

From the President

pratixshroff@gmail.com

AI in the Dental Office

By Dr. Pratix Shroff, D.D.S.

I would like to begin by saying “Thank You” to everyone who supported me at the installation event, Executive Director Dr. Chad Gehani, the QCDS Board of Trustees and all of the QCDS members, for entrusting me with this position as your president.

For my first article, I want to address a current issue that is facing not only the field of dentistry, but one that is facing society globally—artificial in-

“

...the integration of AI in dentistry presents challenges and ethical considerations.

”

telligence. AI in dentistry represents an innovative leap in the field, revolutionizing patient care, diagnostics, treatment planning, and overall practice management. I would like to discuss the significant impact of artificial intelligence in dentistry, examining its applications, benefits, challenges, and future prospects.

The integration of AI technologies in dentistry has substantially transformed traditional practices. One of the primary areas where AI shines is diagnostics. AI-powered imaging analysis tools, such as computer-aided detection systems, enhance the accuracy of detecting oral diseases, includ-

—Continued on page 5

Prabha Krishnan to Receive Emil Lentchner Award At Annual QCDS Gala Dinner



By Marc Katz

Q u e e n s County Dental Society Past President Dr. Prabha Krishnan has been selected to receive the organization's highest honor, the Emil Lent-

chner Distinguished Service Award, at the QCDS Annual Gala Dinner Dance, to be held Saturday, January 6, at Leonard's Palazzo, Great Neck.

The selection of Dr. Krishnan was made “because of her many years of distinguished service to the dental profession locally, on the state level and nationally, and to our organization and community in particular” said QCDS Executive Director Dr. Chad Gehani, also a former recipient of the award and a QCDS and ADA past president.

The award is named for Dr. Emil Lentchner in recognition of his many efforts to better organized dentistry.

Dr. Krishnan, who is scheduled to become the president of the New York State Dental Association in June, said she was honored to have been selected to receive this recognition. “I will be in the company of many renowned professionals who have previously received this award.”

When accepting the award at the Dinner Dance, she said she would like to address “where we are as a profession, where the dental society is at present—and where it should be going.”

The Forest Hills periodontist has been involved with organized dentistry since she opened her practice more than 30-

years ago. Shortly after, she joined QCDS, serving on many committees before being elected president of the society in 2009.

During her term as president she spearheaded the QCDS Women in Dentistry Conference, the first meeting of its kind, which was open to all dentists throughout the tri-state area. The well-attended meeting discussed issues facing women in the field and featured a panel discussion, while allowing participants to earn CE credits for attending. The conference was recognized by the ADA with its Golden Apple Award.

Following her term as QCDS president she became more heavily involved in NYSDA leadership, becoming the first woman to serve on the board of the organization. She served as a NYSDA board member from 2015-2019. She became NYSDA vice president in 2022 and currently serves as its president-elect. Dr. Krishnan was a member of the NYSDA Council on Membership, Council on Dental Benefits, and for two terms she chaired the Council on Government Affairs.

On the national level, she is the immediate past chair of the ADA Council on Communications and was a member of the Diversity and Inclusion Committee of the ADA Board and an ADA delegate.

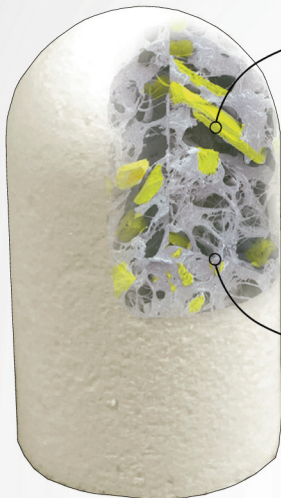
In addition to her practice, Dr. Krishnan has been an attending and chief of periodontics of the Department of Dentistry at Flushing Hospital Medical Center since 1995 and has served as an associate clinical professor of the Department of Periodontics at the New York University College of Dentistry.

She also volunteers extensively within the local community.

Dr. Krishnan will be installed as NYSDA president at a meeting in Verona, New York in June.

OSTEOGEN® PLUG

**ONE STEP BONE GRAFTING SOLUTION
FOR SOCKET PRESERVATION WITHOUT
THE NEED FOR A MEMBRANE**



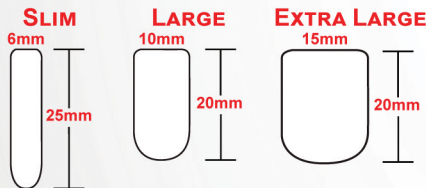
• **OSTEOGEN®
NON-CERAMIC
BIOACTIVE RESORBABLE
BONE GRAFTING
CRYSTALS**

• **TYPE I BOVINE
ACHILLES TENDON
COLLAGEN**

**BUY 5 BOXES
GET
1 FREE**

**CALL TODAY
OR SHOP
ONLINE
& USE CODE
OGX808**

Available in Three Sizes



At less than \$50 per piece, the Impladent Ltd OsteoGen® Bone Grafting Plug combines bone graft with a collagen plug to yield an easy and affordable way to clinically deliver bone graft for socket preservation and ridge maintenance, all without the need for a membrane!

1. Spivak, J Biomed. Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valen, J Oral Implantology, 2002.

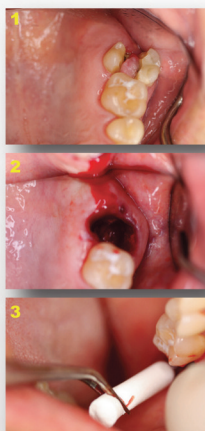
Clinical Case Example

Clinical images courtesy of German Murias DDS, ABO/ID

Tooth #15, set to be extracted.

Remove the entire pathologic periodontal ligament and flush socket twice. Use #6 carbide bur, make holes through the Lamina Dura to trabecular bone and establish Regional Acceleratory Phenomenon.

Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.



Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain Plug. Do not suture through Plug. No membrane is required.

OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.

As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.



