

## The cloak of access to care

By Dr. Gerald Phipps, WSDA News Editor

The American Dental Hygienist's Association (ADHA) has a long history of attempting to distance itself from the dental team with various schemes of unsupervised practice concealed in the cloak of access to care. The latest is the Advanced Dental Hygiene Practitioner (ADHP), contrived during the ADHA June 2004 Annual Session in Dallas, Texas. Most recently, in June 2007, the ADHP role was redefined: "This new practitioner will provide diagnostic, preventive, therapeutic and restorative services to the underserved public in a variety of settings and will refer those in need to dentists and other healthcare providers."

The ADHA represents only about

30 percent of hygienists, suggesting that the remaining 70 percent do not value membership and/or do not agree with ADHA leadership. Regardless, this latest unsupervised practice model is a national movement with the very real potential to gain unprecedented political traction. The most recent ADHP document ("Draft Competencies for the Advanced Dental Hygiene Practitioner" – available at ADHA.org) effectively combines the heightened awareness of oral health disparities with all the trendy buzzwords: evidence-based care, best practices, cultural competence and dental home. However, beyond the political positioning and languaging, the litmus test for considering various

modalities of patient care is to ask the question: "What is best for the patient?" And when considering the ADHP, the greatest concern is for patient safety.

The ADHP model poses several patient safety concerns for dentistry. First, it will undermine the dental team and the safe and effective delivery of dental care. As stated by the ADA "The dental team is predicated upon the dentist, by virtue of their comprehensive and broad-based education, being professionally responsible for total patient care." Removing the ADHP from dentist supervision and giving them authority to diagnose, provide invasive procedures and prescribe drugs not

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### From the Editor's Desk

#### Wow! What a Ride!

By Michael S. Burstein

I can't believe that it's over.

The one year term as your president has gone by so quickly. So much has been done. There is so much that I would still like to do.

It was a year of many accomplishments; some large, some small. We started with a stellar appearance for Give Kids a Smile. We screened hundreds of children at a public school in Jackson Heights and we received national attention through the efforts of our friends at Sullian-Schein, ADA President Kathy Roth, ADA President-elect Mark Feldman, Assemblyman Jose Peralta, and our own Dr. Chad Gehani. We showed how these initiatives can start and we look forward to expanding our efforts this year and in the future.

We also extended our hand of public service through our Children's Dental Health Program under the guidance of Karen Lewkowitz. "Ask the Dentist" call in led by Prabha Krishnan,

