Bronx County Dental News



A PUBLICATION OF THE BRONX COUNTY DENTAL SOCIETY

Meet Our New President: Dr Keith Margulis

THE BRONX COUNTY DENTAL

Society congratulates Keith S. Margulis, DDS, MPH, FAAPD on his appointment as President. Keith is the Site Director of Dentistry at NYC Health + Hospitals/North Central Bronx and Associate Program Director of the Advanced Education in Pediatric Dentistry program at Jacobi Medical Center. Keith grew up in Bayside Queens, the son of a NYC public school teacher and a NYS Supreme Court Justice. After attending Stuyvesant High School, Keith received both his undergraduate and dental education from the University of Missouri - Kansas City. Keith continued his education through

a General Practice Residency with New York Medical College and an Advanced Education in General Dentistry at Lutheran Medical Center in Albany. Keith cites Dr. Gary Goldstein at Lutheran as instrumental in fostering a love for dental education and care for people with developmental disabilities. His specialty training in Pediatric Dentistry was completed at Jacobi Medical Center where he served as Chief Resident and where Dr. Nancy Dougherty was another early key influence in his career.

Keith is a Diplomate of the American Board of Pediatric Dentistry and a Fellow of the American Academy of Pediatric Dentistry as well as serving as long time examiner for the American Board of Pediatric Dentistry. He holds appointments to the attending staff at NYC Health + Hospitals/

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Keith ,Emery and Ashley "throwing a shaka!"

Jacobi/North Central Bronx.
He is a member of the NYS Office for People with Developmental Disabilities Task Force on Special Dentistry and a past-Chairperson. He has served on the NYSDA Council on Dental Education and Licensure and just completed a 2-year term as Council Chair.

Keith is immensely qualified for the position of President and looks to build from the large population of young dental residents who train in the Bronx. He sees the Bronx as a community underserved in dental health and looks to change that as a primary objective.

Keith lives in Westchester with his wife Ashley and 5-year-old daughter Emery. In his spare time, he enjoys camping, scuba diving, geocaching, and visiting Disney with his family.

We wish Keith success in his two-year stint as BCDS President and are thankful for his service. An intensive search of the BCDS bylaws confirms that despite his Queens roots, Keith is eligible to serve as president.

The New York State Dental Association House of Delegates was held in Saratoga Springs on June 10-12

The Bronx was represented by - from left to right - Drs Stephen Harrison, Richard Herman, Amarilis Jacobo, Jacqueline Samuels, Don Safferstein, Peter Gross and Keith Margulis.





The Bronx County Dental Society installed its new Executive Board on June 14

Congratulations to our new board. From left to right, Don Safferstein (Treasurer), Keith Margulis (President), Joy Patane (Executive Secretary), Jerica Cook (President Elect), Kirti Tewari (Secretary), Amarilis Jacobo (NYSDA Trustee), Stephen Harrison (Executive Director).



Practice Financing¹

For more information, contact Rob Malandruccolo

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The Kids Are Alright

NYSDA AND THE BCDS HELD AN EVENT FOR RESIDENTS OF OUR 5 BRONX TEACHING HOSPITALS ON

August 4th at MichaelAngelo's on Arthur Avenue. Thanks to NYSDA's Grazia Yaeger for organizing this event. Thanks also to the many members of our board, who teach at these hospitals, for promoting the event and getting such a large turnout. It was great to meet and mingle with so many of our new colleagues. It was clear to all that dentistry has a bright future. In the words of the great philosopher Pete Townsend, "The Kids are Alright"









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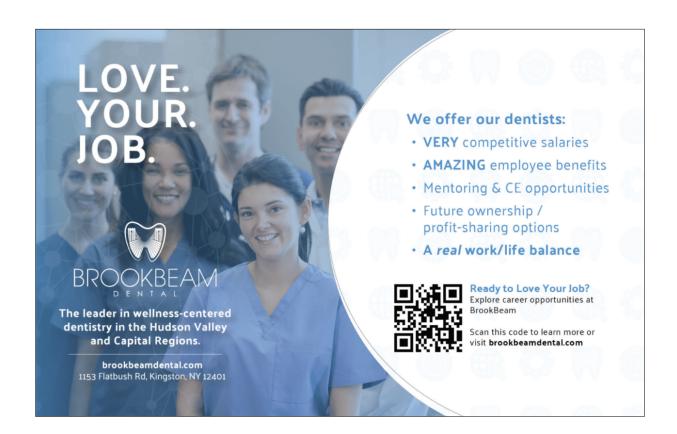
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Who Knew? or What's Up With the Snake?