Scan Here
For Product
References

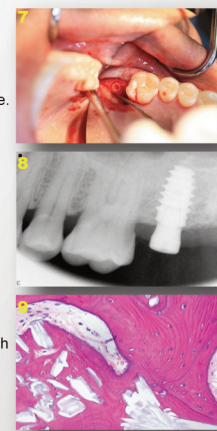


Scan Here
For Product
Videos

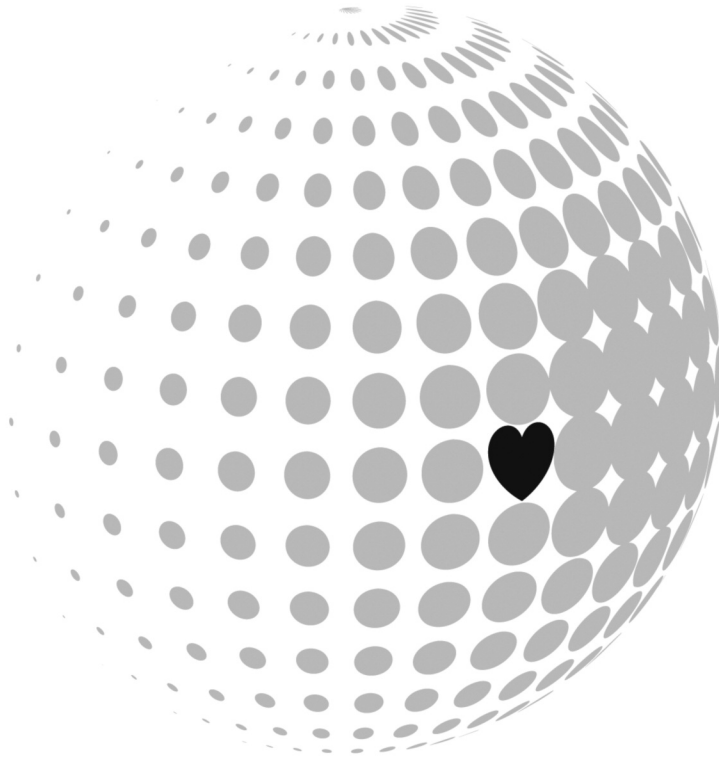


The collagen promotes keratinized soft tissue coverage while the OsteoGen® crystals resorb to form solid bone. In this image, a core sample was retrieved.

Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation.



Together, we are helping people live healthier lives.



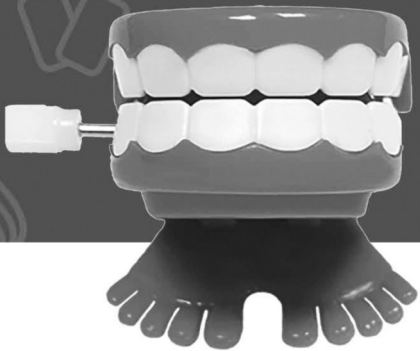
We at Henry Schein believe that our success is inextricably linked to the success of the professions and communities we serve. We have pursued the ideal of “doing well by doing good” since our founding in 1932, and it is exemplified by our global corporate social responsibility program, Henry Schein Cares. We seek to engage our business and

philanthropy partners in a “higher ambition” model of creating shared value through deep, trust-based relationships, driven by a sense of purpose and accountability. As a corporate citizen, we utilize these relationships to improve sustainability and expand access to health care for underserved and at-risk populations around the world.



LEARN MORE ABOUT OUR COMMITMENT TO “HELP HEALTH HAPPEN”
www.HenrySchein.com/HSCares

We put more teeth into our legal services



Let us put a smile on your face

We advise, assist and protect dentists with the intricacies of starting, running and transitioning their professional practices.

- **Buying, selling or expanding your practice** Eric J. Ploumis, DMD, Esq.
Benjamin P. Malerba, Esq.
- **Compliance** Joel M. Greenberg, Esq.
- **DSOs** Douglas E. Menikheim, Esq.
- **Hiring & employment** Sean N. Simensky, Esq.
- **Succession & estate planning** Dylan Mruczinski, Esq.
- **Tax, contract & other business issues**



DRIVEN TO DELIVER®

NEW YORK | NEW JERSEY | FLORIDA

rivkinradler.com

QCDS Bulletin

Executive Director
Chad Gehani

Administrative Assistant
Lucy Chabria

2024 Officers
Pratix Shroff, *President*
Savitha Reddy, *President-Elect*
Chiran Reddy, *Vice President*

Chad Gehani, *Secretary*
Mitchell Greenberg, *Treasurer*

Board of Trustees

B. Anvar	D. Kalman	A. Queen
B. Arbitman	S. Kesner	V. Shah
C. Berkman	K. Khakhar	V. Sharma
D. Bhagat	N. Lalani	D. Sidhu
M. Bhuyan	L. Lehman	R. Singla
J. Caruso	M. Mota-Martinez	B. Vallejo
A. Dogra	R. Olan	R. Yang
E. Huang	A. Persaud	

Past Presidents

Arthur Feigenbaum	Arellys Santana	Craig Tischler
Hanette Gomez	Prabhakar Koppikar	

NYSDA Trustee M. Greenberg

NYSDA Delegates

A. Feigenbaum	S. Reddy	Alternate Delegates:
H. Gomez	R. Shpuntoff	C. Gehani
V. Jhaveri	P. Shroff	R. Gehani
P. Koppikar		B. Vallejo

ADA Delegates

M. Greenberg	ADA Alternate Delegates:
S. Reddy	R. Gehani
	V. Jhaveri

Institute for Continuing Dental Education

Doron Kalman, <i>President</i>	Lawrence Lehman, <i>Vice President</i>
Robert Shpuntoff, <i>Secretary/Treasurer</i>	

ICDE Board

B. Anvar	A. Feigenbaum	A. Queen
D. Bhagat	J. Ledner	J. Schaf

The *Bulletin* is published six times a year, bimonthly. It is the official publication of the Queens County Dental Society. Neither the Society nor the *Bulletin* assumes responsibility for the points of view or opinions of its contributors.

Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

For more information about advertising, contact the Business Manager at 86-90 188th Street Jamaica NY 11423 or call (718) 454-1020. Inclusion of an advertisement does not imply endorsement of any firm, goods, or services unless such endorsement is specifically stated.

Subscription is included in the annual membership dues of the Queens County Dental Society. The Subscription rate for non-members is \$30 per year, or \$5 per issue.