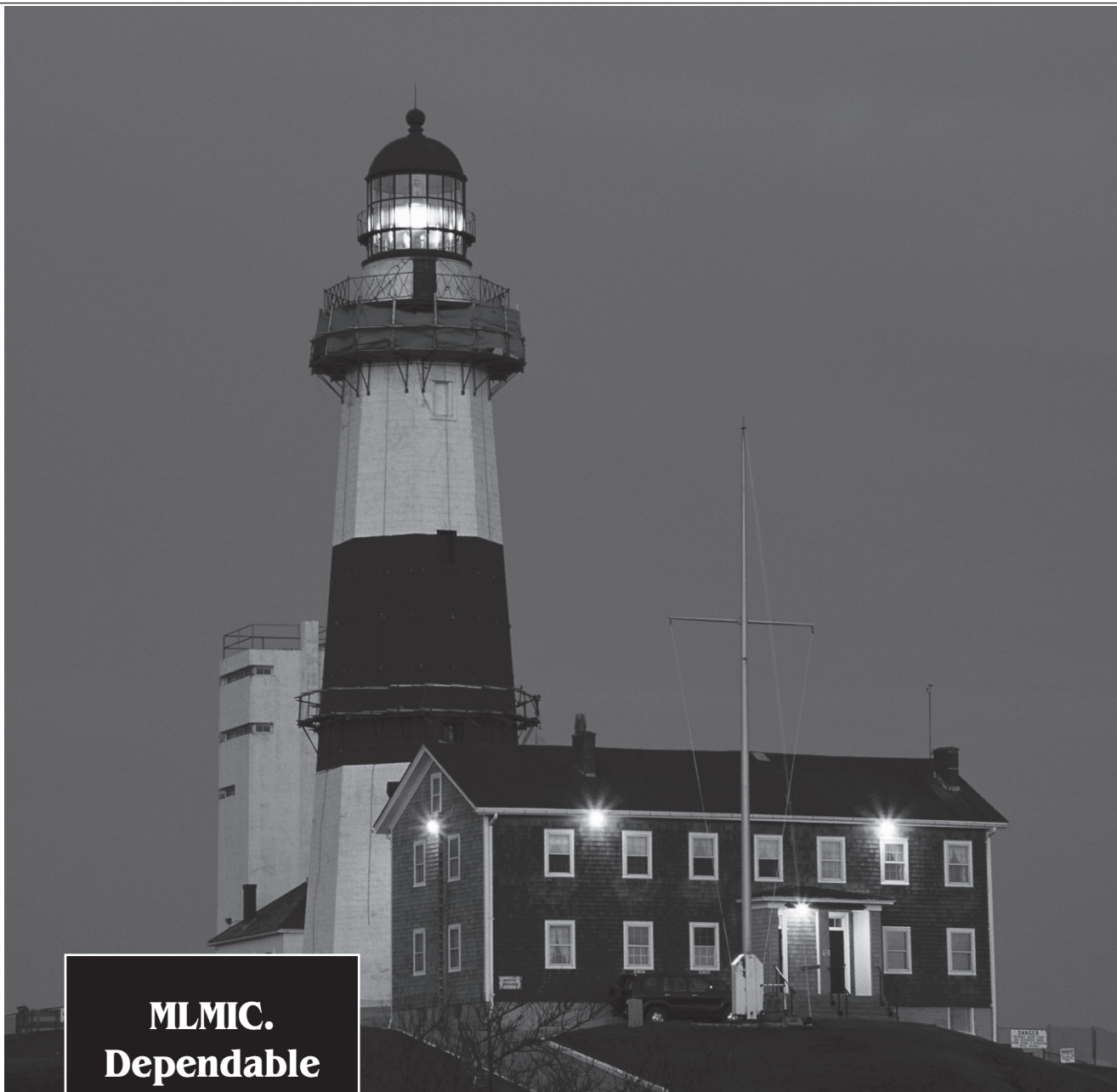
see *Wow!* page 4



Mayor Michael Bloomberg of New York addressed the President's Luncheon at the Greater New York Dental Meeting.

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and we continued our annual oral cancer screenings at Belmont Raceway. We look forward to expanding this to a health fair at Shea Stadium in the fall.

We have continued to offer a terrific array of continuing education courses, covering topics in occlusion, endodontics, implants, cosmetics and intraoral photography. We have explored medical issues such as sleep apnea, osteoporosis, and the newest pregnancy health guidelines. We have even responded to the needs of our members with a defensive driving course, which we plan to offer on a regular basis.

We have made inroads in increasing our membership roster. We have had outreach programs to residents at the local hospitals to encourage membership. Our Executive Director Bill Bayer, Chairman Prabha Krishnan and myself have addressed the residents on the benefits of organized dentistry. Our New Dentists Night hosted by Kiren Gehani was exemplary. We have hosted and sponsored several diversity workshops here and at NYU. Dr. Chad Gehani should be applauded for his efforts. It was my pleasure to meet with members of the Chinese Dental Association, the Korean Dental Association, and the Indian Dental Association at their functions during the last year. I value you all as my friends.

I am very proud that for all these efforts, and QCDS has been bestowed with the Hallmark of Excellence Award for our membership and diversity initiatives. The Award was presented at the Board of Governors meeting this Fall.

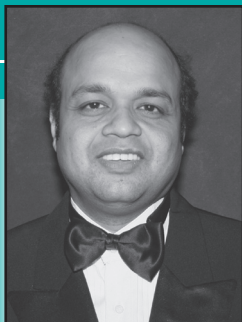
One of the biggest accomplishments of the last year has been the successful planning and installation of the Henry Schein Education Suite. Through the foresight and imagination of our partners at Sullivan Schein, led by their Vice-President Steve Kess, myself and our Board, a fully equipped operatory has been installed as part of our lecture room at QCDS headquarters. Plans are to use it for hands-on and over-the-shoulder demonstration CE programs, add a professional image to our peer-review process, a training center for our dental assisting school, and most excitingly, a center to screen and educate school children as a year round extension of the Give Kids a Smile program. We extend many thanks to QCDS' 2008 Distinguished Service Award recipient, Steve Kess, for making a dream a reality.

Now is a time for me to thank the people who have brought me along the way. Let me offer many thanks to our Executive Director, Bill Bayer, for being my right hand and often voice during the course of the year. It was his first full year on the job and we were learning together. Bill gets an A+. My appreciation goes out to my panel of advisors, the former presidents that gave me guidance along the way. Thank you to Mitch Greenberg, Jay Ledner, Chad Gehani and Alan Queen. Thank you to the members of our Board of Trustees who so generously gave of their time and energy to initiate and execute our programs for our members. And most of all, let me thank your First Lady for the past year and my First Lady always, my wife Barbara for sacrificing my time away, being an inspiration, and offering me input and ideas that made this year such a successful one.

