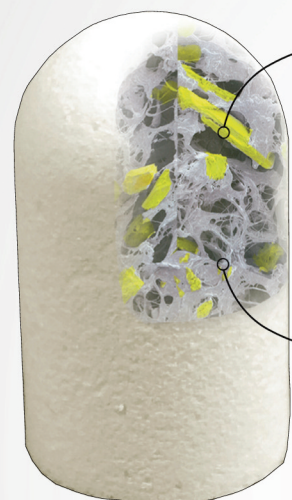


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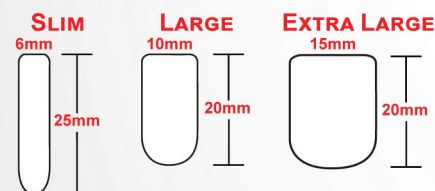
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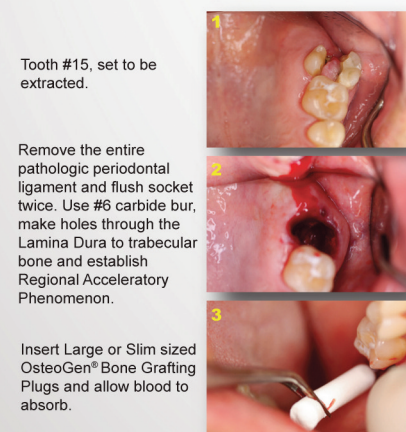
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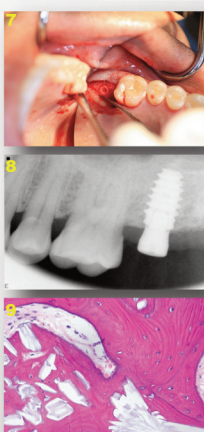
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Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous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



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

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## From the President

[pratixshroff@gmail.com](mailto:pratixshroff@gmail.com)

## The Biggest Challenges Facing Dentists in 2024

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

In this article, I would like to discuss some important challenges that all of us will agree we are facing in 2024—especially in the field of dentistry. Like all areas of healthcare, dentistry is constantly evolving. Dentists in 2024 face a myriad of challenges that encompass technological advancements, changing patient demographics, regulatory pressures, financial constraints, and the ongoing implications of the COVID-19 pandemic. I am trying to explore these challenges in detail, offering insights into how they affect dental practitioners and their ability to provide quality care.

### Technological Advancements and Integration

One of the most significant challenges for dentists in 2024 is keeping pace with rapid technological advancements. While innovations such as digital imaging, 3D printing, and AI-driven diagnostic tools have the potential to enhance patient care, they also require substantial investment and training. Many dental practices, particularly smaller ones, struggle to afford these technologies. Additionally, integrating new systems into existing workflows can be complex and time-consuming, often requiring us dentists to learn new software and procedures.

Moreover, the fast pace of technological change means that equipment and software can quickly become outdated. This necessitates continuous investment and adaptation, placing financial and operational burdens on dental practices. We must also ensure

—Continued on page 12

## International College of Dentists Honors QCDS' Director Dr. Chad Gehani

By Marc Katz

Queens College Dental Society Executive Director Dr. Chad Gehani has joined a select group of recognized dental leaders worldwide when he received the International College of Dentists "Outstanding Dental Leader Award," one of the most coveted recognition in organized dentistry. It was presented at the organization's annual convocation at the beginning of September in Nashville, Tennessee.

"It has been an honor and privilege to serve my dental profession," said Dr. Gehani in accepting the award. "I have enjoyed serving at all levels of organized dentistry, both in the United States and globally."

When presenting the award, Dr. Peter Korch of Pennsylvania said: "Dr. Chad Gehani has been instrumental in improving the art and science of dentistry globally for over 35 years. He is a sought-after speaker, mentor and guide to many prestigious universities around the world. He served as president of the American Dental Association, where he led the charge to keep dentists apprised of ever-changing information as the COVID-19 pandemic took hold. Later that year, as dental practices began to reopen, Dr. Gehani and the ADA provided helpful guidelines and strategies for dental colleagues."

Dr. Gehani, the most honored member in QCDS history, served as president of the organization in 2003, the New York State Dental Association in 2011 and The American Dental Association in 2019, before returning to his roots to be-

come the QCDS executive director.

He has received many recognitions in the world of dentistry. In 2000, he received the "International Service Award" from the International College of Dentists. In 2005 was honored as a "Distinguished Guest" by the Congress of the Dominican Republic and in 2006 he received the New York State Dental Foundations Award of "Excellence in Community Service."

The International College of Dentists is the pre-eminent global dental honor society, recognizing outstanding professional achievement and meritorious service in the field. The organization has been honoring the world's leading dentists since 1920 and has more than 12,000 members, designated as "fellows," in more than 140 countries.

