

# **Seventh District Dental Society Board of Directors**

## **Consent Calendar Items**

Report  
Monroe County Dental Society  
Board Meeting  
March 11, 2013

A committee will be formed to create a Mission Statement.

Jay Skolnick made a PowerPoint presentation recapping the trip with Keith Sanger to Nassau County to participate/observe their GKAS day.

Lori discussed our partnering with NYSDA regarding the email blasts.

A new website is being developed that the office would be able to edit on their own.

A photographer will be present at the all-day meetings.

Next meeting is September 16, 2013.

Respectfully submitted,

Maria J. Abeyounis, DDS

Seventh District Dental Society  
Board of Directors Meeting  
5/6/13

President Summary of Activities

1. Meetings attended since 3/4/13 BOD meeting:

- 3/13/13      Monroe County Dental Society General Membership Meeting
- 4/8/13      Long Range Planning Committee
- Attorney review of documents by Dr. Chet Gary completed
  - Approval of *Conflict of Interest Disclosure* forms
  - Approval of *Speaker Agreement*
- 4/28/13      Website/Journal Committee

2. I would appreciate the opportunity to visit any of our counties that are meeting, county representatives please contact me.

Respectfully submitted,

Richard L. Rubin, DDS, MS

**Ethics Committee Report**  
**Seventh District Dental Society Board Meeting**  
**May 13, 2013**

**1. Component Level**

A. One local case under investigation.

**2. Constituent Level- Meeting at NYSDA March 20, 2013**

A. Chairman's Report- Dr Jay Ledner's last meeting as chairman, he thanked the council for their work and dedication. Announced that Dr. Brian Kennedy, NYSDA Past President, was going to be addressing the council on Evidence Based Dentistry.

B. Hearings- Two hearing were heard under the ethics hearing process, in accordance with the NYSDA Constitution and Bylaws.

C. ADA Report-Council on Ethics, Bylaws, and Judicial Affairs met on November 16-17, 2012 at ADA. See report below.

D. Component Reports- Council members reported on cases from their districts that they have resolved or are currently investigating.

E. Presentation on Evidence-Based Dentistry- Dr. Kennedy was invited to speak on EBD. The ADA defines EBD as an ongoing approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs. Dr. Kennedy explained that EBD is just one more 'tool in the box.'

F. New Business- The council unanimously nominated Dr. Adam A. Edwards to incoming NYSDA President Dr. Joel Friedman for consideration for appointment as the next council chair. Upcoming meeting dates for the council are June 14, 2013 and September 18, 2013.

**3. National Level/ADA Report- CEBJA Report by NYSDA Representative, Dr. Kevin Henner on meeting at ADA Headquarters, November 16-17, 2012.**  
Highlights are as follows:

A. The Council discussed the referral of Resolution 29 from the 2012 HOD concerning the participation of patients in clinical licensure examinations and also discussed the ethical issues surrounding single sitting clinical licensure examinations.

B. The Council formed a Workgroup to review Resolution 165, regarding a proposed employee dentists' bill of rights.

C. The Council reviewed and approved the staff compilation of *Bylaws* revisions mandated by 2012 HOD actions.

D. The Council agreed to determine the appropriate steps to make its Ethics continuing education course available to constituents, components, dental

schools, and other interested agencies. The Council also discussed making the course a staple CE offering at every Annual Session.

- E. The Council agreed to begin the practice of informing constituent and component societies of Annual *Bylaws* revisions resulting from the actions taken at Annual Sessions to assist constituent and component maintenance of their bylaws pursuant to Chapters II and III of the ADA *Bylaws*.

Respectfully submitted,

David V. Ramjattansingh, D.D.S.



## **Council on Governmental Affairs**

Report to the Seventh District Dental Society

Submitted by

David Schirmer

May 6, 2013

The NYSDA Council on Governmental Affairs met by conference call on Friday, April 19, 2013, at 9:00 am.

### **2012-2013 Legislative Overview & Legislative Priorities**

NYSDA State Lobbyist, Mr. Roy Lasky reported to the Council that NYSDA was successful in being able to keep adult dental Medicaid in the budget without cuts to reimbursement. He explained that there is enormous pressure for the Governor to cut Medicaid in the budget, so the fact that adult dental Medicaid is still present, is a major victory. He also told the Council that NYSDA is opposing S. 1944 (Ritchie) / A.5096 (Paulin). This is a bill that authorizes dental hygienists to provide services without the dentist being present. The premise of this bill was originally a complete change to the scope of practice for independent dental hygiene practice. NYSDA is trying to work with Assemblywoman Glick to see if we can create a collaborative agreement bill that is limited to Article 28 facilities and is not the unwarranted vast expansion of scope of practice envisioned by dental hygienists. Assemblywoman Glick had rightly pointed out concerns with a lack of diagnostic training for dental hygienists to assume any independent scope of practice expansion. The problem with the bill as it currently exists is that the connection with the dentist is really non-existent and NYSDA is not interested in such a proposal that would harm the public. The Governor had supported sensible changes in his budget proposal, but Assemblywoman Glick also noted that these were dependent on the Department of Health developing regulations that she did not have full confidence in.

Mr. Lasky told the Council that S.1918 (Libous) / A.5632 (Morelle), which is the oral surgery Scope of Practice bill, was introduced again this year. This bill will permit oral and maxillofacial surgeons who have: been certified by the State Education Department and the American Board of Oral and Maxillofacial surgery; and have been granted privileges to perform certain oral and maxillofacial surgery procedures by a general hospital to perform the same oral and

maxillofacial procedures regardless of its relation to the oral cavity. It would eliminate the need to rely on the emergency exception for those surgeons who do perform such procedures. Mr. Lasky explained that this bill is being sponsored by Assemblyman Joe Morelle, who has just been named the Assembly Majority Leader. He explained that this is a difficult bill to move. Besides the opposition from the Medical Society, he indicated that many oral surgeons do not think this bill affects them that much, so they aren't so concerned about what happens with it. Therefore, that negatively affects grassroots efforts to promote the justice for the bill. However, NYSDA will continue to work through the road blocks. Dr. Lanka said that he would once again reach out to the entire oral surgery community to explain the need for their help.

### **ADA Council on Governmental Affairs**

Dr. Michael Breault, 2<sup>nd</sup> District/New York representative, gave a brief report to the Council on the current issues happening with the ADA Council on Governmental Affairs. Specifically, he discussed the McCarran-Ferguson Antitrust Reform Legislation to repeal the exemption for the insurance industry; he spoke about the implementation of the Affordable Care Act, and the Call to Action for Oral Health campaign.

### **EDPAC Report**

Dr. Lawrence Volland gave a brief EDPAC report to the Council. He announced that EDPAC has finished their new Web site and he encouraged members to visit [www.empiredentalpac.com](http://www.empiredentalpac.com). Dr. Volland also reported that Capitol Club is in full swing right now. He said that the number of members in the Capitol Club was down last year because we tried a component e-mail campaign that was, unfortunately, a failure. He explained that this year EDPAC is doing a letter campaign only, and he is hopeful that membership will pick back up. He encouraged Council members to become Capitol Club members if they aren't already. He also reported that, at their last Board meeting in January, EDPAC established a student membership category. Students can join EDPAC for a \$5 membership fee. Lastly, he mentioned that a resolution will be presented to the NYSDA House of Delegates asking for a Bylaws change that will change how EDPAC monies are collected from membership.

