The New York State Dental Journal

Volume 88 | Number 3 Article 1

4-1-2022

# N Y State Dent J April 2022

**Finding Hope** in Challenging Times

THE NEW YORK STATE DENTAL JOURNAL

# NYSDJ

Volume 88 **Number 3**
April **2022**

# Achieving a Better Surgical Outcome with Lasers

**Inside:** Keeping up with Changes to Employment Law

# No one knows

# better than MLMIC.

## Choose NY's #1 dental liability insurance provider.

The NYSDA-MLMIC program provides New York dentists from Buffalo to the Bronx with localized risk management guidance, claims protection, and underwriting support. Our policyholders enjoy benefits and expertise not found anywhere else — supported by concierge-level service every step of the way.

For dental malpractice insurance in New York,
**nothing compares to MLMIC.**

**Learn more at MLMIC.com/dental**
**Or, call (888) 392-0638**

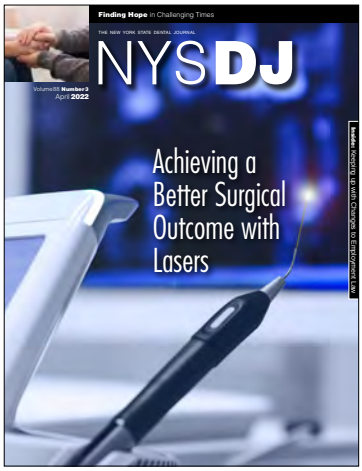
NYSDA | MLMIC
MLMIC Insurance Company

The NYSDA-MLMIC Program for Dental Professional Liability Insurance

THE NEW YORK STATE DENTAL JOURNAL

NYSDJ

Volume 88 **Number 3** April **2022**




**Cover:** Low-level laser therapy is useful approach to the usually challenging management of mucoceles.

# The Dental School Outside the Dental School's Shrinking Enrollment

*Bad news for patients and the dental profession.*

A dearth of mentor-associate relationships impairs new dentist professional development and threatens dentistry's privilege to self-regulate.

Dental education, like the formal instruction in most professions, relies upon on-the-job training for recent graduates to attain proficiency in critical areas of performance. For the past century, dental students moved directly from either dental schools or post-graduate studies into associateships in private practices with a compatible practice philosophy, where the parties intended the associate to, at some point, purchase an ownership interest. This private practice model of equity transition incentivized mentoring relationships that continued the associate's professional development and, thereby, facilitated the transfer of patient goodwill to the new dentist.

As the large corporate practice model proliferated and student debt soared, opportunities for associate buy-ins diminished, along with the supporting mentor-associate relationships. Regardless of the length of formal training in dentistry, institutions alone cannot make new dentists competent to own and operate a dental practice and achieve clinical proficiency. Only a private practice mentorship can complete the training necessary to develop and manage a financially viable entity and professionally responsible practice.

Ultimately, only new dentists adequately mentored in financial, administrative and advanced clinical skills, who also transition into practice ownership can guarantee they will possess the means to provide optimal care to their patients. Dental practice owners, organized dentistry, and dental schools and residencies must re-establish adequate mentoring opportunities for new dentist employees to better meet both parties' ethical duties to patients and maintain our profession's privilege of self-governance.

## Apprenticeship Model

The apprenticeship model involves a longstanding three-level training structure—apprentice, journeyperson and master—still utilized, to varying degrees, in most professions.[1] The model overlays both the formal instruction in dental schools and residencies, and the informal mentor-associate relationships in private practices. Formal education raises students and residents to various levels of expertise on the apprentice or journeyperson ladder depending

upon the specific competency and leaves the remainder of their instruction to on-the-job mentorship.

The apprentice, as a beginner or assistant, gains basic technical knowledge and skills. Once proficient in an area, the apprentice graduates to the second level as an associate or journeyperson. The associate performs many routine tasks without supervision but continues to receive guidance from mentors regarding unique or complex cases. Finally, when the journeyperson/associate masters a set of skills in the eyes of the mentor, the new master earns the authority to mentor incoming trainees.

A private practice mentor typically employs varied techniques, dependent upon the skill involved and the dentist employee's stage of competency. When the trainee requires prescriptive advice to fix a problem or respond to a question, the mentor may teach or model a specific solution or answer. Mentors also offer more general developmental guidance regarding more global career or philosophical issues through emotional support and active listening. Ultimately, mentors turn knowledge gained in formal education into the skills required to operate a financially viable and professionally responsible practice.

## Mentorship Curriculum

We can refer to the body of knowledge private practice mentors transfer to new dentists as the mentorship curriculum. It intends to pick up where formal instruction ends. Typically, it addresses the competencies required in the four key roles of a dentist in private practice: entrepreneur, manager, professional responsibility officer and clinician. Since new dentists enter private practice at different levels in the apprentice model for each competency, mentors gradually identify the trainee's level of accomplishment for each competency and then advises accordingly.

A state dental license, accredited school diploma and residency program certificate provide little to no assurance to a private practice mentor that a new dentist possesses the abilities to act as a competent entrepreneur or manager. Most trainees present as an entry-level apprentice with respect to these competencies. Entrepreneurs create the vision for a successful dental practice and, importantly, undertake the personal financial risk of practice ownership to earn the authority to implement their vision. Hence, private practice mentors must model and teach, among other things, the skills to draft and implement personal and professional mission statements; manage personal debt and opportunities for practice equity interest purchase; plan strategically; and build and lead their team.

While practice owners can and should delegate many business and management functions to trained staff, to delegate competently, owners must develop an understanding of how each business task ultimately relates to practice financial viability and the dentist's professional responsibility to patients. Hence, mentors must demonstrate the systems they utilize to collect and interpret practice financial metrics; manage human resources, dental benefit insurances, billing and collections; and comply with legal, regulatory, ethical and professional duties.

THE NEW YORK STATE DENTAL JOURNAL
NYSDJ

EDITOR
Chester J. Gary, D.D.S., J.D.

MANAGING EDITOR
Mary Grates Stoll

ADVERTISING MANAGER
Jeanne DeGuire

ART DIRECTOR
Ed Stevens



PRINTER
Fort Orange Press, Albany



NYSDJ (ISSN 0028-7571) appears three times a year in print: January, March and June/July. The April, August/September and November issues are available online only at www.nysdental.org. The Journal is a publication of the New York State Dental Association, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211. In February, May, October and December, members have online access to the NYSDA News. Subscription rates $25 per year to the members of the New York State Dental Association; rates for nonmembers: $75 per year or $12 per issue, U.S. and Canada; $135 per year foreign or $22 per issue. Editorial and advertising offices are at Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211. Telephone (518) 465-0044. Fax (518) 465-3219. E-mail info@nysdental.org. Website www.nysdental.org. Microform and article copies are available through National Archive Publishing Co., 300 N. Zeebe Rd., Ann Arbor, MI 48106-1346.

Dentistry must protect and preserve private practice mentorships to maintain its professional status.

New dentists enter private practice with only a basic didactic knowledge and limited clinical experience, midlevel apprentice status, at best, in how professional responsibility applies in daily practice. Mentors can have significant positive influence upon the new dentists' traits of character that foster adherence to ethical principles. In addition to meeting ethical and professional standards, mentors can model their dentist-patient relationships and the bonds formed with their patients that comprise the greatest satisfaction in the practice of dentistry.

Finally, the dental licensing process does, technically, certify graduates as competent clinicians. A licensee completed the apprentice level in his or her formal instruction and can now function clinically independent as a journeyperson/associate in most cases. However, only within an associate-mentor relationship can the associate expand his or her skills beyond those obtained in school or a residency to competently treat more complex cases and handle unique patient management challenges.

### Professional and Ethical Compliance

Large corporate practices operate with the largest profit margin when the fewest number of owners control the largest number of associates for an available patient base. Not only do these owners lack the time to mentor multiple employee dentists, but they may also actually avoid providing free advice for two reasons: first, to not invest time instructing an employee who will never transition to ownership and earn decision-making authority; and second, to protect company trade secrets regarding practice operations from a trainee who may become a competitor.

The failure of private practice owners to mentor their new dentist associates violates both parties' professional and ethical duties. Professionally, dentists must engage in lifelong learning to maintain competence.[2] Section 2A Education of the ADA Principles of Ethics and Code of Professional Conduct states our professional status rests primarily in the knowledge, skill and experience with which we serve our patients and society.

Dentistry must protect and preserve private practice mentorships to maintain its professional status. We cannot continue to allow the financial interests of practice owners who fail

to mentor and groom their associates for ownership to take priority over our new dentists' professional development and patients' best interests.

### How We Got Here

The mentorship curriculum evolved to enable the dental profession to serve the best interests of patients through the transition of ownership of financially viable and professionally responsible practices. It recognizes that private practice owners must mentor new dentists to allow them to gain proficiency in advanced clinical procedures and groom them to embrace ownership responsibilities. It importantly recognizes that only a practice owner will earn the authority to implement the policies that meet patient needs.

The American Dental Association can significantly support the mentorship-to-ownership transition path through expansion and increased marketing of its ADA Practice Transition (ADAPT) program. ADAPT utilizes powerful matching technology to connect new dentists to practices with which they would like to mentor and, ultimately, purchase an ownership interest. The ADA must expand marketing of this vital service to every practice owner, dental student and postgraduate resident. Organized dentistry, dental education and practice owners must partner to save the mentor-associate relationship and, in turn, save dentistry's professional status.


REFERENCES

1. Perrin C. The Apprenticeship Model: A Journey toward Mastery. Classical Academic Press, 2017. https://classicalu.com/the-apprenticeship-model/
2. American Dental Education Association Statement on Professionalism in Dental Education, 2009. https://www.adea.org/Pages/Professionalism.aspx.

# Employment Law Madness, New York City Style

*But federal and state governments get in on the act, too.*

Lance Plunkett, J.D., LL.M.

NYSDA does not generally dwell on local law matters. For one thing, NYSDA is not registered to lobby in New York City. But when it comes to employment laws, it's worth taking notice because New York City is often the catalyst for later statewide laws. And New York City employment laws do affect dental practices that are within the counties that make up New York City (Bronx, Kings, New York, Queens and Richmond).

The new laws in question require posting the salary in any job opening listing, regulating the use of artificial intelligence in hiring practices, and toughening requirements on conducting employee background checks.

But first, a look at a federal law that became effective in March. The Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act of 2021, signed by President Biden on March 3, prohibits employers from using mandatory arbitration where an employee alleges sexual harassment or sexual assault. The employee now has the right to choose either going to court in such cases or going to arbitration. The choice is entirely the employee's and he or she cannot be compelled to waive the right to choose. The law applies to all employers and preempts any contrary state law.

New York had already tried to do this, but courts struck down the earlier New York law on the basis that it was preempted by the Federal Arbitration Act. Now, the Federal Arbitration Act has been amended to do what New York State wanted to do anyway.

### Meanwhile, in New York City

The New York City law most likely to directly affect dental practices is Law #2022/032 amending Section 8-107 of the New York City Administrative Code to prohibit any employer within New York City from posting any job listing that does not include minimum and maximum salary information. The law, which will take effect on May 15, applies only to employers with four or more employees. It makes it an unlawful discriminatory practice for an employment agency, employer, employee or agent of such entities to advertise a job, promotion or transfer opportunity without stating the minimum and maximum salary for such position in the advertisement. The range may extend from the lowest to the highest salary the employer in good faith believes at the time of the posting it would pay for the advertised job, promotion or transfer opportunity.

