed up in May with the first new dentist/resident social event at All Star Alley in Destiny USA. It featured bowling, food and networking. The event, which was sponsored by Johnson & Lund Dental and Midmark, was well attended.

NINTH DISTRICT

Participants in two-minute yoga session with B.J. Mistri are, from left: Board member Monica Barrera; resident Sandra Innabi; resident Meaghan Macri; Dr. Mistri; resident Heather Fugazy; Board member Rosa Martinez; Marianne O’Shea.

Steven Kolenda and Jennifer Lonn, both new dentists, enjoy an evening out with colleagues.

FIFTH DISTRICT

Enjoying new dentist/resident social event in May are, from left: Michelle Phillips, St. Joseph resident; Patrick Smith, SUNY Upstate Resident Director; Bill McGuire, J & L Dental.
Looking ahead to the fall, the committee will present its Third Annual Speed Dating for residents and new dentists on Tuesday, Oct. 9, from 6-9 p.m., at Empire Farmstead Brewery in Cazenovia. This event helps connect dentists looking for employment with dentists with available positions.

Central New York Dental Conference
The CNYDC will take place at the OnCenter in Syracuse on Sept. 13-14. Thursday evening will feature courses in infection control, with Terrence Thines, and risk management, with attorney John VanDenburg and dentist Frederick Wetzel. Both are New York State-mandated courses. The dental marketplace will be open Thursday evening and all day Friday.

On Friday, there will be courses for the entire dental team. For hygienists, Ron Kaminer will present “21st Century Minimally Invasive Dental Hygiene: Tips and Tricks for Maximum Production.” For the business team, Patti DiGangi will discuss “CDT Codes Create New Profit Centers: Teledentistry, A1C Testing and More.” Stanley Malamed will address dentists with his presentation, “10 Minutes to Save a Life: Emergency Medicine in Dentistry.”

Fall Seminar
The fall district meeting will take place on Thursday and Friday, Nov. 1-2, at the Marriott Syracuse Downtown. The FDDS Board of Governors will meet Thursday evening. Friday will feature a general membership meeting and lectures by Jack D. Griffin Jr. His morning presentation is entitled “Let’s Grow Tooth: Excellent Clinical Dentistry Using Bioactive/Regenerative Materials.” He will return in the afternoon with “The Time is NOW: Success with Digital Impressions and CAD/CAM Restorations.”

Information on all district programs can be found at www.5dds.org.

SEVENTH DISTRICT
Members Recognized
Bradley Davidson, D.D.S.

The Seventh District Dental Society had its annual awards celebration at the Strathalnaan in Rochester. The annual meeting allows us to recognize individuals for their contributions to dentistry at the local level. This year, the evening included a celebration of NYSDA’s 150th anniversary, played out in a wonderful historical slide show provided by Jay Skolnick and Vince Badali. NYSDA Associate Executive Director Beth Wanek was awarded honorary membership in the Seventh District for multiple reasons, not the least of which was her invaluable assistance as the district hosted the 2017 HOD Meeting at Turning Stone. Carl Misch, who has repeatedly shared his expertise with local dentists, also received honorary membership.

Other award recipients were: Anthony Mendicino Jr., winner of the Robert E. Parker III Memorial Award for his efforts on behalf of the undeserved population; Marni Phillips, who received the Fredrick J. Halik Award for outstanding contributions by a young dentist; George Privitera, Award of Merit; and Michael Keating, who received the district’s highest award, the George D. Greenwood Award. Dr. Keating’s accomplishments are many and include serving as Seventh District Secretary for several years, as well as president. Dr. Keating is a successful general dentist in Auburn. He was accompanied to the meeting by his family and office team, who were there to witness his receiving this honor.
Seventh District cont.

**Oral Health Screenings**
In other news, David Lawrence reported on a successful program to improve oral healthcare for underserved children in the Rochester City School District. Screenings take place in eight city schools. They are provided by dental hygiene students at Monroe Community College under the direct supervision of a licensed dentist and school faculty member. Each youngster is placed in one of three categories: students with no apparent dental problems; students who need to see a dentist soon for diagnosis of an incipient dental problem; or students who need to see a dentist soon for a more advanced problem.

The Eastman Institute for Oral Health at the University of Rochester generously offered to provide the needed care to those families who lack the means to obtain care on their own.

**NEW YORK COUNTY**

**General Membership Meeting**
Luis J. Fujimoto, D.M.D.

Prior to the lecture at our April 16 General Membership Meeting, NYSDA President-Elect Brendan Dowd addressed members. He shared his love for the profession, his views on the importance of volunteerism and the need to attract new dentists to organized dentistry. The presenter for the evening, Tom Viola, R.Ph., CCP, provided an engaging and informative lecture on “Patient Self-Medication and its Dental Considerations.”

The next General Membership Meeting is scheduled for Sept. 17.

**Cocktails and Karaoke!**
The NYCDS Young Professionals’ Committee hosted a fun event at Karaoke City on April 24 that attracted a new crowd of professionals. It was a great way for members and students to mingle and relax after hours.

**Legislative Event**
NYCDS was pleased to host ADA Chief Economist and Vice President of the Health Policy Institute Marko Vujicic as guest speaker at the society’s special legislative program on May 2. Dr. Vujicic focused on the key trends and likely changes in the dental care market and new opportunities in a changing environment. There was so much information Dr. Vujicic could have covered, he was invited back to participate in the society’s Leadership Development Conference on June 20.

**Employment/Opportunity Fair a Success**
The May 14 fair attracted over 75 graduating residents and new dentists. There were many opportunities for attendees to choose...
from, including meeting with dentists offering employment or rental opportunities, receiving resume and interview tips, and posing for a professional headshot. There was a lot of energy in the room! The success of this program ensured it will be held again next year.

**Glick Fundraiser**
The Empire Dental Political Action Committee and New York County Dental Society sponsored a fundraiser on May 17 for the re-election efforts of Assemblywoman Deborah Glick, D-Manhattan, chair of the Assembly Higher Education Committee.

