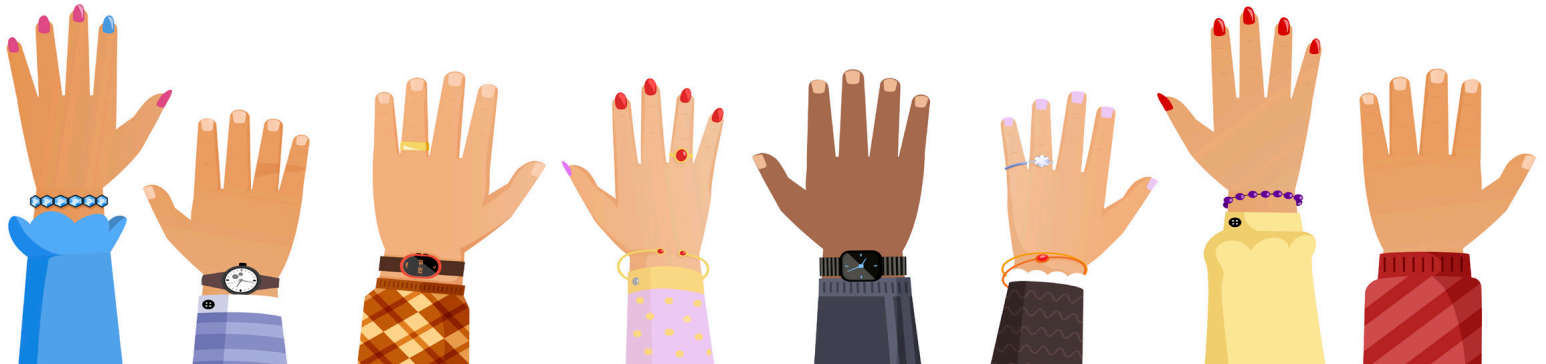




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PRESIDENT-ELECT'S MESSAGE NYCDS - READY FOR CHANGE

Lois A. Jackson, DDS

2020 is proving to be a historic year internationally, nationally, and locally. 2020 also brought change to NYCDS with the untimely passing of NYCDS President Luis Fujimoto and of course, COVID-19. We remember Dr. Fujimoto for his passion and commitment to organized dentistry.

I hadn't expected to be Acting President in 2020 but here I am. We weren't out to have a pandemic that would close our practices to all but emergency/urgent care but suddenly, there we were. Just as suddenly, we reopened swathed in PPE.

This is a transformational moment for NYCDS in its long and storied history. That is why I am so focused on reimagining NYCDS for the future. What worked in the past will not work going forward. On numerous levels, we have been propelled by circumstances to be creative in our approach to programming, communicating, advocating, and fundraising. In addition, the tragic societal events that have taken place this year have compelled us to acknowledge our lack of diversity and inclusivity... and to do something about it.

I feel strongly that NYCDS needs to be the epitome of what a member-driven organization looks like. I want to change the perception of organized dentistry. It's not

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Continuing Education

Continuing Education During COVID-19

Mitchell Rubinstein, DMD

Education Director



Welcome to the Education Director's column, "Pandemic Edition." I'd say we've all had something of an education over the past few months, as COVID-19 has radically changed our personal lives and of course, our continuing education program. Here at New York County, we postponed all in-person continuing education courses as soon as the danger of COVID-19 became clear. We have also been in touch with all the wonderful clinicians who were scheduled to teach in our program through the end of 2020, and you can be sure those programs will be rescheduled when it is safe to do so.

Throughout the months of the shutdown, and now as we have begun to get back to work, we have been constantly inundated with online learning opportunities, webinars, videos, and every other type of remote access learning imaginable. I feel as though I have either attended or taught more webinars in the last 6 months than I had in my entire career prior to this pandemic. I have suffered through enough bad webinars now, to understand what types of CE do transfer effectively to online learning, and which ones do not.

Short (1-2 hour) webinars on focused, specific subjects can be very effective. An introduction to a new technique or product, or an update of previously learned material would be a good example here. Many of these are produced by companies wanting to showcase their goods and services, and they can be a good way to expand your knowledge base. Others come from enterprising clinicians themselves, since the production of webinars can be done without a large organization supporting them. Also good are specific reviews of skill sets needed to run a practice such as infection control, HIPAA, staff training,

patient communication etc. These work nicely.

Longer webinars, and "all day online extravaganzas" so to speak, do not seem to be nearly as effective. Once a webinar exceeds two hours, I find it almost impossible to stay focused the way I would if I were "really there." Human beings simply aren't built to focus our attention on a little screen hour after hour, no matter how interesting the topic, and no matter how interesting the teacher. I attended one 6 hour webinar with a clinician who happens to be one of the best lecturers I know. I was really excited about it, and it wasn't cheap to sign up. But by the halfway point, I was ready to quit. Typing questions in a chat box is no substitute for real interaction with a master clinician, and the lecturer gets none of the feedback that makes live education so flexible and adaptable. No doubt, future technological and communication advancements will begin to bridge this gap, but we're not there yet. My advice to you going forward is not to sign up for webinars indiscriminately. Think carefully about the topic, make sure they're not too long, and do a little research on any organization sponsoring the content.

