



NYCDS leadership at the NYSDA House of Delegates Meeting in June.



PRESIDENT'S MESSAGE

IT TAKES A TEAM!

Mina C. Kim, DDS

Greetings! I cannot believe I have already completed half my presidency. The year has really flown. It has been a great learning experience and a wonderful opportunity to engage with more of our members.

I am incredibly proud to lead one of the largest and most diverse components. New York County Dental Society boasts almost 2,000 members. We do an amazing job promoting leaders of all ages, practice types, and specialties.

Our great team includes board members, committee chairs and staff. I want to share some of the work our committees do, since I realize many of our members may not know what happens beyond the scenes. I also want to take this opportunity to recognize some of our committee chairs. These leaders do the heavy lifting to make me look good!

Community Outreach, Chair Anna Viron

Community Outreach has been on a roll this year. Dr. Viron recently co-chaired the Special Smiles portion of Special Olympics. Despite the rainy weather, we were able to cheer on the athletes and screen them in between competitions. We screened 43 special-needs athletes and identified 5 athletes with severe dental issues and directed them to where they could receive care.

Upcoming: Patient and caretaker education at long-term care facilities.

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Continuing Education

What Should I Learn Next?

Mitchell Rubinstein, DMD

Education Director



Like our practices and our profession, the Henry Spenadel Continuing Education Program is finally in full recovery mode from the multiple blows dealt to us by the COVID-19 pandemic. Today, as I look out at a full classroom or hands-on workshop, or when I welcome a new speaker to our program, I'm filled with pride and hope for our future rather than the dread and isolation I was feeling in 2020 and 2021. I became involved in our continuing education program out of a sense of the importance of knowing more, and constantly expanding our knowledge and experience base. But there is never quite enough time to learn everything. One of the most common questions I am asked by dentists, young and old, is “What should I learn next? What courses should I take?” It's a tough question to answer, because we are all different, and we all have different professional goals, clinical interests, and experience levels. Following are the basic course types we offer here in our program.

1. **Clinical skills:** This is the first thing most of us think of when we think of “continuing education” We need to stay current with the latest advances in procedures, techniques, and technology to provide the best care to our patients. Our CE courses can provide didactic and hands-on training in clinical modalities such as implants, esthetic dentistry, endodontics, orthodontics, and Restorative Dentistry.

2. **Evidence-based dentistry:** We should be choosing our methods and procedures based on the best evidence available, so we need the ability to critically evaluate the latest scientific research and incorporate it into our clinical practices. Continuing education courses on basic science and evidence-based dentistry can help us stay up-to-date with the most relevant clinical research, and learn how to critically evaluate scientific studies.

3. **Regulatory compliance and risk management:** This is the category that is truly mandatory. In order to keep our licenses, New York State requires that we get training in a number of prescribed subject areas. Continuing education courses can provide updates on legal and ethical issues such as HIPAA regulations and OSHA guidelines, malpractice, risk management, child abuse reporting, electronic prescribing and more.

4. **Business management and practice management:** We dentists have a well earned reputation for knowing more about clinical practice than about running our own businesses. Practice management is only touched on lightly in dental school, and a doctor's business education is often a haphazard collection of lessons in the school of Hard Knocks. But without business success, we don't have the resources to provide Clinical Excellence for our patients. We will continue to bring you courses that will offer valuable training in practice management, financial planning, marketing, and leadership skills, even though these courses often do not qualify for “official” CE credit.

5. **Interprofessional collaboration and mentoring:** Dentists are often solitary creatures. Many of us are or were in solo practices without the stimulation of professional collaboration. But today's healthcare world is all about collaboration. We need to work along side other healthcare professionals, and work in a diverse and multicultural setting. Communication skills, cultural competency, and team-building are all extremely valuable subjects and I hope to bring new courses to our program in these areas.

Our profession is evolving rapidly, driven by advances in technology and clinical knowledge. The Henry Spenadel Continuing Education Program will continue to help us all stay current with these changes and equip us with the necessary skills to succeed, both as clinicians and as business people.

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Cybersecurity for Dental Practices: Protecting More than Teeth and Gums

William Barrett, Esq.

CEO, Mandelbaum Barrett PC



Bill Barrett is the CEO of the full-service law firm Mandelbaum Barrett PC, co-chair of the firm's National Dental Law Group, and an unparalleled dental dealmaker who has successfully closed hundreds of transactions nationwide. With two best-selling books, "Pain Free Dental Deals" and "The DSO Decision: Winning Answer from Every Angle," Bill's expertise extends beyond the written word, as he is also a nationally recognized speaker for events and dental study clubs throughout the country. Mandelbaum Barrett PC is a Corporate Friend of NYCDS.

Dental health professionals handle a vast amount of sensitive patient data, ranging from personal information to medical records. To protect themselves and their patients, it's important for them to understand cybersecurity risks and take appropriate measures. The risks of non-compliance include regulatory and civil penalties. In this article, we will discuss some common cybersecurity risks that dental health professionals may encounter and some protective measures they can implement.

