PRESIDENT’S MESSAGE
James E. Jacobs, DMD

Uber or Yellow Cab: Keep Growing or Be Left Behind!

This past June NYCDQS held a great program with four remarkable speakers from ADA Headquarters as part of a Leadership Conference (see page 3 for details). During the afternoon we broke into small groups and analyzed one specific topic in great detail. My group chose the concept of new versus old…growth versus status quo…keeping up with modern times and new concepts versus the comfort of routine and stability.

Expert candle makers, amazing telegraph operators, and saddle makers for horses all could be the best at their crafts but as technology grew, instead of adapting to the times, they became set in their ways. People who once spent years perfecting their craft soon became “old news” and not “with it.” Their earning capabilities greatly diminished or were completely gone.

I was having a similar conversation a few months ago with my son about how I felt sorry for the medallion cab drivers who spent a fortune for their medallions which have now lost 90% of their value. I said that Uber and Lyft took over and poof—just like that—a whole industry has changed. It didn’t matter how great a person or how caring the individual cab driver was or how funny their stories were. Time marches on and progress, technology, and needs change.

Cab companies had many years to improve their customer service, stop talking on their phones, and pay attention to their customers. The cabs are often outdated cars with no air conditioning and cramped back seats with little leg room. Customer service is often non-existent and they still decide at the curb if they want to take you to where you need to go or say they are not going there.

(continued on page 4)

Library Project Gets Great Reviews

Whitney Mostafiz (middle) and Hemali Ajmera (far right) educating children about oral health at a New York Public Library in June. There was a total of six well-received dental education programs held in libraries throughout Manhattan led by NYCDS volunteers. This valuable program is spearheaded by Keren Etzion and Mina Kim.
For New York dentists in 2018, there are many venues for continuing our professional educations, and more than one goal in doing so. Yes, we all have the familiar requirements to show a certain number of hours in order to maintain our licenses. But most of us had been taking courses long before the requirement existed, as an important way of continuing to stay on top of the advances in our profession. The requirement of 60 hours every three years is minimal, and many of us do far more. Today, online CE, usually in the form of webinars, is available for almost any technique, product or service you might be considering incorporating into your practice. These can be viewed from the comfort of your own office, sometimes even between patients. Manufacturers of high-tech tools like scanners and lasers will also host evening lectures to show off their wares. If you have shown any interest in adding one of these modalities to your practice, you probably have received email invitations to events like these. If you attend, you’ll get dinner (quality may vary) in addition to a couple of CE credits.

Here at NYCDS, the Henry Spenadel Continuing Education Program offers a growing curriculum of interesting courses, and there are several advantages to taking them at the Dental Society. Every type of course required to maintain your license is offered here: Infection control, child abuse reporting, opiate prescribing, CPR; we have them all under one roof.

Unlike with online learning, you will have an opportunity to interact with your instructor and also your classmates, ask questions and learn from the questions asked by others. Online learning, convenient though it is, can seem a little sterile by comparison. Our recent class on Opioid Prescribing, taught by Dr. Marc Gottlieb, had attendees from as far away as Australia, though most were from right here in the city. I attended this course myself, mostly to satisfy the New York State mandate for coursework on narcotics prescribing. But I also found the course to be an extremely thorough and complete review of the many options facing us as we try to intelligently manage our patients’ pain. I came away with new methods to consider, and also an awareness of old ones that need to be retired.

You can find many of our upcoming courses on the back of this newsletter or visit www.nycdentalsociety.org where you can learn more and register online.

Special Lecture and Roundtable Discussion with Dr. David Garber

This month we have an extremely special and unique education event planned. On September 28 world-renowned clinician, author and lecturer Dr. David Garber, will be leading a full-day multidisciplinary program entitled Single Tooth Replacement “2018” Options…Limitations…Solutions.