Robert Heinlein once wrote that a school requires nothing more than a log with a teacher sitting at one end, and a student at the other. Heinlein had a way of cutting straight to the essence of things. True learning involves a personal connection between the teacher and the student, rather than a technical one. Camaraderie and personal interaction improve the experience beyond just a simple exchange of knowledge. It can create a true transformation in our thinking. In this way, we continue to improve as dentists, and as humans.

NYCDS CE UPDATE

We continue to schedule virtual CE classes on a rolling basis, with webinars on a variety of clinical dental topics, and offered at different times of the day to suit diverse schedules. Plans are being made to resume our in-person continuing education courses in early 2021.

Tribute to NYCDS President Luis J. Fujimoto, DMD



Dr. Fujimoto with his wife Serena.

For many months Dr. Fujimoto soldiered on despite dealing with a long-term illness.

Earlier this year he was installed as NYCDS president but never had the opportunity to fulfill his term, having passed away early in his presidency. Dr. Fujimoto will be remembered by many for his energy and exuberance, and as a dedicated professional with a passion for detail and dentistry.

Former NYCDS President, 2020-2021 GNYDM General Chairman, and good friend, Dr. James Doundoulakis, shared a tribute to Dr. Fujimoto at the General Membership Meeting held via Zoom in July:

As we all know, our respected colleague, practitioner, friend, and president of the New York County Dental Society Dr. Luis Fujimoto, passed away on March 3rd, just two months after he was installed as president of New York County in January of this year. A large number of members of the Society, as well as the executive committee, attended the funeral.

Luis Fujimoto was born in Bolivia and grew up in Peru where his father served as Ambassador for Japan. Luis moved to the U.S., where he received his B.S. from George Washington University. He received his dental degree and certificate in Periodontics from the University of Pennsylvania School of Dental Medicine.

Among his many accomplishments, Dr. Fujimoto was chairman and commissioner of the Joint Commission on National Dental Examinations and served as president of the American Association of Dental Boards. He also served two terms as chairman of the New York State Board of Dentistry for the NYS Department of Education.

Luis Fujimoto was the recipient of numerous awards and citations and held fellowships from several organizations. Luis was respected by his peers for

his intelligence, his sensitivity, his decorum, his style. He was also a very spiritual person, attending frequent religious retreats and continually reaching out to his spiritual mentors who he was very close to. He had endless energy, a magnetic personality, and an incomparable laugh that will be difficult to replace.

I will miss my dear friend, as we all will. He was taken from us too soon. - James Doundoulakis, DMD



Click on the image above to watch Dr. Doundoulakis read his tribute to Dr. Fujimoto.



Dr. Fujimoto receiving an award for outstanding service from the American Association of Dental Boards.



Dr. Fujimoto with his wife Serena and colleagues at a NYSDA House of Delegates meeting.

President's Message

(continued from page 1)

business as usual -- but I need member input to drive that change. That is why I will continue to regularly reach out to members for input on relevant content and programming.

As you will see in this issue of Dentists' Quarterly, and in the coming months, NYCDS is stepping up to the challenges before us. We are reimagining how we deliver programming and the content of our programming. We have our own Zoom guru to make sure that every virtual event is well planned. We are researching events and exploring resources that appeal to a wide-range of interests within our organization. State of the art clinical topics will always be included in the Henry Spenadel Continuing Education Program.

In addition, we are starting the conversation on important topics we never addressed before such as racial diversity, and plan future talks on the issues faced by the LGBTQ community and communities with disabilities. I encourage everyone to take the time to watch the recording of our "Functional Relations: Racial Diversity" webinar which can be found on page 5. The honest discussion that took place was eye-opening and important. Members who felt marginalized in the past felt confident to comment freely about their experiences and expressed appreciation for our efforts. This is just the beginning.

I can't say it enough -- we need to move forward together. The Executive Committee, the Board of Directors and the staff do their very best to innovate and create what we think members want. But the only way to truly know what you want is to hear directly from you. The lines of communication are OPEN. I hope you will think differently about your relationship with NYCDS and shed any preconceived notions or reticence to reach out to us. We are entering a new era. 2020 has been a challenging year, but if we rise together to the occasion, we will CHANGE! With hope for a bright future together.



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ADA 10 Under 10 Award Given to NYCDS Officer



Dr. Mina Kim, 2nd from left on bottom row.


NYCDS is proud of Dr. Mina Kim for being selected as one of the ADA's 10 Under 10 Award recipients earlier this year. The award recognizes 10 new ADA dentists who graduated between 2010 and 2019 who demonstrate excellence early in their careers.