The organization was conceived at a farewell party for Dr. Louis Ottofy in Tokyo in 1920. The dentist was returning to the United States after practicing for 23 years in the Philippines and Japan. Dr. Tsurukichi Okumura of Japan was in attendance and together the two dentists agreed to form an international organization to study the progress of the dental profession. Their stated purpose was "to promote cordial relations within the dental profession and help disseminate scientific information."

"The College was formed to advance the science and art of dentistry for the health and welfare of the public, to bring together outstanding members of the globe's dental profession, and to encourage a worldwide growth of the profession."



Dr. Chad Gehani





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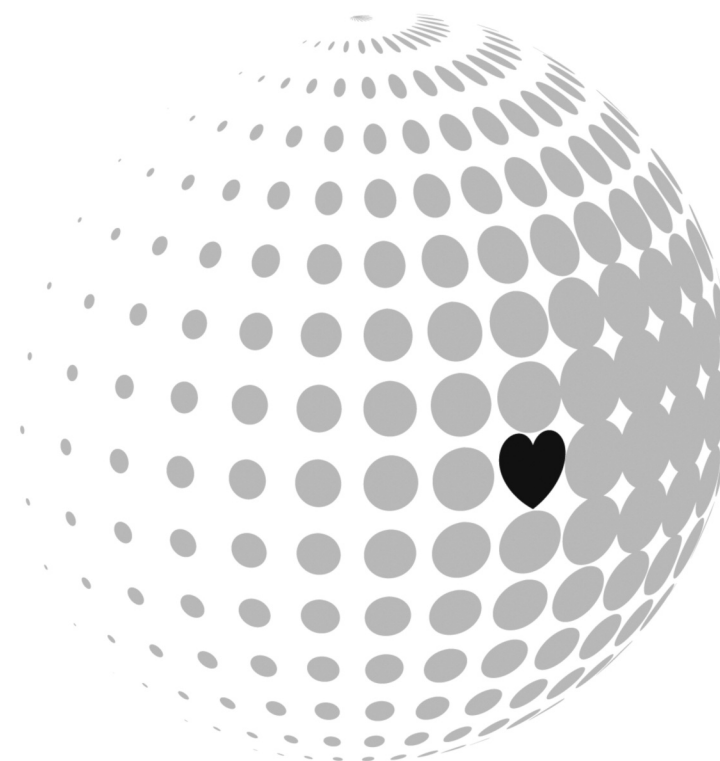
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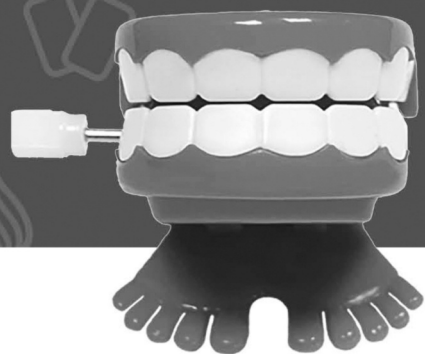
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## From the President

pratixshroff@gmail.com



## Biggest Challenges Facing Dentists in 2024

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

*Continued from page 1*  
that our staffs are adequately trained to use new technologies, which can involve significant time and resources.

### Changing Patient Demographics and Expectations

We, as Dentists, today face a more diverse and aging patient population. As the global population ages, the prevalence of chronic conditions such as diabetes and cardiovascular disease increase, complicating dental care. Elderly patients often have complex medical histories and are on multiple medications, which can interact with dental treatments and require careful management.

Additionally, younger patients have different expectations regarding their dental care. They are more likely to seek out information online and expect a higher level of engagement and transparency from their dental providers. This shift requires us to adopt new communication strategies and stay informed about the latest dental research and treatments. Patients today are also more aware of cosmetic dentistry options, leading to increased demand for services such as teeth whitening, veneers and orthodontics. We are required to constantly keep up with new treatment modalities not just online, but also by attending continuing education programs offered by local dental societies such as the QCDS World's Fair of Dentistry.

### Regulatory and Compliance Pressures

Another important challenge is regulatory requirements for dental practices, which are becoming increasingly stringent. We must navigate a complex landscape of regulations concerning patient privacy, infection control and workplace safety. Compliance with these regulations requires meticulous record keeping and adherence to protocols, which can be burdensome and time-consuming.

In many regions, there is also increased scrutiny on the use of certain dental materials and procedures. For example, the use of amalgam fillings has come under scrutiny due to concerns about mercury exposure, prompting a shift towards alternative materials. Staying compliant with changing regulations requires us to continuously update our knowledge and practices, which can be challenging amidst the demands of running a busy practice.

### Financial Constraints

Many of us may not discuss this in the open, but financial challenges are a significant concern for many dental practices. The cost of dental education is high, leaving many new graduates with substantial debt. This financial burden can deter young dentists from starting their own practices, limiting their career opportunities. Additionally, the high cost of dental equipment and materials, coupled with the need for continuous investment in new technologies, can strain the finances of established practices.