### **Nomination of Council Chair**

Your representative, David Schirmer, suggested that Dr. Prabha Krishnan continue as Chairman of the Council on Governmental Affairs. The Council unanimously supported that her name be given to NYSDA President Dr. Joel Friedman for consideration for this appointment.

## COUNCIL ON PEER REVIEW AND QUALITY ASSURANCE REPORT

The Council on Peer Review and Quality Assurance met on Friday, April 19, 2013 at NYSDA in Albany, New York. All members were in attendance. Dr. David Delaney, Third District Representative to the MLMIC Underwriting Claims Review Committee, provided a report to the Council on the processes employed by District Claims Committees.

The Chairman began the meeting by describing the process and protocols employed by District Claims in reviewing claims against dentists. Their deliberations result in recommendation to either MLMIC or Fortress to either defend the doctor or settle with the patient. The chairman proposed the idea to invite representatives from MLMIC and Fortress to the fall meeting. Dr. Delaney added that he hoped the revisions to the Peer Review Agreement would help reduce the number of suits before District Claims.

The Chairman reviewed seven key recommendations for committee chairs. They included training workshops for new members before actually serving on a hearing panel. Marking all evidence submitted to facilitate reviews and appeal considerations. Advising chairman to contact NYSDA for assistance in writing letters closing cases when members are not in compliance before sending a case to the Council on Ethics. Also discussed was when a case can be heard with two committee members or postponed for the availability of three examiners. Committee members were discouraged from making extraneous comments during Peer Review hearings. Lastly, Dr. Shub stated that two agreements must be completed with both dentists named on both agreements when two distinct, unrelated treatments are preformed by two individual dentists in the same practice.

The Chairman discussed recent efforts to have courses on Peer Review provided in each of the dental schools, in residency programs, and at component meetings to promote the advantages of membership in the professional association. I'll be contacting Dr. Richard Speisman at the Rochester General Hospital Dental Clinic to discuss a peer review course for their residency program.

Dr. Shub and Ms. Donnelly discussed issues regarding how cases are reviewed, what should be included in decision letters and documenting fees and refunds. Also discussed was the issue of "partial refunds" and the inability of Peer Review to make arbitrary awards.

Mr. Melinger, our lay observer agreed to assist council chairs in developing language to use at hearings when parties are represented by an attorney. He emphasized the chairman's role in controlling the process using common sense and common courtesy while looking at only the objective facts rather than issues of credibility.



The Council discussed the requirement that all dentists place any fees collected in escrow be enforced universally in each component. The consensus was to allow the current policy to remain as it is.

Each of the members discussed cases and issues pertaining to their district committees. Dr. Mathiesen added three new committee members. Dr. DeBonis asked the Council to consider changing the statute of limitations for Peer Review to those used by the courts for malpractice cases. The Council will discuss this issue at the fall meeting.

The Chairman asked Dr. Farone to chair the discussion and election for the Council's recommendation for the 2013 - 2014 chair position. Dr. Rosenwein nominated Dr. Galler, the current chairman. Dr. Seiver seconded the nomination and Dr. Galler was unanimously recommended by the Council members.

In 2012, the Seventh District Dental Society received ten Agreements to Submit to Peer Review. Five of those cases were resolved in mediation. Five cases went to a hearing and exam in which two cases resulted in favor of the dentist and three in favor of the patient.

To date, this year in 2013, the Seventh District Dental Society has received six Agreements to Submit to Peer Review. Two cases were resolved in mediation. Three cases went to a hearing and exam in which one case resulted in favor of the dentist and two in favor of the patient. One case is still is currently in the Peer Review Process.

Respectfully submitted,  
Steven M. Spoto, D.D.S.  
Chairman

# **Seventh District Dental Society Board of Directors**

## **Agenda Reports**

Seventh District Dental Society  
Board of Directors Meeting  
May 6, 2013

President-Elect Report

I had the honor of attending the NYSDA President-Elect Leadership Conference on Friday April 26<sup>th</sup> in Albany during which NYSDA staff gave presentations on the workings of the state organization. The main focus of this conference was to address membership recruitment and retention. NYSDA President-Elect, Dr. Joel Friedman, invited component presidents-elect, their executive directors, NYSDA council on membership, ADA membership staff and NYSDA staff to attend. The keynote speaker was ADA Executive Director, Dr. Kathy O'Loughlin. Tripartite membership has decreased and this daylong membership summit discussed ways to attract and retain dentists as members regardless of their age, gender and stage of professional career.

Respectfully submitted,

Jeff Arigo, DDS

## Report of the Chemical Dependency Committee March 22, 2013

Dr. Duda and Dr. Mark Feldman provided information on the development of the I-STOP legislation. They described 3 components: education, monitoring and e-prescribing. The Department of Health(DOH) is working on developing a real-time look-up system to go into effect on August 27,2013. The Office of Alcohol and Substance Abuse Services (OASAS) formed a new implementation committee for I-STOP with 3 parts: 1. Institution of the technical aspects 2. Practitioner education 3 Public education.

Ms. Bernadette Lochner spoke to the committee about the Professional Assistance Program(PAP) and changes resulting from recent legislation. The State Education Department has established a "Dentist 2 Dentist" program to manage the license turn-arounds for dentists who have been in recovery for at least 90 days. The surrender is voluntary and confidential and is based on the system that has been used for many years with nurses.

Mr. Gary Butchen gave a presentation about his intensive outpatient treatment program in NYC named Bridge Back to Life.

Dr. Dennis Bohlin gave a report about the educational efforts made by him throughout the state and agreed to speak at a MCDS Wednesday evening in the fall of 2014. He focused the discussion on chemical dependency and gave an update to the current I-Stop legislation efforts.

I brought up the issue of drug seeking patients and the committee agreed that at this point education is our only course of action. All components struggle with this problem from time to time and awareness is our only tool at present. I-STOP may help down the line.

In a separate communication there are three new requirements for prescription drugs one of which took effect March 30<sup>th</sup> besides the changes to Hydrocodone that took effect in February this year.

1. Patient English Language Proficiency : Effective March 30<sup>th</sup>, 2013. All prescriptions must indicate whether a patient lacks proficiency in English and, if so, the language in which they are proficient. New prescription forms are available from NYS DOH and are at no charge. Alternatively the prescriber may simply note on the prescription that the patient is not English proficient and the language of proficiency.
2. Controlled Substance Registry; Effective August 27,2013: All doctors prescribing a Schedule II,III, or IV controlled substance must query a new controlled drug Registry. To access the Registry you must establish a Health Commerce System account. As the account takes time to establish it is recommended to start that process as soon as possible.