The winners were chosen for making a difference in science, research and education; practice excellence; philanthropy; leadership; and advocacy.

Dr. Kim serves as secretary of NYCDS, co-founded the Woman to Woman Dentist Network, is a graduate of the ADA's Institute for Diversity in Leadership and currently serves on the Dean's Strategic Advisory Committee at New York University College of Dentistry. Dr. Kim also founded the NYCDS Give Kids A Smile Day event, mentors, provides pro bono dental services to sex trafficking victims, distributes toiletries to the homeless, and more. NYCDS is so pleased to see Dr. Kim recognized on a national level!

Starting the Conversation...



Click on the image above to hear a recording of the entire webinar. 

NYCDS has launched a new webinar series titled “Contemporary Issues: Starting the Conversation” which aims to bring dentists together to discuss and learn more about today’s social issues.

Functional Relations: Racial Diversity

The first conversation about race, equity, and inclusion, entitled “Functional Relations: Racial Diversity” was held on June 24. Panel participants shared their honest feedback to questions concerning the role race has played in their careers, how to have conversations about race, and how to move beyond talk and take action. It was an honest and compelling conversation. Webinar attendees were clearly appreciative of the program as an important first-step, with several adding their own personal perspectives in the comments section. Mina Kim, moderator of the webinar, noted that “Even though NYC is one of the most diverse parts of the U.S., not everyone is comfortable talking about race. But as one of the most diverse components, we also have a responsibility to be leaders and explore these uncomfortable topics. We hope we’re setting an example for other local dental societies.”

Thank you to NYCDS President Lois Jackson, Secretary Mina Kim, Treasurer Suchie Chawla, Past President James Jacobs, and Drs. Rico Short and Elizabeth Simpson for their participation as panelists in this important webinar. NYCDS was pleased to see the webinar mentioned in the ADA’s Morning Huddle and New Member News.

Future webinars will address the needs and concerns of members in LGBTQ+ and disabled populations. “The point is to start a conversation,” Dr. Kim said. Be sure to watch a recording of the webinar above.

Save the Date – 10/1/2020 at 7pm – LGBTQ+ Discussion

We are sure this upcoming webinar will be just as compelling and enlightening as the first one.
Don’t miss it!


Financial Focus for Young Professionals

The Society’s Young Professionals (dentists in practice 10 years or less) held their first virtual program since the shutdown on “The Top 10 Financial Mistakes Young Dentists Make” on August 11. Throughout this informative presentation David Goodman, CPA, of LB Goodman & Co., shared colorful scenarios and concrete examples of the financial, administrative, and key steps young dentists need to take in order to achieve their personal and professional goals. More virtual programs are being planned for the fall.

A member new to New York City had this to say about the financial program:

“I really enjoyed the Young Professionals financial webinar event that NYCDS hosted. David Goodman motivated us to think more closely about our future goals, and he gave key pointers useful to any dentist interested in starting a private practice. It was also great to interact with some other dentists. I appreciate NYCDS for creating virtual events to bring our dental community together at a time like this!”
– Nisha Garg, DMD, MS



Click on the image above to register to hear a recording of the entire webinar. 

Perspectives on COVID-19: From Shutdown to Reopening



Tom Ulicny, DDS
Periodontics Resident

My experience with the COVID crisis began on March 13th during a lunch break. A clinic administrator told me the school would be closed following spring break until at least the end of April and I should reschedule patients accordingly. As a second-year Periodontal resident at NYU, the spring term is meant to serve as the busiest time, both clinically and didactically, in order to perform more complex procedures and allow time for follow up care with our patients before the completion of our program. No one really knew what was happening and I naively thought we would indeed be going back at the end of April. It was not until a few weeks later when we realized we had to avoid contact with friends and family, as well as when people were scrambling to purchase groceries, that the new reality set in.

Despite the hardship, it was not all bad. Growing up in the age of the internet and limitless computer screens, virtual lectures were not too difficult to get used to. My classmates and I had the privilege to collaborate with the University of Chicago Periodontal program which invited world renowned speakers to lecture on current research and trends in our specialty. Other programs followed suit so most of my time was spent taking walks with my wife (with masks) or watching lectures through NYU, the University of Chicago, Columbia, the University of Pennsylvania, the Osteology Foundation, and of course, Tiger King.

My wife, Mary-Catherine, and I were married in September 2019 and most of our 13-year relationship has been long distance as we went to different universities and as she pursues her career in medicine. Although COVID-19 has shifted the norms of our society, it also afforded us the ability to truly start our lives together, albeit during a remarkably stressful time, as my wife has recently graduated medical school, moved to a new city, and started her internship. We are still adjusting to these life changes, as well as the changes COVID-19 has brought, one day at a time.