I am confident that I am leaving things on a bright and encouraging note. I know that I leave things in the best of hands with our new President, Viren Jhaveri and our new Executive Board. I am sure that we will see many accomplishments in the coming year.



It was a great honor to represent QCDS at the President's Luncheon at the Greater New York Dental Meeting on November 26<sup>th</sup>. I am pictured here with celebrity guest Meredith Viera.



## From the President's Desk

### United We Stand

By Viren Jhaveri, DDS

I am often asked about the role of ADA membership to the daily routine of dentists in their offices. I see organized dentistry as having an extremely important role but unfortunately not always perceived as such. Most practicing dentists in NYC would have difficulty relating membership in organized dentistry to their daily routine. But the key word here is "organized." Strength in numbers is not a cliché. Dentists enjoy the quality of their practice, are independent and most want to do the right thing. We practice in an environment that often seems under siege from third-party payers, OSHA, malpractice liability shortages, corporate control of dental offices and the list goes on. Our professional association is the only way our collective voice is heard in the legislative and regulatory arenas. Our independence is under constant assault. We need to take charge and

manage our future, or we will go the way of medicine, optometry and pharmacy. Dentists enjoy the quality of their practice and take home a sense of achievement and satisfaction in what they do because they are organized and have a certain "clout."

My goal for next year is to provide effective leadership for our society, raise membership to historic levels. I will encourage continued partnering with Queens County Medical Society and the American Cancer Society for public health initiatives. Enthusiastically participate in programs like Give Kids A Smile to combat access to care issues and resist insurance companies that dictate dental treatment plans. We must broaden our horizons to appeal to the new generation of dentists by offering more online venues, where members of all ages can participate in discussion of problems, both personal and professional, and receive continu-

ing education courses.

QCDS is a member driven staff supported organization. Accomplishments are the products of the efforts of staff, volunteers on councils and committees, effective lobbying and sometimes-good fortune. In a position like this it is easy to imagine that you are a driving force but the truth is you're pretty much lashed to the wheel of the boat and a whole bunch of "other" stuff is determining your direction.

I urge you to join organized dentistry; participation can be as simple as writing a check or seeking national office. I will be proud of what is achieved in QCDS this year but everyone should know that this is teamwork. I look forward and promise to serve our members to the best of my abilities, so common out and *join our team*.

Thank you.

### New Members to QCDS

We welcome the following new members:

Demetra Atsaves	Parul Makkar
Jack Brown	(transfer from 2 <sup>nd</sup> )
Zan Chang	Nabila Mannan
Barry Chase	Jung Pak
Ingrid Dapkute	Saumil Patel
Sandra Deklich	Theresa Rawlins
Mysore Ganga	Rebecca Romoshan
Howard Hsu	Melissa Santil
Eju Hwang	Antoinette Siciliano
Vladimir Isakov	(Nassau transfer)
Elizabeth Joseph	Soonyong Shim
(Suffolk transfer)	Kenneth Siva
Steven Kollander	Frank Tarrantino
(reinstatement)	Lisa Ugliodoro
Gerald Leifer	Sung Joon Yung
(reinstatement)	Edward Zhuo
Dorothy Lorenzo	



Drs. Viren and Sharmila Jhaveri, shown here, met in dental school in Bombay. Dr. Viren Jhaveri, the new QCDS president, was pictured in the last issue with a woman who was erroneously identified as his wife. We apologize for that error.



# Photography Course Makes Everyone's Top Pix

If you still think that an "F stop" is a subway station in Jamaica then this course was for you.

On November 2 we hosted a full day program, "Excellence in Digital Photography".

Our instructor was Dr. Jack Griffin of Eureka, Missouri, a little farm town that he describes as "the meth capital of the U.S." His Midwest charm had everyone intently interested all day.

The program covered (1) What equipment to buy, (2) How to set it up, (3) What images to take, (4) How photography can make you a better dentist, (5) How photography can help market a practice and increase case acceptance. He finished the day with a demonstration on how to assemble a Powerpoint presentation.

With the help of cameras provided by PhotoMed, participants were able to practice taking the essential shots. Dr. Griffin's wife Lisa served as a most willing model. Our new operatory in

our lecture room provided the ideal setting. Everyone enjoyed the day and felt that it was a most valuable experience.

