

QCDS Deals a Winning Hand with Its Annual Residents and New Dentists Expo

QCDS continued its Resident/New Dentist Practice Management Expo last May to the delight of all in attendance. More than 80 people, including residents, program directors from neighboring hospital programs, new doctors, and QCDS members, crowded the QCDS headquarters for the event, which ran from 5-10 p.m.

The program began with a full day of practice management lectures. Drs. James Kouzoukian and Hemali Ajmera began the program with a lecture titled "Intro to Online Claims." Robert Malandrucolo continued the program with a talk on "Starting a Practice vs. Buying a Practice. What's Right for Me?" "Financial Kick Start for Young/New Dentists" was presented by Boyan Doytchinov, C.F.P., C.F.A. Attorney Jennifer Kirschenbaum concluded the presentations with a lecture on "DSO Employment v. Practice Employment v. Going Solo: The Benefits and Pitfalls of Our Current Practice Models."

After the presentations, the party began. The QCDS lecture hall was transformed into a Las Vegas Casino, including roulette, blackjack and a craps table with music playing for all. Attendees of the event mingled, dined on a gourmet dinner, and gambled the night away for the raffle prizes, which included many different types of gift cards and dental equipment.

Dr. Hemali Ajmera, QCDS member and New Dentist Committee chair, coordinated the event. She worked hard to organize the lectures, the attendees and



Dr. Bijan Anvar is on a roll, right, along with the other dentists at the Queens County Dental Society Residents and New Dentists Expo.

the creation of a successful casino themed evening. Throughout the day, Dr. Ajmera stressed the importance of organized dentistry. The residents were invited to attend the QCDS general

membership meetings. They were informed of the benefits of joining their local dental society. The importance of our representation at the state and fed-

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Happy 150th Anniversary NYSDA!



What's a celebration without a 150th anniversary cake!

This year marks the 150th Anniversary of the New York State Dental Association. To honor that momentous anniversary, Dr. Jay Ledner, Sesquicentennial Committee member, gave a historical presentation to the attendees at the April General Membership Meeting. Special 150th anniversary pins were distributed to more than 50 doctors in attendance. In honor of the occasion, a special 150th Anniversary cake was presented and then joyfully eaten by all the attendees!

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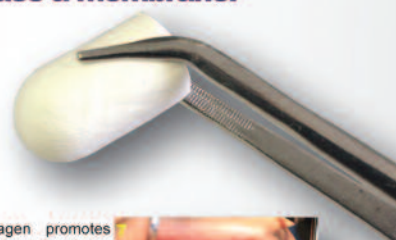
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Clinical images courtesy of German Murias DDS, ABO/ID

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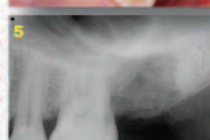
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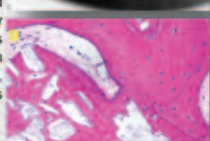
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From the President

dr-richardyang@yahoo.com

Promoting Oral Hygiene Awareness

By Dr. Richard Yang, D.D.S.

With the arrival of the beautiful spring and the exciting summer, QCDS will be holding a series of events to advocate the importance of oral health.

According to a summary from the National Health Interview Survey in the year 2016, one third of the population in the United States did not go to any dentists in 2015. Approximately one billion people did not see a dentist in 2015. They were prospective patients. As the frontier of oral health providers, we should attract them to visit us and receive the professional cares they deserve.

It is very important to educate the public that oral hygiene is vital and is a critical component of a person's health and wellness. A regular dental checkup and regular teeth cleaning are essential to maintain healthy teeth and gums. Everyone should have a regular dental visit at least every 6 months. We, as the guardian of patients' oral health, will be able to check the patient's gum and teeth, their tongue, throat, and face. We are to look out for any signs of troubles: swelling, redness or possible signs of oral cancers.

For people to be aware of the importance of maintaining good oral hygiene, QCDS is holding three purposeful events in May: we will visit two New York City public schools and provide oral education and screenings. We will also go to Citi Field for an evening of oral health and oral cancer education.

In the public schools, all volunteering dentists will teach elementary students how to brush their teeth. Dentists will provide a checkup. If there are any findings, QCDS will coordinate with the school and inform student's parents and advise the parents to seek treatments in professional dental offices. These two school visits are in partnership with Give Kids a Smile and the Colgate mobile van. Following the diligent volunteer work,

all volunteers will be invited to sit down with our colleagues and watch a Mets game.

In addition, on August 12, QCDS will team up with Tzu Chi International Medical Association. The team will have a one-day free clinic for the public in the LaGuardia Sheraton Hotel, Flushing, Queens. This event has become significant on the calendar. In the free clinic, our volunteer dentists and other professionals deliver oral hygiene education, general consultation, perform oral cancer screenings, take digital imaging, and render dental cleaning. Patients are encouraged to go to a dental professional to follow up and continue their treatments and start to have regular oral exams.