This program is strictly limited to 18 participants, so we recommend reserving a seat while they are still available. Participants will have the opportunity to bring their own cases and questions to Dr. Garber for his analysis, as he reviews with us the current state-of-the-art techniques and materials in clinical restorative practice. The day promises to be one of our most important and memorable events, and hopefully you’ll have an opportunity to join us. Kudos to NYCDS President Jim Jacobs for organizing this exclusive opportunity.
Members were invited to a special Leadership Development Conference led by American Dental Association experts on June 20th which focused on “Leading for Impact: Leadership Development for Yourself, Your Practice and Your Organization.” The conference was a great opportunity for interested members to explore the topics of advocacy, ethics, diversity and leadership communication.

The all-day program featured informational lectures and break-out sessions designed to help attendees challenge established concepts and to learn how to have an impact on their practice and the profession. Topics and speakers were:

**Changes in Dentistry** led by Dr. Marko Vujicic, Chief Economist and Vice President of the Health Policy Institute at the American Dental Association. Dr. Vujicic discussed the economic and political changes in dentistry and the need for leaders to become advocates as well as trends in the dental care market in New York and nationally.

**Ethics, Integrity, & Trust** led by Michael Kendall, Senior Associate General Counsel with the American Dental Association. Mr. Kendall's presentation included ethical obligations as leaders in an organization as well as the concepts of fiduciary responsibilities.

**Diversity, Inclusion, & Empathetic Leadership** led by April Kates-Ellison, Director of Client Services at the American Dental Association. Ms. Kates-Ellison's presentation focused on the characteristics of inclusive leadership as well as unconscious bias.

**Leadership Presence & Communication** led by Jerry Wohletz, an award-winning communications professional and public speaking coach and a speechwriter for the American Dental Association. The afternoon was devoted to communications and public speaking and Mr. Wohletz coached participants into delivering confident presentations.

It was clear from the level of engagement that the program had a positive impact on attendees.

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**Understanding Medicare**

September 27, 2018 / 6:30–7:30pm
NYCDS—622 Third Ave., 9th Fl.

NYCDS is hosting a free workshop for members that will provide a better understanding of Medicare. Basic fluency of Medicare can help you make smarter decisions and avoid costly mistakes. Learn more by attending this informational presentation by AmWINS Group Benefits, the group healthcare insurance provider for NYCDS.

This 60-minute presentation will help members on either side of 65, and any adult seeking to help their parents successfully navigate Medicare. Topics will include:

- Medicare Parts A and B and D
- Eligibility
- Enrollment
- Premiums
- Coverages
- Medicare Supplements
- Medicare Advantage Plans

RESERVATIONS REQUIRED for this FREE program!

**Planning Your Exit Strategy… to Retire or Sell Your Practice**

October 3, 2018 / 6:30–8:30pm
NYCDS—622 Third Ave., 9th Fl.

This jam-packed seminar is without question both highly informative AND a great value. Regardless of where you are in your career, we are confident you will benefit by attending this workshop. Led by Mark Epstein, Epstein Practice Brokerage, LLC and colleagues.

Topics include:

- Planning for the sale of your dental practice
- Providing insights into maximizing your practice value
- Demonstrating how to have a tax-efficient sale
- Protecting your assets and
- Giving you the best opportunity to “cash flow” the rest of your life

You will also receive valuable tips on the sales process from evaluation to close.

Fee: $29 Members / $59 Non-Members

Call 212-573-8500 or go to www.nycdentalsociety.org to register for one or both workshops.
Now, on a rainy, cold or humid day we can use an app to order a car that is clean, new, and air conditioned. There is no juggling for money or change since the fee and tip is handled on the app. One does not have to wait in poor weather and hope a cab will come by or even stop for you. Using Uber or Lyft is frequently less expensive and you can even write a review of your experience.

Every business faces the challenge of change. As time moves forward customers and patients want to pay less and get more and have more convenience than before. As dentists, if we do not realize this and fail to change with the times we are doomed for a take-over, to achieve less income, or destined to be pushed aside as only the aggressive or entrepreneurial dentists will flourish.

Many of us think we have paid our dues and by the time we are 45 or 50 we have a successful practice and do not need to learn more or be as competitive, until a new young dentist moves into the area and is hungry and has energy and nothing to lose. All of a sudden, patients start to switch to that office for the service fees or modern techniques while we were just coasting thinking about retiring young or golf or other hobbies.