3. Mandatory e-prescribing-effective March 27,2015: All prescriptions must be transmitted electronically.

Respectfully submitted,

Steve Burgart

The Council on Dental Benefits met in Albany on April 26, 2013 at the NYSDA Office Conference Room. No official minutes have been released as of yet but the following is a synopsis of the meeting.

Dr. Porcelli gave a brief report lauding the grassroots effort for helping to get adult Medicaid maintained in the State budget. He spoke about being a part of a conference call with the Department of Health on the Health Exchanges. He also spoke about how adversarial the dental insurances have been and compared with a personal experience with a house fire and how the home insurance company was so good to work with in comparison with dental insurance companies.

Dr. Vorrasi provided a summary of the issues being considered by the ADA's Council on Dental Benefit Programs, including the implications for dentistry of the Affordable Care Act. The ADA has been meeting with the National Association of Dental Plans (NADP) regarding concerns about the ability of patients to opt in or out of a plan within 90 days. Problems are anticipated because patients have 90 days to make payment to their plans and, if they opt out or fail to make payment, a treating doctor would not be paid by the plan. Dr. Vorrasi also discussed the implication of SNODENT as a coding platform and how this would be initiated and brought into play. He talked about how this might fit in with dental software vendors in the future. There is also another coding system called EASYCODE which was developed at Harvard University that is a competitor to SNODENT. These coding systems bring into account diagnostic codes as well as procedure codes. Dr. Vorrasi reported that there will not be a National Dental Benefits Conference this year which I had the privilege to attend in September of 2012. Hopefully the funding will be restored for 2015.

In regards to Medicaid, Dr. Gellert reported from the Medicaid subcommittee that the Health Department is not taking the dentists concerns regarding implementation of Managed Care for Medicaid seriously. They say they want hard data but even with that the insurance companies are slanting the data in their favor. He reports that some members have had success negotiating contracts if there aren't other providers around.

Mr. Lasky gave a legislative report regarding two major issues that are NYSDA hot button items right now. The first is the formation of some type of collaborative agreement legislation with Article 28 facilities. This agreement would allow the patient to see a hygienist as long as they see a dentist within 30 days. He also discussed NYSDA's support for legislation for patient's that have dual insurance to be able to obtain benefits from both plans. Unfortunately, the Department of Financial Services doesn't have much interest in changing the status quo.

There was then a discussion of smaller component issues where each Council representative brought forth to the board items that were from their component members.

A long discussion then ensued regarding resolutions that are to be given to the NYSDA Board of Trustees to take to the House of Delegates in June. I have included a section of the draft minutes rather than try to recreate it:

DRAFT

The chairman distributed a report that he had written outlining components for patients' rights legislation. After discussing components of the report, the council agreed that NYSDA should adopt policies to protect patients' rights further and limit the ability of third party payers to interfere in the dentist-patient relationship. The council unanimously adopted a resolution proposed by Dr. Hoddick, seconded by Dr. Lacey:

RESOLVED: That NYSDA support restrictions prohibiting insurance company requirements that dentists with participating provider contracts charge discounted fees for services that are not covered in insured patients' benefit plans.

The council understands that New York State is ahead of other states in that it already has legislation that limits the ability of insurance companies to offer patient discounts on services that they do not insure. Nonetheless, challenges by these companies have been a nuisance for many members. The council believes that NYSDA should have policy on this issue in place.

Dr. Lacey proposed a second resolution that was also adopted by a unanimous vote. This second policy opposes the insurance company practice of "bundling" together distinct treatment procedures for the purpose of reimbursement. This results in patients receiving less reimbursement. It also affects dentists who sign participating provider contracts and are unaware of the actual reimbursement they will receive as a consequence of bundling.

RESOLVED: That when distinct and separate procedures are performed that have separate and distinct codes, the insurance company cannot bundle them to reduce their liability but must consider each procedure as a stand-alone procedure regardless as to whether they were performed on the same or different dates of service.

Dr. Baumler cautioned that the Board of Trustees may not have ample time to fully consider the council's recommendations prior to the 2013 House of Delegates' meeting in June.

The council will consider the chairman's other ideas further at its meeting in the fall.

Dr. Porcelli was re-elected as Council Chair for 2013-2014

Dr. Michael Keating

Report for the Seventh District Dental Society Board  
NYSDA Council on Dental Practice  
Date: April 12, 2013  
Location: NYSDA office in Albany, New York

The Council on Dental Practice met on Friday, April 12, 2013. Dr. Bijan Anvar (Q) proceeded over the council meeting as chair. Dr. Brendan Dowd attended as the Second Trustee Caucus Representative to the ADA Council on Dental Practice. Dr. Mark Feldman, NYSDA executive director, Dr. Judith Shub, assistant executive director, Ms. Jacquie Donnelly, NYSDA staff, and Ms. Laura Leon, executive director of the NYS Dental Foundation were in attendance.

The following topics were discussed:

Mission of Mercy (MOM):

Ms. Laura Leon provided an update on New York's Mission of Mercy event scheduled on June 13-14, 2014. She stated that \$60,000 has already been donated and Dr. Feldman mentioned that components can also make a donation. The Connecticut Dental Association will be holding their MOM event on June 6-8, 2013 in Bridgeport.

NYSDA Task Force on Technology Applications:

The chairman discussed the activities of the Task Force, including a meeting scheduled on April 19<sup>th</sup> with e-prescribing software vendors and the Health Management Information Systems Society (HMISS) symposium on April 26<sup>th</sup>. He pointed out that the current focus of the Task Force is to help our membership with I-STOP and e-prescribing.

Imaging:

According to NYSDA council Lance Plunkett, a dental assistant, certified or not, cannot use a CT cone beam scan at all. They can only use conventional x-ray equipment (which includes a panoramic x-ray, but not a CT cone beam). A hygienist can use a CT cone beam scan for any purpose under the interpretation of the Department of Health, which the Education Department has not challenged. The Department of Health interpretation likened the use of the CT cone beam scan to a panoramic x-ray in terms of radiation danger and that is why they allow a hygienist to use it. But the dental assistant is by regulation limited to conventional x-ray equipment and ordinary panoramic x-rays.

Sleep Apnea /Snoring:

Can dentists in NYS treat sleep apnea or snoring? No, dentists cannot diagnosis sleep apnea. It is not within our scope of practice. They can fabricate appliances to treat these disorders if ordered by the patient's physician.

Dr. Bijan Anvar (Q) was reappointed as council chair for the 2013-2014 year.

No resolutions were brought forth or adopted by the council at this meeting.

The council will meet again in the Fall via teleconference.

Respectfully submitted,

Jeff Arigo, DDS  
Council Member



Department of Dentistry

**Report to the Seventh District Board from the NYSDA Council on Dental Health Care  
Planning and Hospital Dentistry May 6, 2013**

The Council on Dental Health Planning and Hospital Dentistry met on Friday, April 5, 2013 at the NYSDA office in Albany.