As I write this, NYU Dental is in the process of reopening, which is made all the more difficult since it is such a large institution with thousands of students and even more patients passing through the building on a daily basis. As we slowly return to clinic, our procedures will be stratified on a scale of either low, moderate, or high risk. This crisis has presented me and my colleagues with the ability to restructure and refocus our priorities, and coming back as a third-year resident, I plan to use my time wisely.



Andrew Deutch, DDS
*Co-Chair, NYCDs
Young Professionals
Committee*

In February, right before a planned vacation, my wife and I were sick for about a week. At that point we were panicking because we anticipated that at least one of our three kids was going to get it next; potentially ruining our trip.

Looking back -- could it have been possible that we both had COVID? Yes, and a few weeks later, I realized that my loss of smell was a likely symptom.

During the months leading up to the COVID-19 lockdown, my practice was already outperforming last year. Our hygiene schedule was noticeably busier with fewer cancellations, while also seeing an increase in case acceptance. Then COVID happened.

In mid-March, our practice shuttered. However, we were hopeful that the government induced shutdown would only last about two weeks in order to “flatten-the-curve.” Actually, it wasn’t too bad. I got to spend more time with my family, which my usual workweek (Monday - Friday, 8am - 6pm with an occasional Saturday) inhibits. This schedule is the trade-off for having more than a million dollars of school loans, practice loans, a mortgage, and a family to take care of; especially for a younger dentist who doesn’t have substantial savings and retirement to fall back on.

As two weeks became four, then six, and eventually sixteen, the relaxed feeling of spending more time with my family became HORRIFYING. Especially since there wasn’t at any point a proverbial light at the end of the tunnel. Dentistry was closed for business. During the shutdown, my office stayed “open” for half-days to treat emergencies. We kept two staff members on payroll and furloughed 8. In retrospect, I am thankful that we stayed open since it ultimately enabled us to maintain our schedule in preparation for eventually reopening. Once Governor Cuomo fully relaxed the mandates put forth on Dentistry we were lucky to have had a good handle on our schedule.

Since our resurrection, I cannot say we are fully back to “normal” but we are getting closer. So far our hygiene schedules are completely booked, some days they are even overbooked, but my schedule is about 30% - 60% of what it was pre-COVID. I feel it may take a few more months of rebuilding to get back to normal.

Surprisingly, our patient's response to returning has been great. I think the biggest barrier has been rescheduling patients who are currently out-of-town due to working remotely. It will be interesting to see what happens in the fall, especially considering the anticipated second wave. I think that as a profession, dentists need to stay current and active in our organizations. We need to make sure we are always categorized as essential and hold our governing bodies accountable to procure action. Good luck!



Gabriela Lee, DDS
NYCDS Board Member

The COVID-19 pandemic is unlike anything we have ever experienced in our lifetime and my 30 years of practice. The New Yorkers of my generation have lived in a fairly golden age. We have had our share of tribulations: 9/11, multiple cycles of economic downturns, Hurricane Sandy, but nothing on the scale of a world war, drought, or other major disasters. Until now.

On March 16th, I decided to close my office in response to the upswing of cases of COVID-19. I informed my staff that we would probably be closed at least through the end of the month. Everyone was furloughed. We left not knowing that it would be three months before we would see each other again.

The first three weeks were very intense for me personally. I spent countless hours listening to webinars on the virus and scouring the internet for information on the ever-changing parameters and on the EIDL and PPP loans. The application process itself was also quite stressful. But it all got done and then it was just a matter of waiting... and waiting...and waiting.

The last four weeks were spent researching proper re-opening protocol and SEARCHING for and ordering PPE supplies, plexiglass barriers. This was another moderately stressful period. Despite not having a clear date for re-opening we knew we had to be ready. Thank goodness for dedicated members of my staff who spent hours doing this with me!

All of my staff kept in touch via daily texts, phone calls and one Zoom. We sent each other funny memes about what lock down would do to our waistlines, pets, family, drinking, etc., and gave each other updates on the latest COVID news. This was one of my daily highlights. It is what made witnessing the rising numbers of cases and deaths and thus the uncertainty of the elusive re-opening date bearable. It meant a lot to know that my people were all safe and healthy. In addition, I sent regular email blasts to my patients to say hello and to share special songs or videos. Now that we have reopened, patients are still commenting positively on them!

On May 31st we got the sudden go sign from the governor! On June 8th & 9th we had in-office in-service training of all the staff to learn all the new equipment and changes in scheduling, physical spacing, disinfection, PPE, patient talking points, health screening, etc. We spent the days setting up the operatories to meet our new parameters, fitting and then donning and doffing PPE correctly, and practicing using new high-volume evacuation devices, especially in hygiene.

We officially opened June 10th. It's been great to be back!!! Yes, also a bit more physically trying with all the PPE and new protocols, but it gets easier every day. Our patients have been so great and grateful that we are open. It's really been heartwarming. There are some patients that have been anxious or hesitant to return to the city. For some of them, their visit to my office is their first time back to the city in months. Some of our patients don't plan to return until after the summer, but that is often the case.