Interestingly, the salary range law was not signed by Mayor Eric Adams, but became law on Jan. 15 when he did not act to sign or veto it within 30 days of its passage by the New York City Council. The law is effective 120 days after Jan. 15. It should also be noted that the New York State Legislature is considering a similar bill statewide in 2022—A.6529-A (Joyner)/S.5598-B (Ramos)—but the Senate bill is still in the Senate Labor Committee and the Assembly bill was set for an Assembly floor vote, but was laid aside for now on Feb. 28. This does not mean the legislation is doomed, but it certainly is not on any fast track for 2022.

### Artificial Intelligence

New York City has also pioneered in the regulation of employers using artificial intelligence in the recruitment and hiring process. Law #2021/144 adds a new Subchapter 25 to Chapter 5 of Title 20 of the New York City Administrative Code to require that a bias audit be conducted on an automated employment decision tool prior to the use of that tool. The law also requires that candidates or employees who reside in the city be notified about the use of such tools in the assessment or evaluation for hire or promotion, and also be notified about the job qualifications and characteristics that will be used by the automated employment decision tool. The law will take effect on Jan. 1, 2023. It applies to all employers in New York City.

The law defines an automated employment decision tool as any computational process derived from machine learn-

# NYSDA Directory

## OFFICERS

| | |
|---|---|
| **Kevin A. Henner,** President | 163 Half Hollow Rd., Ste 1, Deer Park, NY 117297 |
| **James E. Galati,** President-Elect | 1758 Route 9, Halfmoon, NY 120659 |
| **Anthony M. Cuomo,** Vice President | 667 Stoneleigh Ave., Ste 301, Carmel, NY 10512 |
| **Frank C. Barnashuk,** Secretary-Treasurer | 3435 Main St., UB School of Dental Medicine, Buffalo, NY 14214 |
| **Steven Gounardes,** Speaker of the House | 351 87th St., Brooklyn, NY 11209 |

## BOARD OF TRUSTEES

| | |
|---|---|
| **Craig S. Ratner,** Immediate Past President | 7030 Hylan Blvd., Staten Island, NY 10307 |
| **Paul R. Leary,** ADA Trustee | 80 Maple Ave., Ste 206, Smithtown, NY 11787 |
| **NY – Maurice L. Edwards** | 30 East 60th St., Ste 401, New York, NY 10022 |
| **2 – Mitchell D. Mindlin** | 30 West End Ave., Ste 8, Brooklyn, NY 11235 |
| **3 – Steven L. Essig** | Emblem Health, 1873 Western Ave., Albany, NY 12203 |
| **4 – Wayne S. Harrison** | 8 Medical Arts Ln., Saratoga Springs, NY 12866 |
| **5 – Margaret Madonian** | 600 Oswego St., Ste B., Liverpool, NY 13088 |
| **6 – Luis T. Mauleon** | 501 N. Cayuga St., Ithaca, NY 14850 |
| **7 – Theresa Casper-Klock** | 33 William St., Ste 1, Auburn, NY 13021 |
| **8 – Kevin J. Hanley** | 959 Kenmore Ave., Buffalo, NY 14223 |
| **9 – Christopher M. Tota** | 34 Frankford St., Hawthorne, NY 10532 |
| **N – Frank J. Palmaccio** | 875 Old Country Rd., Ste 101, Plainview, NY 11803 |
| **Q – Viren L. Jhaveri** | 14031 Cherry Ave., Apt. 18, Flushing, NY 11355 |
| **S – Guenter J. Jonke** | 2500 Nesconset Hwy Bldg 24A, Stony Brook, NY 11790 |
| **B – Amarilis Jacobo** | 824 E. 181st St., Bronx, NY 10460 |
| **New Dentist Liaison** | |
| **James A. Wanamaker** | 1579 US Rte20, Skaneateles, NY 13152 |

## COUNCIL CHAIRPERSONS

| | |
|---|---|
| **Council on Awards** | **John Liang**<br>2813 Genesee St., Utica, NY 13501 |
| **Dental Benefit Programs** | **Alyson K. Buchalter**<br>388 Avenue X, Ste 1J, Brooklyn, NY 11223 |
| **Dental Education & Licensure** | **Keith S. Margulis**<br>3424 Kossuth Ave., Ste 2A, Bronx, NY 10467 |
| **Dental Health Planning & Hospital Dentistry** | **Sean McLaren**<br>522 E Moreno Dr., Rochester, NY 14626 |
| **Dental Practice** | **John P. Demas**<br>8814 Fort Hamilton Pkwy, Brooklyn, NY 1120 |
| **Ethics** | **Nick J. Vittoria**<br>859 Connetquot Ave., Ste 1, Islip Terrace, NY 1175 |
| **Governmental Affairs** | **Richard L. Rubin**<br>6605 Pittsford Palmyra Rd., Ste W3, Fairport, NY 14450 |
| **Membership & Communications** | **Claudia Mahon-Vazquez**<br>18 Biltmore Dr., Shoreham, NY 11786 |
| **Nominations** | **Craig S. Ratner**<br>7030 Hylan Blvd., Staten Island, NY 10307 |
| **Peer Review & Quality Assurance** | **Christian E. Mathiesen**<br>154 West Ave., Saratoga Springs, NY 12866 |
| **Professional Liability Insurance** | **David J. Reed**<br>1998 Empire Blvd., Webster, NY 14580 |

## OFFICE

Suite 602, 20 Corporate Woods Blvd., Albany, NY 12211
(518) 465-0044 | (800) 255-2100

| | |
|---|---|
| **Michael J. Herrmann** | Interim Executive Director |
| **Lance R. Plunkett** | General Counsel |
| **Grazia A. Yaeger** | Assistant Executive Director Marketing and Communications |
| **Mary Grates Stoll** | Managing Editor |
| **Jenna Bell** | Director of Meeting Planning |
| **Betsy Bray** | Director of Health Affairs |
| **Laura C. Stedman** | Executive Director, NYS Dental Foundation |

ing, statistical modeling, data analytics or artificial intelligence that issues simplified output, including a score, classification or recommendation that is used to substantially assist or replace discretionary decision-making for making employment decisions that impact natural persons. The law defines an acceptable bias audit as an impartial evaluation by an independent auditor that must include, but not be limited to, the testing of an automated employment decision tool to assess the tool's disparate impact on persons of any component 1 category required to be reported by employers pursuant to subsection (c) of section 2000e-8 of Title 42 of the United States Code as specified in part 1602.7 of Title 29 of the Code of Federal Regulations. Or, put in terms not geared only to lawyers, it includes dentists, dental hygienists, all forms of dental assistants and all people who fall under the following broad categories: 1) executive/senior-level officials and managers; 2) first/mid-level officials and managers; 3) professionals; 4) technicians; 5) sales workers; 6) administrative support workers; 7) craft workers; and 8) operatives.

It would be wise to consult a knowledgeable attorney if you are trying to classify an employee as falling outside of these rather broad categories.

The New York City artificial intelligence law is designed to make sure that such automated tools are truly objective and do not incorporate biases based on race, creed, national origin, sex, age and other protected categories of discrimination laws. As noted in the January issue of *The Journal* (Attorney on Law: "Diversity, Equity and Inclusion"), these kinds of automated hiring tools were originally designed to help employers avoid discriminatory hiring practices. However, like all software and algorithms designed by human beings, enough of the automated tools have been found to contain their own inherent biases that ingrained discrimination rather than eliminating it. As one pundit put it, HAL 9000 may not be your ideal human resources manager.

## On Background

New York City also enacted Law #2021/004 amending Sections 8-102 and 8-107 of the New York City Administrative Code to extend the requirements on employers conducting background checks of job applicants and employees to prohibit discrimination based on a person's arrest record, pending criminal accusations or criminal convictions. The new law took effect on May 11, 2021, and applies to all New York City employers with four or more employees.

New York City already had a law that prohibited employers from conducting inquiries into a job applicant's criminal conviction history until after making a conditional offer of employment. That prior law also required employers who wanted to withdraw a conditional offer of employment based on a prior criminal conviction to conduct an analysis of the conviction to determine how serious it was and whether it had any relevant relation to the job the applicant sought (called a "fair chance" analysis). The new law extends those protections to existing employees and independent contractors and broadens the protections to cover not only convictions, but pending adjournments in contemplation of dismissal (ACDs) and prohibits ever considering sealed violations, ACDs, youthful offender adjudications, and convictions only for violations (minor offenses) for the purpose of making employment-related decisions.

Law #2021/004 added a web of procedural requirements for employers. Before making a conditional offer of employment, the employer must complete its review of any non-criminal background information that it plans to consider. All background checks except for a criminal background check must be completed and analyzed before making the conditional offer of employment. If any criminal history information is exposed during this time, the information must be quarantined and not shared with any individual making the hiring decision.

If, after making a conditional offer of employment, criminal history information comes to light about the job applicant, the employer still cannot withdraw the offer of employment unless the employer conducts a "fair chance" analysis to determine if there is a direct relationship between the applicant's conviction history or pending charges and the job, or to determine that hiring the applicant would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public. The same is true for an existing employee or independent contractor—the employment relationship with such individual cannot be terminated unless the employer can satisfy either the direct relationship or unreasonable risk "fair chance" analysis.

Basically, New York City is making it very difficult for an employer to deny employment to or terminate someone for criminal history issues that bear no clear relevance to job duties. Moreover, the relevance cannot be based on assumptions, but must be based on demonstrated review and documented analysis of each individual situation.

## New York State Weighs In

To add to the employment law mix—a statewide amendment to the New York State Paid Family Leave Law that will take effect on Jan. 1, 2023, will permit taking Paid Family Leave to care for an employee's biological, adopted, step and half siblings. Siblings had not been included before, but now they will be—along with an employee's spouse, domestic partner, children, stepchildren, parents, stepparents, parents-in-law, grandparents and grandchildren. The law applies to all employers in New York State.

Also, already taking effect statewide as of Jan. 1, the Paid Family Leave regulations were amended to remove the 60-day cap on intermittent use of benefits that had been in effect (calculated as 12 weeks of working 5 days a week). Now, if a person works more days a week, the employee can get more intermittent Paid

Family Leave benefits (thus, 12 weeks working 6 days a week is now 72 Paid Family Leave days, and 12 weeks working 7 days a week is now 84 Paid Family Leave days). The regulations on lump sum use of Paid Family Leave benefits have not changed and remain at 12 total weeks. Again, the law applies to all employers in New York State.

Finally, on March 16, Gov. Hochul signed into law a protection for employee personnel records. Section 296 of the New York State Executive Law (the New York State Human Rights Law) has been amended to define it to be unlawful retaliation and an unlawful discriminatory practice for any person to disclose an employee's personnel files because the employee has opposed any practices forbidden by the Human Rights Law or because the employee has filed a complaint, testified or assisted in any proceeding under the Human Rights Law.

Disclosure of personnel records is only permitted if made in the course of commencing or responding to a complaint in any proceeding under the Human Rights Law or any other civil or criminal action or other judicial or administrative proceeding as permitted by applicable law.