Insurance reimbursement rates for dental services have not kept pace with the rising costs of providing care. Many dental procedures are not fully covered by insurance, leading to higher out-of-pocket expenses for patients. This can result in patients delaying or forgoing necessary dental care, impacting the revenue of dental practices. Dentists must also navigate complex insurance billing processes, which can be time consuming and frustrating.

### Impact of the COVID-19 Pandemic

Even though the pandemic is considered over, the COVID-19 pandemic has had a profound and lasting impact on the field of dentistry. Infection control measures have become more stringent, requiring additional investments in personal protective equipment, air filtration systems and sterilization protocols. These measures are essential for ensuring patient and staff safety, but add to the operational costs of running a dental practice.

The pandemic has also led to changes in patient behavior. Many patients postponed or canceled dental appointments due to fears of infection, resulting in reduced patient volumes and revenue for dental practices. Although patient confidence is gradually returning, we practitioners must continue to implement and communicate our infection control measures to reassure patients.

Tele-dentistry emerged as a valuable tool during the pandemic, allowing dentists to provide remote consultations and triage. However, integrating tele-dentistry into traditional practice models poses challenges, including ensuring the security of patient data, managing remote diagnostics and addressing the limitations of virtual consultations for certain procedures. Reimbursement from insurance companies also poses a challenge.

### Workforce Challenges

The issue of recruiting and retaining skilled dental professionals is another major challenge in 2024. There is a growing shortage of dental hygienists, dental assistants and other support staff, exacerbated by the increased demand for dental services. This shortage can lead to increased workloads for existing staff, higher levels of burnout and difficulties in maintaining the quality of care.

Additionally, the shift towards corporate owned dental practices can impact the traditional model of solo or small group practices. While corporate practices can offer more resources and support, they may also impose productivity targets and standardized protocols that can limit clinical autonomy and affect job satisfaction for dentists.

### Mental Health and Well-Being

As dentists, a lot of times we overlook this issue: the mental health and well-being of dentists are critical issues that are

—Continued on page 10

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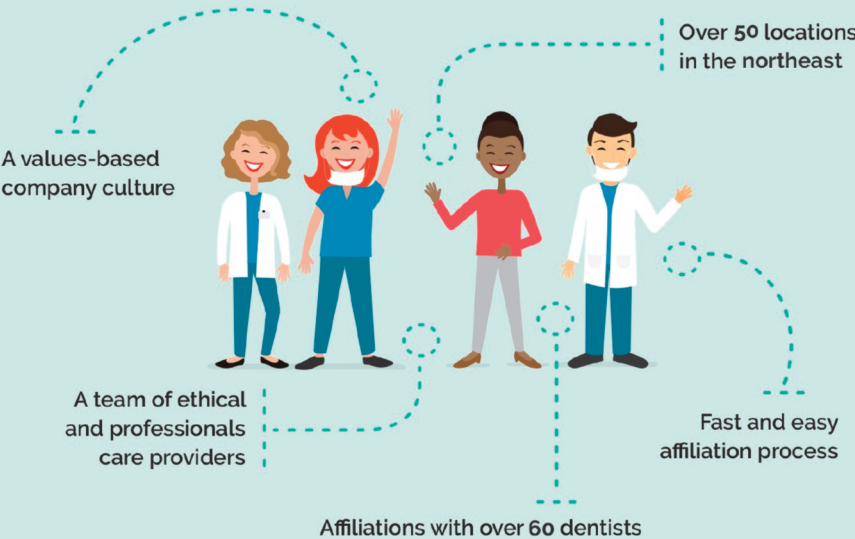
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## Report Of The Nominating Committee

In accordance with QCDS Bylaws, the Committee met and considered all nominations that were received. The following Committee recommendations are made for 2025:

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President Elect: Chiran Reddy

Vice-President: Tinnysa Chopra

Secretary: Chad Gehani

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Rekha Gehani   Savitha Reddy

ADA Alternate Delegates (Vote for 2)

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In accordance with our Bylaws, any additional nominees for an elective office may only be made by written petition signed by twenty members in good standing and received by the Executive Director not later than ten days after the October 1st general membership meeting at which the report of the Nominating Committee is presented. No additional nominations, including nominations from the floor, shall be accepted for elective offices to be filled by a vote of the General Membership unless otherwise specifically provided in these Bylaws. Voting shall take place at the November 5th General Membership meeting.



# Seven Things for New Dentists to Know About Practicing Dentistry in New York

Congratulations! Years of hard work and dedication have paid off! You've completed dental school and residency training, but what's next? If you plan on practicing in New York State, there are many things to consider before you start providing dental care.