The QCDS Board of Trustees meets on the third Tuesday of each month (Except July and August) at QCDS Headquarters. For information about the Society, Call QCDS at (718) 454-1020.



Publication Member of the
American Association of Dental Editors

Queens County Dental Society

86-90 188 Street | Jamaica, NY 11423
718-454-1020 | fax: 718-454-1061
www.QCDSdental.org | email: queenscountydentalsociety1@gmail.com



From the President

pratixshroff@gmail.com

AI in the Dental Office

By Dr. Pratix Shroff, D.D.S.

Continued from page 1

ing cavities, periodontal diseases and oral cancers. These systems assist dentists in identifying anomalies in x-rays, CT scans and other imaging modalities, thereby aiding in early and precise diagnoses. Moreover, I think AI algorithms contribute to treatment planning by analyzing vast amounts of patient data and suggesting personalized treatment options. Machine learning algorithms can predict potential outcomes based on historical data, assisting all practitioners in devising optimal treatment plans tailored to individual patient needs. This not only enhances treatment efficacy, but also minimizes errors and reduces unnecessary procedures.

Another noteworthy application of AI in dentistry, especially for dentists performing surgeries, is robotic-assisted surgeries. From my point of view, since patient care is our number one priority, robots equipped with AI capabilities assist dentists during complex surgical procedures, enabling more precision, reducing the margin of error, and shortening recovery times for patients. These advancements pave the way for minimally invasive procedures with enhanced precision, benefiting both patients and practitioners. Every one of us is facing the issue of finding suitable long-term staff to assist in running an efficient practice. AI-powered virtual assistants streamline administrative tasks in dental practices. Virtual receptionists powered by AI can manage appointment scheduling, answer patient queries and manage administrative tasks, allowing dental staff to focus more on patient care. This automation improves overall practice efficiency and patient satisfaction.

Many of us are involved in academics. AI can supplement traditional teaching methods by providing interactive and dynamic learning experiences. Simulations powered by AI can offer students hands-on practice in various dental procedures, allowing them to hone their skills in a controlled environment before working with actual patients. AI-based diagnostic tools can be incorporated into the curriculum to teach students how to interpret radiographs, scans and other imaging modalities more accurately. Exposure to AI-powered diagnostic systems can improve their ability to detect and diagnose oral conditions effectively. AI algorithms can help instructors analyze individual learning patterns and provide personalized feedback to students. This adaptive learning approach ensures that students receive targeted guidance and support based on their strengths and weaknesses. Our field, like other fields, is continually evolving with technological advancements. Integrating AI into dental education ensures that students are fa-

miliar with and prepared to leverage the latest tools and techniques when they enter practice.

Despite its numerous benefits, it's my opinion that the integration of AI in dentistry presents challenges and ethical considerations. HIPPA or Privacy concerns regarding patient data security and confidentiality arise due to the vast amount of sensitive information processed by AI systems. Ensuring robust data encryption and adherence to strict privacy regulations becomes a challenge and it is imperative to maintain patient trust and confidentiality.

Additionally, we must also consider the initial costs associated with implementing AI technologies in dental practices. This may pose a barrier for smaller clinics or practitioners with limited resources. Training our staffs to effectively utilize AI tools and integrating them into existing workflows also requires time and resources, making the adoption process slower for some. However, it is crucial to strike a balance and not rely solely on AI. I am sure everyone will agree that human interaction, critical thinking, and empathy are crucial aspects

of dentistry that AI cannot replace. Therefore, AI should complement, not replace, traditional teaching methods and clinical experiences. Incorporating AI as a supportive tool in dental schools can empower students, enrich their learning experiences and prepare them for a technologically advanced future in dentistry.

I think that overreliance on AI tools can potentially diminish the development of critical thinking skills among dental professionals. Relying solely on AI for diagnostics or treatment planning might lead to a lack of independent judgment or diagnostic skills in some cases. Integrating AI seamlessly into existing workflows and clinical practices can be challenging. We will have to allocate substantial resources, since staff may require time and training to adapt to innovative technologies and the integration process might initially disrupt established routines.

We will need to allocate additional funds, as AI systems require regular maintenance and updates to remain effective and secure. This ongoing need for updates and technical support can be resource intensive and may pose challenges for some dental practices. From a legal point of view, determining liability in cases of errors or malfunctions in AI systems can be complex. If an AI system provides incorrect information or diagnoses, determining responsibility and accountability might pose legal challenges. Addressing these

—Continued on page XXX

“
As technology continues to advance, the potential for AI to enhance dental practices and patient experiences remains vast...
”

JACOBSON GOLDBERG & KULB, LLP

Attorneys and Counselors at Law

585 Stewart Avenue Garden City, New York 11530

516-314-9557

www.jgklaw.com

EMAIL: akulb@jngllp.com

Serving the Legal Needs of the Dental Profession for 60 years

- OFFICE OF PROFESSIONAL DISCIPLINE
- PURCHASE & SALE OF PRACTICES
- LICENSURE AND LICENSE RESTORATION
- BUSINESS AGREEMENTS
- MEDICARE ENROLLMENT & AUDITS
- THIRD PARTY AUDITS & TERMINATION
- STATE & FEDERAL CRIMINAL PROCEEDINGS
- REAL ESTATE MATTERS
- PARTNERSHIP, EMPLOYEE, INDEPENDENT CONTRACTOR AGREEMENTS

Amy T. Kulb Daniel M. Goldberg Jeffrey A. Granat Jill R. Kulb

Insurance Planning for the Healthcare Professional

"Taking You From Residency To Retirement™"



WHO WE ARE

Eric S. Studley & Associates, Inc. is a nationally based insurance brokerage firm specializing in the insurance and financial planning needs of dentists. Our business principles reflect those of our president and CEO, Dr. Eric S. Studley, who began his career as a dentist and remains your colleague.

At Eric S. Studley & Associates, Inc. we offer insurance services that will be needed throughout your career.

Should you choose our services, we looking forward to **Taking You From Residency To Retirement™**.