In November, Give Veterans Healthier Smiles will take place. Give Veterans program was originated in California. Around Veterans' Day, dentists invite veterans to visit them. Participating dentist will provide a checkup without charge or even provide free treatment. Dentists joining in this event should keep a record of the dates and each associated veterans' dental procedures. Their records should be reported to QCDS.

From November 7 to November 13, TIMA dispatches many volunteers from all over the world to administrate a dental outreach program in a needed area near Mexico City. Dentist could join the completed session or participate from November 7-10 or from November 10-13. Detailed information is available from QCDS.

During December, QCDS is proposing a wonderful event for seniors. More information will be released soon.

Let's all start to take actions to contribute our knowledge to those in need making positive impacts to others.

“
It is very important to educate the public that oral hygiene is vital...
”

Warning: Watch Out for OSHA and HIPAA Training Ads

NYSDA members continue to receive misleading mailings marketing training programs in OSHA and HIPAA compliance. But, there is no special training required by either federal OSHA or HIPAA regulations.

The current mailing is from a company called "Medical Compliance" in Washington, D.C. The official-looking notice warns: "This notice is a reminder that HIPAA and OSHA training is due May 15, 2018," and "failure to comply with these annual regulations may re-

sult in fines up to \$75,000 per violation."

Neither the training requirements nor the May 15 deadline exists.

What actually is required?

OSHA mandates offices conduct annual training for employees during each calendar year. There is a requirement that each office review its OSHA policies and protocols with staff annually, document that such training occurred and show the names of the staff trained. All new employees must be trained when they start work. No "out-

side" company is needed to conduct this training.

This is unrelated to New York State's infection control coursework for licensure required once every four years.

HIPAA requires training whenever policies change substantially enough to warrant training.

There is no "timeline" for training and there have not been any significant HIPAA policy changes that would necessitate training. All new employees must be trained when they start work.

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86-90 188 Street | Jamaica, NY 11423
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ADA Trustee Report

cgehani@gmail.com



ADA Develops Policy on Opioids

By Chad Gehani, D.D.S.

We developed an interim policy on opioids supporting mandates on prescription limits and continuing education in what could be the first of its kind among major health care professional organizations. The policy states: "The ADA supports mandatory continuing education in prescribing opioids and other controlled substances. The ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with the Centers for Disease Control and Prevention evidence-based guidelines. The ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs to promote the appropriate use of opioids and deter misuse and abuse. We are the only professional Association to come out with this type of policy, patterning with US Government to help drug abuse."

Medicare and Dental Benefit

Inclusion of dental benefits in Medicare is a very complex discussion with many moving parts. Our discussion was informed by HPI-generated data that shows support for a dental benefit among older Americans. The data suggests that among dentists, too, there is support for a comprehensive dental benefit in Medicare, especially if the ADA is part of the process of the development of such a benefit. Many who participated in this meeting pointed out that their own experience runs counter to these findings. Representatives from the Councils on Dental Benefits, Dental Practice, Access and Prevention and Government Affairs participated in our meeting, as well. Each of these councils is discussing whether the ADA should support development of a dental benefit in Medicare or not. The councils will develop a joint report to the House of Delegates on this topic. We look forward to additional information and input on this important topic leading up to the House of Delegates meeting. I will discuss my views on this important topic with all.

Diversity and Inclusion

We adopted an additional core value on diversity and inclusion. The addition of this important core value mirrors our efforts as an Association to advance diversity and inclusion in our work over the last several years. We embrace both diversity and inclusion. Diversity means that we include people from all backgrounds in our work. Inclusion means that these people have an actual impact, which is welcomed by us all.

Business Model

The project governance and the management teams have spent countless hours developing the new business model project. Ultimately, this project is designed to support and preserve independent dentistry. After much research, testing and rounds of adjustments, we are ready to launch the business

model as a pilot by the end of this year. This will allow us to test our assumptions and approaches and make still more adjustments as needed to deliver true value and financial stability for the Association. The pilot involves creating a platform that will include:

- A "match" module allowing dentists in different career phases to come together
- An educational module which includes business training and coaching as well as clinical education

- A relationship management module which includes an "ADA mentor" to help manage the matched relationships toward mutual goals for the participants

- A transition module where the ADA will assume many of the functions that are now performed by a broker facilitating the sale of an existing practice.