**Chairman's Report**

The chairman began by stating that he did not have a formal report, only questions about the perceived crisis resulting from Medicaid and the Affordable Care Act. The chairman asked whether there is a crisis in each component, what is the nature of the crisis and what actions might be taken to avert adverse outcomes for patients. The Council engaged in discussion about the potential impact of changes to Medicaid and federal funding for graduate medical education on the ability of hospital programs to meet both patient access demands and training needs. In the past few years, a number of PGY-1 programs in New York State have been closed due to lack of funding and poor reimbursement rates. This has most affected access for patients with developmental disabilities and other special needs patients. As a result, fewer dentists skilled in providing care to special needs patients in hospital and private office settings are being trained. Lack of training opportunities and general experience historically contribute to a lack of both skill and interest in providing care for these patients. Another concern for hospital residency directors is that, given treatment restrictions imposed by the Medicaid managed care companies, dental school graduates and residents do not have opportunities to perform the range of dental treatment procedures required for successful completion of their educational requirements and licensure. The Council members were also troubled that patients with special needs who are enrolled in Medicaid lack access to necessary preventive care that would limit the amount of more costly and involved treatment needed. The Council members agreed that there are not clear delineations of patient needs with respect to settings, frequencies and anesthesia or delineation of dentists by skills, experience and availability to treat. Dr. Tegtmeier was especially frustrated that the Department of Health's plans to create "DISCOS" [developmental disability individual support and care coordination organizations]. The effectiveness of this model will be evaluated long after its implementation. Patients who do not receive adequate dental treatment will be adversely affected in the interim. If, as a result, current dental providers both individual and institutional no longer treat people with developmental disabilities, it is unlikely that such resources could be reestablished. This would conceivably affect both patient oral health and access to care over an extended period. Training settings and opportunities also disappear as a result of the DISCO model which will further contribute to long-term decrease in access to oral health care for this patient population.

## Department of Dentistry

The Council was troubled that the Department of Health remains opposed to proposals to carve dentistry out of the medical managed care model. Dr. Kumar pointed out that the State is being criticized due to its inordinately high Medicaid costs. The chairman summarized the potential crisis facing dentistry as:

- NYS resident student recruitment into dentistry
- Hospitals in financial distress
- Geriatric patients and patients with disabilities face an uncertain future with regards to access for oral health care by current and proposed changes to the Medicaid program and the Affordable Care Act.
- New barriers to access to care
- New levels of bureaucracy and related cost centers
- Retirement of “baby boomer” dentists and growth of geriatric patient population
- Next generation of dentists reluctant or unable to assume responsibilities of practice ownership
- Next generation of dentists reluctant or unqualified to provide care to patients with developmental disabilities, in hospital settings, or to teach these skills in dental schools and residency programs
- Strain of licensure of foreign graduates
- Student debt: High cost of pre- and post-doctoral dental education
- PGY-1 financial sustainability issues
- Possible decline or loss of GME funding
- Decline in philanthropy and volunteerism
- Decline in third party reimbursement
- Increasing difficulty in recruiting new dentists qualified and willing to treat patients with special needs
- Patient management/social work issues (e.g., missed appointments)

## Department of Health Report

Dr. Kumar reported that the Department of Health is working on a check list for office compliance with infection control requirements in response to reports of an Oklahoma dentist who infected a number of patients. He discussed DOH’s efforts to update the State’s prevention agenda as part of its health improvement plan for 2017. One of DOH’s priority populations is children with a focus on preventing tooth decay. DOH is tracking caries, treated caries and number of dental visits for Medicaid enrollees. He noted that more children under 6 are being treated in the OR. DOH is applying for a grant from HRSA to implement a “learning collaborative” initiative designed to train dentists to treat young patients in dental clinics to reduce reliance on ORs. DentaQuest has demonstrated reduced OR use in 7 Community Health Centers by 20-80%. He finished his report with comments on the Governor’s budget recommendations and DOH efforts to change supervision requirements for dental hygienists. He reported that the 2013-2014 budget did not include funding for smoking cessation reimbursement to dentists.

## Department of Dentistry

### **Residency Program Directors Meetings**

There were no reports from the hospital dental program directors available to the Council. The downstate directors met the night before the Council meeting and the upstate directors were scheduled to meet subsequent to the Council meeting on April 18<sup>th</sup>.

### **Hospital Program and Component Issues**

The Council reviewed new prescription requirements including the English Language proficiency requirements, I-STOP and e'ectronic prescribing. The Council grappled with identifying a specific initiative it could support that would help mitigate present barriers to access and utilization, particularly proactive requirements to help ensure access to dental treatment for patients with developmental disabilities enrolled in managed care plans that limit services necessary for this patient population. Dr. Tegtmeier suggested that specific requirements be included for the DISCOs that would identify types of dentists needed for specific populations, define patients eligible to receive "special" or more frequent care. The Council considered the potential value of utilizing "relative value units". The Council also considered how to demonstrate cost savings resulting from prevention and better use of dental hygienists in group homes to reduce OR use for patients with developmental disabilities. With respect to related issues in individual component dental societies, Dr. Tegtmeier described advocacy that successfully maintained water fluoridation in the Ninth District with the support of the county health commissioner, Dr. Tom Curran, and Dr. Kumar. Dr. Anders described an issue at the University of Buffalo Dental School where, while class size has increased, the number of patients has not. Dr. Tunison noted that the managed care companies have not been recruiting specialists in her area but are referring patients from Binghamton to oral surgeons in Albany. Similarly, the chairman commented that another oral surgeon in Syracuse is finding the managed care companies reluctant to negotiate contracts. Dr. Speisman reported that Rochester General successfully negotiated contracts with managed care companies and is handling the billing for its staff dentists. To reduce costs, the hospital is partnering with other departments and RGH Women's health center for OR services for DD women.

Dr. Agolia expressed concerns about the funding for downstate hospitals and the future of their dental residency programs. The hospitals' financial uncertainty affects their ability to recruit residents in an uncertain environment. She also cited the revenues lost because of Medicaid limitations on service frequency and an inability to determine whether patients enrolled in managed care have received duplicated services. Dr. Logan reported the same issues in Suffolk County.

### **Council Chair Selection**

Dr. Schopfer informed the council that he did not wish to be considered for the position of council chair. Therefore, the council unanimously recommends that Dr. Carl Tegtmeier be appointed to serve as council chair for the 2013-2014 year.



*The Pluta Dental Center  
1425 Portland Avenue  
Rochester, NY 14621  
585-922-5731  
Richard Speisman, DDS, FAAHD, DABSCD  
Department Chief*

Department of Dentistry

### **Old Business**

Dr. Agoglia informed the Council that the American Association of Hospital Dentistry is restructuring. The president-elect of the Special Care Dentistry Association and deputy commissioner of OPWDD (Office for Persons With Developmental Disabilities) spoke to the downstate dental directors at their meeting. Dr. Schopfer recounted the history of the upstate and downstate dental directors conducting regular meetings to discuss common issues.