**Continuing Education**
The Henry Spenadel Continuing Education Program upcoming courses for August and September are as follows:
- Aug. 1: “Compete and Thrive in the Age of Corporate Dentistry”
- Aug. 8: “A Practical Program in Prescribing Opioids and Controlled Substances”
- Sept. 21: “Next Level Endodontics: A Hands-on Course”

Visit [www.nycdentalsociety.org](http://www.nycdentalsociety.org) for course and registration information.

**Mentor Program**
We are proud to announce that BCDS immediate past president Amarilis Jacobo has been invited to be a mentor for the National Association of Hispanic Healthcare Executives (AHHE) 4th annual mentorship program. Dr. Jacobo is mentoring Hunter college student and biology major Maria J. Tamany. The goal of this program is to identify new opportunities for mentees to enhance their skills through events, networking and face-to-face time with healthcare decision makers and through professional development workshops.

**SECOND DISTRICT**

**Loan Forgiveness Program is Back, Bigger and Better**
Gabriel Ariola, D.D.S.

The Second District Dental Society Loan Forgiveness Program was established in 2016 to assist newly licensed Brooklyn and Staten Island dentists with their dental school debt. Last year, the program’s inaugural year, four young SDDS members were selected as the initial recipients of grants totaling $37,500. This year, there were 10 recipients of grants totaling $100,000.

The program is open to all newly licensed dentists who have had their licenses for five years or less, are fully active members of the SDDS and have more than $50,000 in documented dental school loan debt. The award is a one-time grant; awardees may reapply in subsequent years and are eligible to receive up to three awards as long as they meet current program criteria.

The grants are paid directly to the loan provider on the awardee’s behalf. Applicants are asked to fill out demographic information, send dental school transcripts and complete three essays that will distinguish them to the program committee. The application also asks the applicant’s current Brooklyn/Staten Island employer(s) to complete a directed recommendation form to illustrate the candidate’s character and leadership skills.

This year’s application cycle ended on April 30. Applications were reviewed by the SDDS Loan Forgiveness Program Committee through its program consul-
Second District cont.

Volunteer judges from SDDS Oral Health Committee with entries for CDHM Creative Contest. Back row, from left, Tricia Quartey, Phyllis Merlino, Laura Izzo, Scott Brustein; Front row, from left, Susan Kolin-Liebman, Gabriel Ariola, Reneida Reyes, Sophia Scantlebury, James Sconzo.

SDDS and RCDS Recognize Student Achievements

For the past nine years, SDDS has recognized students in dental programs within its district who excel academically. At a ceremony on May 30 for graduates of the dental hygiene component.

Creative Contest Winners Announced

Each year, as part of its Children’s Dental Health Month (CDHM) activities, SDDS invites all Brooklyn and Staten Island students in grades pre-K through 12 to submit poster designs that demonstrate an oral health hygiene habit that keeps teeth healthy and smiles bright. The goal of the CDHM Creative Contest is to challenge students to use their creativity to reinforce proper dental hygiene.

SDDS received over 350 entries in response to this year’s call for entries. As always, students employed a wide range of materials for their submissions, from mixed media and collage, to paint, crayon and pencils. The importance of brushing, flossing, nutrition, dental visits and many other themes were illustrated with great effect.

The winners were selected by a panel of 10 members of the SDDS Oral Health Committee at a meeting at Society Headquarters on May 10. After an evening of careful deliberations, the committee selected 21 outstanding entries to receive first, second and third place prizes in seven grade-level categories. The judges selected the winners based on the overall educational value and creativity of their designs. The winners will receive certificates and Amazon gift cards in the amount of $100 for first place, $75 for second place and $50 for third place.

SDDS extends its sincere appreciation to the Oral Health Committee volunteers who served as judges, for their generosity and expertise. Without them, the contest would not be possible. They are: Gabriel Ariola; Scott Brustein, Richmond County Coordinator for NCDHM; Michael Donato; Laura Izzo; Susan Kolin-Liebman; Phyllis Merlino; Tricia Quartey; Reneida Reyes, Oral Health Committee Chair; Sophia Scantlebury; and James Sconzo.

Former Presidents’ Dinner

Fifteen past presidents of SDDS, along with 2018 president, Sari Rosenwein, attended the SDDS Former Presidents’ Dinner April 26 at Gargiulo’s Restaurant in Brooklyn. An annual tradition, the dinner provides an opportunity for past presidents to share their knowledge with the sitting president, while enjoying a night of food, drinks and camaraderie. 2017 President Gabriel Ariola presided over the night’s festivities. As the 1973 and 1987 presidents, respectively, Anthony DiMango and Robert Seminara were the elder statesmen of those gathered. They were joined by: Reneida Reyes (1993), Howard Lieb (1994), John McIntyre (1997), Steven Gounardes (2002), James Sconzo (2003), John Halikias (2005), Craig Ratner (2008), Richard Oshrain (2009), Deborah Pasquale (2010), Stuart Segelnick (2011), Constantine Pavlakos (2012), Mitchell Mindlin (2016), Gabriel Ariola (2017) and Dr. Rosenwein.
program at New York City College of Technology (City Tech), SDDS representative Lorna Flamer-Caldera presented two students with certificates of recognition and $500 each. Student Natalya Lyskova received a certificate of recognition for academic excellence, while student Elizabeth Brunetti received a certificate of recognition for exemplary professionalism. SDDS also honored two graduating students of City Tech’s restorative dentistry program. In addition to monetary awards of $500 each, students Jamie Rubin and Agostinho Fragoso Paraguassu received certificates of recognition for academic excellence and technical proficiency, respectively.

On June 5 Marc Meiselman, past president of SDDS’s branch society, Richmond County Dental Society, presented awards to graduating students from the dental assisting program at Tottenville High School, Staten Island. During a private ceremony at the school, Gabriela DiOrio received a certificate of recognition for academic excellence, while Christina Costantino and Gianna Calabrese each received certificates of recognition for clinical and academic excellence. All three students were also presented with monetary awards of $250 each. Students John Marino and Jenna Jachcinski received certificates of recognition for general excellence at the same ceremony.

SUFFOLK COUNTY
New Executive Director
Patricia Hanlon, D.M.D.