In addition, during its pilot phase, the new subsidiary will acquire, hold for two years, and then sell (no more than two) practices. This will allow us to learn quickly what is possible for the ADA to provide to solo and small group practices in coaching and administrative services. The practices acquired will likely be in rural areas or small towns where current dentists sometimes struggle to find buyers. Through the pilot, we will also learn how best to accomplish all of this in conjunction with our state and local societies. It is essential to remember that the purpose of a pilot is to learn and adjust and that is exactly what we will do. The ADA is a strong, successful organization and that is exactly the condition from which an organization like ours should launch a major new project. In the meantime, we look forward to the launch of this pilot project and what we will learn from it.

Lobby Day and Legislative Developments

Lobby Day was a great success. Nearly 1,100 dentists and students participated. Leading with the opioid issue on the Lobby Day agenda helped us get out ahead of the issue and positioned us well as Congress continues to move forward on this issue. Work continues on lining up a Senate sponsor for McCarran-Ferguson and Action for Dental Health. In Massachusetts and Arizona, the legislators are moving forward with bills addressing the dental therapist issue. It appears that both bills will be narrowly focused and the two state societies, aided by SPA support and funding, have worked hard on these bills. The final outcomes should reflect this. In Oregon, a therapist pilot program on Indian lands has been ongoing. Numerous problems with the pilot program have been publicly reported so far -- some of which seem to affect patient safety. Hearings are being held on the report and it is not yet known how this matter will develop. A copy

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DENTAL MALPRACTICE INSURANCE UPDATE

Topic: Managing the Risks of Maxillary Molar and Premolar Extractions

Professional Advice

Maxillary molars and premolars are located in proximity to the maxillary sinus, and their extraction can result in a perforation and oral antral communication. Although rare, the potential for a fracture of the maxillary tuberosity must also be considered before initiating an upper molar extraction. To help manage the risks associated with maxillary posterior extractions, a thorough pre-operative examination should be performed, inclusive of a review of diagnostic radiographs and an updated medical history. A sober assessment must then be made regarding a referral to a specialist.

A referral should always be made to an oral surgeon if the tooth to be extracted is impacted, there is significant curvature or angulation of the roots, it is severely infected, bone appears thin, fused to roots or ankylosed, roots are in the sinus, and/or the sinus lies low. A referral should also be made if the general practitioner lacks skills necessary to perform a complex surgical extraction, and does not have immediate access to a specialist. For, it is not uncommon for a posterior maxillary tooth to appear capable of a simple extraction, but turn out to require root sectioning or significant bone removal.

As a matter of routine, practitioners recommending an extraction should document the rationale for the procedure, and note any pain complaints and symptoms. The patient chart should also reflect that informed consent was obtained and that the risks of the extraction were discussed and alternative treatment offered. At minimum, patients contemplating a maxillary molar or premolar extraction should be advised of the following risks: pain; swelling; bleeding; fracture of the tooth and/or surrounding bone; possible injury to adjacent teeth and structures; sinus perforation and complications; infection; dry socket; and the need for further treatment.

In the event of abnormal movement suggestive of a tuberosity fracture, the practitioner should immediately stop the attempted extraction and refer the patient to an oral surgeon. A referral to an oral surgeon and an ENT should also immediately follow identification of a sinus communication, or any suspicion of same.

Practice Points

Focus: Before undertaking an extraction of an upper posterior tooth, a general dentist should determine that a referral to an oral surgeon is not indicated, and that informed consent is properly obtained and documented.

✓ **DIAGNOSTIC RADIOGRAPHIC STUDIES ARE ESSENTIAL TO A PRE-OPERATIVE ASSESSMENT, and should be liberally utilized. Patients should be referred for outside testing as needed.**

✓ **PROTOCOLS SHOULD BE DEVELOPED TO ASSURE THAT APPROPRIATE ORAL SURGERY REFERRALS ARE MADE. General dentists should not perform an extraction if they have any reservation regarding its complexity, or their ability to respond to unanticipated complications.**

✓ **EVEN THE MOST SKILLED GENERAL DENTISTS SHOULD ADVISE PATIENTS OF THE OPTION TO HAVE AN EXTRACTION PERFORMED BY AN ORAL SURGEON, and the option of a referral should always be reflected in the patient chart.**

✓ **BOTH VERBAL AND WRITTEN CONSENT SHOULD BE DOCUMENTED.**

✓ **IMMEDIATELY INFORM THE PATIENT IF A COMPLICATION IS ENCOUNTERED AND MAKE ALL APPROPRIATE REFERRALS.**

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NYSDA Trustee Report



Albany Meeting Successes

By Prabha Krishnan, D.D.S.

Your NYSDA Board of Trustees, along with the Council on Governmental Affairs, the EDPAC Board and scores of ASDA members--braved the elements in early February when we converged upon Albany for a three-day series of meetings and visitations with elected officials. As has become routine, the event was a stellar success, made the more so by the incredible talent and intelligence displayed by the future of our profession. Thanks to NYSDA staff and its legislative team for doing everything possible to make this a continued triumph for our organization.