Respectfully Submitted,

***Richard Speisman, DDS, FAAHD, DABSCD  
Chief, Department of Dentistry  
Rochester General Hospital  
1425 Portland Avenue  
Rochester, New York 14621  
Telephone: (585) 922-5529 - Fax: (585) 586-4924  
[Richard.speisman@rochestergeneral.org](mailto:Richard.speisman@rochestergeneral.org)***

XC:.

RAS/cr

Seventh District Dental Society

Membership and Communications Committee

Board Meeting Report May 6, 2013

Dr. Jay Skolnick attended the **ADA Recruitment and Retention Conference April 4-6, 2013**

ADA membership: 2012 US licensed dentists 194,160

ADA Members 128,524 Market share: 66.2%

2008 US licensed dentists 183,640

ADA Members 128,910 Market share: 70.2%

2012 Survey of Membership: All respondents- ...the value of your ADA membership

Excellent: 15.4% Very good: 35.8% Good: 29.5% Poor: 15.2%

Behaviors: Recommend membership: 64.3% extremely and very likely

Remain members: 79.9% extremely and very likely

Challenges: Declining economy, changing technology, demographic shift

Lagging markets: Women, diverse racial and ethnic groups, non-private practice

6,000 Dental Students graduate annually- 25% are joining DSO's

Lowest market share: Dentists age 45-49

**"THE OPPOSITE OF EVOLUTION IS EXTINCTION"**

ADA Value Proposition: How can we help our member's careers be- less stressful,  
more productive and more profitable?

Action items from the ADA

ADA Board Strategic Initiatives- Strategic promotional incentives

New York to be a target market in 2014 along with IL, FL, CA, TX

MPG Grants

Member Get A Member Program

Recruiter form available on ADA Website

## **NYSDA Membership Council and Presidents-elect Meeting April 25-26, 2013**

Attended by the Membership chairman, executive director and membership committee chairperson and guests from each NYSDA component . Seventh District represented by Jay Skolnick and Jeff Arrigo.

### **NYSDA Membership Trend Report**

Dentists in Large Group practices currently 5-7%, forecasted by 2015 to be 11.2%

New York lost approximately 2% of market share last year. Within 10 years New York will be below

50% market share at current rate. 1987 14,600 members 2013ytd 12,416

Decreasing number of full dues paying members: Full dues \$512, after all discounts applied to all member categories \$312.90 per member net to NYSDA.

NYSDA average age 60: Male 63 Female 48

### **Seventh District Dental Society**

	Members	Total Market	%Market Share	
2007	492	536	91.8%	General Practitioners
2012	486	551	88.2%	
2007	138	146	94.5%	Specialists
2012	141	158	89.2%	
2007	67	76	88.2%	New Dentists
2012	75	99	75.8%	

### **Charting a Course for Change**

1. Continuously improve member value
2. Align efforts to maximize the Dentists' association experience
3. Drive member engagement
4. Clearly articulate value
5. Share responsibility, accountability and celebrate victories
6. Create a culture for change

Meeting time spent with ADA, NYSDA and component staff to encourage and guide the development of component specific action plans for 2013-2014.

The membership and communications committee of the 7<sup>th</sup> District and MCDS met on April 17, 2013.

Members present: Jay Skolnick, Karyn Geise, Jim Gleason and Nancy Buckley

After the agenda was reviewed current membership status reports were discussed.

The need is evident for increased committee member participation and for additional input from the 7DDS and MCDS Boards.

Current programs for the M&C Committee and the New Dentist Committee were reviewed.

Recruitment and Retention ideas and current ADA programs were discussed.

Member Get A Member Program from the ADA

Membership Program for Growth (MPG)

#### Upcoming Events

Sat. June 1 New Dentist Wine Trail tour with the 8<sup>th</sup> District

Wed. June 12 5:30pm Eastman Institute for Oral Health resident presentation

Respectfully submitted,

Jay Skolnick, D.M.D.

Membership Committee Chairman

## Council on Professional Liability Insurance

Date: March 15, 2013

### I. Risk Management:

- All members were asked to stress the importance of Risk Management courses to their members. This discussion involved MLMIC courses. I was able to inform the council that Fortress was maintaining its obligation to members by providing Risk Management courses as well.

### II. Guidelines for Professional Liability:

- The remaining section of the council meeting was spent reviewing the printed guidelines . The high points are as follows:
  1. Elect a vice chair person
  2. Expert witnesses should not be council members
  3. Conference call meetings are not recommended
- The top 5 areas for claims are:
  1. Endodontics
  2. Implants
  3. Extractions
  4. Failure to diagnose oral cancer
  5. Perio (failure to diagnose disease)

Respectfully,

William J. Molak, D.D.S.





## **Council on Nominations**

March 13, 2013

11:00 a.m.

### **Minutes**

The Council on Nominations met on Wednesday, March 13, 2013 at the NYSDA Headquarters in Albany, NY. Present were Drs. Robert J. Doherty, Chairman; Edward J. Miller, Jr., New York County; James J. Sconzo, Second District; Lawrence J. Busino, Third District; Mark A. Bauman, Fourth District; William H. Karp, Fifth District; Scott J. Farrell, Sixth District; Robert J. Buhite, II, Seventh District; Charles S. Travagliato, Eighth District; Neal R. Riesner, Ninth District; Albert L. Granger, Nassau County; Robert L. Shpuntoff, Queens County; Steven I. Snyder, Suffolk County; and Ms. Patricia J. Marcucia, Administrator. Absent was Dr. Robert Margolin, Bronx County.

Dr. Doherty began the meeting with roll call.

Candidates for the positions of Treasurer and Speaker of the House gave brief presentations, by telephone. After all presentations were given, an in depth discussion took place among the Council.

The Council voted by closed ballot, with the intention of sending one nomination for the position of Treasurer to the House for its consideration. The Council voted to send the name of Dr. Mark Weinberger (3), the candidate with the majority of votes, as its nominee for Treasurer.

The Council voted again by closed ballot, with the intention of sending one nomination for the position of Speaker of the House to the House for its consideration. The Council voted to send the name of Dr. Craig S. Ratner (2), the candidate with the majority of votes, as its nominee for Speaker of the House.

Dr. Joel F. Friedman (B) was advanced to the office of President.

Dr. John J. Liang (5) was nominated for the office of President Elect. A vote was taken and the Council unanimously nominated Dr. Liang.

Dr. David J. Miller (N) was nominated for the office of Vice President. A vote was taken and the Council unanimously nominated Dr. Miller.

Drs. Michael R. Breault (4); Chad P. Gehani (Q); and Kevin A. Henner (S) were all certified as eligible to run for the position of ADA Trustee.

The component that should submit a nominee to the Council on Nominations for the office of Vice President in 2014 is the Seventh District Dental Society.

There being no further business, Dr. Doherty adjourned the conference call at 1:05 p.m.

## **NYSDA Board of Trustees Report to the Seventh District Dental Society May 6, 2013**

Steve Gounardes, our ADA Second District Trustee and an honorary member of the Seventh District Dental Society, will run for ADA President Elect in 2014 in San Antonio. Bill Calnon will be his campaign manager.