Bill Panzarino assumed the position of Suffolk County Dental Society Executive Director on June 1, replacing Paul Markowitz, who retired after seven-plus years in the executive post. Mr. Panzarino says he is looking forward to this new chapter in his career and encourages all SCDS members to reach out to him so he can get acquainted and learn more about members’ needs. His email address is scdsexec@suffolkdental.org. Or he can be reached by phone at (631) 232-1400.

Scrubs & Stilettos Returns in October
Scrubs & Stilettos, the joint Nassau-Suffolk County conference for women dentists that was the 2011 ADA Golden Apple and 2010 NYSDA Hallmarks of Excellence winner will be take place the morning of Wednesday, Oct. 3, at the Holiday Inn Plainview. It will feature a brand new array of outstanding speakers on a variety of topics. Attendees will be invited to select their top three preferred speakers and topics.

NCDS member Kathy Agoglia is being honored at this year’s conference in recognition of her leadership and commitment to the field of dentistry and dental education. Dr. Agoglia serves as an excellent role model for the young women who are entering our profession.

This exciting, high-energy event is being organized once again by Julie Izen (NCDS) and Maria Maranga (SCDS). For details, go to www.suffolkdental.org or www.nassaudental.org; or call (631) 232-1400 (SCDS) or (516) 227-1112 (NCDS).

Call for Nominations
The SCDS Nominating Committee will meet during the summer to consider candidates for elective office for 2019. The positions to be filled include a new secretary,
treasurer, one ADA Delegate, one ADA Alternate Dele-
egate, three NYSDA delegates and up to six NYSDA alternate delegates. For eligibility requirements and to submit nominations, call SCDS at (631) 232-1400.

Annual Wine Tasting
The annual “Grape Escape” is set for Sunday, Sept. 16, from noon to 3 p.m., at Laurel Lakes Vineyard. Attendance is free and open to all members, their families and friends. It is always a fun day, so come out East and enjoy yourselves. The rain date is the following Sunday, Sept. 23.

Risk Management Course
We have scheduled a risk management course for Wednesday, Oct. 31, from 9 a.m. to 1 p.m. Dentists need to take this course every three years to obtain a 10% discount on their malpractice insurance premium. Kevin Henner and attorney Michael Kelly will present this important course. Contact SCDS headquarters for more information.

Seminar Series
Daniel Pompa will present a full-day course on Sept. 26 devoted to medical emergencies in the dental office. John Svirsky will close out the year on Dec. 5 with two half-day oral pathology courses. Dr. Svirsky is among the most entertaining oral pathology lecturers. Make sure to sign up your staff to attend these courses with you.

General Membership Meeting
The Oct. 10th General Membership Meeting will feature a presentation by Janine Stiene on myofunctional therapy and its relationship to speech and other dental-related problems.

Like us on Facebook
Please be sure to visit and like SCDS on Facebook. Our Facebook page includes news of future activities, important dental-related topics and highlights of past events, with plenty of photos. See what we have been doing and don’t miss out on future events.

Watch for emails and flyers to register for all upcoming events. And check our website, www.suffolk-dental.org, frequently as well.
The New York State Dental Association salutes its members and friends who have generously contributed to the Empire Dental Political Action Committee (EDPAC). Each person listed here made a voluntary contribution between Jan. 1 and June 14 of this year. Those whose names appear at the Liberty Level gave $500 or more. Honor Roll members donated $250 or more. And Capitol Club members gave $100 or more.
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Read, Learn and Earn

Readers of The New York State Dental Journal are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering the following 30 True or False questions, all of which are based on articles that appear in this issue.

When you have completed the questionnaire, return it to the New York State Dental Foundation, along with the appropriate fees: $60/dentists; $40/hygienists. Nonmember fees are: $120/dentists; $80/hygienists. All those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSADA members.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdflearning.org.

Dentists Continue to Prescribe More Antibiotics as Other Healthcare Providers Prescribe Less—Page 21-25

1. Rates of antibiotic prescriptions among dentists in the U.S. continue to rise, while all other fields prescribe less and less.
   ❑ T or ❑ F

2. A Centers for Disease Control and Prevention (CDC) publication shows that one-in-three antibiotic prescriptions is unnecessary.
   ❑ T or ❑ F

3. New bacterial threats do not emerge because of inappropriate antibiotic use.
   ❑ T or ❑ F

4. A German study found inappropriate antibiotic prescribing by dentists was attributed to a lack of clear guidelines.
   ❑ T or ❑ F

5. The ADA has not released guidelines for antibiotic prescribing.
   ❑ T or ❑ F

Enclosed is a check for the full amount. Members’ fees are $60/dentists; $40/hygienists. Nonmember fees are $120/dentists; $80 hygienists. (Make checks payable to the New York State Dental Foundation.) Mail to NYSDF, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211. Questionnaires must be received within 90 days of Journal publication.

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NYSDA Member? ❑ yes or ❑ no
Local/State Dental Society ____________________________
6. A study indicated that dentists’ antibiotic prescribing habits may have something to do with the structure of the dental profession.
   ❑ T or ❑ F
7. Any time a patient uses an antibiotic, bacterial resistance can occur.
   ❑ T or ❑ F
8. Antibiotics are always necessary to treat irreversible pulpitis.
   ❑ T or ❑ F
9. All hospitals undergoing Joint Commission Accreditation must have antimicrobial stewardship in place.
   ❑ T or ❑ F
10. It is the responsibility of every healthcare professional to utilize the remaining antibiotics we have available as wisely as possible.
     ❑ T or ❑ F