WHAT WE OFFER

- Disability Insurance
- Personal and Student Loans
- Personal and Business Life Insurance
- Health Insurance, Life Insurance, Short- & Long-Term and State Disability

OUR REFERRAL SERVICES

- Malpractice Insurance
- Home and Office Insurance
- Workers' Compensation
- Financial Planning and Investments
- Retirement Planning

Customer Service at its highest level.
One phone call takes care of all your insurance needs!

Call us today at 631-673-9496 or email us at insurance@drericstudley.com to schedule an appointment!

234 West Jericho Turnpike, 2nd Floor, Huntington Station, NY 11746
P: 631-673-9496 | F: 631-673-9497 | Insurance@DrEricStudley.com | www.DrEricStudley.com



CUSTOM UPHOLSTERY Inc.

3280 Sunrise Hwy Ste 59
Wantagh, NY 11793

SPECIALIZING IN
DENTAL FURNITURE ALL
WORK COMPLETED AROUND
OFFICE HOURS

DENTIST'S CHAIRS
OFFICE FURNITURE
WAITING ROOMS
ETC...



(516) 354-5650

FREE ESTIMATES



Changes Within the ADA

By Dr. Brendan Dowd, ADA Second District Trustee

Happy New Year to all of you, and to your families. It is my sincerest hope that everyone enjoyed the holiday season. As we embark upon a new year, I wish all of you a healthy and successful 2024. It is a new year for your American Dental Association too, with many interesting things occurring in Chicago, as well as around the country.

In October, the ADA announced a new organization in collaboration with the Forsyth Institute. The new entity is called the ADA Forsyth Institute. It will dramatically change the oral health research arena, with cutting edge transformative research. Ultimately, this will lead to more advanced care in the clinical care of dentistry, which will directly improve our patient's overall health. Through biological research, local and global public health outreach, along with technological innovation, the ADA Forsyth Institute will set the standard for dental research around the world. The ADA Seal Program will eventually grow to investigate a much larger number of products to evaluate and decide which dental commodities deserve their approval.

Elyse Cherry, J.D., board chair of the Forsyth Institute, gave a presentation on the organization to the ADA Board of Trustees at the October Board meeting. She discussed a storied list of accomplishments, as well as the historical background of Forsyth, which dates back more than 100 years. The location of the new ADA Forsyth Institute will be in Somerville, Massachusetts.

I had the distinct honor of representing the ADA as a delegate at the most recent Federation Dentaire International (FDI) annual meeting last September in Sydney, Australia. The FDI World Dental Congress met and decided many of the pressing issues that deal with global oral health. Although the FDI is a small organization, with headquarters in Geneva, Switzerland, it represents more than 100 National Dental Organizations and close to 100 countries. I have come to learn they are involved in many collaborations in the global oral health community. New policy statements including "Collaboration between Oral Health Professionals and Other Health Professionals," "Mental Health for Oral Health Professionals and Dental Students," "Tooth Wear and Alcohol as a Risk for Oral Health" were decided upon. Revision of existing policy statements on "Alternative Restorative Materials to Dental Amalgam," "Perinatal and Infant Oral Health Care," "Social and Commercial Determinants of Oral Health," and "Oral Health for Healthy Aging" were debated and agreed upon.

The FDI is overseeing more than 20 in depth studies on research areas such as access to oral health care through primary care, the effects of free sugar on oral health and overall health, antibiotic resistance in dentistry, artificial intelligence and dental applications, consensus project on tooth brushing methods, and digital cleft care and elec-

tronic health records. After many discussions to strengthen the draft of the World Health Organization's Global Oral Health Plan (2023-2030), the revised version was incorporated, with many FDI recommendations in the final language. What I have learned is that the FDI punches above their weight and the ADA is an integral part of their success.

After a full year of existence, the Strategic Forecasting Committee is rounding into shape. As a committee of the House of Delegates, the SFC seated its new members following the House vote, has completed selections for the subcommittees and the action groups. The SFC has approved the Vision and Mission statements of the American Dental Association, which will be placed before the 2024 House of Delegates for final adoption. Work is now beginning to assess the value of each of the existing 171 programs at the ADA, as measured against current priorities. Discussions are also ongoing within the Action Groups on a variety of critical topics. The information and opinions gathered are forwarded to the subcommittees and finally end up at the Strategic Forecasting Committee. Any new revelations or ideas that occur in the profession will also be studied by groups that are skilled in those areas.

The Board of Trustees will take the SFC value-based recommendations of ADA programs and use them when preparing the budget and finances of the ADA. This will be done on a quarterly basis instead of annually. This correlates with mission-based accounting and making decisions on a real time basis. The ADA feels decisions made in a timelier manner will make our organization more effective and financially stable. If you are called to be on an Action Group or a subcommittee, please take us up on it and be involved in important discussions within our organization.

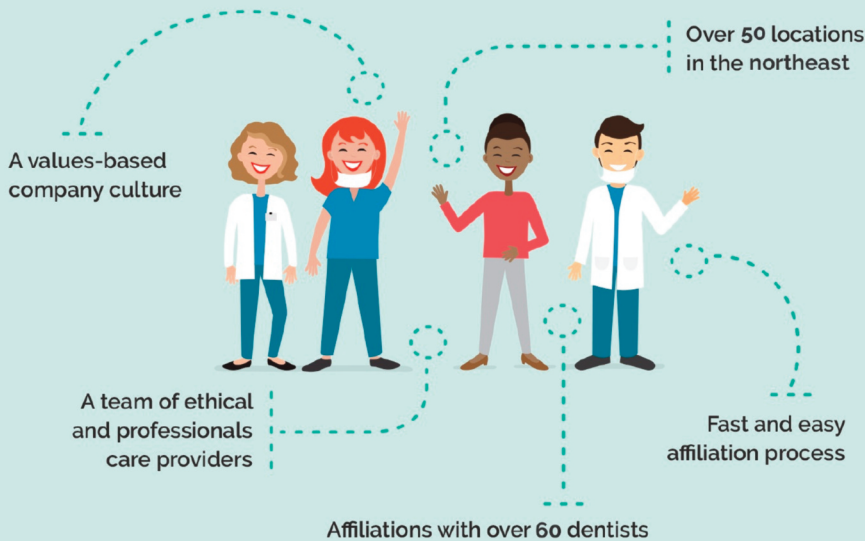
I recently mentioned the California Board of Governors decided to recalibrate and put the idea of optional ADA tripartite membership on pause. The California House of Delegates met in mid-November and did not bring up the issue. My hope is with all the new changes happening at our ADA, there will not be any reason for California to take this issue up again. As we all know, the ADA and our profession are stronger together with the tripartite, including the entire country—speaking as one for our members and the patients we serve.