We extend our gratitude to Dr. Griffin, Adrian Jurim, owner, and Carlos Maldonado, general manager of Jurim Dental Studio who sponsored the event and made all arrangements.



OK, Say Invisalign.



Dr. Fabiola Milord tries it out with our model for the day, Lisa Griffin.



Dr. Griffin demonstrates the technique for proper images to attendees.



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## Executive Director Report

### Building for the Future on Accomplishments of the Past

By William Bayer

I look forward to working cooperatively with YOUR newly elected officers and anticipate 2008 will be a year of building upon and improving initiatives begun in 2007. Our new President, Dr. Viren Jhaveri, certainly has many new ideas and he can draw upon the other officers to offer valuable suggestions and counsel.

As many of you who have contacted headquarters have discovered, we are still working through the change of support staff and replacing Barbara has become more of a challenge than initially anticipated. I again ask for your patience and can assure you that I am doing everything possible to get things running smoothly again. If you call the office and get our voice-mail, please leave your message and you will hear from me as quickly as possible.

In conjunction with your leadership, we will be placing a strong emphasis on member retention as well as member recruitment. Although the ADA percentage of

member participation is far superior to that of the American Medical Association, our local component participation leaves room for improvement. I would urge you to encourage any non-members to give me a call so that I might fully explain the benefits of membership versus the cost. It still astounds me that non-members register for our CE programs and in many instances will pay the \$250.00 non-member fee rather than join organized dentistry. In polling ADA members, the most mentioned reasons for joining organized dentistry are:

1. Staying current on clinical developments and dental news via the various publications
2. access to practice management resources
3. access to comprehensive CE courses
4. access to patient education materials to improve patient's oral health

Recent legislative changes are noted on NYSDA's website but by now, you all should be aware the mandatory CE requirement for licensure has increased from 45 to 60 hours and we are planning a number of expanded offerings in 2008 that will provide varied topics of interest.

In addition, NYSDA was successful with legislation that now requires school districts to REQUEST dental health certificates along with the REQUIRED medical certificates. Hopefully, we are not far away from the day when the issues of maintaining good oral health are recognized as being as crucial as maintaining good medical health.

Many of you have asked about how the new 60 hour CE mandate will be implemented as your individual licensure renewal dates are different. Although the State Education Department continues to finalize the regulations, a prorated system of hours beginning in July, 2008 will begin. For those renewing in July, 45.50 CE hours will be required with approximately an additional HALF HOUR added for each subsequent month thereafter. So those renewing in August would require 46, September 46.5 and so on. We will provide a chart for each renewal month as soon as all is finalized at State Ed.

On another regulatory matter, AMALGAM SEPARATORS are required in most offices and the May 12, 2008 deadline for installation is rapidly approaching. For dental facilities that began operation after May 12, 2006, the separator was an immediate requirement with facilities that operated prior to May, 2006 having until May 12, 2008 to install the separators. Although certain practices such as those that exclusively practice orthodontics, periodontics and certain other specialty areas are exempt from this requirement, you

see Executive Director page 17

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# RPZ Device Program Update

By William E. Gati, Architect

- The City of New York Department of Health and Mental Hygiene has taken the initiative from the NYS Health Department to implement the Back-flow Device Program.

- NYC DEP is now taking an aggressive approach to enforcement of 24,000 buildings many of which have dental offices.

- DEP is more willing to accept double check valves instead of RPZ devices than they were 10 years ago.

- Double Check Valves can be acceptable on the main water line as long as all internal hazardous fixtures are protected with internal RPZ devices.

- The advantage of double check valves over RPZ devices is that they are cheaper and there is no water discharge.

- Some letters that have been circulating to dentists pertaining to required RPZ inspections from an "official" source are misleading because they are sent to many dentists who do not even have an RPZ device installed.

- DEP enforces violations of the RPZ device program by referring the case to ECB. The fine for not complying is usually \$1000 if the defendant does not go to the hearing.

- DEP can and will turn off the water if there is no compliance so it is essential that plans are filed and the RPZ device is installed in a timely manner.

- Many of the projects that were started almost ten years ago through the joint effort of QCDC and my office can be continued.

- DEP may accept the approved plans that were filed but will be getting back to me shortly after they check the addresses.

- In general, the steps required to comply with the RPZ device mandate is to: retain an architect or engineer with substantial experience in designing RPZ device installation, file the application with DEP ; hire a plumber with experience in installation and testing RPZ devices; file with the DOB for a permit; obtain the inspection from the designer and from the plumber; get the inspection and sign-off from the Building Department; have the device tested every year; have the device dis-assembled and re-assembled every five years.