**The Oral and Dental Significance of Synthetic Cannabinoids—Page 26-29**

1. Synthetic cannabinoids (SC) may manifest xerostomia and an increased incidence of periodontal disease.
   ❑ T or ❑ F
2. Hypertension is not associated with synthetic cannabinoid use.
   ❑ T or ❑ F
3. “K2” and “Spice” are street names for synthetic cannabinoids.
   ❑ T or ❑ F
4. Synthetic cannabinoids possess a unique and non-changing formula.
   ❑ T or ❑ F
5. Synthetic cannabinoids cause cannabimimetic effects, which are similar to those elicited from THC, the prevalent component in cannabis.
   ❑ T or ❑ F
6. Synthetic cannabinoids have predictable effects on the human body.
   ❑ T or ❑ F
7. It has been suggested that synthetic cannabinoids possess a higher addictive potential than cannabis.
   ❑ T or ❑ F
8. Hallucinations may be a psychological effect produced by use of synthetic cannabinoids.
   ❑ T or ❑ F
9. Delayed wound healing is not an oral manifestation of synthetic cannabinoid use.
   ❑ T or ❑ F
10. Synthetic cannabinoids are illegal.
    ❑ T or ❑ F

**Semilunar Coronally Repositioned Flap—Page 30-33**

1. Gingival recession is defined as the migration of gingiva apically without resultant root exposure.
   ❑ T or ❑ F
2. Chronic trauma may be a factor responsible for gingival recession.
   ❑ T or ❑ F
3. Gingival recession does not commonly result in root caries.
   ❑ T or ❑ F
4. Depending on the severity of recession, there is a wide range of treatment modalities that have been used for root coverage.
   ❑ T or ❑ F
5. Pedicled flaps have better patient acceptance, since no additional donor site is involved.
   ❑ T or ❑ F
6. A semilunar coronally repositioned flap has been described as minimally invasive and predictable management of gingival recession.
   ❑ T or ❑ F
7. A probing depth of 4 mm is a criterion for successful root-coverage procedures.
   ❑ T or ❑ F
8. The prognosis for root-coverage surgeries depends to large extent on the amount of gingival recession.
   ❑ T or ❑ F
9. Minimal recession is not an indication for a semilunar coronally repositioned flap.
   ❑ T or ❑ F
10. A semilunar coronally repositioned flap requires advanced technique and years of experience and expertise to perform.
    ❑ T or ❑ F
FOR SALE

MANHATTAN: One treatment room with window for rent in modern, classic office on 8th floor overlooking St. Patrick’s Cathedral. One block from Rockefeller Center. Private office also available. Reasonable rent. All amenities of having your own space without the headaches. One-year minimum term. Well-designed front desk receptionist space and ample file cabinet storage. Email: rfriedm3@optonline.net; or call (516) 817-9907.

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BROOKLYN, PARK SLOPE: Dental office for sale. High-end, FFS practice one block from major transportation hubs. 4 fully equipped rooms and CBCT with Pan and Ceph. Parking lot. Contact: practiceforsale601@gmail.com.

BUFFALO/SOUTHERN TIER: Long-standing general practice collecting $1.5M/year and growing. Brand new, state-of-the-art, fully digital, 7-operatory facility with CEREC CBCT and everything you could possibly need or want. 2,600 active patients, with 35 new patients coming every month. Seller willing to stay for transition period. Don’t let this incredible opportunity pass you by. Call Dr. Jonathan Carey at (585) 451-5898.

GREENWICH/RIVERSIDE, CT: Great location at upscale intersection of NE Thruway Exit 5 and Route 1. New Pan/Ceph with digital network; professionally decorated; 3 ops. Great opportunity for new dentist, specialist and/or second location. Owner going back to teaching. All reasonable offers considered. Contact: gbgluck@hotmail.com.

LONG ISLAND, SUFFOLK SHORE: GP with 4 ops in freestanding office on main road. FFS with some insurance; digital X-ray in 1,090 square feet with full parking lot. Real estate available. Call (631) 495-0350; or email: sburinit25@optonline.net.


SARATOGA COUNTY: Well-established general cosmetic practice and building for sale. Located 14 miles from beautiful Saratoga Springs. Great schools. Collecting $600K on 3.5 days, with 30+ hours hygiene. 5 ops, staff lounge and parking lot. Contact: practiceforsale601@gmail.com.


BRIDGEPORT, CT: High-end, digital (Dentrix); paperless since 2000. Sunset Park. Active practice; mostly insurance; digital X-ray in 1,090 square feet with full basement. Great location; good lease. 5 operatories; separate X-ray room with digital X-rays and digital Pan. Fully computerized with computers in every room. Digital intraoral cameras in all operatories. High gross; over $1M. High production hygiene department with 2 hygienists. Perfect for new dentist or move in your established practice. Respond to: psdentistry@yahoo.com.

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SYRACUSE: Eastern suburbs. General practice with 4 ops, A-Dec equipment, Dentrix, digital. Stand-alone building with plenty of parking also for sale. FFS and insurance mix. Located near main highways. For more information, contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY190.

ONEIDA COUNTY: Terrific opportunity. Well-established practice in urban community. Converted residence; ample parking; busy main street with professional businesses. Five operators; Dentrix, DEXIS and experienced staff. Real estate available but not required for sale. Contact Henry Schein Professional Practice Transitions Consultant Marty Hare at (315) 263-1313; or email: marty.hare@henryschein.com. #NY219.

WESTERN NY: Newly renovated, well-established FFS family practice. Up-to-date practice management software and fully digital; operating 32 hours/week. 4 spacious operatories; providing diagnostic and restorative oral care. 1,980 square feet; ample parking. Gross receipts $470K. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY191.

POUGHKEEPSIE, FISHKILL AREA: Excellent location. Approx. 2,000 active patients. 2017 collections S820K. 5-op practice runs Dentrix with digital X-rays. Seller willing to work after the transition or exit immediately. Contact Henry Schein Professional Practice Transitions Consultant E. Scott Weinberger at (518) 512-9988; or email: escott.weinberger@henryschein.com. NY232.

PUTNAM COUNTY: Terrific GP office with 4 ops, plus room for expansion. Digital, papercless; updated over the past 2 years. Low overhead. 4-day practice with powerful hygiene program and strong new patient base. Contact Henry Schein Professional Practice Transitions Consultant Michael Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY231.

ORANGE COUNTY: Two-day-per-week ortho practice generating $570K on 16-hour week. 3 treatment rooms and 5 chairs. Part-time office shares equipment and 3 days with successful Peds practice. Contact Henry Schein Professional Practice Transitions Consultant Michael Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY212.