I just hope that the city, especially Midtown, will come back to life. Many companies have discovered that they function just as well with their staff working from home. The implications of this change for us is as yet unclear. It will be dependent upon the course of the pandemic, vaccine development, and patient loyalty.

Eric J. Ploumis, D.M.D., J.D.

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Emerging From COVID-19: Guidelines for Protecting Your Dental Practice

William P. Hassett, Esq.

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Introduction

As a result of the re-entry into practice on June 1, 2020, a concern has arisen about claims related to COVID-19 exposure made by patients who may contract the virus. While this concern is certainly legitimate, an overlooked, likely greater concern, is the potential for claims related to delays in diagnosis and treatment that could stem from the closure of dental practices during the peak of the pandemic in New York State. Due to the pandemic, numerous ongoing treatment plans were disrupted and routine examinations were canceled resulting in the postponement of dental treatment that did not rise to the level of an emergency.

This article will briefly explore and discuss liability claims associated with diagnosis and treatment related to the closure of dental practices as well as provide guidance relative to communication and documentation to prevent breakdowns in the continuity of dental care.

No Qualified Immunity from Liability Claims

Pursuant to Executive Order 202.10 qualified immunity for civil and criminal liability was given to medical professionals who provided services in support of the State's response to the COVID-19 outbreak.^[1] These protections were subsequently passed into law by the Emergency Disaster or Treatment Protection Act (EDTPA). The EDTPA codified that healthcare professionals were entitled to qualified immunity from liability claims arising from COVID-19.^[2] Originally, the Act extended immunity to apply to the *"care of any other individual who presents at a health care facility or to a health care professional during the period of the emergency declaration."*^[3] However, a subsequent amendment of the Act rolled back this broad immunity and limited its application to the care and treatment of COVID-19 patients. Regardless of the scope of the immunity provided, dental professionals were omitted from the Act's definition of healthcare professionals and therefore not provided the protection of immunity from claims arising during the crisis.^[4]

The lack of immunity under the EDTPA not withstanding, the frequency of claims arising from the contraction of the coronavirus in the dental office will likely be minimal. A dental

professional's substantial compliance with guidelines from the Center for Disease Control and New York State Department of Health in conjunction with proximate causation issues will make such claims difficult to prove and unappealing to personal injury attorneys.^[5]

Apart from coronavirus contraction cases, a lack of immunity protection for dental professionals could result in an increase of dental malpractice claims arising from breakdowns in communication, delays in treatment and diagnostic failure related to the two-and-a-half-month period of office closures caused by the pandemic. As practices resume the performance of non-emergent services, dental professionals must take steps to ensure continuity of care and prevent patients with existing dental issues from falling through the cracks.

Importance of Active Patient Chart Review

Prevention of breakdowns in treatment starts with a review of active patient records. Prior to the pandemic, studies have shown dental professionals saw on average seventy patients per week.^[6] It is impossible for a dental professional to remember the status of every active patient prior to their practices being shuttered. A brief review of dental records for active patients, those seen within one to two months before the March 20th closure, will help identify patients who may have had treatment plans disrupted or who may have ongoing dental issues that require follow up treatment or evaluation. A claim based on a failed dental appliance, infection or other dental issue is far more likely to be viable than one based upon contracting the coronavirus.

Patients that were in the course of ongoing treatment prior to the pandemic should be contacted and notified that the practice is operating with appropriate safety measures and that they require continued dental treatment. These efforts, as well as the substance of conversations with patients, should be documented in the dental record. If a practice is unable to contact a patient, a notification should be sent in writing (via regular mail and certificate of mailing) which outlines the patient's status at the last encounter, the outstanding treatment and risks associated by failing to resume dental care.

Dental Treatment Between March 20, 2020 and June 1, 2020

During the time that dental practices were ordered closed, some practitioners ceased operations completely, suspended their liability insurance coverage and directed patients with emergencies

to contact dentists who remained operational albeit for emergent encounters. In these instances, dental practitioners should follow up with the patient as well as the dental provider to whom they were referred to confirm the problem was addressed and to determine if any follow up care is required. These conversations should be documented in the dental record. Dental professionals should also make sure the initial conversation with the patient concerning the emergent referral to an open dental practice is documented in the dental record. If not, the follow up with the patient will provide an opportunity to document the history leading to the referral that transpired during the closure.

Dental professionals should also address any requests for treatment they may have received during closure which did not meet the standard of “emergent” and were deferred until after the office was opened for all circumstances of dental care. Where treatment was deferred as non-emergent, the dental record should contain documentation to support the practitioner’s judgment including the aspects of the patient’s symptomology to support their reasoning. Of course, now reopened, dental professionals should make efforts to coordinate an evaluation with the patient.