In addition, Section 295 of the Human Rights Law has been amended to require the New York State Division of Human Rights to establish a confidential, free hotline to assist and counsel employees on filing complaints about workplace sexual harassment. The Division of Human Rights must work with the New York State Department of Labor to ensure that information on the new hotline is included in any materials employers must post or provide to employees regarding sexual harassment.

The family of New York employment laws continues to grow. Be sure to tend to them with loving care.

*The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.*

## Board of Dentistry Appointments Announced

THE NEW YORK STATE BOARD OF REGENTS has approved the appointment of two NYSDA members to five-year terms on the State Board for Dentistry. They are Payam Goudarzi, D.D.S., of Johnson City, Sixth District, and Charles Grannum of Brooklyn, Second District. Their appointments are in effect now, through Mar. 31, 2027.


Payam Goudarzi

Dr. Goudarzi is a past president of NYSDA. He currently serves on the Board of Trustees of the New York State Dental Foundation, the NYSDA Council on Awards and is a member of the MLMIC Underwriting Claims Review Committee. A graduate of the University at Buffalo School of Dental Medicine, he is proprietor of Goudarzi Dental in Johnson City.

Dr. Grannum received his dental degree from Fairleigh Dickenson School of Dentistry and graduated in 1991 from the prosthodontics program at NY-Woodhull Medical and Mental Health Center. He is employed at Fort Greene Clinton Hill Dental in Brooklyn.

## *Council Approves Nominees for NYSDA Office*

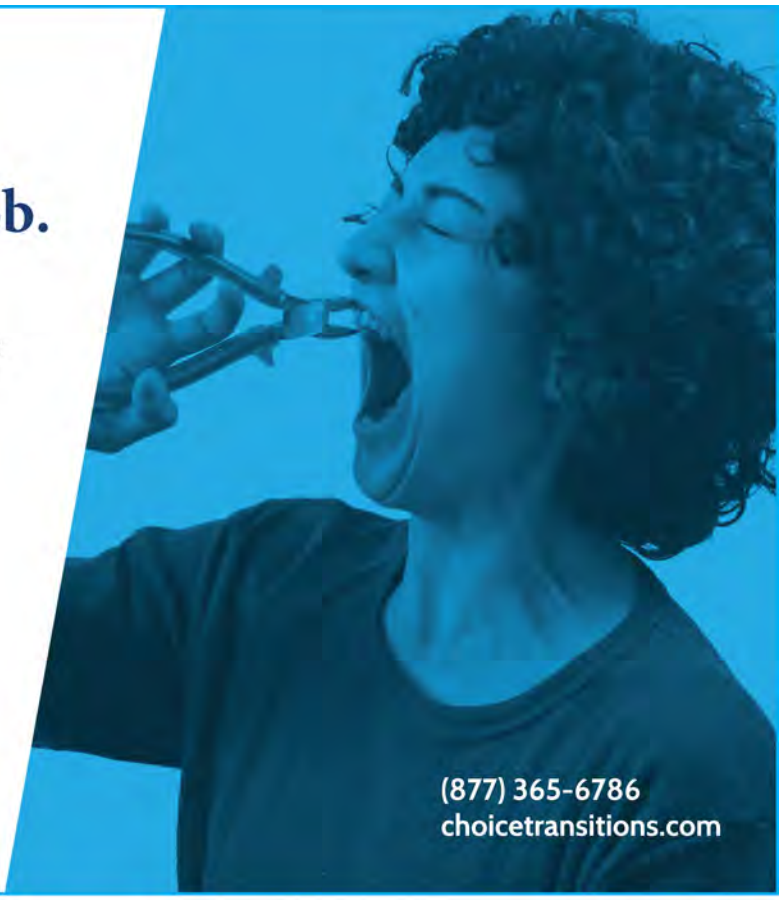
AT THEIR MEETING March 21, members of the NYSDA Council on Nominations approved its slate of officers for 2022-2023 as follows:

James E. Galati, Fourth District, was advanced to the office of president; Anthony M. Cuomo, Ninth District, was nominated for the office of president-elect; Prabha Krishnan, Queens County, was nominated for the office of vice president; and Frank C. Barnashuk, Eighth District, was nominated for the office of secretary-treasurer.

# Put the pliers down, let the pros do their job.

Some brokers just send you the candidate and leave all the heavy work to you - ***Would your patient pull their own teeth?***

Trust your practice sale to an ***experienced full service broker*** who has had hundreds of practice sales.



CHOICE℠
Dental practice transitions
An NPT Company

(877) 365-6786
choicetransitions.com

# Considering selling to a DSO? Don't, until you read this.

"Choice walked me through the process, presented the best offers, and made the experience much less stressful by handling all the negotiations. In the end, I received more for my practice than I ever expected. The best part is that Choice provided all the consultation and services to me without charging any fees! If you are considering selling to a DSO, I highly recommend you contact Choice instead of directly contacting the DSOs."

**Commission free. DSO Choice.**

(877) 365-6786 • choicetransitions.com

CHOICE℠
Dental practice transitions
An NPT Company


## NYSDA Members Offered Help with Hiring Decisions

NYSDA MEMBERS now have access to a compliance expert to help them navigate complex rules and regulations governing background checks on potential and current employees, as well as contractors. Alliance Risk Group, a New York State company, is NYSDA's newest endorsed vendor. To get you started, it's offering discounted background investigation packages designed specifically for NYSDA members.

Alliance offers to replace your need to hire your own compliance officer by handling the necessary credentialing of clinical and non-clinical staff to eliminate fraud and safeguard patient safety. For instance, it will routinely check the Office of Inspector General list to ensure candidates for hire, as well as current employees, have not been excluded from receiving federal funds, such as Medicare and Medicaid. Were a dental practice to employ such a person, it could be subject to civil monetary penalties.

To learn more about Alliance Risk Group, call (800) 579-2911. Or log onto https://allianceriskgroup.com/nysda-background-packages/

## *In Memoriam*

NEW YORK COUNTY
**Edward Luboja**
Columbia University '47
Alger Courts Apts, #4
Bronxville, NY 10708
*February 4, 2021*

FOURTH DISTRICT
**Benjamin Vinciguerra**
University at Buffalo '66
711 Union Street
Schenectady, NY
*February 25, 2022*

FIFTH DISTRICT
**Paul Michaelson**
University of Detroit '74
1041 Macintosh Drive
Rochester, NY 14626
*March 12, 2022*

EIGHTH DISTRICT
**Robert Werner**
University of Pennsylvania '53
3060 Crown Heron Point
Venice, FL 34293
*February 17, 2022*

QUEENS COUNTY
**Edward Greenfield**
New York University '57
22 Canterbury Lane
Roslyn Heights, NY 11577
*February 8, 2022*

Viewpoint

# An Attitude of Gratitude

*It's easy to succumb to personal loss and challenges. Finding a way forward depends on an ability to maintain hope in a better future and reliance on an understanding support network.*

Chris Poulos, D.M.D.

I humbly present to you my thoughts and inspirations about gratitude. The impetus for this writing is the recent passing of my father and my finding peace in the unique times in which we continue to find ourselves.

As tragic and painful losing a loved one may be and as difficult coping with the challenges of the pandemic is, there is always hope for a better future and a time of thankfulness. Life is made up of seasons of experiences and reflections we both endure and relish. At the conclusion of a 10-day holiday from work and from our young family's busy schedule, I had more questions than answers about how to evolve into our new normal. If I had gleaned anything from my experiences, readings and interactions over the past two years, it wasn't apparent; I thought there would be more answers. However, life is not that simple. As some great philosophers have expounded on, understanding "the good life" is not that easy.

In dentistry, strong and positive associations with our team members, colleagues and patients can be a refreshing yet stark contrast to the professional isolation felt with the lingering effects of the COVID-19 pandemic. I have been fortunate to become acquainted with some exemplary and honorable dentists in my area and beyond. Reaching out to others is not easy, but the reward for doing so often pays in immeasurable ways. There is a conundrum created by rapidly changing practice conditions and stressors of filling a Swiss-cheese like schedule resulting from COVID quarantines. The power of sharing these experiences with like-minded individuals who are also in the trenches is immense. As part of a bigger association in the ADA, we have a brotherhood of hard-working and diligent professionals who are in this together. Breaking bread on a Thursday night with a colleague in your neighborhood can be chicken soup for the soul after shared reflections of successes and challenges met for the day, week, month or year. Personally, doing so gives me an appreciation for "the other dentist." As a result, I have empathy when a staff member applies from a "dentist down the road." Regardless of my needs, I require that the applicant give my dentist colleague at least two-weeks' notice and in the case of my recent hire, three weeks. Balancing our personal needs with the greater good is not easy or convenient, but let us be grateful for the civility that it creates. We should always be mindful that our staff and their behavior may be a reflection of our own. They are watching us. Lead by example even if no one is following at the moment!

Speaking of staffing, let us not forget our team members share the same stressors and anxieties we do. Similarly, they are treading these difficult waters to provide a better life for themselves and their families while supporting our practices and visions. Staffing in dentistry and the healthcare sector in general has been difficult. As with any adversity, peoples' true colors and attitudes tend to exhibit more readily and are easier to see. I try to focus on the fact that we have many staff members who still love the profession and remain loyal to the practice and the patients they have gotten to know. We are united in getting up every morning and putting our best foot forward while fully donned in PPE and facing a myriad of daily unknowns.

Many others in professions that have continued to work from home may not fully understand our plight. Let us be grateful for our colleagues who do understand. I trust we all appreciate the dedicated men and women who surround us each working day and who share our unique hardships during these times. My dental school admission essay concluded with an undergraduate rowing lesson:

"One of the greatest lessons I received from crew is that when everyone works diligently toward a common goal, great things can be accomplished."

In the same vein, let us work together towards greater appreciation for our team members. We will all see how admiration is never lost on good people who display consistent and authentic thankfulness and empathy.

How about all those little things in your practice that give you happiness? It could be the kindness of a team member, the sparkle of a good weekend story from someone in the office or the day with no surprises or cancellations. Maybe your patient brought in homemade cookies. Whatever the smell, sound, sight or other sense is, be grateful for it. Internalize the nostalgic good it does and the way it makes you feel. These small tokens that make life beautiful and better should be collected in our chests of gratitude.

One of my all-time favorites, Fred Rogers, said, "It's not so much what we have in this life that matters. It's what we do with what we have." I am now more determined to work harder this year, to be grateful for all the good in my life and how I can do my small part to make it even better. We are a community only as strong as our ability to come together as a team. Our membership in organized dentistry, such as the ADA, is quite large and our advocacy strong. Let us work alongside each other in our local communities to set positive examples for our staff and patients by showing gratitude for the honor of being dentists, with all the autonomy and respect that is bestowed upon us.

Dentistry is an amazing profession. We are fortunate to be given the opportunity to put smiles on people's faces everyday regardless of mask mandates. This pandemic too shall pass, and many will reflect upon and appreciate our good work with more joy because we have taken the effort and time to nourish and relish the simple things in life that make us all better community members and colleagues. We are safe, secure and largely autonomous in our practices, and we have been diligent and mindful of infection control long before COVID-19. We are beneficiaries of a profession that is still largely self-regulated and one bestowed with ample public trust. While there has been some erosion in this regard, we are united in our desire to improve upon our profession's shortcomings. Few of us are struggling paycheck-to-paycheck, or to put food on the table. Perhaps because I come from a humble background, I am especially appreciative and thankful for this. Regardless of our backgrounds, we should be grateful for the privilege of being called a dentist, one of the noblest professions!