- Please contact me at [wgati@verizon.net](mailto:wgati@verizon.net) or 718 805-2797 if you have any further questions.

**Congratulations to  
QCDS President and Editor  
Michael Burstein**

**for having his editorial from the September/October edition,**

**"Between a Rock and a Hardplace,"  
chosen to be reprinted in the ADA News.**

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# QUEENS DISTRICT DATC DENTAL AUXILIARY TRAINING PROGRAM \*

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- \* already employed dental assistants who have limited or no formal training.
- \* those who are interested in preparing to take the DANB Exam.

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\*This program has been approved as an entry level skills program by the NYSED, BPSS. Eligible students who wish to challenge the National Certification Exam given by DANB will find this course to be helpful. This program alone, is not presently recognized by the NYSED, as a license qualifying course under the NY State Licensed "certified dental assisting" law. DATC has developed a pathway along with this program for assistant's to become Licensed. FOR MORE

# Common Pitfalls of the New Practitioner (And How to Avoid Them)

By Risë and Martin Mattler  
Countrywide Practice Brokerage

We've been helping young dentists purchase their first practice for more than 25 years. Over the years, we've seen it all. Sometimes, the excitement and pressure of getting off to the right start can lead dentists to make mistakes in the early weeks of handling patients and staff.

Here's our list of the top five pitfalls.... and how to avoid them.

## 1. Mismanaging staff expectations

One of the keys to a successful practice transfer is an enthusiastic reception from the existing office personnel. The departing dentist plays an important role in this process, by assuring that the staff is properly informed and reassured that their jobs are secure. The seller should schedule a meeting to explain that he is retiring and has selected a well-trained doctor to take over, that he highly recommends the new doctor, and that he expects all staff members to do the same. Once this is accomplished, the seller should introduce you to the staff.

The next step is for you to meet individually with each employee during your first week, so you can get to know them and establish your expectations. Before scheduling that meeting, it's important to do your homework. Discuss with the outgoing owner each employee's work hours, salary and benefits, vacation time, and overall evaluation of the individual's performance. With this information in hand, you are prepared to handle potential issues without being caught off guard. We have heard of situations where an upset employee meets with the new dentist and tries to lobby for more pay, vacation time, or other perks that are not justified.

While we generally recommend that no staff changes be made during this period, occasionally an employee may not be retained in the transition. If this is true in your situation, it is best to have the original doctor fire the employee before the closing, so that you can avoid walking into a potential legal issue.

## 2. Disparaging the previous dentist

Believe it or not, we have heard more than once about a new doctor who tries to win patients' confidence by bad-mouthing the work of the previous dentist. Some new doctors have used this strategy to gain acceptance for their treatment plans or because they believe that the former dentist's work is not up to their standards. This mistake can lead to disastrous results!

The primary reason patients are willing to be treated by a new doctor is because their former dentist has recommended you. They trust him or her and typically, have been a patient in the office for many years. Once you destroy that trust, there's little reason to stay with the practice. Disparaging the previous owner can also lead to malpractice disputes from patients. This tactic should be avoided at all costs.

## 3. Raising practice fees

We have sold practices where fees were below average for the area, and the new doctor wanted to raise them. This is a practice that needs delicate handling, as it can lead to patient discontent.

Generally, we advise our clients that it is a mistake to dramatically raise fees as soon as they take over a practice. This is a particular problem for familiar procedures like recall visits, because the patient often schedules one or two of these appointments per year. Patients may be less sensitive

to higher fees for cosmetic and prosthetic procedures, which are done less frequently.

Should you decide to raise fees, your staff should be well prepared to answer patients' questions on the increase. If they know that there is a legitimate reason for the increase, like you have switched to a higher quality lab or you are spending more time with them to do a procedure, they may be more willing to accept the higher fee.

## 4. Overselling treatment plans

Young doctors are often excited to find a practice where the retiring doctor is a "patch and watch" practitioner rather than a comprehensive treatment planner.

In their enthusiasm to produce dentistry, some new owners take a very aggressive approach to treatment planning and find all kinds of dental work to be done. While some patients may agree to big cases right away, many can be turned off and assume that you're trying to take advantage of them. Overselling can lead patients to obtain second opinions or worse, leave your practice altogether.

We advise the new practitioner to go slow and plant seeds for future work. When you examine a patient for the first time, it's a good idea to ask the patient whether he or she is unhappy with any aspect of their dental appearance and proceed from that cue. You can also tell your hygienist to make appropriate suggestions when cleaning a patient's teeth.