Common Cybersecurity Risks

- 1. Phishing Attacks:** Phishing attacks involve fraudulent emails or messages that appear legitimate and trick users into disclosing sensitive information. Dental health professionals may receive phishing emails that appear to be from a reputable source, such as a patient, a vendor, or the Office of Professional Discipline.
- 2. Ransomware Attacks:** Ransomware attacks involve a cybercriminal accessing a victim's system, encrypting their data, and demanding a ransom payment. Many of these attacks now also involve data exfiltration, which is when data is transferred to an external location for malicious purposes. Cybercriminals often use this to increase leverage in ransom negotiations, threatening to release the data unless the ransom is paid. Dental practices may be especially vulnerable as they store large amounts of sensitive data.
- 3. Insider Threats:** Insider threats involve individuals within an organization who have access to sensitive data and may intentionally or unintentionally disclose or misuse it. Dental practice owners must ensure that their practitioners, staff and employees are properly trained in cybersecurity best practices and have appropriate access controls in place.

What Practice Owners Can Do to Protect Their Practices

- 1. Employee Training:** Dental practice owners should ensure that all employees are trained on cybersecurity best practices, including how to identify phishing emails, create strong passwords, and avoid downloading suspicious attachments or clicking on links.
- 2. Secure Passwords:** Passwords are often the first line of defense against cyberattacks. Dental practice owners should ensure that all employees use strong passwords and enable two-factor authentication where possible.

- 3. Two-factor authentication (2FA)** adds an extra layer of security by requiring users to provide two types of authentications to access a system or application. This usually involves a password and a mobile phone or hardware token. To comply with HIPAA and the HIPAA Security Rule, all dental healthcare industry participants handling Protected Health Information should use 2FA. This helps dentists stay compliant with the regulations.

Easy to Implement:

Many 2FA solutions are easy to implement and use, requiring minimal effort on the part of the dentist. For example, many popular online services, such as Google and Facebook, offer built-in 2FA options that can be enabled with just a few clicks.

Dentists may benefit from the use of 2FA in several ways:

- a. Enhanced Security:** By requiring a second form of authentication, 2FA significantly enhances the security of a dentist's login credentials. This makes it much more difficult for cyber criminals to gain unauthorized access to the dentist's sensitive information.
- b. Protection Against Password Theft:** 2FA can also protect against password theft, which is a common attack vector for cyber criminals. Even if a dentist's password is stolen, an attacker would still need access to the second factor of authentication, such as a mobile phone, to gain access to the dentist's account.

In addition to compliance with HIPAA, the use of 2FA can significantly enhance the security of a dentist's sensitive information and protect against common attack vectors. Dentists should consider implementing 2FA wherever possible, especially for any systems or applications that contain patient data or other sensitive information.

- 4. Regular Backups:** Regular backups are essential to protect against data loss due to cyberattacks or other disasters. Practice owners should ensure that they have a reliable backup system in place and regularly test their backups to ensure they are working correctly.
- 5. Up-to-date Software:** Dentists must ensure that all software on their systems is up to date with the latest security patches and updates. Outdated software can contain vulnerabilities that cyber criminals can exploit.
- 6. Access Controls:** Dental practices should ensure that only authorized individuals have access to sensitive data. This can be accomplished by implementing appropriate access controls, such as user permissions and network segmentation.

Dental practices and practitioners handling sensitive patient data must prioritize cybersecurity. Implementing best practices such as employee training, 2FA, regular backups, up-to-date software, and access controls can reduce cyberattack risks and safeguard patient data. Staying aware of the latest threats and trends is crucial for adequate protection.



NYSDA Trustee and former NYCDS President Lois Jackson (center) received the Special Award of Honor from the New York Section of the Pierre Fauchard Academy at the NYSDA House of Delegates meeting in early June. Dr. Jackson is seen here with Drs. Amarilis Jacobo and Jay Skolnick, co-chairs of the event.

May Mentorship Mixer

The NYCDS Mentorship Committee hosted another terrific mentoring program on the evening of May 8th. The program was sponsored by our corporate friend, Straumann. The company provided refreshments and two of their representatives, Lindsay McCarthy and Tom Corcoran, gave an extremely informative presentation on digital dentistry with a focus on implants. Following the presentation, an open forum began whereby the 25 mentees and mentors in attendance discussed several topics such as the pros and cons of DSOs, associateships, compensation (production vs. collections), and interviewing for a position. The next mentorship program will be held in the early fall. You can register as a Mentee or a Mentor below.

[Join the Mentorship Program](#)



Dr. Maurice Edwards (3rd from the left), past president of NYCDS, was sworn in as vice president of NYSDA at the House of Delegates meeting. Dr. Edwards is on track to become president of NYSDA in June of 2025. Congratulations!

Pictured: Immediate Past President James Galati swearing in (from left): Secretary-Treasurer Paul Leary; Speaker of House William Karp; Vice President Maurice Edwards; President-Elect Prabha Krishnan; and President Anthony Cuomo.

Bravo Columbia Grads Class of 2023!

A graduation celebration for the 2023 graduates of Columbia University College of Dental Medicine was held on April 20th at NYCDS. Over 50 graduates attended the festive event which was organized in large part by alumni mentor for the class of 2023, Dr. Lois Jackson. Dr. Jackson applauded the students for completing dental school while navigating the challenges of Covid restrictions. Special thanks to Columbia University School of Dentistry Alumni Association, Columbia University School of Dentistry, Bank of America Practice Solutions and PKF O'Connor Davies for making this event possible!