ALBANY/SCHENECTADY/TROY: Double hygiene in NY’s Capital. $700K gross on 3-day week. Dentrix and digital X-rays. 3 ops and plumbed for 4 on busy street with off-street parking. Modern facility. Contact Henry Schein Professional Practice Transitions Consultant E. Scott Weinberger at (518) 512-9988; or email: escott.weinberger@henryschein.com. #NY213.

ROCHESTER: General practice gem. Across from major hospital. Always new patients and plenty of parking. 3 ops; great equipment; digital and Eaglesoft. Perfect satellite office. For more information contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY211.

GATEWAY TO FINGER LAKES: General practice adjacent to hospital. Community offers great outdoor recreation. 4 ops. Great staff; reasonable rent; plenty of free parking; off main highway. Only working 150 days. Huge potential. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

JEFFERSON COUNTY: GP family practice in business district on main road. 2,500-square-foot stand-alone building with parking. 6 ops with latest technology, Dentrix, laser, CAD/CAM, endo and sedation equipment. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY225.


ENDICOTT: Municipal area. Great opportunity for satellite office or starter practice. 12 hours/week. Great equipment; digital. Turn-key. Building for sale or lease. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY227.

WATERTOWN: Plenty of new patients; near Army base. Completely furnished office in busy strip shopping center; 2,000 square feet. Seller moving out of state. Digital pan and 4 ops. Revenue just under $400K. Seller has rental housing if needed. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY207.

ONEIDA LAKE AREA: Well-established FFS general practice in fastest growing community of Cicero, NY. Digital pan; new computers with Softdent and Genius digital sensors. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY226.

WESTCHESTER: GP practice in family-oriented and growing community. Part-time; FFS; 1,200 square feet, operating 20 hours/week. 3 ops and room for expansion. For details contact Henry Schein Professional Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY223.

THOUSAND ISLANDS AREA: Location. Gateway to the Thousand Islands and proudly serving area of 14,000+ military families; home to the 10th Mountain Division. 4 ops, plus lab. Eaglesoft; 2,000 square feet; single provider. Revenue S395K. Great location with endless shopping-area parking. Asking S200K. For details contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY207.

FINGER LAKES: Established general practice for sale. Grossing S370K for 30-hour week. Charming, freestanding, 800-square-foot brick building on corner lot. 3 operatories and half-basement. Building also available for sale. Dentist willing to help through transition. Contact: careertransition2018@gmail.com.

LONG ISLAND PRACTICES FOR SALE:


NASSAU: General practice, 3 operators, all digital. Grossing S446K. Nw.

SUFFOLK: General practice, 5 operators, all digital, Panorex. Grossing S627K. Nw. NY234.


Contact: Scott Firestone, DDS, Henry Schein Professional Practice Transition Consultant
Email: scott.firestone@henryschein.com
Phone: (516) 459-9258

SYRACUSE: Unique general practice opportunity. $1.4M annual collections with strong hygiene revenue. 8 fully digital and beautifully updated operatories and 2,500 active patients. Seller willing to stay for transition. Incredible real estate property available for purchase as well. Make more than you ever could as an associate after debt service while also enjoying wonderful quality of life. Please call or email Dr. Jonathan Carey at (585) 451-5898, or jcarey@paragon.us.com to find out more.

BENSONHURST, BROOKLYN: Dental office for lease/sale. Modern digital practice in very busy area. Located on first floor of corner building. Approximately 1,000 square feet, with high ceilings. Three fully equipped ops, custom cabinets, flat screen TVs, com-

SYRACUSE SUBURB: General practice for sale. $750K collections on 3.5 days/week. 54% overhead in 2017. Growing community with busy, street-front location. Very modern, clean office with updated technology. Very motivated seller will consider all offers. Please reply to: syracedentaloffice@gmail.com.

CAPITAL DISTRICT: Modern practice for sale. Grossing $600K on 3.5 days/week. All digital, including ScanX and Dentrix. On main road with ample off-street parking. Good hygiene practice with recall program. Building available to include in sale. Will stay to introduce. Email: barbegg14@gmail.com.

PARAGON Practice Transitions
“We Put the SUCCESS in SUCCESSion”

WESTCHESTER COUNTY: Southwest. Great merg-er opportunity. 800 active patients. Immediate ROI.

THOUSAND ISLANDS/ADIRONDACKS: Associate/partnership available in growing, busy, 2-doc-tor practice with 7 ops. PENDING.

SOUTHWEST BROOKLYN: GP with associates/specialists; $1.4M/year. PENDING.

ROCHESTER: Peds. Partnership opportunity in growing suburb; $1.2M/year.

SYRACUSE: $1.3M/year; 8 beautiful ops; 2,500 active patients.

ITHACA: $1.4M/year; 6 ops. PENDING.

WESTERN SUFFOLK: GP office in most desirable town, computerized, digital X-ray/Pan. Mid-$400s gross.

BRONX: 3 ops; digital; $500K/year.

EASTERN SUFFOLK: $625K/year on 3-day-week. SOLD.

MID NASSAU (Perio): $400K/year part time, perfect starter or satellite.

SOUTHERN NASSAU: $350K/year. Dr. ready to move. Perfect merger. SOLD.

Visit our website www.paragon.us.com to learn more about all of our opportunities or contact us today!

  Jonathan Carey, DMD, and Ira Newman, DDS
  Phone: (866) 898-1867
  E-mail: info@paragon.us.com

SYRACUSE: Great opportunity to own your own prac-tice. 30-plus-year practice with great, loyal patients. PPO and cash practice. Doctor has been working 2 days/week; potential to expand. Seeking great doctor to take over. Strong hygiene department. Hygienist and office manager willing to stay. Located on second floor of multi-rise building in Syracuse with garage parking. 3 operatories and X-ray room (potential for 4th opera-tory). Patterson Eaglesoft and digital Schick sensor. Digitalized Panorex Planmeca Proline XC. 3 X-ray units, including Genex GX770 and new Pragony Prova unit. Waiting room, small laboratory, staff room and patient restrooms. Excellent opportunity for right person at low cost. Asking $35K for all except waiting room chairs. Doctor moving on to specialty training. Looking for someone to take over by June 2018 but flexible. Contact Nancy or Dan via email at: workprint450@outlook.com.