I have been honored to serve as your trustee during the past year and I look forward to serving you during the next three years, as well. It has been a tremendously rewarding experience and I would like to thank all of you for the opportunity.

I wish everyone a happy and successful 2024. Please contact me at 716-510-3217 if you have any questions concerning the ADA or if you need to talk about our profession in any way.

the Smijst

THE RIGHT PARTNER FOR YOUR PRACTICE



Discover Opportunities with The Smilist.

- ★ Cash for your practice
- ★ Freedom from administrative duties
- ★ Increased new patient volume
- ★ Experienced partners
- ★ Leadership roles & opportunities



Call Thomas Passalacqua,
Director of Business Development,
for a 15 minute consultation.

(516) 376-5504

thomasp@thesmilist.com

www.thesmilist.com/affiliate

DANZIGER & MARKHOFF LLP

Attorneys at Law

Representing dental practices in the areas of:

- Dental Practice Transitions
- Office Leasing
- Estate and Tax Planning
- Retirement Plan Design and Administration



Westchester:

1133 Westchester Ave • Suite N208 • White Plains • NY 10604

Long Island:

135 Pinelawn Road • Suite 245 South • Melville • NY 11747

Contact: Gary S. Sastow, Esq.
914-948-1556 • gsastow@dmlawyers.com
danzigermarkhoff.com

PRINTING SPECIALS FOR DENTAL PROFESSIONALS

10% DISCOUNT FOR QCDs MEMBERS

- | | |
|---------------------|-------------------|
| ■ Brochures | ■ Envelopes |
| ■ Business Cards | ■ Labels |
| ■ Prescription Pads | ■ Rubber Stamps |
| ■ Medical Forms | ■ Mailings |
| ■ Letterhead | ■ Design Services |

DELIVERY TO YOUR OFFICE DOOR!

KC GRAPHICS

25 Cutter Mill Plaza • Great Neck

516-466-2434



NYSDA Council on Ethics, An Overview

By Dr. Joseph Rumfola

The Council on Ethics is comprised of one representative from each of the 13 districts, one representative “new dentist,” a representative from ASDA, a lay member, and the chair, with support from the NYSDA general counsel and a NYSDA staff member. The council has five duties as stated by the NYSDA bylaws:

- To consider proposals for amending the Code of Ethics and to make recommendations to the House of Delegates.
- To recommend advisory opinions and interpretations of the Code of Ethics of the Association to the House of Delegates.
- To consider appeals from members of the Association subject to the decision of censure, suspension or expulsion by a component society and to hold hearings and render decisions thereon. No decision by a component society shall become final while an appeal is pending or until the 30 day period for filing notice of appeal has elapsed. Subject to the approval of the House of Delegates and in conformity with the judicial procedures established by the American Dental Association, the Council on Ethics may establish rules of procedure with respect to such appeals.
- To adjudicate disputes arising under Chapter X, Section 30, of the Bylaws.
- To review disciplinary cases referred to it by component societies in the pre-hearing stage, and where appropriate, to conduct hearings on such cases. Cases are also heard involving members that have been disciplined by New York State Board of Regents.

The NYSDA Council on Ethics meets four times per year, primarily at NYSDA headquarters in Albany. A typical agenda involves the chairperson’s report, an update from the local representative to the ADA Council on Ethics, Bylaws and Judicial Affairs, reports from each component chair on recent local cases, ethics hearings involving members, old business and new business. As a self-regulating profession, the hearings are to decide if the member accused of violating the code will have their case dismissed, will be found guilty without further action, will be given censure and reprimand, will be suspended or will be dismissed. Cases heard at this level are often appeals

from the component level, involve members’ failure to participate in the peer review process or result from a guilty decision by the Board of Regents.

As noted above, the Council is responsible for the NYSDA Code of Ethics being a living document, in that it is able to constantly be reviewed and updated. The document has not had any major changes since 2010, but the council is currently taking a deeper dive into proposed revision, and members should expect to see changes in the coming year.



...if you’re a member you should be familiar with the contents of the code, because we’re all obligated to follow it.



Each component dental society has a chairperson assigned to the local ethics committee. Depending on the size of the district, as in the Eighth District, the chair might be the only member of the committee. Complaints are most frequently related to members’ advertising or from patients who feel that a member has treated them unethically or from a staff member who feels a member is violating the code. In the Eighth District, the chair will typically try to mediate ethics complaints about members so that no punishments are necessary. The chair is not meant to “investigate,” but merely to hear both sides of a complaint, mediate and make a judgement, if necessary. The chair is also not to get involved in dentist-dentist disputes, which might be better handled by attorneys, or to make judgements involving the outcome of patient treatment which would be handled by peer review. The overarching function of the council and its members is to protect the public, but members are also meant to be a resource for society constituents.

So, are you still reading this and wondering: “How does any of this affect me?” The answer is that if you’re a member you should be familiar with the contents of the code, because we’re all obligated to follow it. If you have questions about what you or a colleague might be doing pertaining to ethics, contact me through the district office and use me as a resource. If I contact you because I’ve received a complaint from a patient or fellow member, please make yourself available for discussion and remember that I’m a dentist, just like you, who has volunteered to be of service to our profession and the public.

Joseph Rumfola is the Eighth District’s Representative to the NYSDA Council on Ethics and the current vice president of the district. He is also the program director of the AEGD Program at SUNY Buffalo School of Dental Medicine, and the owner of a private practice in Springville, New York. This article was reprinted from the 8th District Bulletin.

Contacting QCDS?