THIS MUCH ANTICIPATED

edition of Who Knew deals with a symbol we have all seen and probably not given much thought to. The American Dental Association adopted this emblem as the official symbol of dentistry in 1965.

The emblem of dentistry is taken from Asclepius, a Greek god of medicine and healing. His symbol is a physician's staff with a snake wrapped around it. The snakes shedding of skin represents healing and rejuvenation. Ancient Greeks would use non-venomous snakes in healing rituals.

The lilac color dates to the National Association of Dental Faculties in 1897. The color conveys compassion, purpose, and inspiration. To this day, dental graduates use purple in their caps and gowns.

You will notice two Greek letters, Delta, and Omicron (the outer triangle and circle). Delta represents dentistry and Omicron is a symbol for odont, or tooth.

If you look closely, you will see 32 leaves and 20 berries, representing the number of permanent and deciduous teeth.



We borrowed parts of this emblem for the new BCDS logo to keep with the long-rooted history and symbolism representing our dental profession.





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Social Media Risk Management Tips For Dentists

SOCIAL MEDIA IS NOT JUST

about our personal lives anymore - it can be a useful marketing tool for your practice. When used appropriately, social media can be beneficial for business promotion, customer testimonials, reviews and more. As a dentist, you may already be using (or be interested in creating) social media for your dental practice. While the benefits of using social media may be obvious, the pitfalls of its use may not be as apparent. Below are some important risk management considerations for using social media for your dental practice.

First, what is social media?
Taken broadly, it's any online
presence you or your practice
has. This could be on platforms
like a practice website, Twitter,
Facebook, Instagram, LinkedIn
and YouTube. Review sites like
Google My Business and Yelp can
also fall under the definition of
social media as well.

Our first and most important rule of thumb is simple: Do not mix your personal and professional lives on social media. If you are active on social media in your personal life, don't post about work; and don't post about your personal life on your work page. And don't use the same account for both — keep them separate!

 On Facebook, LinkedIn and Instagram, you can create business pages that will clearly distinguish you from a personal account. This way, you can keep your personal information private and just focus on important business details, like the office phone number, hours of business, website URL and more. Your patients will be able to "Like" or "Follow" your page without you needing to "Friend" or "Follow" in return.

Second, do not "friend" patients from your personal or professional account. It is important not to cross that personal/professional line, especially on social media. Although you may see your patients as friends, it's vital to remember that you are providing them a professional service. It's possible that if a patient isn't happy with the results of your work, the patient could turn on you publicly with disparaging remarks on social media or could use information gleaned from your profiles (like where you live and what you do in your free time) to try to discredit you as a dentist.

 "Friend"-ing looks different on different platforms. On Facebook, don't send friend requests to patients from your personal account. On Instagram and Twitter, do not follow your patients from either your personal or business accounts. On LinkedIn, do not send a connection request to patients.

Don't discuss personal health information on social media,

publicly or privately. This may seem like a no-brainer, but it's worth mentioning because of the many ways to communicate on social media. If a patient contacts you through a post, comment or direct message, resist publicly confirming that they are a patient and instead direct them to contact you through your office phone or email a secure patient portal. Similarly, you should not comment about patient care in response to a comment on a review site.

 You can use a generic response like this: "Thanks for your message. I don't answer personal questions on social media. You can contact my office for more information."

Have a prominent disclaimer on your social media profiles and website. The disclaimer should indicate that the social media profile or website is for informational purposes only and is not intended to create a dentist-patient relationship. Note that none of the information is intended to give a guarantee as to a specific result of a treatment. Include that, for specific complaints, a person should consult their own dentist or make an appointment with your office.

Make sure your staff is educated about social media use, as well. On their personal profiles, your staff should follow the same guidelines that you do — they

shouldn't post about work, "friend" patients or discuss health information. If your staff also contributes to or manages your dental office's professional page, be sure to review all the posts before publication. Ultimately, you can be responsible for the information coming from your practice.

Before publishing patient photos, always get consent for photography, even if the photo isn't identifiable. Photos can be a great way to show your dental work on social media or your website, but you must be diligent about consent. It's recommended and essential to get consent for photography and publication or use. For minors, their parents or legal guardians can give consent. As always, be sure the consent is documented

in the patient record in addition to the signed consent.

Be sure not to post anything that could be construed as misleading. The New York General Business Law says that whatever you are using in your advertising (any type of advertising) must be truthful and not misleading. Any statements you use in advertising or on social media, like an accolade or success rate, are subject to the NYS General Business Law. Edited photos could also be in violation because someone could argue that the photos aren't truly indicative of the work done.