Membership, Chair David Shipper

Past president has been spearheading mentorship events with new member Dr. Sandy Sachar that have been very well attended and received. In addition, a graduation celebration for Columbia dental students was held, spearheaded by Dr. Lois Jackson.

Upcoming: Fall Event – details to come.

Continuing Education, Chair Mitch Rubinstein

The CE committee held a speed learning class at the end of April. Dr. Lois Jackson spearheaded this all-women speakers' program that was very well received. Thank you to Lois Jackson and speakers Gail Schupak, Lorna Flamer-Caldera, Maria Maranga, Stacy Spizuoco, Amy Dukoff, and Lauren Feldman.

Upcoming: Aesthetic hands-on courses, OSHA, Mandatory Prescriber classes & more.

Diversity, Equity, and Inclusion, Chair Leo Paige

This newly formed committee reviews NYCDS's social media and policies to make sure we are representing our membership as closely as possible. We recently cosponsored the first meeting of the Asian American Dental Society at Karaoke City, which was also supported by Bank of America. There were over 60 attendees who enjoyed singing and networking.

Upcoming: Pride Happy Hour, June 20th Mondrian Rooftop

Ethics, Chair Steve Cho

Dr. Eric Wachs led a very engaging program on the use of social media and ethics by healthcare professionals. This thought-provoking program led to a lot of discussion. See the Ethics Column on page 14 for a more-detailed overview of the program.



Special Smiles volunteers at the NY Metro Games Special Olympics on May 20.

Member Benefits, Chair Gary Nord

The member benefits committee recently sent out a survey to identify what members value most. Results showed that discounts and CE are on the top of that list. Dr. Nord has done an excellent job directing this committee.

I also want to thank NYCDS Committee Chairs Kenneth Ascheim (District Claims), Richard Rausch (Awards), Kenneth Cooperman (Legislative), James Jacobs (Peer Review), James Doundalakis (Political Action Committee), and Gregory Shank (New Dentist). NYCDS is the largest of New York State Dental Association's components.

I want to highlight some of the work that we do at the state level:

NYSDA Council on Dental Benefits, Representative Gabriela Lee

The Council tackles many issues that are important to our members, such as insurance reimbursement, credit card fees, and more. Although I am mostly out of network, I would have difficulty maintaining my practice if I did not take insurance.

Virtual Credit Cards

When insurance companies reimburse us with credit cards instead of checks or direct deposit, we lose vendor fees (up to 5% in some cases!) For dentists who are in-network and accepting already negotiated lower fees, it makes it exceedingly difficult to cover their overheads. NYSDA is advocating to have insurance companies explain the various methods of



Attendees at Karaoke City celebrating AAPI month on May 10.

(continued on page 7)

President's Message continued from page 6

payment possible and to allow the dentists to select their preferred method – opting in rather than having to opt out.

Non-Covered Services

Did you know that New York is one of the few states that allows insurance companies to dictate the price for non-covered services?! For example, if a patient wants veneers from #6-11, insurance can dictate the price, even if they are not paying for it. I have heard from colleagues about insurance covering as little as \$700 for a veneer! Luckily, NYSDA is drawing up legislation to fight this.

House of Delegates

Every year, representatives from each component meet to vote on issues that are important to dentists. The result is that we lobby, create programming and/or engage with stakeholders. Hot issues this year include staffing, health insurance and a tax on sugar sweetened beverages. We will also welcome past NYCDS President Dr. Maurice Edwards as the new NYSDA VP!

I hope my message introduced you to a small part of what NYCDS does. My plan for the rest of the year is to support our committee chairs and encourage more of our members

to get involved. My theme for this year is empowerment. By continuing to bolster strong programs and find our blind spots, NYCDS will empower our members. We cannot do it alone and need YOUR input.

Thank you for being a member. I look forward to meeting each and every single one of our 2,000 members this year. Have a wonderful summer!



Hope you enjoy your summer as much as Dr. Kim's dog, Vito!

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April Meeting Informs Members on Care for the Developmentally Disabled



General Membership Meeting guest speaker Dr. Ronald Kosinski (center) with NYCDS Vice President Vera W.L. Tang (let) and NYCDS President Mina Kim (right).

The April 3rd General Membership Meeting featured a lecture by Dr. Ronald Kosinski, clinical director of the Oral Health Center for People with Disabilities at the NYU School of Dental Medicine. Dr. Kosinski was instrumental in the Oral Health Center’s design and implementation. His lecture, “Considerations for Treating Patients on the Spectrum” focused on the need to improve the dental and medical care of the intellectually and developmentally disabled communities. He detailed specific steps general dentists can take to care for this population, emphasizing that time, patience, and humanity were the keys to successful outcomes. He also explained why oral health is more important to the developmental and intellectually disabled community as they tend to experience multiple medical conditions, and greater complications due to communication, physical, and behavioral issues. Dr. Kosinski was introduced by Dr. Anna Viron, chair of the NYCDS Community Outreach Committee.

Dr. Kosinski is both a pediatric dentist and an anesthesiologist. He is a former president of the American Society of Dental Anesthesiology. Prior to his current role with NYU’s Oral Health Center, he was chief of Pediatric Dental Medicine at Long Island Jewish Hospital and was in private practice as a pediatric dentist on Long Island for over twenty-five years.