Routine Examinations

As a result of the seventy-two-day period of dental practice closure how many appointments for routine examinations and/or cleanings were canceled that have not been rescheduled or followed up by the practice? Diagnostic errors account for the second highest number of liability claims against dentists of which oral cancer account for the majority of indemnity payments made.^[7] Oral cancer screenings missed as a result of the lack of routine examinations and the delays in following up with patients whose appointments were canceled could potentially give rise to liability claims. Most practices have sent out blasts via mailings or e-mail to notify patients that their practices are open. However, it is recommended that additional steps are taken to specifically notify patients whose routine examinations had to be canceled so their appointments can be rescheduled. This can include a telephone call with appropriate chart documentation, or if necessary, a letter sent with certificate of mailing to confirm the efforts to contact the patient.

Referral to Specialists

Dental professionals should also be mindful of situations where patients were referred for endodontic, periodontal or even surgical treatment prior to the closure of dental practices. Communication breakdowns between providers is always one of the leading causes of malpractice claims and dental professionals should take steps to confirm that any referred treatment was

completed. If so, the chart should be appropriately documented and include a report from the specialist relative to their findings and if there is need for follow-up care. The chart should be documented accordingly relative to any discussions with the patient or the specialist concerning the evaluation. Finally, if the evaluation has not taken place, the patient should be notified immediately to address the outstanding treatment or evaluation.

Changes in Circumstances for Patients

As a result of the COVID-19 pandemic patients may have changes in insurance coverage, loss of income/employment or even increased fears that visits to dental offices could result in contracting the coronavirus. These changes could result in patients transferring care to another dental professional, electing not to proceed with treatment or simply being non-compliant with a dental professional’s recommendations.

If a patient has switched providers, it is important to memorialize in writing that they have elected to place themselves under the care of another dentist and offer to provide a copy of the their dental record in compliance with State and Federal privacy regulations. Similarly, missed appointments or episodes of non-compliance must be documented in the dental record. Finally, in the unfortunate situation where a dental professional finds it necessary to discharge a patient from their practice, it is important to take appropriate states to prevent claims of abandonment and to mitigate the potential for a claim arising from treatment that may be incomplete. The withdrawal from patient care notification should be undertaken in writing. When appropriate, reference should be made to non-compliance on the part of the patient, the need for continued dental treatment and the risks associated with the patient’s failure to seek dental attention. Of course, dental professionals should always consult their liability insurer or counsel to provide guidance and assistance concerning the withdrawal from care process.

Patient Abandonment

Lastly, it bears mentioning that these potential areas of liability exposure could equally serve as a basis for a professional misconduct claim based upon patient abandonment. New York State regulations define unprofessional conduct to include “*abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning professional employment by a group practice...without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients.*”^[8] This provides further emphasis to dental professionals of the importance of dentist-patient communication and documentation to ensure that

Of Professional Interest

continuity of care has remained effective following the temporary closure or restriction of their practice.

Conclusion

The coronavirus and efforts to contain its spread has created disruption and changes in practice unlike any other in the era of modern dentistry. As a result, dental professionals who have reopened their practice in New York State must be aware of potential breakdowns in patient care caused by the disruption of the patient-dentist relationship stemming from the extensive period of state mandated office closure. By undertaking a review of active patient dental records coupled with communication and documentation, dental professionals can identify issues in treatment and minimize the risks of malpractice claims arising from delays in treatment or failures in diagnosis.

[1] See, Executive Order 202.10, March 23, 2020

[2] See, NYS PHL § 3082(2) The immunity is “qualified” as claims will still be permitted for harm or damages caused by an act or omission constituting willful or intentional criminal misconduct, gross negligence, reckless misconduct or intentional infliction of harm.

[3] NYS PHL § 3081(5)(c) [emphasis added]

[4] See, NYS PHL § 3081(4) Dental professionals were not listed as health care professionals which were defined to include: physicians, physician assistants, special assistants, podiatrists, pharmacists, nurses, emergency medical services, social workers, mental health practitioners, clinical laboratory technicians, home care services and certified nursing aides.

[5] See, CDC Guidelines for Infection Control in Dental Healthcare Settings <https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>; NYS DOH Cleaning Guidance

https://coronavirus.health.ny.gov/system/files/documents/2020/03/cleaning_guidance_general_building.pdf

[6] ADA Selected 2013 Results from Survey of Dental Practices, www.ada.org

[7] An Analysis of Misdiagnosis in Dental Claims Involving Oral Cancer, The Scope Dental Edition, Issue 01, Third Quarter 2020

[8] NYCRR §29.2(a)(1)



Emerging from COVID-19: Guidelines for Protecting Your Practice Webinar

MLMIC Insurance Company hosted two webinars on this important topic covered in the attached article. The latest webinar provides guidance on managing workflow and patient backlogs, identifies areas of concern in anticipation for a future surge should there be one and informs dentists of potential liability issues that could arise from the COVID-19 pandemic.