Please Note our new QCDS office numbers
Phone: 718-454-1020 **Fax:** 718-454-1061



Congratulates The Newly Elected 2024 Officers and Board

ELECTED REPRESENTATIVES FOR 2024

President: Pratix Shroff

President Elect: Savitha Reddy
Vice-President: Chiran Reddy

Secretary: Chad Gehani
Treasurer: Mitchell Greenberg

QCDS BOARD OF TRUSTEES

Bijan Anvar	Ashok Dogra	Naushir Lalani	Vinit Shah
Boris Arbitman	Rekha Gehani	Lawrence Lehman	Vinod Sharma
Charlene Berkman	Eric Huang	Mercedes Mota-Martinez	Sudhakar Shetty
Deepak Bhagat	Doron Kalman	Robert Olan	Daljeet Sidhu
Mohammad Bhuyan	Stuart Kesner	Amita Persaud	Raj Singla
Joseph Caruso	Kaushik Khakhar	Alan Queen	Beatrice Vallejo
			Richard Yang

ADA DELEGATES

Mitchell Greenberg Savitha Reddy

ADA ALTERNATE DELEGATES

Rekha Gehani Viren Jhaveri

NYSDA TRUSTEE
Mitchell Greenberg

NYSDA DELEGATES

Arthur Feigenbaum	Viren Jhaveri	Savitha Reddy	Pratix Shroff
Hanette Gomez	Prabhakar Koppikar	Robert Shpuntoff	

NYSDA ALTERNATE DELEGATES

Rekha Gehani Chad Gehani

Financial Expert Offers Ways to Avoid Mistakes Jeopardizing Your Retirement

By Peter J. Klein

According to Charles Schwab, retirement planning is the number one source of financial stress for the majority of Americans. Given the potential for retirement to span 20 or more years, it is extremely important to avoid costly mistakes today which could have detrimental costs tomorrow. Common mistakes people make which can have detrimental impacts on retirement include:

•**Delaying or Neglecting Savings**—Albert Einstein remarked that compound interest is “the eighth wonder of the world.” Capitalize on the power of compound interest by initiating investment savings early and, even better, consistently. Every dollar saved now has the potential to grow significantly by the time you retire. Remember, compound interest works in your favor, so the longer your money remains in your retirement account, the more beneficial it will be in the future. Consider having your payroll provider automatically invest a percentage of your paycheck each pay period into a 401(k) or IRA. Attempt to make sure you are deferring at least enough to take full advantage of employer-matching contributions and, whenever possible, make the maximum allowable annual contributions to retirement accounts.

•**Excessive Spending and Living Beyond Your Means**—The more you save now, the greater level of comfort you can expect during your retirement. It goes without saying that it is crucially important to avoid overspending. As a general rule of thumb, housing expenses shouldn't exceed 30 percent of your monthly gross income; however, for some individuals, particularly those living in major metro areas, this may not be a realistic target. In such cases, you should consider the 50/30/20 rule: 50 percent of your income should go towards bills, groceries and other expenses, 30 percent should be reserved for discretionary items such as dining out, entertainment, etc. and the remaining 20 percent should be allocated to saving and investing. By following the 50/30/20 rule, if housing costs exceed 30 percent you can adjust within the 50 percent allocation and then make necessary adjustments to other expenses.

•**Managing Debt Poorly**—It is crucial to not only consider the amount of debt you have, but to also pay attention to the interest rates on that debt and its potential to grow over time. Prioritize paying off debt before retirement and avoid driving up debt in the years before retirement. Strive to strike a balance between saving for retirement and gradually paying off your debts within a reasonable timeframe. By finding a way to save for retirement while also managing your debts, you will ultimately reap greater benefits.

•**Underestimating Healthcare Costs**—It is very common for people to underestimate healthcare costs in retirement, under the assumption that Medicare will pick up the tab. However, a study by Fidelity estimates an age 65 couple will need \$315,000 to cover

medical expenses in retirement, excluding long-term care. A thoughtfully constructed retirement plan factors in healthcare expenses as part of a longer-term plan.

•**Retiring Too Early**—While “hanging up the cleats” early might sound enticing, it is important to consider whether you have sufficient assets set aside for retirement. Retiring too early can put undue stress on a portfolio to provide for living expenses over a longer retirement period. It may be easier to continue working and saving rather than having the unfortunate realization that you need to re-enter the workforce due to insufficient retirement assets.

•**Cashing Out Retirement Accounts Early**—In addition to giving up future growth, individuals who take early distributions from a traditional retirement account, generally, before age 59½, with some exceptions, will have such distributions taxed as ordinary income plus a 10 percent tax penalty. Needing early distributions from a retirement account to span the retirement years could be a sign to continue to work and save.

•**Failing to Diversify Investments**—Diversification involves allocating investments across various asset classes (bonds, stocks, real assets, etc.) and geographical regions, with the goal of reducing a portfolio's risk. Failure to diversify investment assets could put a portfolio at additional risk, particularly for those nearing retirement who will need to begin drawing upon those retirement savings. Individuals should consult with their financial advisor to determine a prudently diversified investment strategy which aligns with goals, risk tolerance and time horizon.

•**Neglecting to Review and Adjust a Retirement Plan**—A retirement plan can change considerably over the years as life circumstances change. As such, it is important to regularly assess your retirement plan to see if you are on track for a happy and fulfilling retirement. This process should incorporate what reserves you have set aside for medical and caregiving expenses as well as an analysis of an optimal time to collect Social Security retirement benefits. By addressing these questions and adjusting your retirement plan accordingly, while, importantly, spending and saving within your financial means, you are proactively preparing yourself to be well-equipped for a secure retirement.

Peter J. Klein is a principal with ALINE Wealth, a group of investment professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC. For more information, including how you can seek to avoid the common mistakes in your personal journey toward retirement, contact the author at aline@alinelwealth.com.

Due Diligence: A Transaction Component

By Benjamin P. Malerba, Douglas E. Menikheim and Sean N. Simensky

Due diligence is critical in the selling of a dental practice. This is the process through which each party evaluates the other party to determine whether a transaction will be beneficial. It also identifies any business and legal risks or obstacles that may need to be addressed prior to closing the proposed transaction and determines whether those risks and obstacles might prevent the closing of the transaction entirely.