 If a dentist is in violation of that law, it may fall under professional misconduct, which could lead to a New York State Attorney General investigation. Additionally, the Office of Professional Discipline (OPD) could investigate for professional malpractice.

Social media can be a powerful tool for your business, but you should be aware of the pitfalls, too. If you have questions about your online presence, MLMIC policyholders can contact a team of risk management professionals 24/7 at no additional cost by calling (844) MMS-LAW1 or emailing hotline@mmslawny.com.

For more information related to risk management, visit the MLMIC Dental blog, The Scope: Dental Edition, Dental Impressions and our Twitter and LinkedIn pages.



What We Should Know About Monkeypox

THE CDC RECENTLY URGED HEALTHCARE PROVIDERS TO BE "ALERT FOR PATIENTS WHO HAVE RASH

illnesses consistent with monkeypox regardless of whether they have traveled or have specific risk factors, and regardless of gender or sexual orientation."

Monkeypox is a rare viral infection caused by a virus similar to the now-eradicated smallpox virus. It has been common in some African countries, but outbreaks have occurred in other areas from time to time. The World Health Organization recently declared a global health emergency since monkeypox had spread to many countries through social interactions and intimate contacts.

What you need to know:

- Monkeypox is spread by close contact and exposure to an infected person's respiratory droplets, oral fluids, skin lesions or bodily fluids. It can be spread by contact with objects or fabrics (clothing, bedding, towels) that have been used by someone with monkeypox.
- · Monkeypox has a long incubation time. It can take 4-21 days to produce illness after exposure.
- Monkeypox can be identified with a sample of fluid swapped from the rash. It is necessary to rule out other rash producing illnesses such as chickenpox, measles, syphilis as well as other sexually transmitted diseases.
- Monkeypox symptoms include swollen lymph nodes, fever, chills, muscle aches, headache and blister-like rash on or around the genitals in other areas like the hands, feet, chest or face.
- The rash dries up in a week or two. Although the infection lasts 2-4 weeks, infected people are no longer contagious to others after all their skin lesions crust over or heal. Although many cases resolve on their own, monkeypox can be treated with anti-viral agents.
- While monkeypox cases spreading globally in 2022 can cause severe disease, the infection
 most often clears up on its own. Monkeypox may be most severe in young children, especially if
 they have poor nutritional status. In previous years fatal cases have occurred, primarily among
 children in Africa.
- · Vaccines can prevent monkeypox. They are currently in short supply and are being used to prevent monkeypox disease in people who have been exposed to the virus.

To find out more about monkeypox, view this <u>powerpoint presentation</u> from a recent New York State Department of Health Webinar.

See the New York State Department of Health <u>website</u> for updates on the current status of monkeypox in New York State. ■



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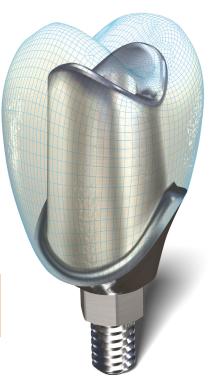
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Innovative New IRS Pre-Examination Qualified Retirement Plan Program Allows Employers to Identify Plan Errors Before IRS Does

MISTAKES HAPPEN! WHEN A MISTAKE OCCURS

in the operation of a qualified retirement plan, such as a 401(k) plan, timing is everything in identifying and correcting the mistake. Ideally, the plan sponsor or its third party administrator pro-actively monitors plan compliance and has procedures in place to identify plan errors – before the IRS does. Many such plan errors can easily be self-corrected under the IRS' Employee Plans Compliance Resolution System (EPCRS) without IRS involvement. Other errors require IRS approval and payment of an often modest IRS "user fee" under the IRS' Voluntary Correction Program (VCP).

However, until now, the only other alternative was for an error to be identified by IRS in a plan audit. On audit, correction of an error is more difficult and expensive, involving a closing agreement with IRS and payment of a penalty amount that is more costly than the VCP user fee. In a worst case scenario, IRS could even disqualify a plan that has not been operated correctly.

On June 3, 2022, IRS announced a temporary preexamination (audit) retirement plan compliance program beginning in June 2022. Without historical precedent, IRS will give plan sponsors a warning that their plan has been selected for audit and 90 days to identify and correct any plan errors. If an identified error is eligible for self-correction under EPCRS, the error can be self-corrected. If the identified error is not eligible for self-correction, the plan sponsor can request a closing agreement with IRS, but the sanction amount will be determined under the much less costly VCP user fee schedule.

IRS will then review your documentation and if it



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agrees with your conclusions it will issue a closing letter. Otherwise, IRS will conduct a limited or full scope audit.