FINGER LAKES/SOUTHERN TIER: Family practice for sale in upstate NY village. Serving patients from Ithaca to Binghamton. Long-term, 3-generation practice established in 1919. Great setting with ops overlooking the river. Located within village, just steps away from restaurants, shops and River Walk. Average gross $786K/net $395K. Four-day workweek, plus 10 weeks vacation annually. Asking one year’s net, but ready to negotiate any reasonable offers. Owner ready to retire but will stay for transition. Building available for rent or purchase and includes apartment with $1,100/ month rental income. Inquiries to: skident@aol.com.

DUTCHESS COUNTY: Home office combo plus rental cottage and 12-car heated garage. Positive cash flow, low taxes. Buy the property on 4 acres and get the $200K practice for free. 1,200-square-foot modern office with all the goodies. Updated equipment, digital laser, etc. FFS; no insurance. House is Edwardian 1860s with character and many upgrades. 4 beds, 3 baths, approximately 4,000 square feet. Retiring and moving out of state but willing to stay for easy transfer. Located within village, just steps away from restaurants, shops and River Walk. Average gross $786K/net $395K. Four-day workweek, plus 10 weeks vacation annually. Asking one year’s net, but ready to negotiate any reasonable offers. Owner ready to retire but will stay for transition. Building available for rent or purchase and includes apartment with $1,100/ month rental income. Inquiries to: skident@aol.com.

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BUFFALO: $505K gross. NY 2051.

ROCHESTER: $818K gross. NY 2082.

CAPITAL DISTRICT: $634K gross. NY 2052.

SOUTHERN TIER: West. $465K gross. NY 2058.

BINGHAMTON: $778K gross. NY 2069.

SYRACUSE: $491K gross. NY 2072.

ROCHESTER: $594K gross. NY 2078.

ITHACA: $786K gross. NY 2099.

SYRACUSE: $700K gross. NY 1860.

For more information, contact us:
Jim Kasper Associates LLC
PO Box 143 Walpole NH 03608
Phone: (603) 355-2260
Email: info@jmkasper.com

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QUEENS: High-end practice in desirable neighborhood seeks to sell.

• Practice features 3 equipped operatories with expansion opportunity.
• All ops have newer equipment.
• Over 720 active patients.
• Well-balanced and diverse patient base.
• Lots of room for growth with expanded hours, marketing efforts and bringing more services in house.
• Collections nearly $600K.
• Current doctor nets over $270K.

Practice will go quickly! Contact Kyle Francis at Professional Transition to learn more. (718) 459-1021; or kfrancis@professionaltransition.com.
THEATER DISTRICT: Rare opportunity. Grossing $365K. Outstanding 4-chair expandable office, 1,600 square feet, fully digital with fabulous views overlooking Broadway. 2 days, mostly PPO. Conservative treatment, underserved, tremendous growth area. Couldn’t build this office for less than $500K.

BROOKLYN: Midwood. Grossing $500K+. FFS, 4-chair traditional office catering to orthodox community. Long-established quality practice with good fees. Conservative treatment, solid hygiene program, long-term staff. Endo, surgery, ortho all referred out. Seller will stay for transfer. Very desirable and loyal clientele.

KINGSTON: Grossing $900K. High net, established, 3-chair office in desirable location with high visibility. Fully digital with Panorex. Unique treatment modalities and excellent hygiene program. Outstanding staff, 50 new patients/month. Mixed insurance and private, no capitation or Medicaid. No evening or Saturday hours. Rapidly expanding and can easily generate $1.2M with more hours and additional hygienist. Seller will stay FT/PT to help handle patient load. Unique, low risk, fun atmosphere and very profitable situation.


WESTCHESTER: Perio practice grossing $1.3M on 3.5 days. Well-established, 4 chairs, fully equipped with 3D cone beam and laser. Dental insurance and private pay. Full-time hygiene and talented staff. Very attractive and functional office in prime location with onsite parking. Flexible transition makes excellent transfer assured.

HUDSON VALLEY: Time to own your own practice. Grossing $275K. Prime location in Dutchess County. 3 chairs, pristine and cozy office with excellent efficiencies. Long-established, conservative treatment with specialty referred out. Good mix of insurance and private pay. 20 hours of hygiene. Lots of dentistry to be done. Very transferable. Asking only $155K. SOLD.

ORANGE COUNTY: Grossing $284K. Bread-and-butter local practice in owner-occupied dental building. Long-established, loyal patients in well regarded family area. Owner doing conservative treatment with over $150K in specialty referred out. Family illness has reduced time and motivation to practice. Seller offering practice and real estate (valued at $200K) for $300K. A real bargain. Time to own and invest in yourself.

ROCHESTER: Avon suburb. Fully plumbed space for rent. 5 operatories, private office. $1,850/month; negotiable. Inquiries to Dr. Bruno at: avonfamilydentalcare@gmail.com.

MANHATTAN: Upper East Side office with fully equipped, windowed operatory for immediate rent. Also offering private office, front desk area for staff and storage. Modern and spacious office; centrally located with convenient access to public transportation. Move-in condition; just bring your computer. Full-time or part-time arrangement available. Please contact: doc144z@yahoo.com.

WHITE PLAINS: Modern, state-of-the-art operatories available in large office with reception. Available FF/PT. Turn-key. Rent includes digital radiology with pan, equipment, Nitrous, all disposables. Startup or phase down. Need a satellite or more space? Upgrade or down size. Please call (914) 290-6545; or email: broadwaydch@gmail.com.

SOUTHERN DUTCHESS COUNTY: Professional building, 25 years old, close to Town Hall. Two large dental suites, one currently leased and 1 available for lease with option to buy. Other professional use also considered. Has been dental office location for over 50 years. Brick building; great parking; handicap accessible. Call (914) 489-6401 with inquiries. Leave message if no answer.
MIDTOWN: Near Grand Central Station. Operatory available in modern, well-equipped dental office. Full or part time. Reasonably priced. Please call (917) 446-4058; or email: dr.bberkowitz28@gmail.com.