During the business portion of the meeting President Mina Kim outlined several member programs being planned for the months ahead. Dr. Gabriella Lee, the Society’s representative on the NYSDA Council on Dental Benefits, spoke about the work of the committee to monitor and educate members about government, self-funded, and commercial third-party reimbursement programs. Dr. Lee reviewed several of the initiatives the Council is pursuing, including legislation that prohibits dental insurance companies from mandating or listing

fees for services they do not cover and medical-loss ratio to name two. In addition, the members of the 2024 Nominating Committee were approved.

NYCDS was pleased to have NYSDA Executive Director Gregory Hill, New York State Dental Foundation Executive Director Stacy McIllduff, and NYSDA President-Elect Anthony Cuomo attend the meeting. Dr. Cuomo shared his vision for organized dentistry in the coming year.

We thank our Corporate Friends AmWins, Bank of America Practice Solutions, Henry Schein Dental, Mandelbaum Barrett, MLMIC Insurance Co. and Straumann for their sponsorship of this and other programs.



NYCDS appreciated having NYSDA President-Elect Anthony Cuomo (top photo), NYSDA Executive Director Gregory Hill, and New York State Dental Foundation Executive Director Stacy McIllduff, at its recent member meeting. They are seen here (left to right) with NYCDS Treasurer Egidio Farone and Membership Committee Chair and former NYCDS President/NYSDA Trustee David Shipper.



(left to right) Community Outreach Chair Anna Viron, President-Elect Suchie Chawla, Give Kids A Smile Site Leader (and T-shirt designer!) Whitney Mostafiz, and new member Irina Reyzelman pause for a photo.

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Of Professional Interest

Oral Healthcare for the Cancer Patient

Dalal Alhajji, DMD, MSD &

Vivian Wasmuht-Perroud, MD, DMD



Dr. Alhajji is a clinical instructor in the Department of Oral and Maxillofacial Pathology, Radiology, and Medicine at the NYU College of Dentistry.

Dr. Wasmuht-Perroud is an internationally trained multilingual surgeon and an assistant professor in Oral and Maxillofacial Surgery within the Hansjörg Wyss Department of Plastic Surgery at NYU since 2015.

During our residency training, a portion of our duties involved providing dental clearance for inpatients undergoing cancer treatment. We were expected to perform these evaluations bedside armed with only a dental mirror for clinical examination and a hospital radiology department-issued orthopantomogram for imaging. Herein lay the conundrum – we were being asked to participate in a final decision-making process for patient care based on a limited assessment reinforcing the gap between the dental and medical fields. Our minimal point-of-care contact would involve pre-cancer treatment decisions but no guarantee of peri-operative dental follow-up. This vulnerable group of patients deserved better. These observations were pivotal in our career training trajectory and prompted us to pursue additional education. Furthermore, this highlighted an evident harsh reality: the lack of personalized oral health care for cancer patients.

Access to dental care for these patients is part of a bigger barrier to oral healthcare seen in the United States (US). Federally funded insurance coverage falls under the direction of the Centers for Medicare & Medicaid Services. Medicaid coverage varies widely per state, whereas Medicare coverage is limited and only eligible for people over the age of 65, or earlier if one has a disability, end-stage renal disease, or ALS (Lou Gehrig's disease) (1). Regardless, limited dental coverage exists under these plans and often requires extensive justification of medical necessity. Recently, progress has been made:

“The United States Department of Health and Human Services (HHS) has issued the final Medicare payment rules below. HHS is codifying current policies in which Medicare Parts A and B pay for dental services when that service is integral to treating a beneficiary's medical condition. Medicare

will also pay for dental examinations and treatments in more circumstances, such as to eliminate infection preceding an organ transplant and certain cardiac procedures beginning in CY 2023 and before treatment for head and neck cancers beginning in CY 2024. Finally, CMS is establishing an annual process to review public input on other circumstances when payment for dental services may be allowed.”

Although advancements have been made with the new HHS guidelines, oral health impact before, during, and after treatment for other oncological entities such as hematological malignancies and solid organ tumors fails to be taken into consideration.

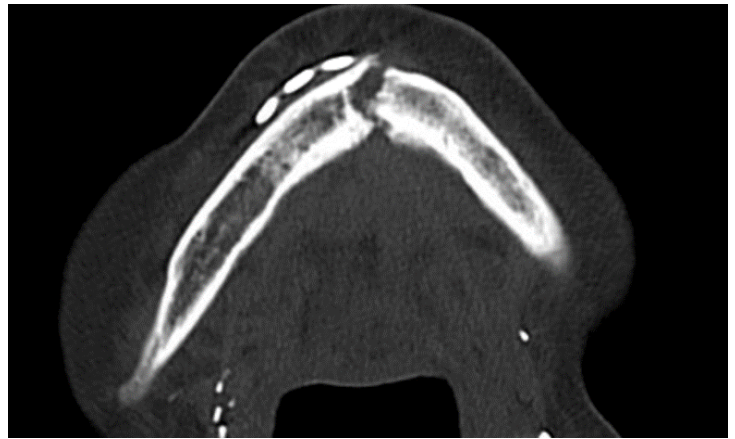


Image 1

Cancer therapy comes with a price. Soft and hard tissues of the head and neck anatomy that are impacted are the dentition, dentoalveolar bone, masticator musculature, salivary glands, nerves, mucosa, and lymph nodes. These structures are prone