Together with our clients, we will continue to proactively monitor plans to avoid compliance issues. However, if a mistake occurs and IRS comes knocking, it will be very helpful to have a 90-day period to identify and correct any plan errors.

IRS says that at the end of the pilot program it will evaluate the program's effectiveness and determine if the program should continue as part of its overall compliance strategy. We believe the pilot program should make it easier for employers to establish and maintain qualified retirement plans and will promote compliance with the tax laws.

If you have any questions or concerns about your qualified retirement plan or if you receive a 90-day notice from IRS under the pilot program, please feel free to reach out to Andrew Roth, a partner in our White Plains, New York, office at (914) 220-8033, ARoth@dmlawyers.com.

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EDPAC (EMPIRE STATE POLITICAL ACTION COMMITTEE) IS OUR PROFESSION'S POLITICAL ACTION

arm in New York. Political advocacy leads to legislative accomplishments that protect our profession. The list below contains some of NYSDAs many legislative accomplishments this year.

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Thanks to Dr. Joel Friedman for serving as the EDPAC Bronx County Component Chair

2022 NYSDA Legislative Accomplishments

- 1. PASSED legislation to allow dental hygienists to administer nitrous oxide and local infiltration anesthesia to all your patients, not just those receiving hygiene services. This will greatly add to the efficiency of your practice;
- 2. PASSED legislation to allow dental assistants to REMOVE as well as place temporary restorations;
- 3. REPEALED the 1.5% decrease in dental Medicaid reimbursement implemented in 2021 and gained a 1% increase in the rates going forward. That's a total 2.5% increase. Not enough, but an important step in the right direction; Monkeypox symptoms include swollen lymph nodes, fever, chills, muscle aches, headache and blister-like rash on or around the genitals in other areas like the hands, feet, chest or face.
- **4. RETAINED** three small businesses tax benefits a credit for COVID-19 capita! costs for items needed to deal with COVID-19 in a business, student loan forgiveness awards not to be included in income, and increasing from 3% to 15% the amount of small business income that can be excluded from taxation:
- **5. RETAINED** health care worker bonuses for those who remained on the front lines during the COVID pandemic and earned less than \$125,000; it specifically includes dental hygienists and dental assistants, and retains requirements that the employer must serve at least 20% Medicaid patients as a basis for the bonuses (the amount of the bonuses is not to exceed \$3,000);
- **6. OBTAINED** \$125,000 for NYSDA's Dental Demonstration Program that assists underserved populations to obtain dental services; and
- 7. GAINED the passage of our dental residency bill to allow certain residencies in oral medicine, orofacial pain and dental public health to qualify for licensure;
- 8. SUCCESSFULLY supported the inclusion of \$750,000 in the budget to allow the State Education Department to provide grants for teaching dental students how to treat patients with disabilities.

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THE DENTAL LIFELINE NETWORK, A STRATEGIC

partner of the American Dental Association, has been operating the Donated Dental Services (DDS) Program nationally since 1985. There are over 50 patients waiting for care currently in the Bronx. Only patients with disabilities, who are elderly or medically compromised and cannot afford care are accepted into the program. Please join the other dentists throughout the state who currently volunteer with DDS and help one patient. More dentists are needed, including specialists. Will you see one?

- · Pre-screened patients are treated in your office.
- · You determine the treatment plan.
- · Coordinators work with specialists and the labs.
- · You pay for lab expenses.
- Very little paperwork is required



It is easy to volunteer. Go to www.DentalLifeline.org and click on Volunteer or go to www.WillYouSeeOne.org. Additional information about the program is available.

Just see one patient for a consult and you decide if you want to continue.

See our website:

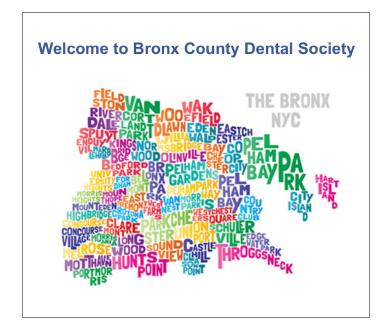
www.bronxcountydentalsociety.org

THE SITE IS DESIGNED TO BE A RESOURCE FOR

member dentists as well as the public we serve. Take a few minutes to take a tour of the site. Some of the new features are:

- A Member Center full of resources for your practice. All information here is updated constantly by the ADA and NYSDA to keep you informed in real time.
- A Public Resource Center for the general public.
 The Find A Dentist feature enables patients to
 search for ADA member dentists by zip code and
 specialty.

Please give us feedback. This is your site and we have the ability to adapt it to better serve our members.