Membership

Aside from politics, a major theme of the February meetings was membership – specifically, how to stem the consistent decline we have experienced over the last several years. Put simply, NYSDA needs to recruit more members annually to offset the loss of non-renewing members. Board members learned that, depending on the process within our components, several months could pass before an application for membership is approved. This is not acceptable and stymies recruitment efforts. In order to allow for approval and invoicing of applications within 24 hours of receiving the application, NYSDA will immediately begin a pilot dues payment program in conjunction with one or more component dental societies to allow for provisional membership in an appropriate category. This pilot program will run through the June 2019 NYSDA Annual Meeting, if not made permanent or canceled before then.

The NYSDA Find-A-Dentist campaign delivered over 10 million impressions and 46,088 clicks at a cost-per-click (CPC) of \$1.53; this is highly efficient and much more cost-effective than the originally anticipated \$4.63 CPC. Those dentists with photos receive many more clicks than those without. Of NYSDA's 8,044 member dentists who can update their online profiles, only 2,317 have photos. Over the next year, membership will send targeted messages to encourage the remaining 5,727 members to update their profiles. I urge my fellow members who have not done so to update their online profile!

Be sure to check the QCDS website for the latest Society events and news:
www.qcds.org

Candidates for ADA Office

NYSDA has received notice from two people from New York State expressing interest in running for ADA Speaker. In the interest of fairness, the Board decided it should ask each potential nominee to submit a written statement explaining why he should be the endorsed candidate for office.

DIY Orthodontic Services

At its 2017 annual session, the ADA was tasked with asserting its opposition to “do-it-yourself” (DIY) orthodontic services. Many states have already moved to ban these services. The Board voted unanimously to bring the following resolution to the 2018 NYSDA House of Delegates:

7B-2018: RESOLVED: That NYSDA move decisively to ensure that basic standards of patient care (comprehensive oral examinations, radiographic evaluation, study models or scans of the mouth, treatment planning and prescribing, periodic and final progress assessments) be applied to DIY orthodontic clinics just as they are to licensed dental practitioners; and be it further RESOLVED: That NYSDA move to educate state lawmakers about the risks of dental treatment without adequate oversight; and be it further RESOLVED: That NYSDA communicate its concerns regarding DIY orthodontic services to the New York State Department of Education.

Royalties

The Board held lengthy discussion on component/NYSDA royalty share on endorsements. Some components regularly allow competitor companies to both advertise in their publications and attend their meetings, alongside our endorsed vendors. NYSDA itself does not allow vendors that compete with its endorsed companies to advertise in The Journal or News or to attend its meetings. For components with which NYSDA has a co-endorsement agreement (e.g., MLMIC), NYSDA provides \$35/policy/year in support. Going forward, NYSDA will enforce its policy with respect to disallowing competitor vendors from advertising and presenting at component meetings, but in exchange, NYSDA will up the component share of endorsements from \$35 to \$45.

Good and Welfare

In closing, I'd like to congratulate Dr. Lawrence Volland, a former NYSDA president and longtime leader of organized dentistry, who has been chosen to receive the 2018 Distinguished Service Award. We are truly blessed here in New York State to have so many talented men and women, who work hard to advance our profession.

QCDS Delegation Lobbies for Dentistry in Washington

The American Dental Association and the American Student Dental Association kicked off their second ADA Dentist and Student Lobby Day in Washington, D.C. in April, a multi-day event that "is expected to rank as the one of the largest and most successful advocacy events for any health care association in 2018."

In attendance from the Queens County Dental Society were Dr. Chad Gehani, ADA Trustee, Second District; Dr. Rekha Gehani, QCDS Board member; Dr. Viren Jhaveri, QCDS Board member; and Dr. Prabha Krishnan, NYSDA trustee.

Organizers outlined for the more

than 1,000 dentists, dental students, state association staff, and others the various issues they would be presenting to legislators: "Opioids; higher education and student loan debt; McCarran-Ferguson reform; and Action for Den-

tal Health."

NYSDA won the ADPAC Award for the highest contribution towards advocacy. The award was for the highest (total) contribution by a trustee district to ADPAC.



QCDS members in Washington were, left to right, Drs. Prabha Krishnan, Rekha Gehani, Chad Gehani, and Viren Jhaveri.



Dr. Gehani with Dr. Volland accepting the ADPAC award.

Happy 150th Anniversary NYSDA!