## Finding Coverage That Works for You

Before you start to practice, it is imperative to obtain dental professional liability insurance that suits your unique practice. There are many insurance carriers that offer coverage for dentists, but it is important to obtain coverage through a financially stable carrier with a wealth of experience in New York. Also, not all coverage is created equal. Here are a couple of things to consider:

•**Claims Made vs. Occurrence Coverage:** There are two forms of coverage: claims made and occurrence. The occurrence form of coverage protects a dentist for alleged acts of malpractice that occur while the policy is in force, no matter when a claim is brought against the dentist by, or on behalf of, a patient. The claims made form of coverage protects a dentist for alleged acts of malpractice which both occur and are reported to the dentist's insurance company during the time the policy is in continual force or within 60 days following the policy's cancellation or non-renewal. It is important to have a good understanding of these two forms of coverage because if you cancel or non-renew a claims-made policy, you will need to purchase a "Tail" to protect yourself from claims of

dental malpractice made after the cancellation of your policy.

•**Tail Coverage:** Dentists who cancel or non-renew their claims-made policy are automatically afforded a 60-day reporting extension. However, to be protected for claims reported anytime from day 61 on, it is strongly advised to purchase Extended Reporting Endorsement Coverage, also known as a "Tail."

•**Added Benefits:** When looking for coverage, you should also look for a carrier that offers value added benefits such as risk management services, a 24/7 hotline for risk management advice, coverage that includes legal defense costs, and an automatic tail upon permanent and total retirement from the practice of dentistry.

## Litigious Climate in New York

New York is one of the most litigious states in the country. According to statistics from the National Practitioner's Data Bank, between 2010 and 2023 there were 2,507 payments made on behalf of dentists in New York. Dental malpractice claims arise from a number of procedures, such as dental implants and root canals. Common allegations seen in these claims include improper performance of treatment or procedure, improper management of treatment and diagnostic errors. Injuries in these types of cases can range from the need for an additional procedure, nerve damage, tooth damage, and in extreme cases, death.

If you are involved in a dental malpractice case, it is important to have an insurance carrier with knowledge and experience in handling dental claims in New York.

## Use of Botox in New York

The use of Botox in the practice of dentistry can be risky in New York. If you plan to use Botox injections as part of your treatment plan, you must ensure and document that the treatment is related to the restoration and/or maintenance of dental health. The use of Botox outside the definition of dentistry can put a dentist at risk for dental malpractice claims. It should be noted that certain uses of Botox which do not fall within the definition of the practice of dentistry may not be covered by your professional liability insurance policy, placing your personal assets at risk. It is recommended to review your insurance policy or speak with your insurance carrier before offering Botox treatment as part of your practice.

## Risk Management Tips for New Dentists

One of the most important aspects of patient care is communication, especially when referring a patient to a specialist.

Lack of communication between dentists can result in a delay in diagnosis or treatment, the failure to act upon abnormal test results or findings, the duplication of a prescription, a failure to prescribe appropriate medications, or a failure to order diagnostic testing. Here are recommendations when referring a patient to a specialist:

•Referring dentists should develop a method for determining whether a consultation has been completed and if a written report has been received.

•As a matter of standard office policy, all consultation reports must be reviewed by a dentist, initialed and dated prior to

being filed in the patient's dental record.

•If a written report from the consultant is not received in a timely manner, you should contact the consultant to determine whether a written report has been generated.

In addition to communicating with specialists, as a practicing dentist, you will want to have a policy in place to address patients who miss or cancel appointments. The failure of a dentist to follow up or contact a patient who missed or cancelled an appointment may result in a serious delay in diagnosis or treatment and a subsequent risk of liability to the dentist.

To protect yourself from liability, it is recommended to institute a pro-active system to follow up with patients about missed or cancelled appointments that allow a dentist to promptly assess and respond to clinical situations, thereby maintaining continuity of patient care.

•Develop policies and procedures in your practice for following up with patients who have missed or cancelled appointments.

•Dentists should be made aware of any patients who have missed or cancelled appointments. The staff should inform the dentist(s) of these patients at the end of the day and have each patient's record ready for review.

•The dentist should assess the clinical importance of the appointment, the severity of the patient's condition and the risk(s) associated with the missed or cancelled appointment.

•A reminder telephone call should be placed to the patient. The date and time of the telephone call and the content of the message or conversation should be documented in the patient's record.

## Office of Professional Discipline

In New York State, the Office of Professional Discipline (OPD) in the Department of Education governs the licensure of dentists and is responsible for investigating complaints regarding dentists. This agency is empowered to review a complaint regardless of the source. Dentists often receive telephone calls or letters from the agency asking for a patient's records and/or also an interview. On rare occasions, someone from the OPD agency may come to visit the office unexpectedly because of the nature of the complaint.

The disciplinary process may well result in serious implications which can impact the livelihood and license of the dentist. It may also impact the dentist's reputation. The penalties that OPD can impose vary from censure and reprimand all the way to surrender of the license and/or appropriate referrals if a drug problem is identified. This agency also has the power to impose fines which may be up to \$10,000 per violation. Any final disciplinary action that OPD takes against a dentist will result in a report to the National Practitioner Data Bank. This disciplinary action may also be listed on the OPD website, which is open to the public. Dentists should seek the advice of counsel when contacted by the OPD. A dental professional liability policy may include a defense-only endorsement to cover legal fees up to \$25,000 to assist in protecting a provider's license to practice dentistry.