How to Incorporate Public Health into Clinical Practice at Greater New York Dental Meeting

AT THIS YEAR'S GREATER NEW

York Dental Meeting, there will be a three-hour seminar by prominent dental public health specialists including two Jacobi dental public health faculty (Drs. Megan Cloidt and Nadia Laniado). The title of the seminar is "How to Incorporate Public Health into Clinical Practice." It is being held on Saturday, November 26th from 8:30-11:30 (code 2120). It is

a 3-credit seminar course with audience participation. The cost is \$85.00.

Learning objectives will be to:

- Understand the role of dental public health policy from the broad dental care delivery system to chairside clinical practice
- 2. Explore the connection of public health policy to

- practice across topics such as vaccination and HPV prevention, antibiotic stewardship, and social determinants of health
- 3. Apply public health resources and toolkits to clinical practice in the space of vaccination and HPV prevention, antibiotic stewardship, and social determinants of health.

Dr. Amit Punj

Fundamentals Of Treatment Planning For Prosthodontic Rehabilitations

Tuesday, September 20, 2022 | 6:00pm

Maestros Caterers 1703 Bronxdale Avenue, Bronx, New York 10462

Buffet Dinner at 6pm (Kosher meals available upon advance request*) Lecture at 7pm

\$35 for BCDS members | \$50 for non-members | Free for residents of Bronx Hospital programs

When you see a patient with a mutilated dentition that wants their mouth fixed, where do you start? Are you good at recognizing difficult treatments? How do you develop an evidence-based treatment plan for a patient with complex restorative needs? If you are not sure about some of these questions and want to learn more about treatment planning or just review some of the fundamentals, this presentation will shed some light on this topic.

Dr. Amit Punj

Amit Punj DMD is a Board Certified Prostodontist and the Chief and Program Director of the Graduate Prosthodontic program at Montefiore Medical Center. He graduated from Tufts University in Boston and completed his Prosthodontic training at Montefiore. Amit also holds a Master of Clinical Research from OHSU School of Medicine in Oregon. He is a Fellow of the American College of Prosthodontists and Academy of General Dentistry. He is also a Member of the Royal College of Physicians and Surgeons in Glasgow, Scotland. He has published in scientific journals and lectured nationally and internationally.



TO REGISTER FOR THIS DINNER LECTURE, EMAIL JOY PATANE AT BRONXDENTAL@OPTONLINE.NET

2CE Credits.

*Kosher meal requests must be received one week prior to the course.

Kathleen Schultz, DMD

Tumors and Cysts in the Pediatric Patient

Tuesday, November 15, 2022 | 6:00pm

Maestros Caterers 1703 Bronxdale Avenue, Bronx, New York 10462

Buffet Dinner at 6pm (Kosher meals available upon advance request*) Lecture at 7pm

\$35 for BCDS members | \$50 for non-members | Free for residents of Bronx Hospital programs

Parents of children with oral pathologic conditions often express concern that the lesion may represent a tumor or represent an underlying systemic disease. The dental practitioner will review common and uncommon radiographic and clinical pathologies presenting as cysts and tumors in children, as well as the workup for establishing a diagnosis.

Course Objectives:

- To review common and uncommon neoplastic conditions in the head and neck region of pediatric patients
- 2. To discuss the radiographic differential diagnoses of a "radiolucency in the jaw" in the pediatric patient
- 3. To review treatment implications of various pediatric oral pathologies

Dr. Kathleen Schultz

Dr. Schultz received her dental degree from the University of Connecticut School of Dental Medicine. She completed a residency in oral and maxillofacial pathology at Long Island Jewish Medical Center and a residency in pediatric dental medicine at Cohen Children's Medical Center where she served as chief resident in both specialties. She is a Fellow and a Diplomate of the American Board of Oral and Maxillofacial Pathology as well as a Diplomate of the American Board of Pediatric Dentistry. She is currently a full time attending in oral and maxillofacial pathology and pediatric dentistry at Northwell Health. In addition to managing clinical practices in pediatric dentistry and pediatric oral pathology, she also teaches residents in both disciplines and participates in the surgical pathology service. She is a participant of the Hagedorn Cleft Palate and Craniofacial Team



at Northwell Health, and has a personal interest in the dental management and prosthodontic rehabilitation of infants and children with cleft lip and palate.

Her interest is on clinical and radiographic presentations of common and uncommon oral pathology in pediatric patients, notably those with syndromes and complex medical conditions.

TO REGISTER FOR THIS DINNER LECTURE, EMAIL JOY PATANE AT BRONXDENTAL@OPTONLINE.NET

2CE Credits.

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