When my father passed away, I was saddened but grateful for the time my family had with him. After being diagnosed with COPD, he defied expectations by living to see his grandchildren and watch them grow. How lucky and fortunate we both were! I conclude with a quote from the late, great Robin Williams: "Everyone you meet is fighting a battle you know nothing about. Be kind. Always." I'll simply add, "Also, be grateful!"

**Dr. Poulos** is a full-time general dentist in private practice at CMP Dental Arts, Fayetteville, NY.

# Responding to Online Social Media Posts

## It can be a delicate situation that when handled incorrectly could harm your practice.

It goes without saying that social media is a huge part of our lives. A Pew Research study reported that 69% of adults in America use social media on a regular basis, including 27% of people over age 55. Many baby boomers rely on the internet to obtain their healthcare information, including provider reviews.

Most hospitals use social media for their marketing efforts, as well as customer outreach and engagement. It is also estimated that over 90% of healthcare providers use social media for personal activities, and over 65% of providers use this medium for professional reasons, including disseminating organizational news and details of services provided, offering patient education, and detailing the availability of community events and wellness programs.

A significant amount of interaction by the public on social media sites includes individuals looking for healthcare advice and recommendations for care, as well as information from those who have had personal experience with specific providers. These social media platforms include such familiar names as Facebook, Twitter, Angi, and Yelp, as well as healthcare-specific sites such as WebMD, VITALS and RATEMD, with new sites seemingly appearing every day.

It should be noted that while 90% of all online reviews about the patient experience and provider care are positive, some negative reviews will be posted. What follows will help to identify and address negative comments appearing on social media websites.

### Problematic Aspects of the Use of Social Media by Patients

Unfortunately, when patients and/or their families use social media platforms to voice negative comments about the provision of their healthcare, there may be problems associated with their posted messages. These include the quality and credibility of information posted by the individual; the posting of information that may be misconstrued or taken out of context by those present on the social media site; and even the posting of inappropriate or discriminatory personal comments about you or your staff. Such posts may become a distraction to those providers who frequently visit social media sites, or even the comment section of their own website, to see what is being written about them and their practice. This web surfing could result in poor care or dental error.

Reacting to negative comments that are posted on a social media site present several problems for the provider. First, a direct response via the social media platform to the author of the negative comment may confirm that the individual is a patient of the provider, thus breaching the patient's privacy. Further, a comment in response to a negative post may be perceived as unprofessional by the patient or his or her family, or to prospective patients who are vetting the provider to see if they wish to become his or her patient.

It should always be remembered that the internet is truly "worldwide," and it must be understood that any advice or information that you post on the social media platform may be read by out-of-state

patients, potentially raising licensing issues if it appears that dental advice was provided in a state where the provider is not licensed.

### Addressing Negative Online Reviews

Unfortunately, you cannot prevent negative posts from being written about you or your practice, and it is often difficult to have them taken down. The best practice is to continue to provide optimum care to your patients, and to respond in an appropriate manner. Most importantly, resist the urge to ignore the negative review or to retaliate. Do not engage in online arguments with the individual, as this is a direct violation of your professional boundaries. The negative concern expressed should be reviewed by you and your staff to verify if it is accurate, and then corrective actions should be taken, if applicable.

If the author of the post can be determined, you may contact that person offline to address the stated concerns. When contact is made, be sure to document the entire conversation in the patient's dental record. A patient portal can be employed to facilitate the proper documentation of this conversation. If it becomes apparent that there is some basis for the negative comment and corrective action has taken place, the patient should be contacted and thanked for bringing their concern to the practice's attention. You might even let them know how their concern helped better the practice. This may improve the patient's image of the practice.

In the event the posted concern pertains to an untoward outcome, or if you suspect legal action is being threatened, contact the MLMIC Claims Department as soon as possible. Always print and retain all patient social media posts, as patients may choose to delete their comments from the social media platform.

### Risk Management Strategies for Negative Online Reviews

The development of a formal social media policy is the first step in instituting a plan to help guide you and your staff if a negative review about your practice is posted online. The following items should be addressed in a practice's social media plan:

- Assign a staff member to review social media sites on a regular basis for posts about your practice, and to constantly address evolving social media and technology. If your practice includes separate locations, these reviews should be conducted for each location.
- Designate a person to communicate on behalf of the practice. This person is often the risk or corporate compliance manager, practice administrator or, in solo practices, the actual provider.
- Reiterate to staff the need to maintain the same patient confidentiality online as they would in any other environment, as well as maintaining appropriate boundaries in the physician-patient relationship. Never "friend" a patient in an online setting.
- If you feel you are being pressured into responding on a social media platform, limit your response to a standardized response such as one of the following:

*"According to state and privacy laws, we are precluded from commenting on patient treatment. However, we are always available to discuss concerns with our patients. Patients are welcome to contact us directly."*

*"In order to protect our patients' privacy, all patient concerns and complaints are resolved directly by [name of practice] and not through social media."*

*"At [name of practice], we strive for the highest levels of patient satisfaction. However, we cannot discuss specific situations due to patient privacy regulations. We encourage those with questions or concerns to contact us directly at our office."*

- All staff should be alerted to immediately report negative social media comments to practice leadership.
- Link your social media policy to other organizational policies, such as an employment agreement. A confidentiality agreement should be signed by your staff members, and they should receive documented education in patient privacy and HIPAA. A well-intentioned social media post by a staff member may trigger HIPAA concerns.

MLMIC Insurance Co. is pleased to report that claims involving its healthcare professional policyholders improperly using social media are rare. Despite this, it is important for practitioners and their staff to not only remain vigilant for negative online reviews, but also to resist the temptation to reply inappropriately.

Should you have questions on how to properly respond to a social media post, please do not hesitate to contact MLMIC Insurance Company's Risk Management or Claims department.

*This article originally appeared in The Scope – Medical Edition. Reprinted courtesy of MLMIC Insurance Co. For answers to your insurance questions visit MLMIC at MLMIC.com/dental, or call (888) 392-0638.*

*Read, Learn and Earn*
CE CONTINUING EDUCATION

# Diode Laser-Assisted Abscission and Low-Level Laser Therapy for Treatment of Mucocele

## Literature Update and Case Report

Divya Khanna, B.D.S., M.D.S.; Nikita Dhingra, B.D.S., M.D.S.; Rohit Yadav, B.D.S., M.D.S.

ABSTRACT

**Mucoceles are quotidian, benign minor salivary gland lesions of the oral mucosa. They result from the accumulation of mucous secretion due to trauma or alteration of minor salivary glands.**

**Clinically, they are characterized by bluish, dome-shaped, soft and fluctuant physiognomy, with most frequent occurrence reported on the lower lip. Based on the histological features, they are of two varieties: mucous extravasation and retention cysts.**

**Various treatment modalities, including surgery, laser ablation, electrosurgery, marsupialization, cryosurgery, intra-lesional injections and corticosteroids, have been reported in literature. In the case presented here, a mucosal preservation technique was used in conjunction with an 810nm diode laser for excision, followed by irradiation by low-level laser therapy to improve patient comfort and lead to accelerated and favorable wound healing. An excellent result with no relapse was reported in a 15-month follow-up.**

Tumors of the salivary glands constitute a heterogeneous group of lesions of great morphologic disparity and variation that are difficult to classify. Mucoceles are non-neoplastic, painless, benign cystic swellings; they are the second most common lesions in the oral cavity.[1] The term mucocele was derived from the Latin words *mucus* and *coele*, or cavity.[2] Hence, they can be described as mucous-filled cavities, usually present in the oral cavity, lacrimal sac, paranasal sinuses, gall bladder and appendix.[3]

Mucoceles have equal predilection for males and females, and their incidence rate is reported to be higher among people 10 to 29 years of age.[4] The lower lip is the most common site of occurrence, with other sites, such as the buccal mucosa, the anterior ventral region of the tongue, floor of the mouth—where it is called a ranula—and in other minor salivary glands such as Blandin-Nuhn, are also reported in the literature.[5] When the lower lip is involved, it affects mainly the canine area, as it is most susceptible to trauma.[1]

Pseudocystic mucoceles, regardless of their location, present as well-defined, fluctuant, soft, dome-shaped, solitary swellings, with a smooth surface ranging from a pink to bluish, translucent hue. The variation in color depends on the size of the lesion, its proximity to the surface and elasticity of the overlying tissue. The bluish hue is due to tissue cyanosis and vascular congestion associated with the stretched overlying tissue and the translucent characteristics of the accumulated fluid beneath.[6] This can range from 1 mm to several centimeters in size.

Most common etiology of mucocele are traumatic mechanical injuries, which are mostly self-inflicted, like repeated lip biting or lip sucking. The other contributing factors may be injury from orthodontic wires, lip pinching by extraction forceps, etc.[7]

The primary mechanical obstructive diseases of the salivary glands are of two types: mucous retention and mucous extravasation cysts. The mechanism of formation begins primarily with mechanical trauma, leading to damage and disruption of the minor salivary ductal system or acini. This further causes mucin spillage into adjacent soft tissues, leading to its penetration into the submucosal region and formation of mucous extravasation phenomena, also known as mucous escape reactions.[8]

Salivary calculi or inflammation narrows or obstructs the ductal openings preventing the produced saliva from exiting, causing dilation of the ducts without spillage of mucin, resulting in the formation of a mucous retention cyst.[1]

Depending upon the size and location of the mucocele, the various clinical features include external swelling, interferences with mastication, swallowing and speech discomfort, which hinder the patient's daily activity, thereby warranting treatment.

There are two surgical procedures described in its management, based on location of the lesion. They are superficial and deep. Circumferential incision technique (CIT) can be used in superficial localization, and mucosal preservation technique (MPT) for deep-seated lesions. This procedure prevents damage to deep anatomical structures of the lower lip, such as the lower labial artery and superficial branches of mental nerve, thereby allowing the clinician to see the responsible accessory salivary gland at the base of the surgical site and its complete removal without loss of mucosal tissue.[1,9]

Various approaches have been documented in the literature for treatment of mucoceles, such as surgical excision using a scalpel, laser ablation (CO2, diode, KTP, Er,Cr:YSGG), electrosurgery, marsupialization, sclerosing agents, intra-lesional injections of corticosteroids, micro-marsupialization, administration of gamma-linolenic acid (GLA) and cryosurgery.[7,2]

## Case Report

A systemically healthy, non-smoking 28-year-old male reported to the clinic with a swelling on the lower lip that was interfering with his mastication, speech and ability to maintain oral hygiene. He complained that the swelling was painless, but that it had intermittently increased and regressed in size over the last two months.