Bob Peskin will run from the floor for NYSDA Speaker of the House.

Fred Wetzel will not run from the floor for NYSDA Treasurer.

The Seventh District may host another reception for Joe Morelle for his support of the NYSDA scope of practice bill.

NYSDA will see if there is national sentiment to revisit the recent change in ADA dues for Active Life members.

The NYSDA Task Force on Information Technology was funded for another year.

A resolution to limit the NYSDA Speaker of the House to five consecutive one-year terms was withdrawn.

A resolution was adopted to mimic the ADA policy of allowing a waiver of 25% of dues as another option for hardship cases.

A resolution creating a task force to study the size of the NYSDA House of Delegates was adopted.

Fundraising for the June 2014 Mission of Mercy is in progress. Components are encouraged to donate.

NYSDA will partner with the New York State Department of Health in its Smoking Cessation program.

### **ASDA**

**RESOLVED:** That NYSDA, in consultation with ASDA, host a student legislative day for ASDA students of District 2 during the academic year 2013-2014.

### **NYSDA FINANCES**

The Audit Committee received an unqualified report on NYSDA's financial statement.

The NYSDA 2014 budget was approved.

A resolution proposing a \$20.00 NYSDA dues increase (to \$529.00) was approved.

### **CHEMICAL DEPENDENCY**

A resolution to send a NYSDA representative to the ADA Wellness Conference in September in Chicago was approved, with funding up to \$2,500.00.

A resolution to fund two in-person Committee meetings annually was not adopted.

2.

### **LEADERSHIP CONFERENCE**

The Board adopted a resolution to hold a one-day President Elect/Leadership conference in Albany sometime prior to the 2014 NYSDA Annual Session. Attendees will include component President Elects, one additional component leader, the NYSDA officers, possibly three or four NYSDA Trustees, and select Council Chairs. Components will be responsible for the cost of travel, lodging, and food for their President Elects and other representatives.

### **PGY1**

A resolution was adopted to explore the development of a suitable portfolio-based dental examination.

### **EDPAC**

A resolution was submitted by EDPAC to modify the stated EDPAC "donation" to 15% of the NYSDA dues. It was decided to change the request to a flat \$3.00 increase (to \$78.00). This amended resolution was adopted.

### **COUNCIL ON DENTAL BENEFIT PROGRAMS**

A resolution condemning "bundling" by third parties was referred back to Council for re-evaluation in consultation with legal and the ADA.

A resolution requesting that NYSDA adopt policy against non-covered services fee limits was ruled out of order by the Speaker as such policy already exists.

### **ANNUAL SESSION COMMITTEE**

NYSDA will continue to pay for 100% of the attendee lodging costs.

The President's Dinner Dance will be funded thusly: the attendee pays the first \$150.00 or the actual per person cost, whichever is less; anything over \$150.00 will be split evenly between the attendee and NYSDA, up to a total liability for NYSDA of \$150.00 per attendee.

Component Executive Directors will continue to have their own meeting room, food, and beverages at NYSDA expense.

Respectfully submitted,

Andrew G. Vorrasi

## SPEAKER AGREEMENT

This agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between the **Seventh District Dental Society (“SDDS”)** and **Speaker: (NAME) (“Speaker”)**.

**SPEAKER** agrees to prepare and present the following program(s) at **SDDS (EVENT NAME)** at **(LOCATION WITH ADDRESS)**

(DAY, DATE)

(TIME)

(PROGRAM TITLE) (hereinafter referred to as the “Presentation”)

### **Expenses and Other Financial Considerations:**

**SDDS** will pay to **SPEAKER** an honorarium in the amount of **(\$\$\$)** contingent upon the **SPEAKER’S** complete performance of the Presentation and payable by check at the conclusion of **SPEAKER’S** presentation.

**SDDS** will reimburse **SPEAKER** for round trip coach airfare.

**SDDS** will book and pay for single room accommodation at a designated conference hotel for one (1) night.

**SDDS** will provide or reimburse **SPEAKER** for normal and customary ground transportation.

Any expenses not specified above are expressly excluded from reimbursement (i.e., room service, phone calls, laundry, dry cleaning, in-room movies, entertainment, and limousines).

In order to receive reimbursement prior to **(DATE)**, itemized requests for reimbursement must be submitted to **SDDS** no later than **(DATE)**.

### **Conflict of Interest Disclosure**

The **SPEAKER** will submit the **SDDS Speaker Conflict of Interest Disclosure** form (“Disclosure Form”), which is attached and made part of this **SPEAKER AGREEMENT**. The **SPEAKER** will provide an updated disclosure form any time there is a change in that information.

The **SPEAKER** hereby grants permission to **SDDS** to distribute the Presentation including handouts and any materials related to the **Presentation**. All such materials will be submitted to **SDDS** no later than 60 days prior to the Presentation date.

The **SPEAKER** warrants and represents that the Presentation, handouts and related materials are factually accurate and contain no matter libelous or otherwise unlawful. The **SPEAKER** further warrants that such Presentation, handouts, and related materials are either

- 1) the **SPEAKER'S** own original work or,
- 2) available for use without permission because they are in a public domain, or
- 3) when materials utilized in the presentation are not the **SPEAKER'S** own original work or in a public domain, they are either
  - a) presented with the permission of the originator/owner of the material, or
  - b) are believed to be within the "fair use" exemption of copyright law which includes use for purposes of criticism, news reporting, commentary, teaching, and research.

The **SPEAKER** understands that permissions granted to **SDDS** under this agreement do not prohibit the **SPEAKER** from using the Presentation including handouts or other materials utilized in the Presentation for **SDDS** in the future in the **SPEAKER'S** professional or personal work.

The **SPEAKER** authorizes the **SDDS** to use his/her name, likeness, photograph, and biographical data in connection with the use and promotion of any aspect of the Presentation.

#### **Audiovisual Equipment**

Every effort is made to foster enhanced visual presentations and provide its **SPEAKERS** with high-quality presentation equipment and technical assistance. Any images must be projected via a computer. More detailed AV information to follow.

#### **ADA CERP Compliance**

Prior to the beginning of a presentation, **SPEAKERS** must caution the audience about the potential risks of using limited knowledge when incorporating new techniques and procedures into their practices.

#### **Advertising and Sales**

No advertising matter, commercial promotion, solicitation or sales of any type, including instruments and seminars, are permitted in any part of the Presentation.

#### **Drugs, Products and Services**

Drugs mentioned in presentations should generally be identified by chemical formulae, or by generic or common names except if mention of a trade name is deemed absolutely necessary for identification purposes. Promotion of any specific vendor or any specific product by trade name is absolutely prohibited. Also prohibited are specific mentions of available courses or services.