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PUTTING CLIENTS FIRST

PPE Initiatives

PPE Distribution Effort to NYCDS Members a Success

NYCDS worked with the Second District Dental Society, NYSDA and the New York City Department of Health to get a large shipment of PPE for distribution to members. In total, approximately 1,600 bags of PPE (which included at least 20 NIOSH approved N95 masks, a face shield, and a box of gloves) were handed out to members. This was a huge undertaking that involved sorting, reorganizing, and eventually distributing the free PPE to members over a three-day period in early June.

Many thanks to the Second District Dental Society for the use of their space and support. We also appreciate and thank the following NYCDS volunteers for their help in making this member benefit possible: Yakir Arteaga, Suchie Chawla, Joshua Chubak and his staff, Ada Cooper and daughter Avery, Elaine Gonzales, Lois Jackson, Jim Jacobs, Mina Kim, Gabriela Lee, Michelle Lee, Ioanna Mentzelopoulou, George Pliakis, Jaskaren Randhawa, Sara Shahi, David Shipper, Robert Sorin, Lawrence Spindel, Stacy Spizuoco, and Vera Tang.

Here is feedback from some of our members:

"The value of organized dentistry is now more apparent than ever. From securing PPE to guidance on business loans and daily email alerts, we felt supported as a practice throughout the pandemic. My team and I are beyond grateful for NYSDA and NYCDS joint efforts in protecting our team and our patients. Thank you for all your hard work and putting your members first!"

– Nojan Bakhtiari, DDS

"NYCDS was there when my offices needed PPE the most. Their arduous efforts and commitment towards their members were even more prevalent during the pandemic and I am confident that NYCDS will continue to care and provide for their members."

– Lewis Chen, DDS

"At the height of New York's COVID-19 wave when it became incredibly difficult to find quality PPE, NYCDS stepped up for its members. Thank you for everything you did to make the FEMA N95s available."

– Keren Etzion, DDS

"My office team felt empowered knowing that NYCDS was able to secure and distribute PPE from FEMA for members like me during a period where obtaining PPE was particularly difficult. This gesture provided peace of mind and additional resources to meet infection control regulations while delivering emergency care for patients in need."

– Marcus Johnson, DDS



Dentists Mobilize Grassroots PPE Initiative

Within days of the office shutdown mandate in New York, Dr. Lauren Levi had a vision to organize dentists to donate PPE supplies to local emergency departments. She coordinated with Dr. Whitney Mostafiz-Levinson, who is active with NYCDS and president of the New York Chapter of the Alpha Omega International Dental Society. Dr. Mostafiz-Levinson worked with leaders from both organizations to quickly establish a collaborative action plan, as everything was time-sensitive and organized action and results were desperately needed.

The team created a Facebook group called Medical Supply Drive for Emergency Departments in NYC. NYSDA and the NYCDS additionally joined forces, which helped considerably in mobilizing a team of dentists across New York State. Volunteers cold-called dental offices, as well as those of physicians, veterinarians, sleep centers, and nail salons asking for donations. Once donors agreed to participate, volunteers picked up the supplies from donors' homes or offices and brought them directly to hospital frontlines.

Dr. Levi, along with Jillian Gerstley, another founder of the group, worked to get the supplies to the medical teams that needed it most. Tens of thousands of N95 masks, surgical masks, face shields, gowns and gloves were donated and distributed to hospitals throughout New York City and in surrounding suburbs.

Dentists have had a meaningful impact during the crisis donating their PPE to local hospitals in desperate need of protective equipment, keeping their offices open only for emergency procedures when asked, and volunteering to work on the frontlines of the response to the pandemic. They have delivered supplies, answered 311 calls to triage patients, volunteered at COVID-19 testing sites, and provided general care to Emergency Departments and ICU patients.

Thank you to all the generous grassroots participants...from the individuals and companies that donated PPE, to those that drove to pick up and deliver supplies, to those that made calls, and more. We also want to thank the individual dentists and dental practices that donated their PPE on their own initiative. We are so proud of ALL of you!

NYSDA President Addresses NYCDS

The April General Membership Meeting was postponed due to the pandemic and held on July 23 via Zoom. President-Elect/Acting President Lois Jackson led the meeting and spoke about the need to work together at this moment in time to make NYCDS new and modern. Dr. James Doundoulakis led a moving tribute to the late NYCDS President Luis J. Fujimoto (see tribute on page 3).

NYSDA Board of Trustee David Shipper introduced the evening's main speaker NYSDA President Craig Ratner. Dr. Ratner took his oath of office in the midst of the pandemic and 45 minutes after his swearing-in, Governor Cuomo announced he would be lifting the restrictions on the full practice of dentistry in New York. As Dr. Ratner noted, that wasn't just luck. In reality, the Governor's abrupt turnaround was a reflection of weeks of advocacy and education on the part of NYSDA. One of his first steps in office was to create a "Lessons Learned" ad hoc committee to evaluate NYSDA's response, both good and

bad, to the COVID crisis. The information gleaned from this review will be used to create an action plan if there is a second wave of COVID or another crisis that needs to be addressed. In addition, NYSDA is pressing the New York State Education Department to issue a ruling allowing dentists to offer point-of-care COVID testing. Dr. Ratner made it clear that NYSDA is committed to improving its communication and responsiveness and that they will strive to be the best advocate for dentists, their patients, and the health of the public.