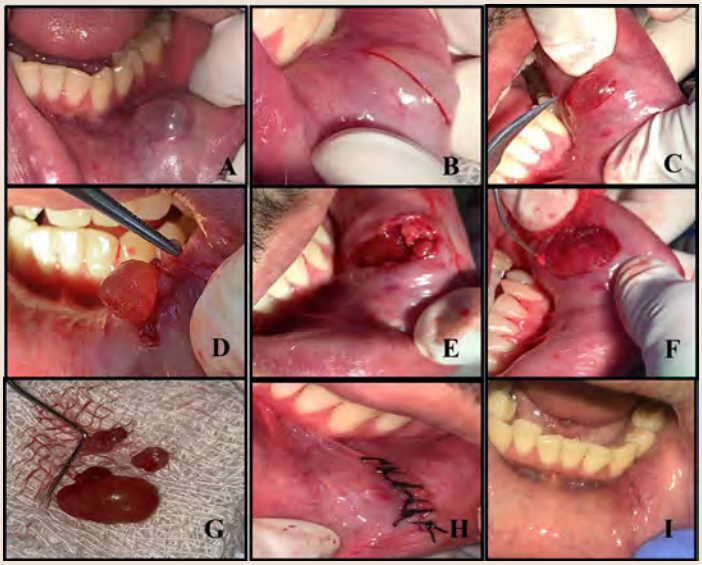



**Figure 1.** (A) Preoperative soft, fluctuant, bluish, dome-shaped swelling in lower lip in cuspid region. (B) Longitudinal mid-line incision with 400 µm laser fiber at 1 watt. (C) Separation of superficial mucosa to expose mucocele. (D) Mucocele with attached minor salivary gland. (E ) Remaining minor salivary glands after mucocele excision. (F) Muscle layer exposed after removal of mucocele and minor salivary glands using diode laser. (G) Excised mucocele and glandular tissue. (H) Postoperatively 3-0 mersilk suture placement. (I) Suture removal 10 days postoperative.

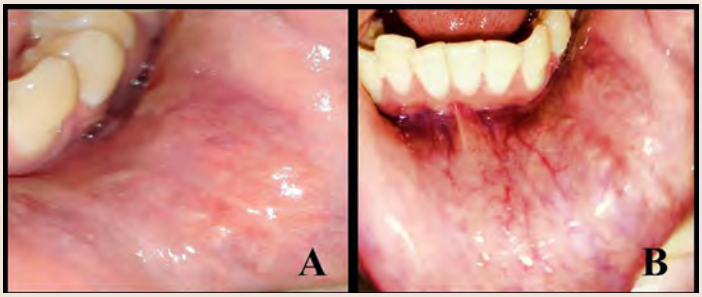



**Figure 2.** (A) Three-month follow-up postoperative. (B) Fifteen-month follow-up postoperative.

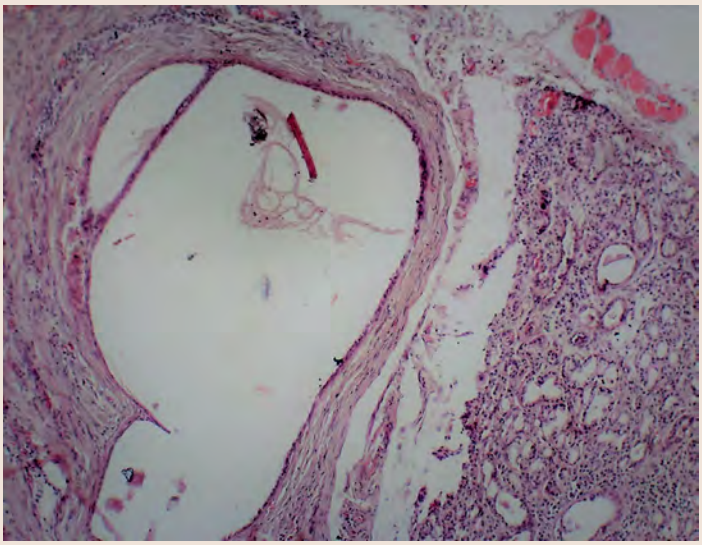


**Figure 3.** Histopathological examination revealed cystic cavity lined by thick, fibrous capsule which is collapsed wall of granulation tissue with foamy macrophages and chronic inflammatory cells in lumen.

The lesion was soft, fluctuant, with a bluish translucent hue; it was located on the lower lip in the cuspid area in deeper tissue and dimensionally was 1.6 cm long and 1.2 cm wide (Figure 1A). It was a pathognomic presentation of a mucocele, and excision was planned with a semi-conductor diode laser with 810nm wavelength, followed by low-level laser therapy (LLLT) for accelerated and favorable wound healing.[10,11]

***Surgical Procedure and LLLT Application***

After administration of a local anesthesia with 2% lignocaine hydrochloride *(Lignox 2%; Indoco Remedies Ltd., Goa, India)* and epinephrine concentration of 1:80,000, a precise atraumatic long midline incision was performed with a 400 µm laser fiber at 1 watt at 152 J/cm2 in continuous mode (Figure 1B). Using a blunt pair of curved scissors, the superficial mucosa was separated on both sides from the midline incision, and the lesion was exposed (Figure 1C).

Then at 2 watts, 268 J/cm2 of energy, the lesion was excised, ensuring that it did not rupture and was removed in toto (Figures 1D,E). The minor salivary glands attached beneath and believed to be involved were also excised using the diode laser tip until a clean, uniform muscle layer was encountered (Figures 1F,G).

Laser irradiation protocol used in this case has been described by Sanz-Moliner et al.[12] Before suturing, the surgical field, i.e., the inner surface of the wound was irradiated by low-level laser (810nm diode laser) by applying the laser probe tip perpendicular to the target area in a continuous wave mode, with the output power of 100mW for five minutes, leading to a total dosage of 4 J/cm2 per surface.

After thorough inspection and palpation, 3-0 nonabsorbable suture material *(Mersilk, Ethicon; Johnson & Johnson, Himachal Pradesh, India)* with simple interrupted sutures was used to protect the surgical site, keeping the lip tension to a minimal (Figure 1H). Surgery was atraumatic and no complications were encountered intraoperatively. The excised sample was sent for histological analysis (Figure 3).

Postoperative oral instructions were given and explained to the patient in detail. The patient was prescribed nonsteroidal analgesic ibuprofen 400 mg three times a day for three days and 0.2% chlorhexidine rinse three times a day for two weeks. The surgical site received LLLT postoperatively for five minutes daily for five days consecutively.[11]

The patient was duly followed up and suture removal was done on day 10 postoperative (Figure 1I). Uneventful and satisfactory healing was noted, and the patient was scheduled for a regular follow-up at 3-month intervals for 15 months.

***Result***

The patient did not report any discomfort postoperatively. With a diode laser and LLLT, the procedure was relatively quick and easy to execute. There was minimum bleeding and discomfort encoun-

tered by the patient. Healing was uneventful, with no scar formation at the three-month follow-up (Figure 2A), and there was no relapse after 15 months (Figure 2B). The result of laboratory microscopy showed a pseudo-cystic cavity with no epithelial lining, containing mucin, abundant mucinophages, neutrophils and granulation tissue. The inflammatory cells consisted of lymphocytes, plasma cells, sheets of foamy macrophages; salivary glands acini were also noted. No atypia was seen, the impressions being a mucous retention cyst.

## Discussion

Mucoceles are the most common diseases of the accessory salivary glands, with the reported incidence of 0.4% to 0.8%. The lip contains adipose, connective tissue, blood vessels, nerves and salivary glands and, hence, pathology of any of these tissues can produce swelling on the lips. Therefore, a differential diagnosis is critical. However, a fibroma, lipoma, angioma, benign salivary gland neoplasm or other rare diseases, like acinic cell carcinoma, can be distinguished from mucocele based on their clinical appearance, color, consistency, etiology and location.

An extravasation mucocele can be considered a false or pseudo cyst.[13] In this form, the accumulation of mucin induces an acute foreign body reaction in the affected area, leading to an influx of macrophages, neutrophils which are thereafter replaced by granulation tissue composed of fibroblasts, which defines a pseudo cystic capsule.[14] In contrast, a retention mucocele is a true cyst due to the presence of an epithelial layer of the ductal origin of cylindrical or flat cells.[14] The therapy in both mucous retention and extravasation mucoceles is surgical excision of the cyst, along with responsible minor salivary glands to prevent possible recurrence.[1,15]

Fine-needle aspiration cytology (FNAC) is conclusive for a diagnosis. A 2 mm thick, blood-mixed-focus secretion is collected and analyzed. Results showing an increase in amylase and protein content is diagnostic of a mucocele. Histopathologically, the cystic cavity is lined by a thick fibrous capsule, which is the collapsed wall of granulation tissue.[3,16] The cystic lumen contains mucin, foamy macrophages and chronic inflammatory cells. Areas of coagulative necrosis and adjacent minor salivary glands are also noted, as seen in the reported case (Figure 3).

Various approaches for treatment of mucoceles have been reported in the literature. Baurmash proposed complete excision for small lesions and unroofing procedure for larger mucoceles.[1] Kopp and St. Hilaire suggested the MPT surgical technique,[9] which consists of a linear incision of the mucosa on the top of the lesion to expose and identify it, followed by excision, decompression and removal together with the whole pathological glandular tissue. MPT was used with a diode laser for excision and LLLT irradiation in our reported case with excellent results and no relapse.

The scalpel is the most common and economical method of excision to date, requiring minimum armamentarium. The laser excision and LLLT were preferred over conventional scalpel, as they have repeatedly demonstrated potentially beneficial effects after surgery. These include: precise ablation and better coagulation due to its good affinity for pigments like heme, thereby offering excellent hemostasis; activation of microcirculation,[17] leading to accelerated neo-angiogenesis[18,19] and, as a result, more vascularization and nutrients to healing sites. Anti-inflammatory and anti-edema effects of laser therapy occur through acceleration of microcirculation, leading to changes in capillary hydrostatic pressure with edema reabsorption and disposal of intermediary metabolites.[11,20] An analgesic effect occurs due to blockage of nociceptors and peripheral nerve endings and stimulation of the body's natural painkillers, β-endorphins and by decreasing the activity of C fibers.[21,22]

Moreover, the laser is relatively quick and easy to execute and leads to favorable clinical healing, thereby making the patient comfortable and reducing postoperative discomfort. There is no scar formation reported in most cases, as there is minimal trauma to the adjacent tissues, especially to the underlying muscle layer.

The literature is replete with studies that show that LLLT can alter the cellular behavior of the irradiated tissues. Motility of fibroblasts and keratinocytes is facilitated greatly in 46 to 48 hours, leading to an increase in the collagen synthesis and release of growth factors. This plays a crucial role in the initial stage of healing, which would critically increase the tensile strength of the wound and prevent its collapse.[23,24] Moreover, laser irradiation increases adenosine triphosphate (ATP) synthesis within the mitochondria, thus accelerating the speed of cell mitosis, rapid production of extracellular matrix and movement of leucocytes, fibroblasts and epithelial cells and neo-angiogenesis, which, in turn, leads to accelerated and favorable wound healing.[11,23]

Various authors do not use surgical sutures, as the denatured wound matrix proteins initiate reparative synthesis and serve as a natural wound dressing, thereby reducing scarring and contraction of the tissues.[25] In the case presented here, since the size of the lesion was large, it was decided to suture the surgical site to protect the underlying muscle layer and use LLLT to improve healing. Our patient was reviewed at 3-month intervals for 15 months. During review, the prognosis was excellent, with no recurrence reported.