Just think of those dentists that still do copper band impressions, or Impregum impressions versus digital scanning machines. Some dentists do not have digital x-rays, perform implant dentistry, provide cosmetic services or have computers in their offices. Some dentists still don’t have assistants or hygienists!

I have learned so much about our craft of dentistry over the years from tons of continuing education, and now my last 10 years in organized dentistry has given me greater insight into the future of dentistry.

We have many challenges ahead including an aging population needing dental care that has not saved for retirement, DSO’s, debates about including dentistry in Medicare, expensive technology for single practitioners, dentists turning to group practices and multi-specialty practices. This does not even take into consideration the learning curve, expense, stress, and time out of the office that it takes to learn new ideas and procedures.

My message is to keep reading, growing, and learning so you will be comfortable fitting in to a new style of practice. New York City will probably be the last bastion of your “father’s dental practice” and that is already changing. You need to read journals and newspapers editorials and keep evolving or you will be left behind like the yellow cab owners doing it the same old way. It is scary but exciting and, in the end, you must still provide ethical and excellent treatment.

Organized dentistry is an ideal way to keep current and protected from the outside forces like insurance companies and our government in which the unintended consequences of their actions can ruin a profession. Just look at medicine as an example. We need to work together with NYSADA and the ADA to ensure that dentistry can remain the great profession that it is while adapting to the reality of today’s practice.
New York...The Right Access to the Right Technology
Can Help Solve Opioid Abuse

By Steve Marchbank, MD
Vice President – Strategic Product Solutions for DrFirst, a Corporate Friend of NYCDS

Addressing the nation’s opioid crisis is no simple task. It’s a multi-factorial problem that must include multi-pronged solutions—including cooperation and collaboration among the medical and pharmacy communities, government, social programs, and regulatory agencies.

Prescription Drug Monitoring Programs (PDMPs) are one way that states are working with doctors to keep them informed about their patients’ opioid prescribing histories, especially as related to coordination of care with other providers. Earlier this month, Maryland and Florida joined 40 other states that now require prescribers to check PDMP databases before prescribing opioids. Maryland is also now one of 26 states that allow their PDMP databases to be integrated into the e-prescribing workflow.

Both of these developments represent progress in the fight against the opioid crisis. Prescribers’ use of PDMP data may have contributed to the 22 percent decrease in opioid prescribing recently reported by the American Medical Association (AMA).

Information is power, and technology-enabled solutions support easier access to critical patient histories about opioids that can enable providers to improve outcomes and save lives.

How did we get here?

In 2001, the Joint Commission rolled out pain management standards that included pain as the “fifth vital sign” in hospitals, and physicians were encouraged to order pain medications, including opioids, to keep patients as comfortable as possible—with an ultimate goal of “zero pain.” Then this liberal use of opioids spilled into ambulatory care, for everything from back pain to root canals to recovery from C-sections. At that time, there was also a widely cited article that suggested that addiction from short-term opioid use was rare. (citation: Porter J, Jick H. Addiction rare in patients treated with narcotics. N Engl J Med. 1980;302:123.)

Addiction to opioids occurs more rapidly and more readily than was once known, creating a perfect storm. When opioids are prescribed unnecessarily or treatment continues longer than needed, addiction issues can emerge quickly. Even worse, when patients with addiction issues can’t get prescription opioids, some may even turn to illegal street drugs such as heroin—which is increasingly laced with the dangerous agent fentanyl.

The challenge of PDMP mandates

While PDMP mandates make sense, many prescribers don’t comply with them. And, while the states with mandates do require verification once the provider checks the data, very few if any of these same states are addressing a lack of compliance in a structured manner.

Some doctors believe that PDMPs are unnecessary because they trust their own judgment. Others feel they don’t have the time to check online PDMP registries. This is understandable when doing the database checks in a traditional manner. In the absence of a specific technology solution integrated directly into the workflow, verifying whether a patient is taking opioids requires doctors to go to a stand-alone PDMP website, log on, and enter patient demographic information. In states that require such checks, doctors also must document that they looked up the data. Altogether, this process can take 3 to 5 minutes per patient. If a doctor prescribes opioids or other controlled substances several times a day, that adds half an hour of daily work.