VALLEY STREAM: 4 operatories already set up from previous practice. Shared waiting room and nurses’ station with Podiatry practice of 37 years. Corner house; exposure on main route in Valley Stream, Long Island. Contact: (516) 825-5552.

MANHATTAN: Low 70’s located on Fifth Avenue facing Central Park. Three operatories available with separate front desk/business office. Laboratory, kitchen and private office to share. Elegant office and reception area. Inquiries to: lloydxray@gmail.com; or call (212) 288-0611.

MANHATTAN: One operatory for rent in recently renovated Midtown building. Office located at Madison Ave and 52nd Street. Reasonable rent. Please call (212) 688-2820; or email: info@drkarena.com.

FOREST HILLS GARDENS: NYC. Dental office available for immediate occupancy on street level. Great foot traffic; easy access to MTA E/F/M/R as well as LIRR. $3,850/month. Space includes waiting room, 3 treatment rooms, 2 bathrooms, private office, 2 lab areas. Offered by Terrace Sotheby’s International Realty. Inquiries to: (718) 268-1045; or email: Sheldon.stevelmart@terracesothebysreality.com.

FLUSHING: Main Street dental office for lease. Best location at high traffic flow, busy area. Close to #7 subway and public transportation. 3 ops, Pan and Ceph, lab, sterilization. Good for GP or specialist. Contact: hongjie_e@yahoo.com; or call (917) 238-9636.

MIDTOWN MANHATTAN: 2-3 operatories available for rent with shared desk space area. Newly renovated. Fully digital with CBCT Cone Beam and in-house fully-digital lab. Please email: veronica@madisonavenuesmiles.com.

PORT JEFFERSON: Office space for lease. Modern. 1,700 square feet; 2 ops plumbed and wired. Room to expand. Ample parking; easy access to routes 112/347. Inquiries to: office@nsendos.com; or call (631) 474-3636.

Two-year-old Gendex CBCT/Pan (GXDP-700S) with software: Under warranty through 2020. Well-mainained for past 2 years. 3D component has two FOV (fields of view), 4 x 6 for isolating specific areas and 6 x 8 for larger region view. Integrated for variety of CAD/CAM programs, digital impression software and 3D restorations. Integrated with VisiWin should be your existing intraoral software imaging. Offers scatter reduction ability with 3D component in use; can also be used for TMI imaging. Brochure available at: https://p.widencdn.net/dwx6ah/GX0280_GXDP-700S_ProductBrochure. Serious inquiries only to: druju@totalcareendo.com; or call (973) 758-5765.

ROCHESTER: PrimeCare Medical seeks Dentist to work full time (Monday — Friday) in medical department at Monroe County Jail. Dentist will provide and supervise dental care of inmates/patients, evaluate dental health program and dental services, function as consultant to facility physicians, monitor need for dental supplies and equipment and participate in dental health planning. BENEFITS: PrimeCare believes in offering competitive compensation and benefits package to employees. Standard benefits for full-time employees include Medical, Dental, Vision, Life and Disability options; Generous PTO; 401k with match; a flexible spending account; and a sign-on bonus. To apply, email resume/CV to: pmalcolm@primecaremedical.com; or call PrimeCare Medical’s Corporate Office at (800) 245-7277 and ask to speak with Recruiter.

3% Dental
Accounting for Dentistry
American Sensor Technology
Blaustein & Gillen
Buffalo Niagara Dental Meeting
Clemens Group
DemandForce
Epstein Practice Brokers
E-Vac
Jacobson Goldberg & Kulb
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BUFFALO AREA: Fantastic team seeks talented dental associate. Plenty of room to grow. No Medicaid, only FFS and some insurance. Great earning potential. Learn from our years of experience. Very loyal and “well groomed” patient base. 16 years in the area and well known in the community for great quality of care. All digital, chairless, CBCT, lasers, intraoral cameras, rotary endo. Visit: www.drkplaskovsky.com. Email resume to: gasportdentist@gmail.com; or call (716) 772-7500.

ORANGE COUNTY: Montgomery, NY. Seeking GP associate for FT position in very busy, well-established FFS practice. We are committed to excellent patient care and seek individual who will treat our existing and growing patient base like family. Modern facility. Most up-to-date technology, including 3D iCat imaging and Trios scanning. Must have great communication skills, be proficient in all areas of dentistry and be comfortable treating children. Office conveniently located ½ mile off I-84 at Exit 5; 45 minutes from Westchester. Competitive compensation will be discussed upon interview. Resume and CV to: jncken@aol.com.

NEWBURGH: Pediatric dentist for maternity leave coverage and PT Associate. Looking for energetic pediatric dentist with passion for high-quality dentistry, excellent chairside manner and communication skills and great work ethic for maternity leave coverage 4 days/week in September, with the option to stay on as associate 1-2 days/week. Would like the right candidate to start in August 1-2 days/week to acclimate to the office. Our office is a brand new pediatric dental practice, fully equipped with four operatories, located only 1.5 hours from NYC. Open one year but growing fast. Practice is insurance- and FFS-based and privately owned by the practicing doctor. If you love what you do and seek to grow into a practice, don’t hesitate to email your resume to learn more details: dr.blakemuro@gmail.com.

CENTRAL NEW YORK: Seeking full-time or part-time associate for high-quality multi-specialty general practice in beautiful Central New York near Syracuse. Competitive compensation; 401(k) plan; digital radiography. Contact: (315) 317-0125; or email: sacks5@aol.com.

MIDTOWN MANHATTAN: Unique opportunity. Midtown Prosthodontic practice with full-service onsite lab and academic affiliation offers associate-to-partner opportunity. Implant dentistry. Prosthodontic training from an accredited ADA training program required. 2-5 years private practice experience welcomed. Contact Yana at (212) 750-0050.

BURLINGTON, VERMONT, AREA: Partnership/ ownership opportunity in FFS $3.1M revenue practice. High income/profit potential. Top 1% of private practices in the nation seeks additional owner in main practice. Pay off dental school debt quickly. Email inquiries to: peggyd@highpeaksdental.com.