Image 2

to infections, ischemic necrosis, pathologic fractures – mal or non-union (image 1), fibrosis, lymphedema, nerve damage and glandular atrophy. Surgical resection and concurrent chemoradiation have multiple side effects. These include xerostomia, hyposalivation, radiation-induced caries, trismus, mucositis, dysgeusia, dysphagia, odynophagia, orofacial pain, graft-versus-host-disease, osteomyelitis, osteoradionecrosis (ORN) (image 2), and medication-related osteonecrosis of the jaw. Furthermore, post-operative head and neck surgical se-

quelaes after free flap reconstruction may include possible sialorrhea (at times lifelong), and anatomic changes secondary to oversized flaps that can require surgical reductions to facilitate oromotor function (i.e., speech and swallowing). These can be debilitating and progress to limitations in daily function, speech impediment, weight-loss, tooth-loss, oral infections, progression of caries (image 3 and 4) and periodontal disease (image 5 and 6), as well as pathologic jaw fractures (image 7). Maxillary oncologic surgery can increase the risk of an oroantral communication necessitating a prosthetic obturator. These consequences can inevitably compromise one's mental health especially after conquering a cancer diagnosis. Collectively, these factors can add to the stress of one's cancer journey.

Dental providers should be aware of specific malignancies to deliver adequate care. They can come across patients undergoing any of the aforementioned treatment modalities in addition to stem-cell transplants, immunotherapy, and/or anti-resorptive medications. We treat patients with head and neck cancers, lymphomas, multiple myeloma, solid tumors such as prostate cancer, breast cancer and hepatocellular carcinoma, and leukemias such as MDS, AML, ALL, CML, and CLL.

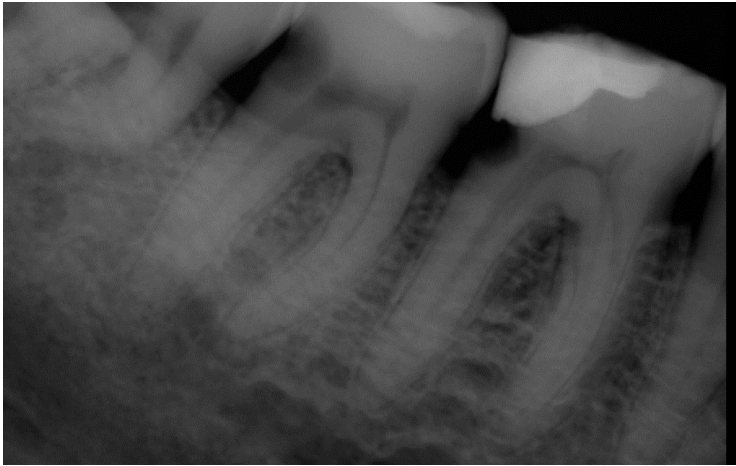


Image 3



Image 4

Often the complexity of the underlying cancer pathology overwhelms dental practitioners possibly delaying intervention in the clearance process. Suboptimal delivery of care poses a risk of burdening hospitalization needs for patients who can be managed in an outpatient setting. Withholding the clearance process can ultimately increase hospitalizations and overall cancer care cost.

Dentists should also keep in mind patients' functionality by taking into consideration their activities of daily living. When considering treatment plan options, patient understanding and competence as well as next-of-kin involvement need to be factored in. Differentiation between ideal, optimal, and accepted treatments should be reviewed carefully with the patient and their caregivers. Terms such as "absolute" and "relative" indications for surgery need to be used carefully when presenting the overall dental treatment plan.

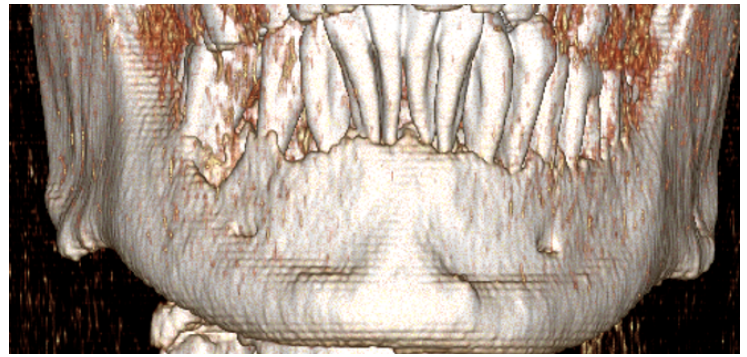


Image 5



Image 6

On one hand, oral healthcare practitioners need to understand what is within their scope of practice, and on the other hand, patient education warrants outreach programs. Close coordination with the patient's primary team, in particular nurses or physicians' assistants is in line with maintaining oral and overall health connected (2).