## Employment Contracts

Many dental practices, and especially dental support organizations, require new dentists to execute an employment contract. It is important to read every section of your contract and know that in many circumstances portions of an employment contract can be negotiable. For assistance in reviewing and negotiating an employment contract the best bet is to retain an attorney who is experienced in writing and negotiating employment contracts. If you are a member of the New York State Dental Association you may be able to take advantage of their Legal Protection Plan.

## Benefits of Joining Organized Dentistry

Membership with the American Dental Association, New York State Dental Association and your local dental society is beneficial to both new and experienced dentists. They advocate for dentists on the national, state and local level. It is a wonderful way to have your voice heard to improve the field of dentistry through legislation.

There is also a sense of awe when you are part of a larger organization. Dental society members can stay connected with the dental community throughout the country, building professional relationships and even long-lasting friendships.

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# The Great Market Debate: What's Next?

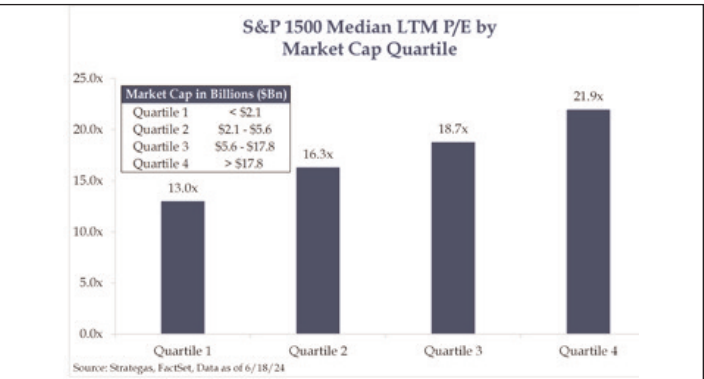
By Peter J. Klein, CFA®, CRPS®, CAP®

Investors are weighing the glide path for the economy and the markets: will inflation stay sticky and foil what looks like a potential soft landing? Will the Bull Market run we have witnessed since late last year, fueled by expected rate cuts that have thus failed to materialize, fall prey to overhype and hubris?

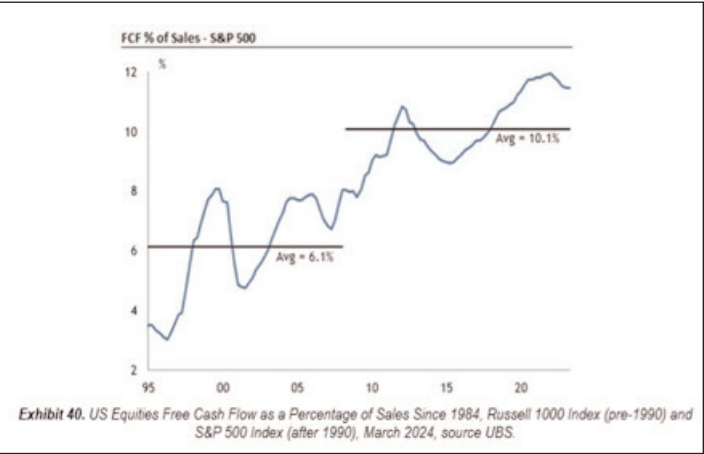
On the inflation front, we are concerned that the substantive and seemingly long runway of data room production and AI will lead to further demand for certain commodities and electricity production. Add to that the electrification theme around the globe and you have the potential for an imbalance between supply and demand which leads to increased prices, aka sticky inflationary pressures. Connecting the dots from that line of thinking brings us to “higher for longer” on the interest rate side, which has implications across the investment spectrum. Bottom-line, if we agree that the conditions once known in the ZIRP regime as TINA (there is no other alternative) to stocks are dead, then by logical extension, we should consider the investment implications of a higher rate regime on investments of all types.

On the market's current valuation setup, we are decidedly losing our hair (from all that scratching, no doubt). As long-time market professionals, we have seen this story before, and it is unlikely to end well. The price one pays for an investment—any investment—is a major determinant of long-term

success (or failure). Price matters. As the chart below illustrates, the market, except for perhaps the smallest market caps, is not cheap. The P/E multiples based on trailing earnings seem stretched. We see this as a sign of caution, and to that end (and given our unshakeable fiduciary duty) we have faded fads and tweaked our allocation towards the risk-free. It's a balancing game between return-generating assets that have volatility and those that do not exhibit any volatility, but with lower expected returns.