BROOME COUNTY: Seeking FT associate with potential for partnership in high-quality general dentistry private group practice. Generous compensation, plus bonus opportunities. Benefits include medical, malpractice, 401(k) and more. Community is home to minor league baseball and hockey, hiking, snow skiing, Broadway theater, Binghamton University and SUNY Broome County. Send CV to: bingdentist@hotmail.com.

MANHATTAN: Seeking General Dentist. Upscale Manhattan group losing one of our general dentists to graduate school. Smooth transition anticipated. Please have clinical experience in the private, quality-care environment. Excellent clinical and people skills required, as well as motivation and ability to work in a team. Please respond with note and CV to: jncken@aol.com.

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SYRACUSE AREA: General dentist in well-established, quality care, FFS general practice in CNY Finger Lakes area. Office has up-to-date technology, CBCT, CEREC and more. Immediate opening for full time or part time. Opportunity for qualified recent graduates of dental school, residency programs or an experienced general dentist. Please call (315) 685-7162; or email: skandent@gmail.com. Inquire to Office Manager Lee Turner for application submissions or further information.

FINGER LAKES AREA: General dentist associateship available in small city south of Finger Lakes area. Modern office, great working environment and wonderful supporting staff. 3-4 days per week. Guaranteed $7000/ day or 30% production with additional benefits. Please email resume to: fingerlakenskydentalstaff@gmail.com.

LONG ISLAND: Seeking associate dentist for busy Port Jefferson office. Full time or part time. Great opportunity for motivated practitioner proficient in all phases of general dentistry. Contact us by email: dru1236@aol.com; or call (631) 241-4957.

MANHATTAN: Seeking Oral Surgeon. Upper West Side private group. Very well-established. Launching an oral surgical program. Plenty of patients to keep surgeon busy two days/month to start. Inquiries to: micheliedoggen2020@gmail.com.

BUFFALO AREA: Fantastic team seeks talented dental associate. Plenty of room to grow. No Medicaid, only FFS and some insurance. Great earning potential. Learn from our years of experience. Very loyal and “well groomed” patient base. 16 years in the area and well known in the community for great quality of care. All digital, chairless, CBCT, lasers, intraoral cameras, rotary endo. Visit: www.drkplaskovsky.com. Email resume to: gasportdentist@gmail.com; or call (716) 772-7500.

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ADDENDUM

Know Your Obligations to MetLife and to Your Patients

Adrienne L. Korkosz, D.M.D.; Judith L. Shub, Ph.D.

Periodically, one or more major dental insurers conduct post-payment audits, contacting dentists who have submitted patient claims in preceding years. Currently, MetLife is sending letters to NYSDA members requesting copies of patients’ records, charts and X-rays, as well as dentists’ private financial ledgers, as part of a post-payment audit. Members who have contacted NYSDA regarding these requests have not entered into participating provider contracts with MetLife and have no contractual or legal obligation to participate in such audits. MetLife’s requests are problematic for all dentists. Whether or not a dentist has entered into a contract with MetLife has no bearing on the dentist’s legal obligation to preserve the privacy of all patients’ dental records.

Contrary to the statements in MetLife’s letter, you should be aware that:

1. Federal and state laws prohibit doctors from releasing copies of any protected health information, i.e., patient records, without a release from the patient.

Under New York State law, doctors are prohibited from releasing copies of patient records without a release from the individual patient directing them to do so. Participating provider contracts do not exempt licensed professionals from their ethical and legal obligations under New York State and federal laws.

2. The dental claim form contains a patient release authorizing the dentist to disclose protected health information only when necessary to adjudicate the claim. Once a claim has been adjudicated, this release is no longer in effect.

The MetLife letter states: “We are aware of the employee’s signature on the claim form authorizing the release of any information that is necessary to the proper administration of this claim.” The standard ADA dental claim form does include a patient authorization or release whereby patients “consent to your (the dentist’s) use and disclosure of my protected health information to carry out payment activities in connection with this claim.” A patient’s signature on the claim form authorizing release of information that is necessary for the proper administration of a claim does not extend to a “post-payment audit.” Note that these restrictions do not apply to claims submitted to the Medicaid and Medicare programs.

3. With respect to a dentist’s financial ledgers, no third party has an inherent right to review a doctor’s private business records. Patients also do not have a right to access this material and cannot authorize or require a doctor to make private materials available to a third party.

4. Insurance companies and other benefit companies have no regulatory authority over licensed professionals. Because they are not “licensed professionals,” they are not subject to the same laws that govern professional practice. The responsibility to protect patient privacy rests with the dentist, not the insurer.

When negotiating a participating provider contract with an insurance company, managed care company or participating provider panel, dentists should specify which party—the dentist or the company—will be responsible for procuring patient releases when the payer wants to review patients’ clinical charts in the contract. Again, no third party has a right to review a doctor’s personal business records or to conduct an “inspection” of his or her offices.

Dentists have no additional legal rights, and there are no additional specific limitations on insurance companies with respect to such audits. It is imperative that doctors read all contracts carefully to avoid contracting away certain rights, including access to their financial records. Dentists who have signed participating provider contracts should always review those contracts to determine what they have agreed to with respect to complying with audits. Regardless, again, dentists cannot share patients’ private information with their insurers.

Most of the calls NYSDA receives involve blanket audits rather than an audit targeting a specific dentist’s claims. If an insurer suspects that fraud has occurred, the situation is different. There are no technicalities that prevent an insurer from investigating fraudulent claims. Should a dentist believe that any claims submitted might be suspect, it would be prudent for the dentist to consult with an attorney before responding to an audit.

Are there consequences for refusing to comply with an insurance company’s requests for patients’ records that do not relate to

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When a problem cannot be corrected through orthodontia alone, the patient should be referred to an Oral and Maxillofacial Surgeon (OMS). In cases where corrective jaw surgery is necessary, an OMS is uniquely qualified to determine which procedure is appropriate, to perform the actual surgery, and to work with the orthodontist to achieve an optimal esthetic and functional outcome. Visit MyOMS.org for further information.
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