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Celebrating NYSDA's 150th anniversary at a QCDS General Membership Meeting are, left to right, Drs. James Kouzoukian, Joseph Caruso, Jayesh Trivedi, Naushir Lalani, Alan Queen, and Robert Shpuntoff, Executive Director Oleg Rabinovich, and Drs. Lawrence Lehman, Harold Biller, Richard Yang, Jay Ledner, and Mohammad Bhuyan.

From The Executive Director

ed@qcds.org



Get Involved with Organized Dentistry

By Oleg Rabinovich

Have you thought about getting more involved with organized dentistry? To take part in the future of your profession? To work on insuring the success of the profession for the next generation? Now is the time to do so!

Any member interested in being considered for an elective position within the Queen County Dental Society should submit a letter of interest and CV to the executive director prior to May 31 for consideration by the Nominating Committee.

The Nominating Committee is responsible for presenting nominations for elective offices and representatives of QCDS, as required by the Bylaws. If you are interested, feel free to submit your name as a nominee. QCDS values the diversity of the Board of Trustees and welcomes nominations from those willing to volunteer their time for the benefit of the profession.

The following information summarizes the process:

QCDS Nominating Committee Composition:

- The last two immediate past presidents;
- Two members elected by the Board of Trustees at its April 24, 2018 meeting;
- Three members elected by the membership at the May 1, 2018 membership meeting;

- Three alternates elected by the membership at the May 1, 2018 membership meeting;

The president acts as chairman without the right to vote.

The Nominating Committee will report its selections at the October 9 membership meeting. Additional nominees will be added for any elective position by the receipt of a petition signed by 20 members and received by the executive director within ten days of the report of the Nominating Committee, which will be given at the October 9 membership meeting. No additional nominations, including nominations from the floor, will be accepted. Voting for all elective offices is scheduled for the November 6 membership meeting.

ICDE

The Nominating Committee, comprised of five ICDE members appointed by the Board of Directors, will meet and submit their report for all elective offices to the membership at the October 9 membership meeting, with voting at the November 6, 2018 meeting.

If you are not yet ready to seek elected office yourself, please remember to vote on November 6. Every vote counts! Make your voice heard by voting for the candidates that you support and who will fight for what you believe in.

If you are not yet ready to seek elected office yourself, please remember to vote on November 6.

Queens County Dental Society 2018 EDPAC CAPITAL CLUB MEMBERS

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Viren Jhaveri Prabha Krishnan Mercedes Mota-Martinez

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Gina Cucchiara Raj Singla

As of April 26, 2018

QCDS Deals a Winning Hand with Its Annual Residents and New Dentists Expo

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eral level was reinforced and the residents learned just how much PACs do for the dental profession.

QCDS Past-President Dr. Bijan Anvar said: "What a great day! The attendees really were interested in the presentations and had a great time at the party. It was a wonderful day of learning, mingling, networking and catching up with old friends."

The sponsors for the evening included Cargus, Bank of America, Hiossen, Care Credit, MLMIC, and Philips.



Opening the Expo are, left to right, Dr. James Kouzoukian, Dr. Hemali Ajmera, Executive Director Oleg Rabinovich, and Dr. Bijan Anvar.



Lots of action. Lots of fun. Something for everyone at the Queens County Dental Society Annual Residents and New Dentists Expo night.



Drs. Hemali Ajmera and James Kouzoukian spoke to residents.



Attorney Jennifer Kirschenbaum discussed legal issues with future practitioners.



New dentists place their bets.



Hitting 21 at Blackjack!



Robert Malandrucolo made a presentation to new dentists.



A large turnout of smiling faces were on hand for the Queens County Dental Society Annual Residents and New Dentists Expo, making the event a huge success!

ADA Trustee Report: New Policy on Opioids

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of the report will be posted for the Board’s attention.

ADA Master Brand

We have previously approved our master brand strategy, which pulls in both the profession and the public: “The ADA powers the profession of dentistry to advance the overall health of the public.” The master brand will be the foundation for communications going forward. Based on this master brand strategy, we also developed a vision statement. A vision statement represents our statement of a desired end-state. It is a brief sentence describing a future state. The vision statement is both internal and external facing. It is intended to inspire and provide direction to our members and our staff. This work began at our December retreat. Results from that retreat were shared with our staff and others and brought back to us. At this meeting, we approved our new vision statement: “Empowering dental professionals to achieve optimal health for all.

ADA-CVS Collaboration

An exciting new three-year, exclusive ADA-CVS collaboration will provide the ADA and, in particular, the ADA seal, with high visibility in every CVS store in the nation, while also promoting the Find-A-Dentist program. This collaboration also will generate revenue over the next three years. The slide deck shown to us is posted on ADA Connect and it provides pictures of the types of displays and promotions we will all see at CVS stores later this year. Additional talking points have also been posted. This collaboration has been promoted in ADA News as well as in CVS advertisements. One CVS circular reached over 40 million individuals!