We must make it as easy as possible for clinicians to check PDMP data so that workflows aren’t adversely impacted for already time-pressed doctors. We also need more studies on the incidence and impact of PDMP-checking. The evidence needs to support the effort.

E-prescribing workflow tool

Many states outside New York already allow doctors to access PDMP data within e-prescribing tools such as DrFirst’s iPrescribe mobile application and its desktop versions, which are imbedded in EHRs. In those states, prescribers gain easy, fast access to this information in their e-prescribing workflow. With just a couple of clicks, they can check the PDMP data and prescribe the appropriate drug. In the background, the software automatically documents the fact that the doctor checked the registry.

When a doctor discovers that a patient may be at risk of opioid addiction or may already be addicted, she can start a conversation with that patient. If the patient acknowledges that he may need help, the doctor can use DrFirst’s integrated HIPPA-compliance Backline application to securely message another clinician, a home health provider, or a social worker who can intervene.

Unfortunately, streamlined access to the New York I-STOP database has not yet been approved. As more studies are conducted which demonstrate a nexus between PDMP checking and patient outcomes, we hope that states like New York will take steps to authorize the automatic provision of PDMP data while in workflow to a prescriber.

If the evidence supports the use of PDMP databases, more prescribers will be encouraged to adopt and embrace this powerful tool—especially when they have an easy and efficient way to integrate it into their workflow.

A reduction in opioid prescribing alone (continued on page 8)

Dentists’ Quarterly, September 2018 5
Inflammation—The Latest Risk Factor

By Patricia Sukmonowski, DDS

Dr. Patricia Sukmonowski, a Board Certified Periodontist, maintains a private practice in New York City, limited to Periodontics and Implant Dentistry. She is a past president of the New York County Dental Society.

In recent years a great deal of attention has been placed on evaluating risk factors that make people susceptible to myriad systemic conditions. These include diabetes, cardiovascular disease, respiratory disease and pregnancy outcomes. Risk factors that are continually being evaluated are smoking, high blood pressure, high cholesterol levels, stress, heredity, age, physical inactivity, obesity and inflammation. We now have a great deal of information in dentistry about the role of chronic inflammation and the changes it can produce systemically and in the oral cavity. Advances in our understanding of the pathogenesis of a variety of chronic diseases have led to an enhanced appreciation of the significant interactions and associations that occur between oral diseases, and more particularly between periodontal infections and systemic diseases. Analysis of the various means in which periodontal infections and inflammation may influence a variety of systemic conditions has been termed periodontal medicine.

Acute and Chronic Inflammation:
In general, inflammation is a localized protective response of the body to an injury or infection. Characteristically, the clinical signs of inflammation are heat, redness, swelling, pain and loss of function. It is during this inflammatory response that cells and chemicals that they secrete attempt to dilute, wall off or destroy the agent(s) causing the injury. A sequence of biochemical events occur which cause the blood vessels to dilate and become more permeable. This then results in the activation of the complement, clotting and kinin systems. If inflammation continues for a prolonged period of time, it may produce problematic consequences for localized tissue as well as the entire body.

Periodontal Diseases:
Periodontal diseases are polymicrobial-induced inflammatory diseases, and they vary from mild gingival inflammation to severe destruction of the periodontium.

Periodontal diseases are among the most prevalent diseases in the world, with gingivitis present in greater than 70% and periodontitis in greater than 40% of the world’s population, quite likely an underestimate of the true disease prevalence.1

Periodontal diseases are caused by bacteria, and about a dozen pathogenic strains have been identified among the 500 or more organisms that populate the oral biofilm (dental plaque) associated with periodontal tissues.2 If plaque is not removed in a timely manner it undergoes a process of maturation, which results in a more pathogenic state as there is a shift in the bacterial balance towards a more Gram negative anaerobic bacterial population. The periodontium responds to the tooth borne biofilm by the process of inflammation. The bacteria within the dental biofilms release a variety of biologically active products, such as bacterial lipopolysaccharides (endotoxins), chemotactic peptides, protein toxins, and organic acids. These molecules stimulate the host to produce a variety of inflammatory mediators, among them the increased production and release of potent infection-fighting agents known as cytokines. These include interleukin-1 beta, interleukin-4, prostaglandins, and tumor necrosis factor-alpha.3 Ordinarily, cytokines are important for healing. In excess, however, they can cause inflammation and severe damage by overproducing and activating enzymes such as collagenase, which breaks down proteins. They can also stimulate the formation of osteoclasts to resorb bone.