Dental service organizations (DSOs) will typically conduct a small amount of financial diligence prior to providing an offer or letter of intent (LOI). They will request some basic financial information and tax returns to help prepare an initial valuation of your practice and determine the financial terms of the offer. However, following the execution of the LOI, a DSO will begin its “financial” and “legal” due diligence process. This process is similar to what you might find in a transaction involving a sale to a third-party dentist or dental practice, however it will be much more comprehensive when it involves a DSO and its outside advisors (i.e., lawyers and accountants). First, the DSO will provide you with a due diligence request list detailing the DSO’s various financial and legal information needs. You will want to share this list with your advisors (i.e., legal counsel, accountant, broker or investment banker) before you begin responding to any requests.

Financial Due Diligence

In general terms, “financial diligence” is conducted by a DSO to gain a better understanding of your practice’s financial situation and the practice’s potential future performance. Typically, the DSO will engage a third-party accounting firm to review your practice’s financial and operation information, including financial statements, tax returns and other related financial documentation to evaluate the practice’s assets, liabilities, and ongoing expenses. The accounting firm will also perform a “quality of earnings” (QoE) review to confirm if the DSO’s initial valuation of the practice was accurate or if any adjustments are needed. The QoE review will usually run simultaneously with the parties’ negotiation of the definitive transaction documents.

Most practice acquisitions by DSOs are valued using a multiple of EBITDA (i.e., earnings before interest, taxes, depreciation and amortization). EBITDA is viewed as a good indicator of a practice’s ability to generate cash flow. Also, EBITDA removes the effects of various capital structures and other business conditions that may change after the transaction has closed. When determining EBITDA, the DSO will want to know the practice’s “normalized” level of earnings. To do so, the parties will identify non-recurring or extraordinary revenues and expenses, and make corresponding adjustments to EBITDA. If this process determines that the

adjusted EBITDA and resulting valuation of your practice is different than what was proposed in the LOI, the DSO will likely adjust the purchase price that they are willing to pay for the practice. This phase of the transaction is where having an investment banker or broker would be highly beneficial. These professionals can help you to respond to the financial diligence requests and manage the process, and also assist with negotiating the adjustments to EBITDA.

Another benefit of the QoE process is that it allows the buyer to identify any financial and accounting compliance risks or issues so that they can be addressed prior to the transaction’s closing. This is another reason it is recommend to engage your accountant or a forensic accountant early in the process.

“
...a DSO may be less concerned... if they see that you have previously identified an issue, sought counsel’s advice and taken steps to fix it.”


Legal Due Diligence

Simultaneously, a DSO’s legal counsel will be conducting “legal” due diligence. This form of due diligence encompasses all other matters related to the historical operations of your practice. Legal diligence permits the DSO to assess whether there are any liabilities and risks associated with a practice that would jeopardize the transaction as a whole or reduce the future profitability of a practice after the closing.

For example, the DSO will want to know about the practice’s historical ownership; if there has been any litigation, malpractice claims or other types of claims against your practice; whether the practice has been in compliance with laws (healthcare and non-healthcare related), and if there has been any government enforcement actions related to non-compliance; the practice’s employees and independent contractors; whether the practice has the policies and procedures as required by labor and employment laws and any historical claims of non-compliance with such laws; whether the practice leases or owns the real estate where it has offices; contracts that the practice is a party to (e.g., payor, employment, consulting, third-party vendors, etc.) and the terms of those contracts; how the practice has been taxed historically and any historical claims made by taxing authorities of non-payment of taxes; and the practice’s policies and procedures relating to healthcare laws and regulations (e.g., HIPAA policies and compliance) and its compliance with such healthcare laws and regulations.

Depending on the nature and severity of those liabilities and risks, the DSO may walk away from the transaction, reduce the offered purchase price or require that you provide additional post-closing indemnification for such matters. For example, if the practice has a history of non-compliance with HIPAA that has resulted in the dissemination of patient information to unauthorized individuals, the DSO will want an explanation for the non-compliance and if it could be corrected with better administrative support. The DSO will also gauge the likelihood of a claim related to that non-compliance

—Continued on page 14



You choose
the path your
career takes.

We're here for
your journey.

Each dentist's career is unique, with different goals and challenges. The ADA is here with exclusive resources to help you move roadblocks whether you're looking for one-on-one support with dental benefit and coding issues, the latest evidence-based clinical information or tools to help you secure financial stability.

Join a community of 163,000+ members driving dentistry forward.

ADA[®]

QCDS CLASSIFIEDS

Great Job Opportunity: Established Corona, Queens, general dentist family practice seeking a P/T or F/T dentist licensed in USA. Very busy practice, nice atmosphere and teamwork. Minimum two year's experience. Salary negotiable, 401K + bonus. Send resume to: DSDentalPC@gmail.com

Dental Operatory for Rent: Are you looking for the perfect dental office space for rent? Look no further! Take advantage of this incredible opportunity to establish or grow your dental practice. Located in the prime location of Forest Hills, our space offers convenience and accessibility to both patients and staff. Whether you are just starting out or looking to expand your practice, our rental options are tailored to accommodate your unique situation. Contact us today and see how our dental office space can be the perfect fit for you. Radiant Dental Studio 718-793-0800 or bve-lasteguidds@gmail.com

General Dental Practice For Sale In Astoria, Queens: Active, 40-year Astoria dental practice for sale. Grossing over \$400K working three days a week with endo, perio and surgery referred out. In apartment building with private street access, indoor parking spots and near all transportation. Two working operatories and a third room available to expand. Contact benjamindreksler@gmail.com or call 516-578-9003.

Due Diligence

Continued from page 12
being made against the practice after the closing.

In addition to the DSO's due diligence efforts, this is the time for you to continue doing your own diligence. You should be comfortable that the DSO has a good reputation in the industry, has the resources and ability to grow the practice and has a plan for your relationship with them. You should have extensive conversations with the DSO's management regarding current operations and long-term plans, speak with other dentists that are affiliated with the DSO and, to the extent equity in the DSO is being offered, request financial information about its operations and review such information with your financial advisors.

Overall, the due diligence process can be time consuming and burdensome, particularly, when you are focused on seeing patients, operating your practice, and trying to maintain some secrecy about the potential transaction around your current employees. It will often require a number of follow-up requests for documentation and conversations with your legal counsel and the DSO's outside advisors. However, if selling your practice to a DSO is your eventual end goal, then being proactive and consulting with your outside advisors early in the process can make the process run smoothly and relieve a considerable amount of stress and burden. At the end of the day, a DSO may be less concerned with a particular matter during due diligence if they see that you have previously identified an issue, sought counsel's advice, and taken steps to fix it.