Dr. Jackson elaborated on her opening remarks by emphasizing that this is a pivotal period in NYCDS history and we need to work together to create a more diverse, inclusive, and imaginative dental society. Executive Director Diane Laurenzo summarized the Society's stepped-up efforts to meet the immediate surge in calls and emails from dentists, dental staff, and the public when the COVID crisis swelled in New York in the spring and dentists were limited to providing only emergency/urgent care. Lastly, in light of COVID, the Society's proposed budget was revised to reflect measures taken by NYCDS to reduce costs. The members approved the proposed fiscal year July 1, 2020 – June 30, 2021 budget.

2021 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.

Alan Berdan	Elen Goldstein	Ronald Kushner	Robert Sadowsky
David Binder	John Halpern	Ivan Lee	Martin Schneider
Dorline Bosboom	Mark Horowitz	Jeffrey Mc Clendon	Andrea Schreiber
To Yei Choy	Margot Jaffe	Richard Mikaelian	Jonathan Schrott
Richard Christel	Eric Josephson	Steven Mondre	Carmen Schuller
Robert Convissar	Jack Kaminsky	Olivier Nicolay	John Siegal
Joseph Delisi	Douglas Kase	Arthur Press	Susan Stern
Gwen Engelhard	Irvind Khurana	Jeffrey Rabinowitz	Daryl Styner
Marc Gainor	Nathan Korn	Teodoro Regus	Cheng-Hsi Tai



NYCDS "Meets" with State Senator Liz Krueger

NYCDS leadership plans to engage more regularly with state and local officials to share the needs and concerns of dentists during COVID-19 and beyond. Our first meeting was in late August with State Senator Liz Krueger. Senator Krueger was knowledgeable and understood the key issues discussed such as retroactive coverage of income overhead insurance, establishing dentistry as essential and not required to "pause," allowing dentists to administer COVID tests and more. Everyone was energized by the conversation! We look forward to staying in touch with the senator and connecting with her colleagues. Senator Krueger will give the opening remarks at our 9/14/2020 General Membership Meeting. [Be sure to register!](#) 🖱️

New Members

Omar Maurizio Altieri, DDS

New York University
General Practice

Laya Bahrani, DDS

New York University
General Practice

Christina Chen, DDS

New York University
General Practice

Christopher Dawoud, DDS

New York University
General Practitioner

Charlotte Guerrero, DDS

New York University
General Practitioner

Jordan Hekmati, DDS

New York University
General Practitioner

Hannah Jenkins, DDS

University of Michigan
General Practitioner

Jamie Yoonshin Lee

New York University End-
odontics

Julia Nguyen, DDS

New York University
General Practitioner

Daniel Schinazi, DDS

New York University
General Practitioner

Nicholas Simon, DDS

New York University
General Practitioner

Moses Stern, DDS

New York University
General Practitioner

Trina Marie Villanueva, DDS

SUNY Stony Brook
General Practitioner

Cody Welding, DDS

New York University
General Practitioner

Reinstated Members

Loren Buonocore, DDS

University of Pennsylvania

Vera Chernomordik, DDS

Boston University
General Practitioner

Simon Flamm, DDS

New York University
General Practitioner

Ghazal Mahjoubi, DDS

Boston University
Oral & Maxillofacial
Surgery

Susan Mamot, DDS

New York University
General Practitioner

John Pfaff, DDS

New York University
General Practitioner

Irina Reyzelman, DDS

University at Buffalo
General Practitioner

James Rong, DDS

New York University
General Practitioner

Bisma Sohail, DMD

Boston University
General Practitioner

Nishant Thakkar, DDS

New York University
General Practitioner

Donna Williams, DDS

Univ Maryland
Dental School
General Practitioner

Kai Wong, DDS

New York University
General Practitioner

Graduate Students

Edward Chang, DDS

Columbia University
Periodontics

Andrew Ferraro, DDS

Columbia University
Oral & Maxillofacial
Surgery

Angely Hernandez Jose, DDS

Columbia University
General Practitioner

Liza Idelchik, DDS

New York University
Pediatric Dentistry

Siddiq Karim, DDS

New York University
General Practitioner

Deepakshi Khurana, DDS

New York University
General Practitioner

Laura Santos, DDS

Columbia University
General Practitioner

In Memoriam

Carol Novick Brownstein, DDS

NYU 1953

Jae H. Byun, DDS

Columbia 1996

Luis J. Fujimoto, DMD

University of Pennsylvania 1990

Jason C. Lee, DDS

NYU 1967



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