Finally, as the chart below indicates, the S&P 500 has increased its efficiency in generating free cash flow from revenues over the last 15 years. We are continually amazed at corporate America's ability to wring every dollar out of revenues to the bottom line. The question that is begged, of course, is “How long can this last?” Or, perhaps better put, why has it happened in the first place? How has the S&P become so efficient in the last 15 years? We circle back to the “new regime” discussion earlier in this note, namely that the ZIRP regime of the previous 15 years (ending in 2020) has likely enabled substantive financial engineering (money was free!) in Corporate USA and, as an extension, increased FCF conversion. Of course, the looming debate is: can Corporate America pivot and still win even, with the wind shifting from their back to their proverbial faces.

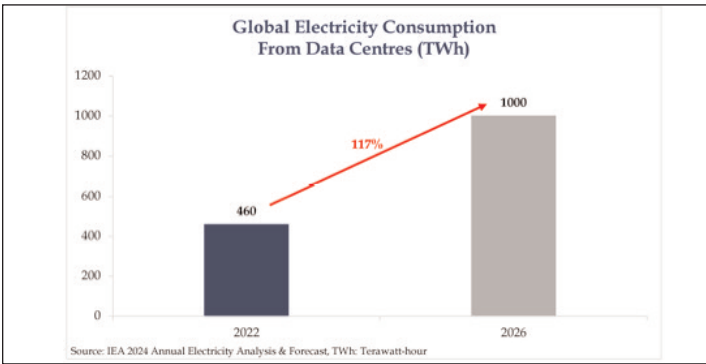


By Peter J. Klein is the chief investment officer and founder of ALINE Wealth. ALINE Wealth is a group of investment professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC.

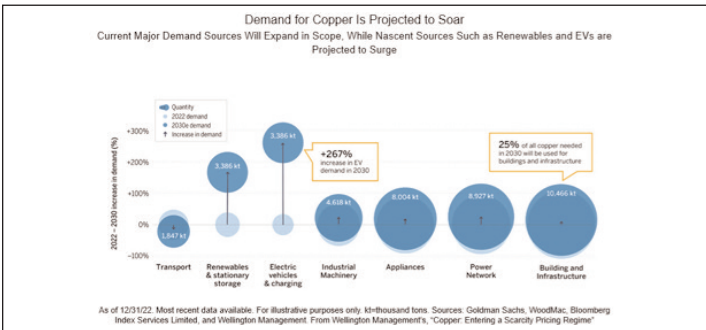
**Global Trends in Digital and Energy Indicators, 2015-2022**

	2015	2022	Change
Internet users	3 billion	5.3 billion	+78%
Internet traffic	0.6 ZB	4.4 ZB	+600%
Data centre workloads	180 million	800 million	+340%
Data centre energy use (excluding crypto)	200 TWh	240-340 TWh	+20-70%
Crypto mining energy use	4 TWh	100-150 TWh	+2300-3500%
Data transmission network energy use	220 TWh	260-360 TWh	+18-64%

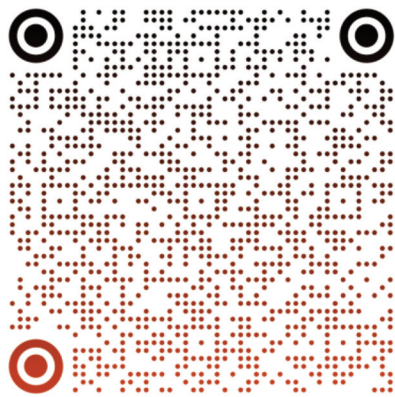
Source: IEA  
Data as of November 2022



Data as of May 2024



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# A Look at The Past, The Present and The Future of Teledentistry in New York State

By Marc Crow and Matthew Lamb

Teledentistry in New York is a relatively recent practice, with the laws that recognize and codified it having only been enacted in 2014 and 2015.

Chapter 550 of the New York Laws of 2014 required health insurers and Medicaid to cover the provision of telehealth services, including dental services rendered through telehealth, in the same manner as those services would be provided in an in-person setting. In 2015, the legislature modified the previous year’s law implementing payment parity for health services provided via telehealth and telemedicine technology in response to the governor’s request for certain clarifications to the statutes.

More specifically, as a result of the 2014 and 2015 legislation, a new article in the New York State Public Health Law (PHL) was created. PHL article 29-G, Telehealth Delivery of Services, contains the primary New York statutes governing teledentistry. Dentists are recognized in PHL section 2999-cc as a “Telehealth provider” and thereby officially authorized to provide teledentistry within the rules and guidelines set forth in PHL article 29-G and other New York State laws and regulations applicable to teledentistry.

When 2020 arrived and the COVID-19 pandemic swept through New York, starting at the beginning of March, the PHL telehealth article 29-G saw its first significant revisions since 2015. Chapter 328 of the New York Laws of 2020, signed by Governor Cuomo on December 15, 2020, added new subdivisions 3 and 4 to PHL section 2999-dd.