Periodontitis and Systemic Diseases:
It is now thought that these products and responses from the host to an insult and injury may influence a variety of important disease pathways, including cardiovascular diseases, diabetes, respiratory disease or premature parturition. Consequently, investigations are currently directed towards identifying the possible biological pathways by which periodontal infections may influence these disease processes.

Cardiovascular disease (CVD) accounts for 29% of deaths worldwide and ranks as the second leading cause of death after infectious and parasitic diseases.4 Atherosclerosis, which is a major component of CVD, affects 1 of 4 persons with 39% of deaths attributed to it.5 However, despite efforts in preventing the known modifiable risk factors, the mortality rates from CVD have remained unchanged throughout the past decade in developed countries. As a result of this there has been a renewed interest in a link between CVD and poorly defined environmental exposures such as infectious agents.6 Infectious agents which are currently under investigation include cytomegalovirus, herpes simplex virus, Chlamydia pneumoniae, Helicobacter pylori, and periodontal disease pathogens. Epidemiologic studies in human populations indicate a modest but consistent (1.3-2 fold) increase in the risk of CVD among people with periodontitis.7 Patients with periodontal disease share many of the same characteristics as patients with CVD including being predominantly men, older, of a lower socioeconomic status, stressed, smokers and diabetic.8 It has also
been found that many patients with periodontal disease also have CVD. These observations have suggested that periodontal disease and atherosclerosis may share similar or common etiologic pathways. Periodontal infections with their known high prevalence may contribute significantly to the proposed infection-related etiology of CVD.9

Recent evidence indicates that the inflammatory response is the common element. This is an over-reaction of the immune system that causes injury to tissues in the body. A common link between patients with both heart conditions and periodontal disease may be elevated levels of C-reactive protein (CRP), a marker for the inflammatory response. Some believe that immune factors causing this response are released into the blood stream during periodontal disease and then cause injury in the arteries supplying blood to the heart. Evidence also suggests that the bacteria, particularly P. gingivalis, may play a direct role in arterial injury. It is now believed that there is no actual causal relationship, but that common factors induce inflammation and damage resulting in diseases in the blood vessels and in the periodontal environment.10 A recent consensus report published by the American Academy of Periodontology11 acknowledges the strength and consistency of the association between periodontal disease and cardiovascular disease.

**Diabetes and Periodontal Diseases:**

Two common chronic conditions—diabetes and periodontal disease—have a complex connection that goes in both directions. While it has been established that people with diabetes, a risk factor for periodontitis, are more prone to developing periodontal disease, there is new research suggesting that periodontal disease may, in turn, be a risk factor for diabetes. Some evidence has suggested that the bacteria causing periodontal disease may enter the blood stream and activate immune cells. These activated cells produce inflammatory cytokines that have a destructive effect throughout the entire body. In the pancreas, the cells responsible for insulin production can be damaged or destroyed by the chronic high levels of cytokines. Once this happens, it may induce Type 2 diabetes, even in otherwise healthy individuals with no other risk factors for diabetes.12

**Pregnancy:**

The bacterial infections that cause moderate to severe periodontal disease in pregnant women may also increase the risk of premature delivery and low birth weight infants. Preterm delivery estimates are at 6% to 15% of all live births, according to The Oral Care Report (Vol. 14, No. 4, 2004). Research indicates that the bacteria from periodontal disease or their products (endotoxins) may trigger the same factors in the immune system as genital and urinary tract infections do. Specifically, the biologic substances called prostaglandins and tumor necrosis factor produce inflammation in the cervix and uterus that can cause premature dilation and contractions.13 In order for this to be minimized it is recommended that women have a periodontal examination before becoming pregnant or as soon as possible thereafter.