ADA Foundation

Dr. William Calnon updated the Board on the activities of ADA Foundation. ADAF Executive Director Nick Falco has resigned. As part of the strategic planning efforts currently underway at the Foundation, there is an evaluation of ADAF programs, with a goal to better align them with ADA efforts. We also heard from Dr. Tom Hart, director of the Volpe Research Center, which is on the campus of the National Institute of Standards and Technology (NIST). Recent changes in leadership at NIST should prove to be very positive for the VRC.

Council on Scientific Affairs

Nominating members for our Council on Scientific Affairs is a key Board responsibility. In recent years, we have established better mechanisms to gain input from the council itself. At this meeting, we selected four nominees whose names will be submitted to the House of Delegates: Drs. Raymond A. Dionne, Kevin B. Frazier, Carlos Gonzalez-Cabezas, and Ana Karina Mascarenhas.

Task Force on Assessment on Readiness to Practice

We approved the Joint Task Force on Assessment on Readiness to Practice’s “Call to Action” on modernizing the current dental licensure process, and endorsed the formation of the “Coalition on Licensure Reform,” with the ADA as one of the founding members. The Call to Action is a comprehensive white paper outlining the needed reforms to the process of obtaining a dental license, both for initial licensure and licensure by credentials. It outlines the key concerns of

ADA members regarding dental license portability and the use of patients in the single-encounter clinical examination format. The paper also outlines strategies in approaching state dental boards and state legislatures that will be utilized by the newly formed Coalition for Licensure Reform. The founding members of the coalition at this point are the ADA and ADEA. Other interested dental and dentally-related associations and organizations, along with patient advocacy groups, will be invited to join the coalition and endorse the Call to Action.

Recruitment of DSO Employee Dentists

One DSO, the employees of which are all ADA members, has asked us to develop a mechanism so that it can make a single dues payment to the ADA for all of its employees, rather than doing this separately for each employee dentist in the various states in which it operates. The idea is to develop a mechanism through which the ADA would collect the dues and then pass along to the state and local societies their share of the dues, in contrast to the regular pattern of the state societies collecting these dues payments. To be clear, the premise here would be to make the state and local societies whole, so there would be no financial impact on them. At our meeting, we approved a limited pilot project to test this idea out, as is permitted for the Board to do under House policy. We have asked the Council on Membership to assess the pilot project after one year.



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How to Maximize Your Online Reviews

It always feels good to get a positive review, especially when it comes directly from a patient. That feeling is a small reward in and of itself, but good reviews keep on giving beyond the initial happiness they bring. Under the right circumstances, a healthy collection of positive reviews can become an extremely valuable asset to your practice. And it happens in more ways than you might think.

Naturally, the more positive reviews you have online, the more appealing your practice will be to prospective patients who like having the reassurance that their healthcare professional will be reliable. So, the biggest benefits of positive patient reviews are simple: they make you look good to the public and help in getting your name recognized.

Those are pretty much no-brainers, though. The real hidden treasure of good reviews is that, when you have enough of them, your SEO rank actually starts to improve. That's right, positive reviews actually inch your website closer to the front page of major search engines without any additional work on your part. Each good review is a totally free web presence boost, so when you combine good reviews with a professional SEO campaign, there's no telling where your site might go.

Letting reviews work their magic is the easy part, though. Often, it's more difficult to get them in the first place. So what are the best ways to get favorable online reviews, while still being ethical?

•Direct patients to your listings: There's no need to be coy, so

being direct is often the best approach. If a patient expresses satisfaction, you can simply ask them to leave a review, and many will be happy to do so. Something as straight-forward as “that's great to hear; would you mind leaving us a review?” is perfectly acceptable.

•Give them some direction: After that satisfied patient leaves your practice to get back to their daily life, they may forget some of the details about your request, or forget about your request altogether. It can be helpful to provide them with a small handout – something that lists the URLs of your review listings and social media channels. When they find the handout again later, they'll be more likely to take action thanks to your clear instructions.

•Consider reputation management software: Once you've started earning reviews, you'll want to stay on top of them. Good software can help you see where you're being reviewed, see how positive the feedback is, and track your progress over the long term. More positive reviews mean more SEO traffic, which ideally means more appointments scheduled.

One last thing: Whenever possible, try to make these requests in person, rather than over the internet. A personal touch from you will help you earn their trust. And lastly, regardless of how well you know your patients, be sure that you've made the review process as convenient as possible before you ask them to do anything. After all, they're (almost) as busy as you.



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CE COURSES

Pre-registration is required for all CE Courses except General Membership Meetings. Call 718-454-8344 to register.

Tuesday, June 57:00 p.m.