Subdivision 3 specifically addresses teledentistry in New York. This new subdivision mandated that dental telehealth services adhere to standards of appropriate patient care as is required in other dental healthcare settings, including but not limited to appropriate patient examination, taking of x-rays and review of the patient’s dental and medical history. Furthermore, the new law requires all teledentistry providers to identify themselves to patients, including providing the teledentistry provider’s New York State license number.

Subdivision 3 also prohibits any teledentistry provider from attempting to waive liability for its telehealth services in advance of delivering services. In addition, teledentistry providers are prohibited from attempting to prevent a patient from filing any complaint with any governmental agency or authority. This new statute also stipulates that this subdivision is not to be construed as diminishing requirements for other telehealth services.

Finally, subdivision 4 states that nothing in article 29-G shall be deemed to allow any person to provide any service for which a license, registration, certification, or other authorization under New York Education Law Title 8 “THE PROFESSIONS” (which includes dentists under the Medicine section of title 8) is required and which the person does not possess.

## The Present Status of Teledentistry

According to the University at Albany’s Center for Health Workforce Studies (CHWSNY) 2023 report, teledentistry can be employed as a method to conduct dental appointments that involve triage, consultation, diagnosis, referral, follow-up, and

health education. The CHWSNY report examined state laws, regulations and policies related to teledentistry in all 50 states and Washington, D.C., with respect to eight categories: source of authority to provide teledentistry services, types of allowable services, required modality for synchronous teledentistry, other modalities allowed (for example, mobile apps, email), patient of record required, patient informed consent required, allowed providers, and Medicaid reimbursement for Current Dental Terminology (CDT) codes D9995 and/or D9996.

New York’s source of authority to provide teledentistry services derives from a telehealth statute. New York allows both synchronous and asynchronous teledentistry services. PHL section 2999-cc expressly states that “telemedicine means the use of synchronous, two-way electronic audio-visual communications to deliver clinical healthcare services.” Asynchronous telehealth services in New York are permitted under PHL section 2999-cc as “store and forward technology,” which is defined as “asynchronous, electronic transmission of a patient’s health information.” New York’s required modality for synchronous teledentistry consists of video or audio only, not just video, as in some states. New York also permits the use of other modalities, such as mobile apps or email. Teledentistry in New York does not require a patient of record, and there is no specific patient informed consent required for teledentistry in the state. The only allowed providers of teledentistry in New York are dentists. Finally, New York does not allow Medicaid reimbursement for CDT codes D9995 or D9996.

## The Future of Teledentistry

Assemblymember Linda Rosenthal has introduced a bill, A365, that would require health insurance coverage for store and forward telehealth (which includes teledentistry). Store and forward teledentistry, also known as asynchronous teledentistry, commonly occurs through the acquisition of patient imaging, oral health screening and assessment, and recording of a patient’s medical history by a dental hygienist in a remote location, such as a nursing home or school. The process then involves forwarding the dental patient’s records to a dentist, who will diagnose and conduct treatment planning.

Assembly bill A365, which currently does not have a companion bill in the New York State Senate, could have a significant positive impact on teledentistry’s use of this asynchronous process to deliver telehealth by increasing the financial incentive for this process.

Another legislative measure, which is also pending and has not yet been passed into law but could potentially increase the use of teledentistry, is Assemblymember Aileen Gunther’s bill A4584-A. Unlike A365, Assemblymember Gunther’s bill has a Senate companion with Senator Fernandez sponsoring S3526 in that legislative house.

While the current law does mandate that health insurers cover teledentistry, it does not explicitly require on a permanent basis that health insurance coverage for teledentistry be reimbursed at the same rate as an in-dental office visit. Bills A4584-A/S3526 would implement this requirement on a permanent basis, which could provide a financial incentive for dentists to more frequently use teledentistry.

## Using Teledentistry in Your Practice

The use of teledentistry can come with considerable costs associated with obtaining and maintaining the necessary equipment and software. As with any electronic platform, it can also come with an increased risk of privacy breaches. Additionally, when considering the implementation of this technology, practices must consider their patient population. Specifically, whether the care provided in the practice makes teledentistry a tenable option for care, whether a sufficient number of patients will engage the practice via teledentistry to justify the purchase and maintenance of the platform, and whether the practice’s providers and patients will “buy-in” to the service.

When using teledentistry in a practice, there are a number of legal and risk management considerations to make:

- Platform Selection: You should first assess the needs of your providers and patients to determine which teledentistry platform is best suited to your practice. The assessment should include the need for Live Video Conferencing and Asynchronous Video (store and forward) functionality and whether a Mobile Health (mHealth) platform is needed. As part of the selection process, ensure the technology offers a secure, HIPAA-compliant platform that also provides data encryption, which allows you to protect patient data and comply with privacy regulations and disclosure protocols in case of privacy breaches.

Platform vendors should also provide an executed Business Associate Agreement.

Consider including key staff and providers in the selection process to determine the best system for your practice and patient population when exploring the ability of vendors to customize options that fit your needs. However, keep in mind that customized options may not function properly after software updates, so ensure your vendor has a process to address any software issues that may arise with an update.