**Respiratory:**

Clinical trials which aim at documenting the association between periodontitis and respiratory diseases may be more difficult due to the shared risk factors especially smoking which may mask and obscure other important factors in the etiology of disease progression. Smoking in both is known to suppress the immune response and compromise the inflammatory response.14 However, studies have shown that bacteria that reproduce in the mouth can also be carried into the airways of throat and lungs, increasing the risks for respiratory diseases and worsening chronic lung conditions, such as emphysema.15

**Future strategies:**

Because oral diseases in general are treatable and usually not life threatening, they have erroneously been perceived as having little relationship to other aspects of health. However, oral health and systemic health are closely related. There is a strong correlation between deterioration of oral health and deterioration of general health. This is primarily due to the fact that several oral diseases and non-communicable chronic diseases have common risk factors such as inflammation. Although definitive cause and effect have not been established, recent research findings indicate that some association exists between different systemic conditions and oral health. These have been presented via different mechanisms which have demonstrably supported these associations. If a periodontal—systemic link is further studied and validated in intervention trials, dentists and dental hygienists will then be able to participate to a larger extent in promoting general health in patients, screening those at high risk of both conditions and providing periodontal treatments targeted at reducing inflammation and improving overall health. For now, clinicians need to know the strengths and limitations of the available evidence as they diagnose and treat patients with periodontal disease. By realizing that oral health is a critically important component of general health we, as practitioners, are also ensuring that it has a significant impact on the quality of life.

References for this article can be found on page 10.
OPIOID ABUSE  

(continued from page 5)

will not end the opioid epidemic. The huge influx of illegal street drugs also must be addressed, and addicts must have easier access to treatment. But I’m convinced that, if all of us work together, the healthcare community can decisively reverse the trend of opioid addiction to improve outcomes and alleviate suffering.

Klein Wealth Management is registered with HighTower Securities, LLC, member FINR and SIPC & HighTower Advisors, LLC. HighTower shall not be liable for claims related to this writing.

Top Tips for your Next Portfolio Review

What investors really want to know is what should they ask at a portfolio review meeting in order to gain the most insights on their portfolio and wealth management plan. Here are some tips:

■ Changes in your personal financial situation?
  A catch-up discussion—your advisor needs to know if there have been any substantive changes in your finances or your time horizon or risk tolerance.

■ Performance—to answer the question—How am I doin’?—the advisor should walk you through a well-defined process which starts with relative performance (no that doesn’t have anything to do with your cousin—but rather how your performance compares with a benchmark). You are not going to want to compare your portfolio to a “full variety” of market benchmarks for that will likely muddy the waters too much—what you want to do is compare your performance to a benchmark crafted to your portfolio’s holdings and style. Note: returns should always be shown net of fees and as a time weighted return calculation—adjusting for inflows and outflows of capital over the period—and of course, total returns—income plus growth.

■ Your Financial Plan – achieving your goals—are you on track to do so? If the benchmark is down 10% and your portfolio is down 3%—are you happy? Well maybe—you figure it could be worse—but will a negative 3% return get you to your goals? Can you send your kids to college on a -3% return or retire in 10 years? You need to revisit the glide path and see if you are indeed on the right track.

■ Next we want to ask about your asset allocation—how your assets are divided up—and the returns on each “sleeve” of the allocation matrix. Advisors should be able to break down for you the returns on each asset class—and sub asset class (i.e. large cap growth, small cap value, international fixed income, etc.).

■ Finally, we want to look at tax effects of the portfolio (or course this is not necessary in tax deferred retirement accounts) for at the end of the day its what you keep, after taxes, that matters. Tax efficiency is an important mandate and your advisor should take it seriously.

Two FREE Events for New Dentists—Register now!

10/4, 7–9 pm Know Before You Sign: Associate Dental Agreements Workshop
An essential workshop for residents and new dentists, led by the dynamic and knowledgeable attorney William S. Barrett, Esq., CEO, Mandelbaum Salsburg.

11/7, 6–9 pm Wine, Cheese and “Cheese”
Featuring a discussion of wine and cheese pairings led by food enthusiast Dr. Mark Bauman and the opportunity to say “cheese” and pose for a professional headshot. It’s sure to be an enjoyable night!