#### **HIPAA Compliance**

Presentation material must meet the Health Insurance Portability and Accountability Act guidelines. These guidelines state that patient records and photos used in teaching must be stripped of all "direct identifiers," such as name, address, social security number, patient ID number, identifiable photographic images, *etc.* Or, the **SPEAKER** must have written authorization from the patient to use his/her directly identifiable health information. Presentation materials include, but are not limited to, handouts, visual presentations and reproductions of journal articles.

### **Publicity and Public Information**

A major value of the **EVENT NAME** is its ability to impact public and professional opinions on the dental profession and **SDDS**. Therefore, it is important that only correct and authenticated information be presented. Any news releases, photographs and interviews with press, radio or television reporters must be handled through headquarters. Sessions are open to the media and therefore, any statements by **SPEAKER** may be reported in public news media.

### **Statement of Professionalism**

**SDDS** strives to present high-quality programs for continuing dental education. A **SPEAKER'S** presentation material must be relevant and presented in a professional manner within the allotted time. Presentations will be educational in content and free from commercial or promotional bias. Because audiences for these programs come from diverse backgrounds, **SPEAKERS** must be sensitive to everyone in the audience. Members of the profession and its allied fields should be made to feel welcome, safe and comfortable, both psychologically and physically. **SPEAKERS** should embrace a communication style that is sensitive to differences in gender, ethnicity, age, religion, politics and disabilities. Any harm claimed by a member of the audience shall be the sole responsibility of the **SPEAKER**. Consequently, **SPEAKERS** should review the content of their presentations and their delivery styles, use inclusive language, and eliminate all inappropriate and offensive remarks.

### **Indemnification**

I hereby agree to indemnify and hold harmless the **SDDS** from any and all liability related to the content of my presentation.

This agreement is binding on both parties and cannot be cancelled except as hereafter provided. **SDDS** and the **SPEAKER** mutually agree that all parties shall be released from any and all liability or damages hereunder if **SDDS** or the **SPEAKER** is unable to fulfill the terms of this agreement due to an act of God, illness or physical disability of the **SPEAKER**, acts or regulations of public authorities, labor difficulties, civil tumult, strike, epidemic, flood, fire, interruption or delay of transportation, or any other cause beyond the control of the parties. If, for any reason, the **SPEAKER** is delayed or cannot appear, the **SPEAKER** will promptly notify **SDDS** to arrange a mutually agreeable change of date and/or a substitute **SPEAKER**. Any benefits, deposits, and/or advance reimbursements under this agreement shall be transferred to the substitute **SPEAKER**, if any. If a change of date or substitute **SPEAKER** cannot be mutually agreed upon, **SDDS** and the **SPEAKER** agree that this Agreement is cancelled and that the **SPEAKER** shall refund any deposits and/or advance reimbursements it has received from **SDDS**.

This Speaker Agreement shall in all respects be governed and construed in accordance with the law of the State of New York.

Paragraph headings used herein are for convenience only and shall not be deemed to be part of this Speaker Agreement.

Neither party may assign its rights and obligations under this Speaker Agreement without the prior written consent of the other party. This Speaker Agreement represents the entire agreement between the parties and supersedes all oral and written agreements between the parties regarding the subject matter herein.

### **Authorized Signatures:**

**SPEAKER**

**SDDS**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Tax ID / SS: \_\_\_\_\_

## Lecture Information Form

Speaker Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name of contact person other than speaker: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Please attach:

Session Description: (limited to 75 words or less)

Learning Objectives: At conclusion, participants should be able to: (limited to 75 words or less)

Audio/Visual: One lectern and lavalier microphone is provided. Please indicate and audio/visual items needed for your presentation.

☐ No additional audio/visual equipment is needed.

☐ I request the following audio/visual equipment.

\_\_\_\_\_ Projection Screen

\_\_\_\_\_ Elmo Visualizer

\_\_\_\_\_ LCD Projector

\_\_\_\_\_ Flip Chart Pad & Easel with Markers

\_\_\_\_\_ Other (*please specify*) \_\_\_\_\_

Please indicate the type of laptop that you will provide: ☐ Macintosh – model # \_\_\_\_\_ ☐ PC

Other speaker specifications: \_\_\_\_\_

Travel/Hotel: SDDS will arrange hotel reservations for one king (if available), non-smoking room.

Arrival date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Flight Information (if applicable):

Arrival time: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure time: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_



**Seventh District Dental Society (7DDS)  
Board of Directors Conflict of Interest Disclosure**

**Purpose:** To protect the integrity of the Board of Directors by allowing for fair and unbiased planning and execution of 7DDS business.

**Process:** At the beginning of each calendar year 7DDS staff will request the *Board of Directors Conflict of Interest Disclosure* from all members of the Board of Directors. At the beginning of each board meeting the President will ask if any board member and/or their immediate family have a conflict of interest real or apparent to disclose regarding any agenda item. If a board member and/or their immediate family has a conflict they may recuse themselves, or be excused by action of the President for that portion of the meeting. It will be the judgment of the President whether the Board Member's exclusion is for discussion and/or voting.

**Directions:** Please answer the following questions and explain any "yes" responses in the remarks section below.

*Curriculum vitae* may be attached as appropriate.

Do you and/or an immediate family member have financial and/or personal interest in any of the following?	Yes	No
Dental supply company		
Pharmaceutical company		
Professional publication		
Sponsored research		
Sponsored education		
Other activity, relationship or consideration received		

Remarks:

---

---

---

---

---

I certify that I understand the purpose of this Conflict of Interest Disclosure Form, have participated in the process stated above, and that the above responses and statements are true and correct.

Print **Name**----- **Signature**----- Date\_\_\_\_\_

**Seventh District Dental Society (7DDS)  
Program Committee Conflict of Interest Disclosure**

**Purpose:** To protect the integrity of the Program Committee by allowing for fair and unbiased planning and execution of the committee's charge.

**Process:** At the beginning of each calendar year 7DDS staff will request the *Program Committee Conflict of Interest Disclosure* from all committee members. At the beginning of each meeting the Chair will ask if any committee member and/or their immediate family have a conflict of interest real or apparent to disclose regarding any agenda item. If a committee member and/or their immediate family has a conflict they may recuse themselves, or be excused by action of the Chair for that portion of the meeting. It will be the judgment of the Chair whether the committee member's exclusion is for discussion and/or voting.

**Directions:** Please answer the following questions and explain any "yes" responses in the remarks section below. *Curriculum vitae* may be attached as appropriate.

<b>Do you and/or an immediate family member have financial and/or personal interest in any of the following?</b>	<b>Yes</b>	<b>No</b>
Dental supply company		
Pharmaceutical company		
Professional publication		
Sponsored research		
Sponsored education		
Other activity, relationship or consideration received		

Remarks:

---

---

---

---

---

---

I certify that I understand the purpose of this Conflict of Interest Disclosure Form, have participated in the process stated above, and that the above responses and statements are true and correct.

**Print Name**----- **Signature**----- **Date**.\_\_\_\_\_

**Seventh District Dental Society (7DDS)  
Speaker Conflict of Interest Disclosure**

**Purpose:** A Speaker Conflict of Interest Disclosure is for the benefit of the Board of Directors, Program Committee and membership, enabling each member to develop an informed decision regarding the planning and participation in the 7DDS sponsored Continuing Education.