Various types of lasers have been used for excision of mucoceles, such as CO2, diode laser, KTP, Er,Cr:YSGG. Vaporization by CO2 laser was suggested by Huang et al., but this technique was questioned since it does not allow histological examination of the lesion.[26] Recent studies revealed that diode laser, KTP, Er,Cr:YSGG were ideal for oral soft-tissue excision and biopsy, as they cause poor thermal damage, permitting a correct histological diagnosis.[27,28]

Since the present case did not have any controls, any conclusion about the role of LLLT in perceived pain cannot be drawn.

However, multiple controlled studies have strongly suggested a clear trend in reduction of inflammation and enhanced wound healing characteristics at LLL-treated sites.

## Conclusion

Due to a high recurrence rate, management of mucoceles is challenging. Laser surgery, regardless of the wavelengths, can be considered as minimally invasive and extremely helpful in oral mucocele management, offering multiple technical and clinical advantages.

Use of LLLT may significantly reduce postoperative pain and edema, thereby decreasing the intake of pain medication. The enhanced wound healing seen in the immediate postsurgical period can further benefit the desired clinical outcome and improve patient compliance and acceptability.

*The authors report no conflict of interest or potential conflict of interest relevant to this article. Nor do they report any financial support. Queries about this article can be sent to Dr. Khanna at drdivyakhanna31@gmail.com.*

REFERENCES

1. Baurmash HD. Mucoceles and ranulas. J Oral Maxillofac Surg 2003;61:369-37.
2. Yagüe-García J, España-Tost AJ, Berini-Aytés L, Gay-Escoda C. Treatment of oral mucocele-scalpel versus CO 2 laser. Med Oral Patol Oral Cir Bucal 2009;14:469–74.
3. Ramkumar S, Ramkumar L, Malathi N, Suganya R. Excision of mucocele using diode laser in lower lip. Case Rep Dent 2016; id-1746316:1-4.
4. Cecconi D Re, Achilli A, Tarozzi M, Lodi G, Demarosi F, Sardella A, Carrassi A. Mucoceles of the oral cavity: a large case series (1994–2008) and a literature review. Med Oral Patol Oral Cir Bucal 2010;15:551-556.
5. Chawla K, Lamba AK, Faraz F, Tandon S, Arora S, Gupta M. Treatment of lower lip mucocele with Er, Cr: YSGG laser—a case report. J Oral Laser Appl 2010;10:181-185.
6. Boneu-Bonet F, Vidal-Homs E, Maizcurrana-Tornil A, González- Lagunas J. Submaxillary gland mucocele: presentation of a case. Med Oral Patol Oral Cir Bucal 2005;10:180-184.
7. Foroughiasl P. Cautery versus laser excision of oral mucocele. J Pediatr Surg Case Rep 2019;47:1-3.
8. Madan N. Excision of mucocele: a surgical case report. Biol Biomed Rep 2012;2:2.
9. Kopp WK, St-Hilaire H. Mucosal preservation in the treatment of mucocele with CO2 laser. J Oral Maxillofac Surg 2004;62:1559-61.
10. Abergel RP, Lyons RF, Castel JC, Dwyer RM, Uitto J. Biostimulation of wound healing by lasers: experimental approaches in animal models and in fibroblast cultures. J Dermatol Surg Oncol 1987;13(2):127-33.
11. Khanna D, George JP, Chakravarthy P, BhardwaJ S. Effect of laser bio-stimulation on post-operative pain and tissue response after periodontal flap surgery: a randomized controlled clinical. NY State Dent J.2017;83(6):32-39.
12. Sanz-Moliner JD, Nart J, Cohen RE, Ciancio SG. The effect of an 810-nm diode laser on postoperative pain and tissue response after modified Widman flap surgery: a pilot study in humans. J Periodontol 2013;84(2):152-8.
13. Mustapha I, Boucree S. Mucocele of the upper lip: case report of an uncommon presentation and its differential diagnosis. J Can Den Ass 2004;70:318-21.
14. Romeo U, Palaia G, Tenore G, Vecchio AD, Nammour S. Excision of oral mucocele by different wavelength lasers. Indian J Dent Res 2013;24:211-215.
15. Cunha RF, De M, Carvalho P, Guimaraes CM, Macedo CM. Surgical treatment of mucocele in an 11-month-old baby: a case report. J Clin Pediatr Dent 2002;26:203-206.
16. Lee E, Cho SH, Park CJ. Clinical and immune histochemical characteristics of mucoceles. Annals Dermat.2009;21:345–351.
17. Schaffer M, Bonel H, Sroka R, Schaffer PM, Busch M, Reiser M, et al. Effects of 780 nm diode laser irradiation on blood microcirculation: preliminary findings on time-dependent T1-weighted contrast-enhanced magnetic resonance imaging (MRI). J Photochem Photobiol B 2000;54(1):55-60.
18. Mirsky N, Krispel Y, Shoshany Y, Maltz L, Oron U. Promotion of angiogenesis by low energy laser irradiation. Antioxid Redox Signal 2002;4(5):785-90.
19. Tuby H, Maltz L, Oron U. Modulations of VEGF and iNOS in the rat heart by low level laser therapy are associated with cardioprotection and enhanced angiogenesis. Lasers Surg Med 2006;38(7):682-8.
20. Farivar S, Malekshahabi T, Shiari R. Biological effects of low level laser therapy. J Lasers Med Sci 2014;5(2):58-62.
21. Sato T, Kawatani M, Takeshige C, Matsumoto I. Ga-Al-As laser irradiation inhibits neuronal activity associated with inflammation6. Acupunct Electrother Res 1994;19(2-3):141-51.
22. Tsuchiya K, Kawatani M, Takeshige C, Matsumoto I. Laser irradiation abates neuronal responses to nociceptive stimulation of rat-paw skin. Brain Res Bull 1994;34(4):369-74.
23. Yu W, Naim JO, Lanzafame RJ. The effect of laser irradiation on the release of bFGF from 3T3 fibroblasts. Photochem Photobiol 1994;59(2):167-70.
24. Ozcelik O, Cenk Haytac M, Seydaoglu G. Enamel matrix derivative and low-level laser therapy in the treatment of intra-bony defects: a randomized placebo-controlled clinical trial. J Clin Periodontol 2008a;35(2):147-56.
25. Luomanen M, Meurman JH, Lehto VP. Extracellular matrix in healing CO2 laser incision wound. J Oral Pathol Med. 1987;16:322–331.
26. Huang IY, Chen CM, Kao YH, Worthington P. Treatment of mucocele of the lower lip with carbon dioxide laser. J Oral Maxillofac Surg 2007;65:855-8.
27. Romeo U, Palaia G, Del Vecchio A, Tenore G, Gutknecht N, De Luca M. Effects of KTP laser on oral soft tissues. In vitro study. Lasers Med Sci 2010;25:539-43.
28. Romeo U, Libotte F, Palaia G, Del Vecchio A, Tenore G, Visca P et al. Histological in vitro evaluation of the effects of Er:YAG laser on oral soft tissues. Lasers Med Sci 2012;27:749-53.

**Divya Khanna, B.D.S., M.D.S.**, is consultant periodontist and implantologist, Department of Periodontology, Clove Dental, New Delhi, India.

**Nikita Dhingra, B.D.S., M.D.S.**, is senior consultant endodontist, Department of Conservative Dentistry & Endodontics, Clove Dental, New Delhi, India.

**Rohit Yadav, B.D.S., M.D.S.**, is senior consultant, Oral & Maxillofacial Surgeon, Department of Oral & Maxillofacial Surgery, Clove Dental, New Delhi, India.

# Healthy Patients


# Practices

## You're a dentist. You're an entrepreneur. You're dedicated to making it all work. And we've got your back.

At TDSC, our mission is to ensure that your patients are healthy and that your business flourishes. It's why we deliver the supplies you love from brands you trust. It's why we offer free shipping on orders over $99. It's why we work hard to deliver the consistent pricing the big guys enjoy, for dental practices of every size.

We're invested in the entrepreneurial spirit of independent dentists everywhere. We believe that patients deserve the options and excellent care offered by independent dentistry. And that's healthy for everyone.

Members receive **10% OFF** their first order of $150 or more with code **WelcomeNY10**
Offer expires on 6/30/22

tdsc.com
POWERED BY HENRY SCHEIN®

Read, Learn and Earn
CE CONTINUING EDUCATION

# White Sponge Nevus

## Case Report

David M. Walton, B.S.; Daria Vasilyeva, D.D.S.; Louis Mandel, D.D.S.

ABSTRACT

**White sponge nevus (WSN) is a rare autosomal dominant asymptomatic keratotic disorder. A case report is presented of a 28-year-old male with a longstanding asymptomatic and widespread oral mucous membrane keratosis. A diagnosis of WSN was made based on his clinical history, the characteristic appearance of the lesion and the histopathology.**

White sponge nevus (WSN) is a rare autosomal dominant disorder. Because of its irregular penetrance, inheritance is uncommon, and most cases are seen without a familial background.[1-4] The condition is characterized by an oral mucosa that is thickened, white, corrugated, soft and spongy. It affects the non-keratinized oral mucous membrane while sparing keratinized oral tissues.[4] Most commonly, the buccal mucosa is involved bilaterally. But at times it can be involved unilaterally. The labial mucosa, tongue and mouth floor may also display the characteristic features of WSN. Extraorally, keratotic lesions have been reported in the pharynx, esophagus and anogenital areas.[2,5,6]

WSN is a benign, asymptomatic disorder with no gender preference[6-8] and a reported incidence of 1:200,000.[2,6] It can be present at birth, or make its appearance in early adolescence.[1,6,9] Despite its asymptomatic nature, patients become concerned about the abnormal tissue texture and the cosmetic appearance of the lesion, features that persist throughout life.

WSN affects the differentiation process of mucous membranes. Histologically, WSN is characterized by parakeratosis and marked intraepithelial edema and prominent thickening of the spinous layer (acanthosis). The architecture of the epithelium is preserved; no dysplasia or atypia is present; and the associated connective tissue is usually devoid of inflammation. Acanthosis is usually accompanied by a characteristic clearing of the cytoplasm of the cells in the spinous layer and the presence of eosinophilic perinuclear condensations representing aggregates of keratin tonofilaments, pathognomonic to WSN.[2,3]

The development of the hyperkeratotic WSN is due to a defect in the normal keratinization of the oral mucosa. The defect has been traced to a disorder of cytokeratins (CK). The CKs consist of a family of multiple proteins that are expressed by the cytoplasm of epithelial cells. Nonkeratinizing epithelium expresses CK4 and CK13, encoded by KRT4 and KRT13 genes. Mutations in these two genes have been related to the development of WSN.[1,2,4,8,10]

### Case Report

A 28-year-old male was referred by his dentist to the Columbia University College of Dental Medicine because of an asymptom-

atic and widespread oral mucous membrane keratosis. The patient said he has been aware of the abnormal oral tissue since early childhood. Because he was not concerned about the condition, he sought no care. It was only after numerous recommendations by his dentist that a decision to seek consultation was made. Questioning indicated that no familial history existed. The patient was in excellent health. He had no systemic diseases, and he denied the use of any medications.