General Membership Meeting 2 C.E. Credits
“SCANalicious: Digital Dentistry for the Present and the Future”
This will present the latest in digital dentistry. It will focus on caries detection, CBCT technology, scanners, mills, printers, materials and cements and will cover:
•Caries detection devices: How to incorporate these into the daily workflow.
•CBCT Technology- Why does the cone beam make us better diagnosticians?
•Digital scanners- Are they a need or a want?
•Digital case planning for optimal success: The new age of communication!
•Are the mills and printers ready for today’s busy practice?
•Keeping up with the newest indirect materials: Choosing the correct material for optimal success.
•Are they all cemented equal? How to choose the proper cement for your material of choice.

Speaker: Dr. Ron Kaminer
Free admission to all members; Non-QCDS Members by invitation only. Dinner included.

Thursday, June 76:00 p.m.

CPR - Certification 4 C.E. Credits
Topic: Basic Cardiac Life Support

Basic Cardiac Life Support Certification will cover 1 and 2 rescuer CPR, Heimlich maneuver, child CPR, and AED. The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may someday become a reality to someone you know or care for. Be prepared to help save a life.

Instructor: Have Dummy Will Travel BLS Instructor
Tuition: ADA member/staff: \$105 Non-ADA member: \$260

Pre-registration is required. Call 718-454-8344 to register. Class begins promptly at 6:00 p.m. A \$15 late fee will be assigned to those who pay and/or register on the day of the event. A light dinner is included.

Friday, June 89:30 a.m.

Video Study Club: 2 C.E. Credits
Esthetic Gingival Covering of Exposed Crown Margins

The frustrating problem of exposed crown margins: the gingiva around some beautiful crowns in a patient’s smile zone has receded, and the unsightly junctures between the crowns and the tooth structure are evident. If the patient has adequate attached gingiva it is relatively easy to reposition their attached gingiva and recover the crown margins. After a few weeks for gingival healing, the crown margins are once again covered. This presentation includes the indications and contraindications for this procedure, necessary instruments; a close-up clinical demonstration of the procedure, and follow-up of the completed crown margin coverage after normal healing.

Instructor: Dr. Al A. Gulum
Tuition: QCDS members: Free
Non-QCDS members (one time): \$100
Non-QCDS members (VSC annual pass): \$350

Pre-registration is required. Call 718-454-8344 to register. A \$15 late fee will be assigned to those who pay and/or register on the day of the event. A light breakfast is included.

Friday, June 159:00 a.m.

Infection Control 4 C.E. Credits
In the past this course has had an overwhelming positive response from those clinicians and their staff who want to stay informed about the latest infection control recommendations and do so through the eyes of a speaker/clinician who understands the nature and demands of everyday dental practice. Bring your entire staff and satisfy OSHA’s annual staff training requirements. Learn what’s new in infection control techniques and what is needed to comply with appropriate infection control guidelines.

Instructor: Safety Compliance Services
Tuition: ADA member/staff: \$95 Non-ADA member: \$260

Course qualifies for re-licensure. A \$15 late fee will be assigned to those who pay and/or register on the day of the event. A light breakfast will be included. Pre-registration is required. Call 718-454-8344 to register. Class begins promptly at 9:00 a.m.

Friday, August 109:00 p.m.

CPR - Certification 4 C.E. Credits
Topic: Basic Cardiac Life Support

Basic Cardiac Life Support Certification will cover 1 and 2 rescuer CPR, Heimlich maneuver, child CPR, and AED. The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may someday become a reality to someone you know or care for. Be prepared to help save a life.

Instructor: Have Dummy Will Travel BLS Instructor
Tuition: ADA member/staff: \$105 Non-ADA member: \$260

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Friday, June 229:00 a.m. – 5:00 p.m.
Saturday, June 239:00 a.m. – 1:00 p.m.

The Successful Dental Treatment of Sleep Apnea 12 C.E. Credits

Day 1 Course Description:
•Introduction to sleep – sleep stages, disorders
•Sleep apnea prevalence – why is there a need for treatment
•Sleep apnea symptoms/clinical issues
•Treating snoring and sleep apnea in a dental office – protocol review
•Patient education; addressing key issues and getting a snoring patient to convert to a sleep apnea treatment case
•Prepare overnight home sleep study for select course attendees
•Hands on with Pharyngometer / Rhinometer
•Working with Sleep Physicians

Dietary Concerns

QCDS wishes to accommodate the dietary needs of attendees at meetings and programs. Anyone requiring kosher or other specialized foods should notify the QCDS office at the time of registration.