Each event is free for members, $29 for non-members (per event).

Non-member residents—pay $29 to attend and get a FREE NYCDS Membership included!

Sign up for one or both programs at www.nycdentalsociety.org.

Summer Bash is a Smash!

The Society’s Young Professionals enjoyed a great night out with one another on August 15, this time at the popular rooftop lounge Mad46 at the Roosevelt Hotel in Midtown. It was a wonderful setting to celebrate summer and friendships made through the profession. Two more dynamic programs are scheduled for the fall… dates and programs listed below.

DrFirst offers numerous software solutions for medical professionals, including e-prescribing with PDMP access directly on your smartphone and more. Visit www.Drfirst.com to see all of the services they offer for medical and dental practices.
Long Island Fall Festival

Come Join Us!

Come join us for a full day of educational seminars and meet our vendor partners. Discover the latest in Digital Dentistry including Digitalized Impression Workflow and the newest product offerings. Have one-on-one discussions with various dental manufacturers including Dentsply Sirona, Planmeca, A-dec, VOCO, Hu-Friedy, and many more in our convention-style ballroom. PLUS, take advantage of our Exclusive Fall Festival specials.

Sign up for the Long Island Fall Festival Today!

Breakfast and Lunch will be served!

Available Courses

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<th>Website Dos and Don’ts</th>
<th>CE Credits offered by Dentsply Sirona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presented by Doctorsinternet.com</td>
<td></td>
</tr>
<tr>
<td>Your choice of two half-day courses</td>
<td></td>
</tr>
<tr>
<td>9am–12pm or 1:30pm–4:30pm</td>
<td></td>
</tr>
</tbody>
</table>

Contact Details

Casey Mulligan
(516) 364-5314 x1
casey.mulligan@henryschein.com
https://hnrysc.hn/fallfestny101918

Henry Schein Dental is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Henry Schein Dental designates this activity for up to 6 continuing education credits. This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program and is also an AGD approved PACE provider (208218) for FAGD/MAGD Credit. Acceptance period from May 2018 through June 2021.

The federal government imposes certain restrictions on, and pursuant to the Sunshine Act requires public reporting of, transfers of value to a practitioner. Participation in this event may qualify as a reportable transfer of value under the Sunshine Act provisions of the Patient Protection and Affordable Care Act. Your Henry Schein representative can advise you of the reportable amount.

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DENTSPLY SIRONA Inc. designates this activity for 6 continuing education credits. This continuing education activity has been planned and implemented in accordance with the standards of the ADA CERP. DENTSPLY SIRONA Inc. is also an ADA approved PACE provider (208218) for FAGD/MAGD Credit. Acceptance period from May 2018 through June 2021.

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Website Dos and Don’ts

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9am–12pm or 1:30pm–4:30pm

3D Immersion—Hands-on with Cone Beam

Presented by Dentsply Sirona

Full-Day Course 9am–4:30pm
(with lunch from 12pm–1:30pm)
This past May the NYSDA Council on Ethics released an Advisory Opinion on Internet Use. This Advisory Opinion was released after many member inquiries on the matter at both the component and state level. The questions posed have raised issues related to online advertising, website content and search engine usage, for example. This is a short list of the many potential ethical and professional challenges that can be faced on the internet.

The challenges presented by the internet were reviewed at length in the American College of Dentist’s Journal in 2012 (Vol. 4) in an issue devoted solely to social media. In this issue you can find discussions about being professional on our websites (e.g. in the representation of credentials to patient testimonials, to before and after photos, to basic content and to disclosures of conflict of interest) as well when engaging specific social media applications, social couponing, blogging and online reviews. Also discussed is the fact that the internet is a huge educational tool for the public. Patients now routinely come to our offices armed with information—some of it correct, some of it not, based on what they read online.

Another excellent source for information on internet use and social media is the ADA website. Their “New Dentist Blog” has frequently discussed social media questions related to ethics and professionalism. There is also a newly released ADA publication, as of March 2018, on “Advertising Basics” that covers many questions related to advertising online.