Risë and Martin Mattler



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Fialkoff Study Group 718-229-3838  
Speaker: Eugene L. Antenucci DDS

The practice of general dentistry has been changed by advancements in computer-based technologies. This presentation will introduce important technologies centering on laboratory and clinically based Computer-Aided design and machining technologies.

Tuesday

January 15, 2008  
6:30-9PM

Steinway Study Group

Speakers: Dr. Howard Kirschner  
and Dr. Robert Knepper  
Closys Therapy for Periodontal Maintenance  
Contact: Dr. Howard Kirschner 718-634-2123

Friday

January 25, 2008  
8:00AM-5:30 PM

Oral and Maxillofacial Pathology:  
A Comprehensive Review Course

Speakers: Stanley Kerpel, DDS  
Paul Freedman, DDS,  
Renee Reich, DDS

Registration 718-670-2301  
New York Hospital Queens

Monday

January 28, 2008  
7:15PM-9:15 PM

Update in Cardiology for the Dental Practitioner

Speaker: Martin Kay, MD  
Registration 718-670-2301  
New York Hospital Queens

Wednesday

February 6, 2008  
7:30 PM-10:30 PM

Il Bocco Ristorante

253-08 Northern Blvd Little Neck  
HIV and Its Related Oral Pathology  
and How It Relates to Dentistry

Speaker: Robert Kelsch, DMD  
Registration: 516-775-7080  
Glen Head Study Club

Wednesday

February 6, 2008  
7 PM

To Extract Or Not To Extract -When - How - Which "

Speaker: Bernard Fialkoff DDS  
Chester's Restaurant  
38-05 Bell Blvd. Bayside  
Fialkoff Study Group 718-229-3838

Tuesday

February 19, 2008  
6:30-9 PM

Steinway Dental Study Group

Speaker: Dr. Paraskevas Kourtsounis  
Pediatric Update  
Contact Dr. Howard Kirschner 718-634-2123

Monday

February 25, 2008  
7:15PM-9:15PM

Advances in Prosthodontics

New York Hospital Queens  
Speaker: David R. Silken, DDS, M.S.D.  
Contact: 718-670-2301

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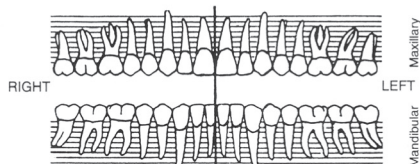
Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis Code \_\_\_\_\_

### COMPUTED TOMOGRAPHY (DENTASCAN)

- ☐ Maxilla ☐ Mandible ☐ Other \_\_\_\_\_  
☐ With Appliance (PATIENT MUST BRING)

CLINICAL INFORMATION: Please note site of possible implants.



I WOULD LIKE TO RECEIVE: (CHECK ALL THAT APPLY)

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☐ SimPlant 8.1 ☐ SimPlant View CD  
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Pertinent History: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ /Tel: # \_\_\_\_\_

## CE Courses

Pre registration is required for all continuing education

**Friday, January 11, 2008** 9:00 AM – 11:00 AM 2 CE

### Video Study Club Lumineers, Well-proven Conservative Veneers

Moderator: A. Al Gulum, DDS

A MEMBERSHIP BENEFIT COURSE

**Friday, January 25, 2008** 9:00-4:00PM 5 CE

### CPR – Certification & Recertification Basic Cardiac Life Support

Certification & Re Certification will cover 1 & 2 rescuer CPR, Heimlich Maneuver, child CPR and AED.

The ability to recognize the signals of a heart attach and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may some day become a reality to someone you know or care for. Be prepared to help save a life.

If your CPR certification is 2 years old or less and you want to re-certify, you must submit a copy of your BLS card with your registration. If you do not have a current BLS card, you will need to take the complete certification course again.

Instructor: Mr. Paul Jacobs, BLS Instructor  
NYU College of Dentistry and Bellevue Hospital  
Center and Staff

Tuition: ADA Member .....\$95.00  
ADA Member's Staff .....\$95.00  
Non ADA Member .....\$250.00

**Friday, February 1, 2008** 9:00-1:00PM 4 CE

### Risk Management VII

Do you know how long you are obligated to store patient records? What information needs to be included in a medical history? How do you legally terminate a professional relationship with a patient? Answers to these and many other sometimes legal questions are provided in RISK MANAGEMENT VII.

A new course developed by NYSDA to help you take the risk out of your dental practice.

UPON COMPLETION OF THIS COURSE, A CERTIFICATE WILL BE GIVEN OUT FOR RE LICENSURE.