Day 2:
•Download previous night’s Home Sleep Tests study and review study data and sleep report with class
•Dental Sleep Medicine step-by-step protocol flow chart
•Hands on working with popular oral appliances like the TAP, Respire, EMA, SilentNight and more!
•Appliance review – pro’s and con’s of all of the major sleep appliances
•Case presentations
•Medical insurance billing. Review of the latest codes, fees, procedures and recommendations from SGS experts who are doing this daily
•Dental Sleep Protocol recap from A to Z

Presenter: John Nadeau

Presenter Biography:
John Nadeau has been actively involved in the dental sleep medicine community since 2002. He has worked with several hundred dentists in the field and helped many of them get started with sleep in their own practices. An expert on airway acoustic imaging and home sleep testing John authored the SGS protocol manual detailing the steps-by-step process involved in taking a patient from initial screening through diagnosis, treatment and follow-up. John’s passion for dental sleep medicine comes through strongly in his lectures and he has been an invited guest instructor at many dental meetings and teaching facilities across North America.

Tuition: ADA member/staff: \$120 Non-ADA member: \$220

Pre-registration is required. Call 718-454-8344 to register. A \$15 late fee will be assigned to those who pay and/or register on the day of the event. Class begins promptly at 9:00 a.m. A light breakfast & lunch is included.

STUDY CLUBS

Dr. Fialkoff Study Club

CONTACT DR. FIALKOFF 718-229-3838
June 13 7:00 -10:00 p.m.
Topic: “The Essentials of Endodontic Emergencies: Diagnosis, Safe Access and Infection Management”
Speaker: Dr. Brett Gilbert
Location: 47-10 Bell Blvd., Bayside

July 11 7:00 -10:00 p.m.
Topic: “How Dentists Can Become Invincible to Lawsuits and Save Thousands in Taxes”
Speaker: Don Pendleton
Location: 47-10 Bell Blvd., Bayside

Kalman Study Club

CONTACT DORIS 718-897-6400
June 20 6:30 -9:00 p.m.
Topic: “Data Protection, Cybersecurity and HIPAA”
Speaker: Dr. Bijan Anvar
Location: 6070 Woodhavn Blvd., Unit C-2, Elmhurst

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The due date for form 1065 U.S. Partnership Income Tax will be the 15th day of the third month following the close of the partnership's tax year. Previously, partnerships were due by the 15th day of the fourth month. The due date for form 1120 U.S. Corporation Income Tax Return is changed to the 15th day of the fourth month following the close of the tax year. The deadline was the 15th day of the third month.

Both of the above changes are applicable to returns for years beginning after 12/31/2015

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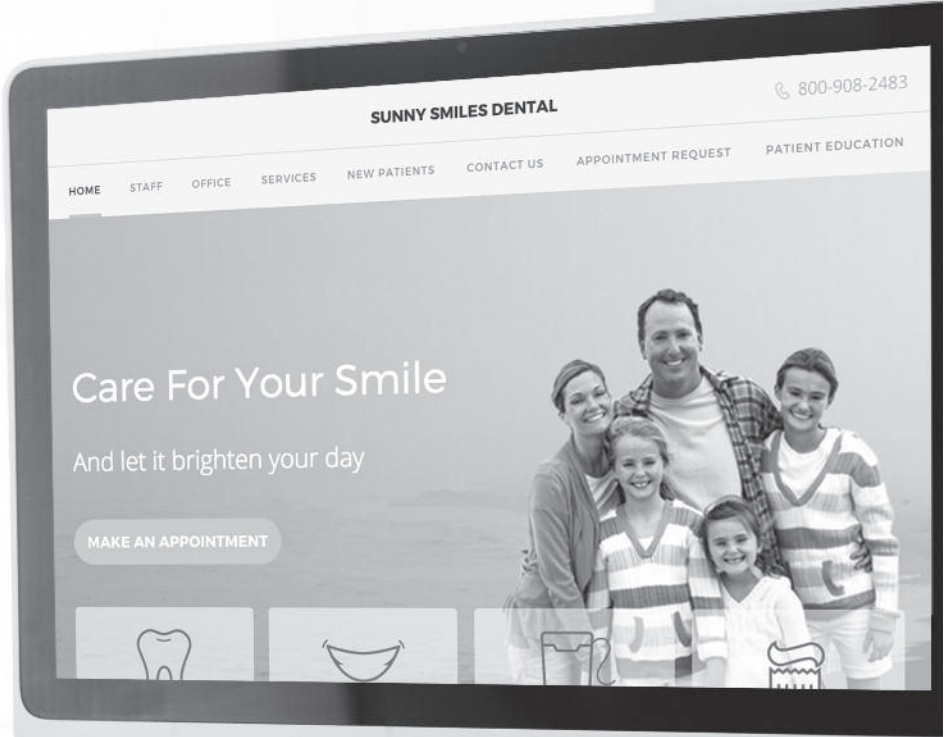
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