Intraorally, a striking keratotic involvement of the mucous membranes, particularly the buccal mucosa bilaterally, was evident (Figures 1, 2). Here the keratotic tissue was thick, somewhat crinkled and adherent to the underlying tissues. The floor of the mouth and the inner surface of the lower lip demonstrated milder keratosis.

An incisional biopsy of the left buccal mucosa was performed. Hyperparakeratosis, acanthosis and edema in the stratum spinosum were all evident (Figure 3). A diagnosis of WSN was made.

## Discussion

Diagnosis of WSN is based on a variety of factors that include the patient's clinical history, the visual inspection of the lesion, the histopathology and a molecular genetic analysis. It may be buttressed by a familial background.[11] Histopathologic examinations are crucial in the differentiation of WSN from other keratotic lesions that might be premalignant or point to an underlying systemic or local condition. Differential diagnosis should include candidiasis, chemical burn, cheek biting, effects of tobacco use, lichen planus and a number of genodermatoses, including pachyonychia congenita, Darier's disease and dyskeratosis congenita.

The absence of basal layer destruction, a characteristic lichenoid infiltrate at the dermal-epidermal junction, or typical striae formation at the periphery of the white plaques distinguish WSN from lichen planus. Unilateral clinical presentation and pertinent history may help eliminate cheek biting, tobacco keratosis or chemical burn from the differential, while the age of onset, lack of nuclear crowding, cellular atypia or increased mitotic activity speaks against a neoplastic process.

Fungal stains and cultures, as well as response to antifungal treatment, may help distinguish WSN from candidiasis, although cases of superimposed fungal infection have been reported. Finally, while oral lesions of such congenital diseases as pachyonychia congenita, Darier's disease and dyskeratosis congenital may closely resemble those of WSN, the presence of concurrent characteristic nail and skin lesions distinguish them from WSN.[2,4,8]

Questioning indicated that our patient had no family members who had histories of WSN. Although the oral inspection suggested a diagnosis of WSN, it was the microscopic examination of the biopsy specimen that confirmed its existence. A molecular study was not performed.

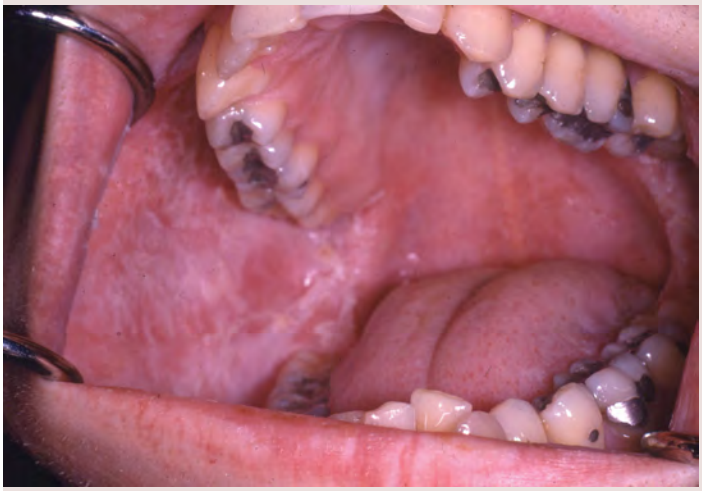


**Figure 1.** Keratosis of right buccal mucosa.

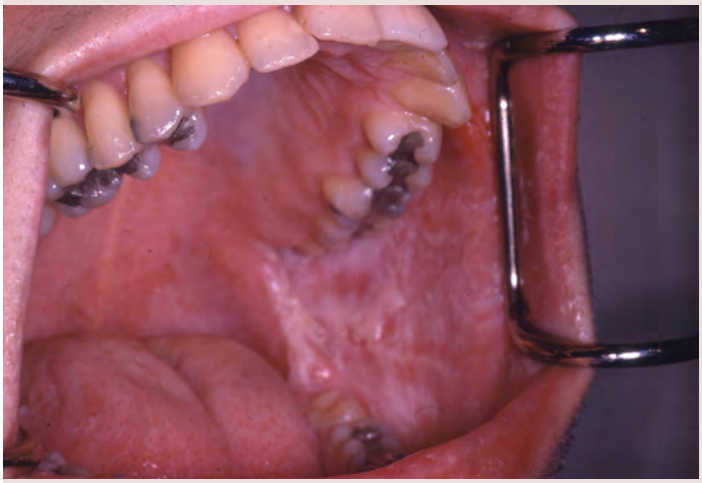


**Figure 2.** Keratosis of left buccal mucosa.

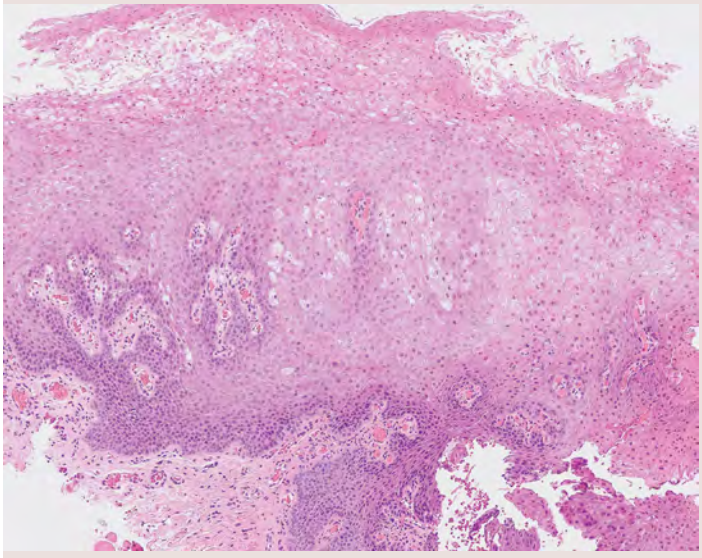


**Figure 3.** White sponge nevus. Hyperparakeratosis, acanthosis and edema of stratum spinosum are all evident (H and E stain, magnification X100).

## Treatment

No effective therapy for WSN is available. Subjectively, WSN is considered painless, although some patients have reported pain.[1,10] However, once a diagnosis is clinched in the asymptomatic patient, reassurance and continued observation become legitimate options. For those patients with pain, treatment with tetracycline or chlorhexidine mouthwashes or penicillin have resulted in some clinical improvement[1,4,7,8] The mechanism for this limited success is not understood, but may be derived from a superimposed bacterial colonization which homes in on the irregular surface texture of WSN.

Our patient had no discomfort and decided to seek no treatment. He was counseled regarding the need for follow-up care.

*Queries about this article can be sent to Dr. Mandel at lm7@cumc.columbia.edu.*

**David M. Walton, B.S.**, was a third-year student, Columbia University College of Dental Medicine, New York, NY.

**Daria Vasilyeva, D.D.S.**, is oral pathology and medicine resident, New York-Presbyterian Hospital, Columbia University College of Dental Medicine, New York, NY.

**Louis Mandel, D.D.S.**, is associate dean, clinical professor oral and maxillofacial surgery, Columbia University College of Dental Medicine, New York, NY.

REFERENCES

1. Martelli H, Pereir SM, Rocha TM, et al. White sponge nevus: report of a three-generation family. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2007;103:43-7.
2. Songu M, Adibelli H, Diniz G. White sponge nevus: clinical suspicion and diagnosis. Pediatr Dermatol 2012;29:495-97.
3. Zhang J, Quan J, Ren Y, Chen M, Yang J, Zhang X. Keratin 4 regulates the development of human white sponge nevus. J Oral Pathol Med 2018;47:598-605.
4. Kurklu E, Ozturk S, Cassidy AJ, et al. Clinical features and molecular genetic analysis in a Turkish family with oral white sponge nevus. Med Oral Pathol Oral Cir Bucal 2018; 23:e144-50.
5. Frithiof L, Banoczy J. White sponge nevus (leukoedema exfoliativum mucosae oris): ultrastructural observations. J Oral Surg 1976;41:607-22.
6. Aghbali A, Pouralibaba F, Eslami H, Pakdel F, Jamali Z. White sponge nevus: a case report. J Dent Res Clin Dent Prospect 2009;3:70-72.
7. Marrelli M, Tatullo M, Dipalma G, Inchingolo F. Oral infection by Staphylococcus aureus in patients affected by white sponge nevus: a description of two cases occurred in the same family. Int J Med Sci 2012;9:47-50.
8. Cal W, Jiang B, Yu F, et al. Current approaches to the diagnosis and treatment of white sponge nevus. Expert Rev Mol Med 2015;17: e 1-9.
9. Otobe IF, deSousa SOM, Migliari DA, Matthews RW. Successful treatment with topical tetracycline of oral white sponge nevus occurring in a patient with systemic lupus erythematosus. Int J Dermatol 2006;45:1131-33.
10. Westin M, Rekabdar E, Blomstrand L, Klintberg P, Jontello M, Robledo-Sierra J. Mutations in the genes for keratin-4 and keratin-13 in Swedish patients with white sponge nevus. J Oral Pathol Med 2018;47:152-57.
11. De Haseth SB, Bakker E, Vermeer MH, et al. A novel keratin 13 variant in a four-generation family with white sponge nevus. Clin Case Reports 2017; 5:1503-09.


# PREMIER MEDICAL BUILDING
## ON BILLIONAIRES' ROW

# 24 WEST 57TH STREET

## MEDICAL SUITES FOR LEASE
1,404 SF TO 34,387 SF

ATTENDED LOBBY

13'+ CEILING HEIGHTS

CLOSE TO ALL TRANSPORTATION

IDEAL FOR DENTAL PRACTICES

**Paul L. Wexler**
Licensed Associate Real Estate Broker
212.836.1075
plw@corcoran.com
healthcare-properties.com

CONTACT US FOR MORE INFORMATION

wexler
healthcare properties team
AT THE CORCORAN GROUP

APFPROPERTIES

# Effects of New York State's Medicaid Orthodontic Policy Changes on Approved Orthodontic Treatment Complexity

June Harewood, D.D.S., M.A., M.S.; Karolina Kister, D.M.D., Ph,D.; Lynn Tepper, Ph.D., Ed.D.; Hassan M. Khan, D.M.D., M.B.E., M.S.; Jing Chen, D.D.S., Ph.D.; Christine O'Hea, D.M.D., M.Sc.; Thomas Hoopes; Sunil Wadhwa, D.D.S., Ph.D.

ABSTRACT

**The purpose of this study was to analyze how 2013 New York State Medicaid legislation that introduced the Handicapping Labio-lingual Deviation (HLD) Index affected orthodontic Medicaid treatment approval. Eighty-six patients pre-2013 and 86 post-2013 were selected from a single academic center. The number of patients who auto-qualified post-2013 significantly increased (58 vs 39, p=0.006). For the patients who did not auto-qualify, there was a significant increase (p=0.017) in HLD scores post-2013 (31.38) compared to pre-2013 (13.34). Fifty-one percent of the patients approved pre-2013 would not have qualified for coverage under the current policy.**

Before 2013, New York State used a subjective method for the selection and approval of orthodontic Medicaid services for people who resided in the state of New York. Eligible individuals were referred to one of three screening academic institutions (Columbia, NYU and Montefiore), where they would be seen by a faculty orthodontist to determine the need for orthodontic treatment. The orthodontist would subjectively evaluate the occlusion and either recommend or not recommend orthodontic treatment. The recommendations would be sent to the New York State Orthodontic Rehabilitation Program, which would issue an authorization.