**Process:** At the time of contract 7DDS staff will request speakers to complete and submit the *Speaker Conflict of Interest Disclosure*. All promotional and lecture materials must contain speaker disclosures in which the speaker shall disclose any real or apparent conflict of interest. Prior to the initiation of the presentation, the speaker must state disclosures to the audience.

**Directions:** Please answer the following questions and explain any "yes" responses in the remarks section below. *Curriculum vitae* may be attached as appropriate.

Do you and/or an immediate family member have financial and/or personal interest in any of the following?	Yes	No
Dental supply company		
Pharmaceutical company		
Professional publication		
Sponsored research		
Sponsored education		
Other activity, relationship or consideration received		

Remarks:

---

---

---

---

---

---

---

---

---

---

I certify the above responses and statements are true and correct.

Print **Name**----- **Signature**----- **Date**\_\_\_\_\_



2013 Recognizing Excellence

# Topical Fluoride Varnish Application in the Medical Setting

## The Seventh District Dental Society



a component of

## The New York State Dental Association



# 2013 Recognizing Excellence

## TFV Team Members

**Stephen Burgart DDS**  
**Sean McLaren DDS**  
**Kenneth Hale DDS**  
**Michael Adsit DDS**  
**Michael Keating DDS**  
**Mark Roman DMD**

**Robert Buhite DDS**  
**Aaron Rosen DDS**  
**Bruce Birchenough DMD**  
**Lynne Meriwether DDS**  
**John Gunselman DMD**

**Melinda Clark MD, Albany, NY**

**Pediatrician and Chairman, Oral Health Division, American Academy of Pediatrics**

**David Schirmer DDS**  
**Project Director**



## 2013 Recognizing Excellence

### Objective:

**To enhance the application rates of topical fluoride varnish (TFV) in primary and pediatric medical clinic settings for children under 6 who are of low socioeconomic status (SES), and are at high risk for dental caries.**

*With over 50% of the population in New York State being born with coverage under the Medicaid program, there is a public health problem regarding oral health that cannot be solved with the existing workforce. This problem, early childhood caries (ECC) and primary caries (tooth decay) is difficult and expensive to treat, much easier to prevent. A new approach, recruiting our medical colleagues, has a demonstrated potential to reduce this problem by 25-45%.*



## 2013 Recognizing Excellence

Fluoride varnish application provides physicians, nurse practitioners, physician assistants, and certified nursing assistants with a way to support and strengthen the dental health of their patients through this superior method of disease reduction, especially for children under the age of six years. Fluoride varnish is applied with a small brush and hardens immediately upon contact with saliva. Minimal training is needed and no special equipment is required.



## 2013 Recognizing Excellence

Medicaid provides a generous benefit for this valuable procedure up to 4 times per year, which can be incorporated into well child, immunization, or sick child visits. All levels of licensed medical personnel are qualified to provide this service which is very quick and easy.

The long range goals include:

- Reduction in ECC and primary caries in the pediatric population
- Enhanced interprofessional relations and communication
- Increase in adoption of a dental home for children who do not have one





## 2013 Recognizing Excellence

Under the supervision and training of our dentist volunteers, dentists and staff have visited medical offices in a lunch and learn format. At that time the following has been accomplished:

- an assessment of the utilization of topical fluoride in the practice
- discussion of current billing practice regarding procedure for Medicaid patients
- Q and A regarding application technique, disease prevention methods, and pediatric oral health with use of tutorials from the AAP Smiles for Life National Oral Health Curriculum as needed
- discussion of the pros and cons of various topical fluoride varnish products
- discussion of the use of the AAP Fluoride Risk Assessment Tool
- discussion of referral options to establish a dental home for the child
- One month, three month and six month follow up visitations to offer support and surveillance regarding the project objectives.



## 2013 Recognizing Excellence

### Budget:

- 15 Monroe County and 10 Finger Lakes County medical clinics will be identified through a phone survey. Supervising volunteer dentists will be recruited for each site. In turn, their Registered Dental Hygienist will be responsible for instruction, support, and surveillance at their respective sites for initial, one month, three month and six month contacts. They will be reimbursed according to this budget:

•	25 sites @ \$90 per assigned Dental Hygienist	\$2250
•	1000 unit doses TFV	1420
•	Hospitality service for medical staff @ \$52 per site	1300

Total	\$4970
-------	--------



## **Buffalo Student Report to the Seventh District Dental Society Submitted by: Lauren Vitkus**

**Monday, May 6, 2013**

### **Old News:**

- **ASDA Annual Session:** March 6<sup>th</sup> – 9<sup>th</sup> 2013, in Atlanta, Georgia. Set association policy and selected our 2012-2013 ASDA Executive Committee. Buffalo brought nine students to the Meeting, including three first year students who we were all extremely impressed with; they have great potential and will undoubtedly be great leaders within our chapter. We received the Ideal ASDA Fundraising Award, recognizing Buffalo above all 62 other dental schools. Some of our accomplishments this past year include our Vendor Fair, Basketball Tournament, Golf Tournament, 5K Run for Smiles, Scavenger Hunt, Canolli Sale and Crest Sales and the funds raised have supported BOCA, CARES and Operation Smile.
- **National Dental Student Lobby Day:** Monday April 15<sup>th</sup> and Tuesday April 16<sup>th</sup>. Students received training on how Congress works and how to lobby and met with our state members in Congress. The two main issues at Lobby Day 2013 were (1) Student debt reduction and (2) Taxes on dental devices.
- **ASDA Vendor Expo:** Held Friday, April 19, 2013. CE courses during the day and a joint Vendor Fair in the afternoon. Was a great opportunity for our student body to interact with some of our local practitioners.
- **Second Annual ASDA “Run for Smiles” 5K:** Held on South Campus this year right in the dental school’s front yard—it was a great success!! Many supportive faculty, the University Provost and Dean Glick were all in attendance. Our own D4 Student Cody Eaton won with an impressive time of 16:39 and most importantly, we raised money for our school programs- BOCA and CARES.
- **2013 ASDA Elections:** Held Monday, April 29<sup>th</sup>. Your 2013 ASDA at Buffalo Officers are:
  - **President:** Anne Adamson
  - **President Elect:** Arielle Faden
  - **Secretary:** Erica Lavere
  - **Treasurer:** Ashley Nozik
  - **Treasurer Elect:** Zach Rifkin
  - **Legislative Liaison:** John Willis
  - **Legislative Liaison Elect:** James Wanamaker
  - **Fundraising Chair:** Meghan Manisero
  - **Fundraising Chair Elect:** Stephen Fabiano
  - **Social Chair:** Shaheen Youssef
  - **Pre-Dental Liaison:** Dustin Plunkett
  - **Co-Editors:** Morgan Fryer & Kim Flugler
  - **Historian:** Andrew Le
  - **Website Admin:** Kevin Kurtzner
  - **ADEA Representative:** Ian Mort