There is a paucity of formal education pathways addressing dental oncology at the post-graduate level in the US. Hence, we advocate for incorporating this facet of dentistry at the pre-doctoral level. This could be accomplished by exposing dental students during their didactic years early on in their dental education with reinforcement and implementation thereafter in the clinic. Furthermore, we believe that Interprofessional Education and Practice is crucial (3). In order not to rely only on extractions, ablative surgery, and the risk of potentially delayed healing, this process necessitates involvement of multiple dental specialties: restorative dentists, periodontists, endodontists, and maxillofacial prosthodontists. Ideally, providers should be invited to participate in patient care as soon as a cancer diagnosis is evident. Early intervention not only helps streamline sequencing of therapeutic modalities but also aids in the coordination and prevention of delay in treatment. The oral healthcare provider should be an active participant at tumor board conference upon initiation of coordinated cancer treatment planning. Ideally every cancer patient should meet with our specialty for an early-on screening during their initial visit. We encourage multidisciplinary involvement bridging the medical and dental spheres. Hence, early exposure in dental education is pivotal for the future direction of cancer care.

Occasionally, complications arising after the fact warrant hyperbaric oxygen (HBO) therapy. HBO was first introduced by Dr. Robert Marx for the treatment of ORN in 1983 (4). Referencing plastic surgery colleagues and wound care literature, high concentration oxygen delivery to vascularly compromised tissues could promote healing of both hard and soft structures. The Marx protocol involves daily hyperbaric chamber visits often within hospital settings, and/or requiring medicalized

patient transport for outpatients, over a span of 30 consecutive days. This can be costly and taxing to patients and their families. Stringent HBO therapy inclusion criteria exist. Not all patients obtain easy access to HBO. Besides qualifying for insurance coverage, they also need to undergo a rigorous medical clearance process involving multiple specialties to rule out comorbidities at risk for adverse side effects. Alternative and less expensive management includes prescription oral medications, most commonly rheostatic agents such as pentoxifylline and antioxidants such as vitamin E.

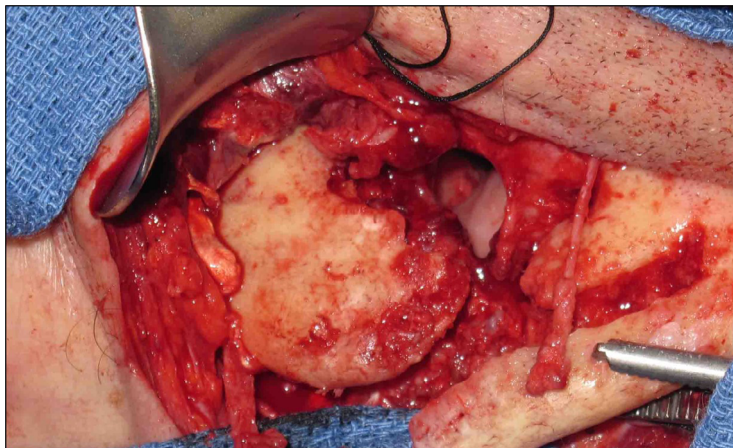


Image 7

The process of providing dental clearance is a complex algorithm. Tumor staging, patient performance scale, healthcare settings, and insurance coverage all play a role in deciding whether dental intervention should be curative or palliative. Based on all these considerations, careful attention must be

brought to making an educated judgment call regarding aggressivity of intervention. The dental clearance process is inevitably multifactorial in its complexity, rendering it an art. In other words, it is not a “one size fits all” process and should be carefully coordinated and tailored to each patient’s individual needs akin to personalized medicine. Some have even advanced the concept of Oncology Nurse Navigator: similarly to concierge medicine, the patient is accompanied by a dedicated healthcare professional during his/her cancer journey to help address multiple facets of treatment (5). Given that formal dental training is rudimentary, other public health initiatives could entail provider continuing education and patient outreach (often mediated by the oncological team’s social workers). The latter allows for an informal setting where patients can directly communicate with oral healthcare providers. Both parties then have a better understanding of each other’s concerns. Navigating dental and medical components within the medical-industrial complex can often prove challenging for the patient. It is our duty as oral healthcare professionals to do our share.

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5. <https://www.ons.org/make-difference/advocacy-and-policy/position-statements/ONN>

Courtesy to Dr. Kenneth E. Fleisher for Images 2, 6, and 7.



Legislative Update on the NYSDA House of Delegates

Kenneth B. Cooperman, DMD
Legislative Committee Chair

New York County had a strong presence at the NYSDA House of Delegates meeting held from June 2-4, 2023 in Saratoga, NY. Among the proposals considered by the House were a number of resolutions that originated from NYCDS. One of these was to advocate for the support of legislation to levy a tax on beverage companies that produce sugary beverages. This is a current priority of Dr. George Shepley, the ADA president, who is advocating for this on a national level.

In response to the current acute shortage of licensed dental assistants, NYCDS submitted a resolution to advocate to extend the ability of assistants to work with a limited license for a total of five years following the completion of a dental assisting program that is recognized by New York State. Both of these proposals were debated in front of the House of Delegates, and will continue to be studied by the appropriate NYSDA committees in the months to come.

Another resolution submitted to and approved by the house was funding for a luncheon for female leaders of within the house of delegates. Although the number of female dentists is continuing to rise, the number of women in leadership positions within NYSDA is taking longer to increase proportionally. The Women’s Leadership event was the brainchild of our current president, Dr. Mina Kim, and the HOD overwhelmingly voted to continue what is likely to become an annual tradition.