The authors are attorneys with Uniondale-based Rivkin Radler LLP. For further information on the subject, contact Sean Simensky at 516-357-3227 or email him at sean.simensky@rivkin.com.

AI in the Dental Office

Continued from page 5

challenges requires careful consideration, adequate training, continuous monitoring, and updates to ensure that AI in dentistry remains a valuable tool while mitigating potential disadvantages and risks.

Striking a balance between technological advancement and ethical, patient-centered care is essential for successful integration and utilization of AI in dental practice. ADA is in the process of coming up with guidelines through a White Paper to regulate the use and implementation of AI in the field of dentistry, as we do not need any outside source to establish these for us or making rules for us.

Looking ahead, the future of AI in dentistry holds promising developments. Advancements in AI algorithms will continue to refine diagnostic accuracy, enabling earlier detection of oral diseases and personalized treatment planning.

In conclusion, I would say that AI in dentistry represents a transformative force, revolutionizing various aspects of patient care, diagnostics, treatment planning, and practice management. While presenting remarkable opportunities for improved efficiency and patient outcomes, its integration necessitates addressing ethical concerns, ensuring data security and overcoming initial implementation challenges.

As technology continues to advance, the potential for AI to enhance dental practices and patient experiences remains vast, promising a future of more precise, personalized and efficient dental care.

**Smartphones are lifesavers.
How old is yours?**



**Still trusting your life to
40+ year-old technology?
Time To Upgrade
631-849-4978**

The Emergency Experts



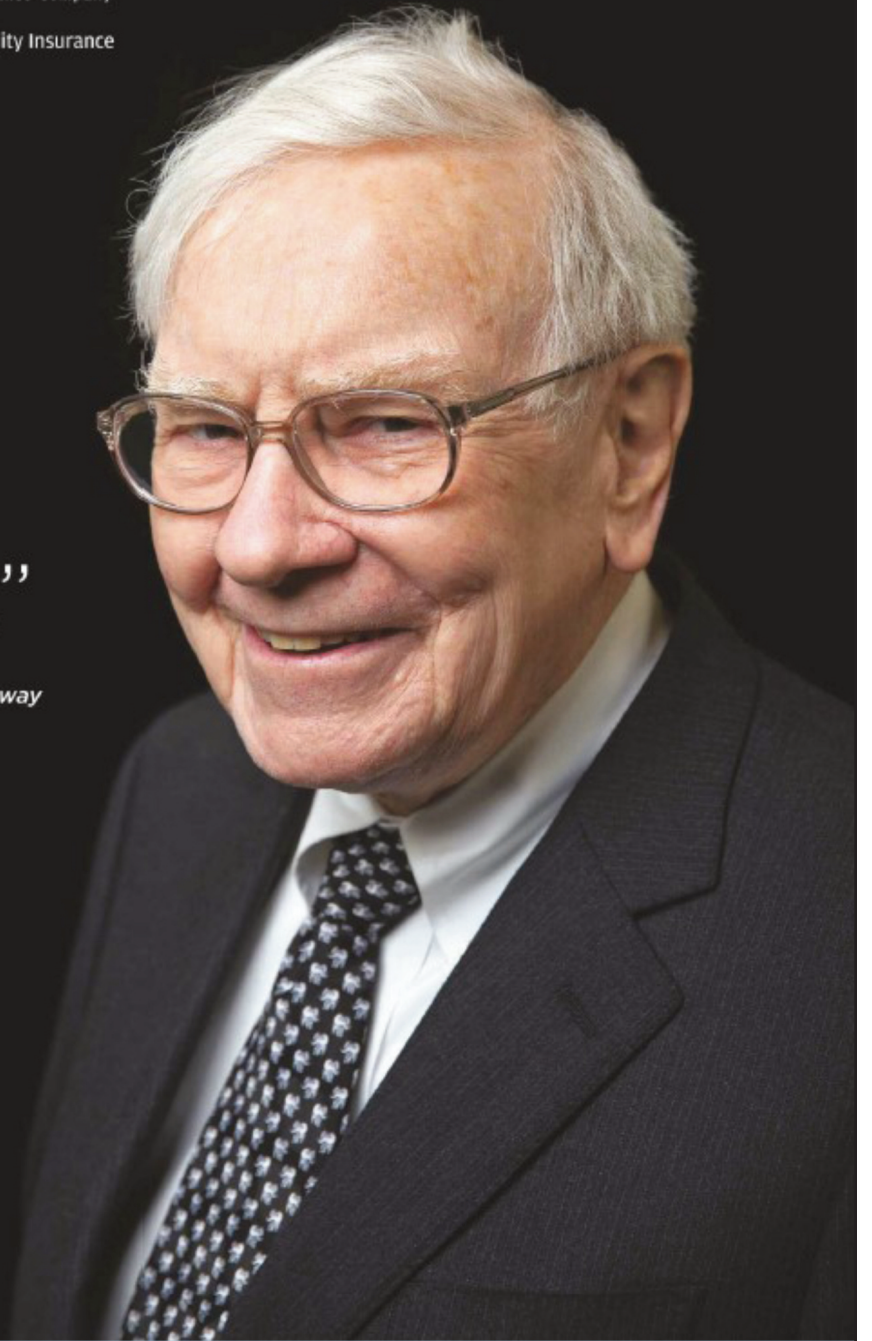
HAVE DUMMY
Will Travel



The NYSDA-MLMIC Program for Dental Professional Liability Insurance

“MLMIC is a
gem of
a company.”

- Warren Buffett, *CEO, Berkshire Hathaway*



MLMIC is now part of Berkshire Hathaway.

For more than 25 years, MLMIC has been a leader in dental malpractice insurance. The NYSDA-MLMIC Program is New York's #1 dental professional liability insurance program. Now, as part of the Berkshire Hathaway family, we're securing the future for New York's dental professionals.

When it comes to dental malpractice insurance in New York, **nothing compares to MLMIC.**

Learn more at MLMIC.com or call (888) 392-0638.