Speakers: Robert Peskin, DDS  
Amy Kulb, ESQ.

Tuition: ADA Member .....\$125.00  
Non ADA Member .....\$250.00

**Tuesday, February 5, 2008**

### GENERAL MEMBERSHIP MEETING

Pre-meeting workshop sponsored by Merrill Lynch...7:00 PM

Speaker: Nancy Bendig of Merrill Lynch

### PLANNING FOR YOUR RETIREMENT LIFESTYLE

Make a smooth transition to retirement by learning about important planning strategies

- Picture your retirement lifestyle
- Plan your retirement income
- Manage the transition from work to retirement
- Choose an investment strategy
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**Scientific Session ..... 8:00 PM**

Speaker: Mark Pitel, DDS, New York University

**Friday, February 8, 2008** 9:00-1:00PM 4 CE

### INFECTION CONTROL

In the past, this course has had an overwhelming positive response from those clinicians & their staff who earnestly want to stay informed of the latest infection control recommendation out there: and does so through the eyes and thoughts of a speaker/clinician who well understands the nature and demands of everyday dental practice. As such, this will be a comprehensive update of these CDC guidelines especially highlighting the new issues:

1. Updated guidelines on Post Exposure Management
2. New Guidelines on Hand Hygiene & Latex Sensitivity
3. New Hepatitis B requirements
4. New requirements for Dental Unit Waterlines
5. Engineered sharps/safety devices

There's more.....bring your entire staff and satisfy OSHA's annual staff training requirements.

UPON COMPLETION OF THIS COURSE, A CERTIFICATE WILL BE GIVEN OUT FOR RE LICENSURE

Instructor: Harold Edelman, DDS

Tuition: ADA Member .....\$75.00  
ADA Member's Staff .....\$60.00  
Non ADA Member .....\$250.00

**Friday, February 15, 2008** 9:00 AM – 11:00 AM 2CE

### Video Study Club 3M ESPE Lava Restorations, The Beautiful PFM Replacement

Moderator: A. Al Gulum, DDS

A MEMBERSHIP BENEFIT COURSE

**Tuesday, March 4, 2008**

### GENERAL MEMBERSHIP MEETING

Pre-meeting Workshop ..... 7:00 PM

Countrywide Practice Brokerage

### Road Map to Success: Expert tips on pre-transition planning

Are you thinking about winding down your career soon? This presentation will provide you with the information and alternatives you need to do it successfully.

Drawing upon 25 years of experience representing both buyers and sellers of dental practices in the greater New York area, Countrywide Practice Brokerage president Martin Mattler will offer key points and specific strategies in this informative presentation.

Martin Mattler is president of Countrywide Practice Brokerage, a NYC-based practice brokerage firm. Since founding the company in 1981, Mr. Mattler has brokered the sale of hundreds of dental practices in New York, New Jersey and Connecticut. Countrywide Practice Brokerage is endorsed by QCDS.

**Scientific Session ..... 8:00 PM**

Milton Palat, DDS, JD, New York University

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## Cloak *from pg 1*

only threatens patient safety, it misleads patients into thinking they have received comprehensive care.

Second, current dental hygiene education, which is based on dentist supervision and delegation, is of inadequate scope and depth to prepare a hygienist for a two-year crash course on comprehensive dental care. This is further compounded by the ADHA choosing to approve and credential the ADHP curriculum. The Commission on Dental Accreditation is the only nationally recognized accrediting body for all dental education programs, including dental hygiene.

The core issue is the notion that some care is better than no care; in the right circumstances, it might be. But, with this model, "some care" could result in substandard care with the potential to compromise patient safety and comprehensive oral health. For example, the often "simple" solution for acute dental pain is to extract. However, with no comprehensive plan

to manage the long-term effects, several questions are raised: How do you define, with any degree of certainty, an "uncomplicated" extraction? How will the ADHP, not trained as a surgeon, manage the uncomplicated extraction that suddenly becomes complicated? And who assumes liability? Following extraction, who is responsible for restoring the extracted tooth or managing the long-term consequences of the missing tooth? Certainly not the ADHP!

If the selling point for the ADHP is reduction of cost, it's time for a reality check. Since the ADHP is proposed as a "cost-effective response to the oral health crisis," providing comprehensive dental services to the underserved public, how will the cost of services be reduced? I expect the usual overhead expenses will still apply: staff, facility, supplies, telephone, insurance, etc. (you know the list). Perhaps there is some notion that the ADHP, being spun as a mid-level dental provider, will demand less compensation than a dentist. But

this is no mid-level provider – this is the practice of dentistry – and the ADHP will expect commensurate compensation.