Please consider taking some time to review these references. The internet and social media are constantly changing and evolving phenomena. It is important to review the ethical standards set by organized dentistry in order to stay ahead of the curve and make sure that we, as dentists, are navigating these platforms ethically.

NYSDA Council on Ethics Issues Advisory Opinion on Internet Use

The New York State Dental Association (NYSDA) Council on Ethics has issued an advisory opinion in response to member questions on how the NYSDA Code of Ethics applies to the internet in all its forms. The basic guidance provided by the NYSDA Council on Ethics is that the NYSDA Code of Ethics applies equally to all uses of the internet just as it would apply in any other context. The complete NYSDA Council on Ethics advisory opinion is below.

Advisory Opinion: Ethical Conduct and the Internet

The same rules of ethical conduct that exist for other forms of media in terms of advertising, patient privacy, and other ethical subjects covered by the Code also apply in the usage of the Internet and mobile devices, including but not limited to, social media applications.

References:
New Active Members

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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>9:30 AM – 4:30 PM</td>
<td>Anatomically Directed Endodontics: a hands-on course</td>
<td>Samuel Kratchman, DMD</td>
</tr>
<tr>
<td>26</td>
<td>9:30 AM – 12:30 PM</td>
<td>My Patient Has Cancer, Now What? Dental Oncology 101</td>
<td>Lauren Levi, DMD</td>
</tr>
<tr>
<td>28</td>
<td>9:30 AM – 4:30 PM</td>
<td>Single Tooth Replacement (a lecture and roundtable discussion)</td>
<td>David Garber, DMD</td>
</tr>
<tr>
<td>5</td>
<td>9:30 AM – 12:30 PM</td>
<td>HIPAA Security Compliance (see NYSDA website)</td>
<td>Kenneth Aschheim, DDS</td>
</tr>
<tr>
<td>10</td>
<td>9:30 AM – 12:30 PM</td>
<td>Contemporary Implant Removable Prostheses</td>
<td>Kenneth Kurtz, DDS</td>
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<tr>
<td>10</td>
<td>6:00 PM – 8:00 PM</td>
<td>Overview of Orofacial Pain</td>
<td>Donald Tanenbaum, DDS</td>
</tr>
<tr>
<td>17</td>
<td>9:00 AM – 1:00 PM</td>
<td>Surgical Orthodontics in Multidisciplinary Care</td>
<td>Timothy Levine, DMD</td>
</tr>
<tr>
<td>17</td>
<td>6:00 PM – 8:00 PM</td>
<td>Medical Problems That Give Rise to Orofacial Pain</td>
<td>Donald Tanenbaum, DDS</td>
</tr>
<tr>
<td>19</td>
<td>9:00 AM – 1:00 PM</td>
<td>Basic Life Support/ CPR Certification Course</td>
<td>Paul Abate, CPR123</td>
</tr>
<tr>
<td>24</td>
<td>9:30 AM – 4:30 PM</td>
<td>Guided Surgery: A Hands-on Course</td>
<td>Alex Parshin, DDS</td>
</tr>
<tr>
<td>24</td>
<td>6:00 PM – 8:00 PM</td>
<td>The Most Common Jaw Muscle and TMD Joint Problems</td>
<td>Donald Tanenbaum, DDS</td>
</tr>
<tr>
<td>26</td>
<td>9:00 AM – 4:00 PM</td>
<td>The Future of Dentistry is NOW!</td>
<td>Jonathan Bregman, DDS</td>
</tr>
<tr>
<td>2</td>
<td>9:00 AM – 4:00 PM</td>
<td>Full Arch Immediately Loaded Dental Implants; Implant Evolution and Challenging the Status Quo</td>
<td>Dan Holtzclaw, DDS Bruce Arnaud, DDS</td>
</tr>
<tr>
<td>7</td>
<td>9:00 AM – 1:00 PM</td>
<td>Infection Control in the Dental Environment</td>
<td>Ronnie Myers, DDS</td>
</tr>
</tbody>
</table>

The Henry Spenadel Continuing Education Programs are held at our facility at 622 Third Avenue in midtown Manhattan. Go to www.nycdentalsoociety.org, or call the Education Staff at (212) 573-8500 for full program information and to register.