Lastly, after a greatly successful 8-year term, Dr. Steve Gounardes stepped down as Speaker of the House. He has been a great friend and supporter of NYCDS, and his leadership and wisdom will be greatly missed. The new Speaker of the House will be Dr. William Karp of Syracuse, NY. Dr. Frank Barnachuk, after many years of valued service, completed his term as secretary-treasurer. He will be replaced by Dr. Paul Leary. The new president is Dr. Anthony Cuomo, president-elect is Dr. Prabha Krishnan, and vice president is NYCDS Past President Dr. Maurice Edwards.

Upcoming Courses

For more information and to register, please click the links below.

SUMMER 2023

06/21 9:30 AM-1:30 PM	<u>Basic Life Support/CPR Certification Course</u>	Marc Reilly, Rescue Resuscitation
06/28 8:30 AM-5:00 PM & 06/29 9:00 AM - 1:30 PM	<u>12 Hour Sedation Certificate Renewal</u>	Dr. Marc Gottlieb
07/26 6:30 PM-9:30 PM	<u>Mandatory Prescriber DEA Education Renewal for Licensed Dentists*</u>	Dr. Marc Gottlieb
08/03 8:00 AM-5:00 PM	<u>8-Hour Mandatory Prescriber DEA Education Renewal for Licensed Dentists</u>	Dr. Marc Gottlieb

FALL 2023

09/20 9:00 AM-4:00 PM & 09/21 9:00 AM-4:00 PM	<u>Innovations in Aesthetic Dentistry: Everything You Need to Know About Veneers</u>	Dr. Michael Ghalili
09/21 7:00 PM-9:00 PM	<u>OSHA-Mandated Update for Dentists and Staff: What You Need to Know to Comply with the Law*</u>	Dr. Peter Mychajliw
09/27 9:30 AM-1:30 PM 9/28 6:30 PM-8:30 PM	<u>Basic Life Support/CPR Certification Course</u> <u>Preparing Your Dental Practice for Sale</u>	Marc Reilly, Rescue Resuscitation Mark Epstein, David J. Goodman, and Mitchell Brill
10/04 9:30 AM-3:30 PM	<u>Actions and Algorithms for Medical Emergencies: How to Save a Life, Including Your Own</u>	Dr. Daniel Pompa
10/25 9:00 AM-1:00 PM	<u>Infection Control for the Dental Practice</u>	Dr. Peter Mychajliw
11/01 9:00 AM-1:00 PM	<u>Orofacial Pain - The 12th Dental Specialty: A Look to the Future</u>	Dr. Donald Tanenbaum
12/06 9:30 AM-1:30 PM	<u>Basic Life Support/CPR Certification Course</u>	Marc Reilly, Rescue Resuscitation

* = virtual course

New courses are added regularly so be sure to visit www.nycdentalsociety.org for the latest course schedule.



A Speed Learning First!

NYCDS was pleased to host its first women-led Speed Learning program on April 26. The fast-paced learning experience featured a diverse group of women and cutting-edge topics. Special thanks to our lecturers featured above: (left to right) Drs. Lauren Feldman, Lorna Flamer-Caldera, Gail Schupak, Maria Maranga, Stacy Spizuoco, and Amy Dukoff, who are seen here with program organizer and former NYCDS President Lois Jackson (center) and NYCDS President Mina Kim (far right).

Save the date! The next Speed Learning program will be held on October 27, 2023 with new speakers and topics.

Important Radiation Reminders!

1. Renew your x-ray permit(s) every 2 years.
2. Have an inspection every 5 years.
3. Always let the Office of Radiological Health know if you close or sell your practice. This is critical! Send a note to ORH@health.nyc.gov or call 718-786-6002.
4. Don't ignore a Commissioner's Order. Even if you closed your practice, or you are the new owner with a new permit – make a note on the letter and send it back.

Questions? Email the Office of Radiological Health at ORH@health.nyc.gov.

Need an Inspection?

Certified Radiation Equipment Safety Officer (CRESO), Marty Schnee, is extremely knowledgeable and experienced. Members in need of an inspection or with questions can contact him at scientist004@aol.com or call 718-373-6348.

Healthcare and Ethics in the Digital Age

Steven H. Cho, DDS

Ethics Committee Chair



The Ethics Committee hosted an enlightening presentation by Dr. Eric Wachs on May 15, 2023, on the topic of *Ethical Considerations Regarding the Use of Social Media by Healthcare Professionals*. The event aimed to educate and raise awareness about the potential benefits and pitfalls of engaging with social media platforms in the healthcare field.

Dr. Wachs, the Oral and Maxillofacial Surgery clinic director and the director of the Ethics and Professionalism Curriculum at the Touro College of Dental Medicine, discussed how social media can be a powerful tool for connecting with patients, sharing valuable health information, and promoting professional networking.

Dr. Wachs also acknowledged the potential risks and challenges healthcare professionals may face when using social media. Patient confidentiality is one example he paid careful attention to. Dr. Wachs stressed the need for healthcare providers to maintain strict confidentiality standards when discussing patient cases, especially on social media platforms where you might not know who is following and consuming your content. Dr. Wachs advised attendees on best practices for protecting patient privacy and maintaining professional boundaries online even when working behind a screen.