Resolving the access to dental care issue has been a leading priority of organized dentistry for several years, and no one has a better understanding of the problem and its solution. In the meantime, organized hygiene has been aggressively pursuing independent practice under the guise of helping the underserved. But let's not kid ourselves – what they are really after is the self-educated, self-accredited and self-regulated practice of dentistry. If the ADHA is truly concerned about dental care for the underserved, they will stop using the cloak of access to care to promote unsupervised practice, and instead will join with organized dentistry to provide an effective solution that does not fragment the dental team and threaten patient safety.

*Source: WSDA News (Washington State Dental Association), September 2007*



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# *Dr. Lynne Halik, a Fortress Dentist.*

## **I live**

in Fairport, NY with my husband and two kids. We lived in England and Japan while I was in the US Air Force. It was a way to travel and be a dentist.

## **I practice**

pediatric dentistry. I started my own practice in 1997 so I could have more autonomy, and have my kids with me. My daughter says it was great to be raised in a dental office!

## **I recharge**

with music. I've always played in orchestras, bands, quartets. Music is part of my family. I play the cello at church with my daughter Wendy, and enjoy watching my son Scott play trombone.

## **I love**

seeing my patients' senior pictures, we get new ones for the wall each year. It's incredible to see them grow up. It'll be wild when I start to see their kids.

## **I believe**

in volunteering. During my year as President of our District Society, we started a community program called "Give Kids A Smile Day."

## **I plan**

to add a full partner this year. We have the same philosophy, and really love talking about cases.

## **I hope**

to go to Africa someday with our church, to help a Methodist Minister we know in the Congo.

## **I admire**

anyone who can keep their family happy, and their career going. My husband Jeff is a tremendous help.

## **I recommend**

Fortress for professional liability coverage. I feel more secure knowing that they only insure dentists. I think it's an excellent company.



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## Executive Director *from pg 7*

should ascertain if your individual practice falls into an exempt category so as to not run afoul of the impending deadline. Although QCDS does not presently endorse any particular company, NYSDA has endorsed Solmetex and NYSDA's website as well as that of the Department of Environmental Protection offers additional information. We are attempting to have a program devoted to this issue with various vendors in attendance to assist you in evaluating the device best suited to your individual circumstances.

I have endeavored to respond to your phone or written inquiries in a timely manner as my first priority and for the most part, believe this to be the case. Our office staff is here to serve the needs of our membership and you not only deserve but should expect swift, courteous, substantive responses to any matter brought to our attention. My direct extension is 306 and you should feel comfortable contacting me with any issue that arises. Working together, 2008 can be a banner year at QCDS!

## Classified Ads

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**Great Neck, N.Y.:** Beautiful professional office has 1-3 large operatories for rent P/T. Large private office with designer reception area and waiting room. Available immediately. Call 1-516-482-4150.

## Pitfalls *from pg 11*

### 5. Non-compete agreement

If you are purchasing a practice that employs associates, it's not unusual to find out that the departing dentist never asked them to sign a non-compete clause. We have seen situations where an associate is unhappy that he or she was not asked to take over the practice, and decides to leave and open another practice down the street.

To protect yourself, the best scenario is to think ahead. Before the closing, you should assess each associate's importance to the practice and request that the departing dentist obtain a reasonable non-compete agreement from those associates before the closing. If an associate refuses to sign the agreement or wants to be compensated for doing so, you should decide whether or not to retain that employee.

*Martin and Risë Mattler are principals of Countrywide Practice Brokerage, the endorsed practice broker of Queens County Dental Society.. They can be reached at 800-222-7848 or visit their website: [www.dddsbrokers.com](http://www.dddsbrokers.com).*

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## Board of Governors Meeting



At the Fall Board of Governors meeting are Executive Director William Bayer and QCDS Governors Chad Gehani and Robert Shpuntoff.

## TAX TIPS FOR DENTISTS

### **Stuart A. Sinclair CPA**

1120 Old Country Road  
Plainview, N.Y. 11803  
USA

Phone 516 935-2086 Fax 516 935-1787

One tax move you can do after April 15 is to open up a SEP (Simplified Employee Pension) up to the extended due date of your tax return which is October 15. This would enable you to shelter 20% of your business profit up to \$45,000 for tax year 2007. A U.S. citizen living abroad has until June 15 rather than April 15 to file form 1040. He can then extend his return to October 15 if he wishes.

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