As with in-person visits, communication when practicing teledentistry is an important aspect of all patient encounters, and professionals have a legal obligation to provide care equally. For example, communication with deaf or hearing-impaired patients via your teledentistry platform must be as effective as with any other patient, and you should consider using platforms that provide closed captioning. Also, when language barriers are presented, you should have access to an interpreter and consider using telehealth platforms that allow for three-way communication.

- Practical Considerations: Technology requires consideration of “how will my practice function should the technology fail?” A contingency plan should be prepared for use in case of a technological failure. Any disruptions in service that may impact teledentistry (or other care) should be communicated to the patient as soon as possible, and consideration should be made as to whether the patient’s symptoms or complaints warrant the patient coming to the practice or, if needed, seeking appropriate care at the nearest hospital.

Practices should establish a monitoring program and quality improvement process to evaluate patient care outcomes and technical performance issues that should include responses from patient satisfaction surveys regarding the telehealth experience.

Also, both providers and staff should receive ongoing education regarding updates to the practice’s telehealth system, along with refreshers on patient privacy and engaging patients via telehealth.

- Patient Selection Considerations: Beyond the need for patients and providers alike to “buy-in” to the teledentistry process, it is important to use the right platform for the right patient and under the right circumstances. Guidelines should be established to effectively answer “Are the patient’s complaints or condition(s) appropriate for a virtual teledentistry encounter, or do they require an in-person visit?”

One such consideration could be a patient’s cognitive abilities and the availability of a support system, including family members or significant others, to assist with the patient accessing the technology.

- Patient Encounter Guidelines: Patients must understand privacy breaches can occur from a remote visit, whether from a third party overhearing the encounter or from a potential cybersecurity breach. Practices should create an informed consent process for the use of telehealth services as recommended by the Agency for Healthcare Research and Quality.

Verify that the patient has sufficient internet access and the appropriate equipment required to participate in the visit, and that their software is compatible with that of the practice, before engaging through teledentistry.

To evaluate the appropriateness of teledentistry visits for senior patients, verify that the patient can see and hear you clearly. Closed captioning and headphones that allow for volume adjustment are effective for those with a hearing impairment.

- Documentation of Care: As with in-person visits, you should create and retain formal documentation of all teledentistry patient care. This documentation should be part of the patient’s record, and all aspects of the encounters should be thoroughly documented, including the patient’s agreement to use teledentistry for the encounter.

- Licensure: Whether providing dental care in person or through teledentistry, it is imperative to ensure that the person performing the services maintains the necessary license to perform those services. It is considered professional misconduct to delegate responsibilities to a person when the dentist knows or has reason to know that such person is not qualified by training, by experience or by licensure to perform those services. Likewise, for licensure purposes, the location of the patient determines where the care is rendered. In order to avoid allegations of practicing dentistry without a license, dentists should verify that the patient is located in a state where the dentist maintains a license to practice.

It is expected that the prevalence of teledentistry will increase in the coming years as patients and providers become more familiar and comfortable with its use and technology improves to address the current limiting issues.

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*The authors are attorneys with MLMIC Insurance Co. Further information about teledentistry is available from MLMIC healthcare attorneys by calling (800)-275-6564. This article is reprinted with permission from MLMIC Insurance Co., 2024. All rights reserved.*



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## Biggest Challenges in 2024

*Continued from page 7*

gaining attention in 2024. The pressures of running a dental practice, managing financial concerns, staying compliant with regulations and meeting patient expectations can lead to high levels of stress and burnout. The solitary nature of dental work, combined with the physical demands of the profession, can exacerbate these issues.

We must prioritize our mental health and well-being, seeking support and resources as needed. Professional organizations and peer support networks can play a crucial role in providing guidance and fostering a sense of community among dental professionals. Encouraging work-life balance and promoting mental health awareness are essential for maintaining a healthy and sustainable dental workforce.

### Conclusion

All of us are facing a complex and multifaceted set of challenges in 2024. Technological advancements offer exciting opportunities, but require significant investment and adaptation. Changing patient demographics and expectations necessitate new approaches to patient care and communication. Regulatory pressures and financial constraints add to the operational burdens of running a dental practice. The ongoing impact of the COVID-19 pandemic continues to shape infection control practices and patient behaviors.

Addressing workforce shortages and prioritizing mental health and well-being are critical for sustaining a healthy dental profession. By navigating these challenges with resilience and adaptability, we can continue to provide high-quality care and meet the evolving needs of patients. The future of dentistry will depend on the ability of dental professionals to embrace change, leverage new technologies and foster a supportive and collaborative practice environment. The Queens County Dental Society, along with the American Dental Association and New York State Dental Association, offers many resources and helps us cope with these challenges. That is why I urge everyone to become an active member or organized dentistry. We can help one another as well as the Dental Society.

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