The potential impact social media use can have on professional reputation was another crucial focus point of the presentation. Dr. Wachs cautioned healthcare professionals to think carefully before sharing personal opinions or engaging in controversial discussions online. Though as humans, it is natural to have our own set of opinions and personal beliefs, it is worth taking the time to properly assess whether sharing your thoughts are doing good or causing undesirable turmoil.

In a world where people can now make livings off of being social media influencers, Dr. Wachs addressed the topic of social media influencers in the healthcare industry. Interestingly, he discussed the ethical challenges that sometimes arise when healthcare professionals endorse products or promote specific treatments on social media platforms. Attendees gained valuable insight into navigating these situations and were encouraged to maintain transparency online. Though things look and feel different when virtual in comparison to face-to-face interaction, Dr. Wachs underscored the importance of online activities aligning with professional responsibilities and ethical obligations.

The presentation concluded with a lively Q&A session, during which attendees sought further guidance from Dr. Wachs on specific ethical dilemmas they may have encountered during their personal use of social media. The event stimulated thought-provoking discussions on how healthcare professionals can leverage the benefits of social media while simultaneously upholding high ethical standards.

It was a treat to have Dr. Wachs shed light on the ethical considerations regarding social media use within the context of the healthcare field. The event offered valuable insight into maintaining patient confidentiality, managing professional reputations, and navigating the challenges of social media influence in the healthcare industry. By promoting awareness and responsible social media practices, Dr. Wachs contributes to fostering a culture of ethical engagement among healthcare providers in the digital age.

Thank you, Dr. Wachs, for an extremely relevant and applicable lecture made evident by the lively discussion afterwards. Understanding, rather than resisting social media use in this day and age, is critical and we hope you return in the future for another informative presentation!

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General Practice

Reinstated

Jenny Armstrong, DDS
Columbia University 2018
General Dentistry

Jin-hwei Julianna Bair, DMD
Tufts University 2013
Pediatric Dentistry & Endodontics

Ingrid Barillas, DDS
Universidad de Costa Rica 1990
Orthodontics and Dentofacial
Orthopedics/Oral and Maxillofacial
Surgery

Chad Hanna, DDS
NYU 2008
Prosthodontics

Alexandra Hara, DMD
Tufts University 1993
General Practice

Mordecai Liechtung, DMD
University of Pennsylvania 1986
General Practice

Irina Reyzelman, DDS
University at Buffalo SUNY 2000
General Practice

Nicholas Ruhrkraut, DDS
The Ohio State University 2017
General Practice

Chanelle Small, DDS
Howard University 2009
Endodontics

Residents & Graduate Students

Amanda Effat, DDS
University of Southern California 2019
Pediatric Dentistry

Stacey Kerzhner, DDS
NYU 2019
Prosthodontics

Joseph Noory, DMD
University of Connecticut 2022
Oral and Maxillofacial Surgery

Romina Sadreshkevary, DDS
University of Southern California 2021
Orthodontics and Dentofacial Ortho-
pedics

Transferred to NYCDS

Joel Ayon, DMD
University of Pennsylvania 2016
Oral and Maxillofacial Surgery
Transferred from Bronx County
Dental Society

Tejeshwini Bharati, DDS
NYU 2010
General Practice
Transferred from Queens County
Dental Society

Saju Mathew, DDS
Stony Brook University SUNY 2005
Orthodontics and Dentofacial
Orthopedics
Transferred from Queens County
Dental Society

Rebecca Portnoff, DMD
Rutgers School of Dental Medicine
2020
General Practice
Transferred from Essex County
Dental Society

Soniya Vasanwala, DMD
Midwestern University – Illinois
2018
General Practice
Transferred from Chicago Dental
Society

In Memoriam

Jay I. Glat, DDS
University of Pennsylvania 1959

Jerome Schweitzer, DDS
Indiana University 1951

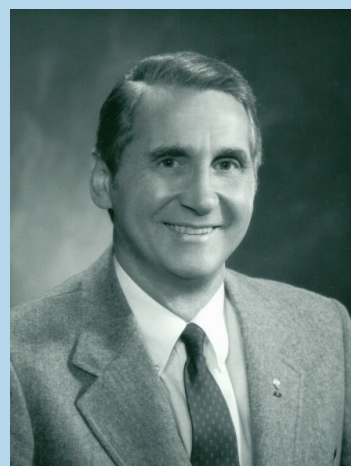
2024 ADA Life Members

Congratulations to the following NYCDS members who have achieved Life Membership in the American Dental Association reflecting 30 years of continuous membership.

Jorge Barrios
Caroline Grasso
Tara Bogart
James King
Irene Brandes
Kenneth Lisenby

David Brisman
Sheldon Stern
Debra Cohn
Pedro Vincenty
Joseph Goldberg

In Memoriam



NYCDS President Jay I. Glat (1988)

We are saddened to report that former New York County Dental Society President Jay Glat (1988) died on March 23 in Boynton Beach, Florida. In addition to serving as NYCDS president, Dr. Glat was president of the Dental Society of the State of New York (1999) (now known as NYSDA), and general chair of the Greater New York Dental Meeting (1996-1997). Dr. Glat graduated from the University of Pennsylvania School of Dental Medicine in 1959 and had a long career as a general dentist.