In 2013, New York State legislation reformed the orthodontic treatment approval process from subjective orthodontist approval to a standardized Handicapping Labio-lingual Deviation (HLD) Index.[1] State-sponsored insurance will now cover comprehensive orthodontic treatment if patients possess one of six auto-qualifying conditions, or if they meet a minimum HLD score of 26 under the quantitative criteria of the index (Tables 1, 2). The assumption here is that orthodontics is medically necessary only for individuals who possess one of the six auto-qualifying conditions, or who have an HLD score above 26.

The challenge in proving orthodontic treatment that is medically necessary occurs because malocclusion has varying degrees of severity. Some individuals who seek orthodontic treatment may do so for purely esthetic reasons. However, although controversial, there is a subset of the population for whom orthodontic correction may have a significant effect on the function and health of the oral cavity.[2] It is clear that an excess in overjet, defined as greater than 3 mm in the primary dentition and greater than 5 mm in permanent dentition, has been associated with an increase in traumatic dental injuries[3] and that orthodontic

**TABLE 1.**

New York State Handicapping Labio-lingual Deviation (HLD) Index

| Condition | HLD score |
|---|---|
| Overjet equal to or less than 9mm | |
| Overbite in mm | |
| Mandibular protrusion (reverse overjet) in mm equal to or less than 3.5mm | ____ x 5=_____ |
| Open bite in mm | ____ x 4=_____ |
| Ectopic eruption: Count each tooth excluding 3rd molar* | ____ x 3=_____ |
| Anterior crowding: Score one point for MAXILLA, and/or one point for MANDIBLE; two (2) points maximum. Multiply by five (5)* | ____ x 5=_____ |
| Labio-lingual spread (in mm) | |
| Posterior unilateral crossbite (involving at least one molar). Score 4 if present | |

* If both anterior crowding and ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.

**TABLE 2.**

Auto-qualifying Conditions and HLD Scores Pre- and Post-2013
Number of patients who have one of 6 auto-qualifying conditions and average Handicapping Labio-Lingual Deviation score and standard deviation of patients who did not auto-qualify.

| Auto-qualifying condition | PRE-2013 | POST-2013 | p- Value |
|---|---|---|---|
| Cleft palate deformity or cranio-facial anomaly | 0 | 5 | 0.06 |
| Deep impinging overbite with severe soft tissue damage | 7 | 13 | 0.23 |
| Crossbite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present | 8 | 8 | 1.0 |
| Severe traumatic deviations | 0 | 1 | 1.0 |
| Impacted permanent anteriors where extraction is not indicated | 8 | 22 | 0.008** |
| Overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5mm with reported masticatory/speech difficulties | 16 | 9 | 0.19 |
| Total number of patients who auto-qualified | 39 | 58 | 0.006** |
| Average HLD Score and Standard Deviation of patients who did not auto-qualify | 13.34 (6.63) n=47 | 31.38 (5.97) n=28 | 0.017* |

*Statistically significant for pre-2013 vs post-2013, with $p<0.05$.
**Statistically significant for pre-2013 vs post-2013, with $p<0.01$.

treatment reduces this risk.[2] There is some evidence that malocclusion causes a decrease in masticatory function.[4] English et al. studied the effect of malocclusion on mastication, the essential first step in bodily digestion. Their 2002 study found that for the same number of chews, individuals with untreated Class I, II and III malocclusions produced up to 34% larger particles than individuals with a normal occlusion,[5] which has been corroborated by other studies.[6,7]

Malocclusion may also affect speech, as open bites and mandibular retrognathia have been associated with speech production anomalies, with more severe malocclusions leading to greater defects in speech sound.[8] Finally, malocclusion may affect the oral health quality of life, which is moderately improved in people under the age of 18 by orthodontic treatment.[9]

The challenge for Medicaid comes in deciding which malocclusions are severe enough to warrant government spending on orthodontics.

In 1965, President Lyndon Johnson signed the Social Security Act. Title XIX of the act, known as Medicaid 1965, addressed healthcare coverage, listing specific medical services that states could pay for with federal funds. Orthodontic services were included as part of dental care.[10] Two years later, the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program was established.[11] EPSDT made insurance coverage for orthodontic treatment available to Medicaid recipients under the age of 21 who had a handicapping malocclusion. Although Medicaid is financed by both the federal and state governments, each state has its own definition of a handicapping malocclusion; therefore, there may be discrepancies in Medicaid coverage between states.

The Salzmann Index[12] was originally selected by the American Association of Orthodontics (AAO) as a guide to defining handicapping malocclusion. However, the decision to use it was quickly reversed, as AAO members argued against the use of any index to determine orthodontic treatment need.[13] The definition of a "medically necessary" orthodontic case has also changed throughout the years and in 2019, the AAO adopted an updated definition that defines necessary orthodontic care as "orthodontic services to prevent, diagnose, minimize, alleviate, correct or resolve a malocclusion (including craniofacial abnormalities and trauma or pathologic anatomical deviations) that cause pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity."[14]

Despite the subjective AAO definition, most states still use an index to define a handicapping malocclusion, with New York State using the HLD Index post-2013.

There are no studies examining how the introduction of the HLD Index to the New York State orthodontic Medicaid approval process has affected orthodontic treatment case selection complexity and patient demographics in an orthodontic academic center. Therefore, the goal of this study was to evaluate patient demographics and orthodontic treatment case acceptance com-

plexity before and after the 2013 changes to the New York State orthodontic Medicaid program.

## Materials and Methods

This retrospective study was approved by Columbia University Irving Medical Center Institutional Review Board (AAAR4872) and included data collection from orthodontic health records taken at Columbia College of Dental Medicine (CDM). CDM was one of three academic dental centers in New York State where orthodontic screenings were performed prior to 2013 Medicaid and where Medicaid-sponsored orthodontic care is currently being provided.

### *Patient Selection and Power Calculation for Sample Size*

It was previously shown that the average HLD Index from an orthodontic residency clinic was 20.4, with a standard deviation of 7.15 If we assume the samples at CDM have a similar mean and standard deviation, with an alpha of 0.05, a sample size of 172 patients (pre-2013 =86, post-2013= 86) would allow us to detect differences of 3.6 in HLD index with >90% power. Medicaid patients approved for comprehensive treatment from 2000 to 2020 were assigned randomly coded numbers and put in pre-2013 or post-2013 categories. Eighty-six patients from each category were sequentially chosen for the study sample.

### *HLD Index Scoring and Demographic Variables*

In New York State, approval is gained from the presence of one of six auto-qualifying conditions or by meeting a minimum score of 26 under the quantitative criteria of the index in the categories as outlined in Table 1 and Table 2. The HLD Index score and determination of auto-qualification were determined by one trained investigator through the review of initial records (digital models, panoramic radiographs, intraoral photos and extraoral photos). The intraoral measurements were obtained using OrthoCADTM software. The following measures were also recorded: gender, age at start of the orthodontic treatment, ethnicity and primary residence zip code. A random sample of 25 patients was rescored HLD in order to determine measurement error using Dahlberg's formula (the square root of the averaged squared differences).[16] The Dahlberg error was 0.02.

**TABLE 3.**

Patient Demographics Pre- and Post-2013
Number of patients and mean and standard deviation of patient's age pre- and post -2013

| | PRE-2013 (N=86) | POST-2013 (N=86) | p- Value |
|---|---|---|---|
| Number of males | 33 | 46 | 0.004** |
| Number of females | 53 | 40 | 0.004** |
| Average age at the start of treatment | 12.8 (2.52) | 12.6 (3.21) | 0.732 |
| | | | |
| Ethnicity | | | |
| Hispanic | 47 | 59 | 0.084 |
| African American | 38 | 16 | 0.0005*** |
| Caucasian | 0 | 3 | 0.246 |
| Asian | 0 | 1 | 1.0 |
| Unknown | 1 | 7 | 0.064 |
| | | | |
| Zip Codes | | | |
| Brooklyn | 2 | 3 | 1 |
| Bronx | 33 | 22 | 0.102 |
| New York | 45 | 49 | 0.646 |
| Queens | 3 | 9 | 0.132 |
| Other | 3 | 3 | 1.000 |

** Statistically significant for pre-2013 vs post-2013, with p<0.01.
*** Statistically significant for pre-2013 vs post-2013, with p<0.001.

### *Statistics*

Comparisons were made between pre- and post-2013. For categorical data (auto-qualifiers, gender, ethnicity and patient zip codes), the Fisher's exact test was used and significance was recorded for p<0.05. HLD scores and patient's age were compared with unpaired t-tests and significance was accorded at p< 0.05.

## Results

***Auto-qualifying conditions pre- and post-2013:*** Pre-2013, 45.3% (n=39) of the patients would have auto-qualified for orthodontic treatment. This is compared to 67.4% (n=58) post-2013, which was a significant increase (p=0.006). Post-2013, impacted permanent anteriors where extraction is not indicated was the most common (38%) auto-qualifying condition, whereas pre-2013 it only made up 20% of the approved cases (p=0.008) (Table 2).

***HLD of the individuals who did not auto-qualify:*** The average HLD Index of patients who did not automatically qualify for Medicaid coverage pre-2013 was 13.34 (range: 2-28), while post-2013 the average HLD Index of patients who did not auto-qualify was 31.38 (range: 26-45) (Table 2). This was statistically significant (p=0.017). Of the 47 pa-

tients who did not auto-qualify pre-2013, only 3 had HLD scores of greater than 26. Thus, 44 (51.2%) patients treated at the CDM orthodontic clinic pre-2013 would be denied Medicaid coverage if they applied after the 2013 Medicaid legislation change, as they would not reach the minimum of 26 points.

***Patient demographics:*** Pre-2013, 61.6% of the orthodontic patients at CDM were females (n=53) compared to 46.5% (n=40) post-2013, (p=0.004) (Table 3). There was also a significant difference in the patients' ethnicities (p<0.001), as pre-2013 44% (n=38) of approved orthodontic patients were African American vs. 19% (n=16) African American post-2013 (Table 3). There were no significant differences in our patients' primary residence zip codes pre-2013 vs post-2013, as greater than 50% of study participants reside in Manhattan at both analyzed time points (Table 3).

## Discussion

In 2013, New York City changed its subjective process of orthodontic Medicaid approval to a standardized, objective HLD Index. In our study, we found that the number of patients with at least one auto-qualifying condition was significantly higher post-2013 than pre-2013. We also found that the average HLD score on patients who did not auto-qualify was higher post-2013 (31.38) than pre-2013 (13.34).

We found that 51.2% of patients pre-2013 would not have qualified for orthodontic Medicaid coverage post-2013 with the cut-off HLD score of 26. This raises the question of the effect of increasing the HLD score on the percentage of the general population who will qualify for orthodontic Medicaid treatment. We are not aware of any studies that have specifically looked at population prevalence of HLD scores. However, by using a modified HLD Index in California, which is similar to the current New York State HLD Index,[13] it was estimated that only 10% of the patients referred to the orthodontists for evaluation of Medicaid orthodontic treatment have an HLD score of greater than 26 and that raising the score by every point exponentially decreases the number of eligible patients.[17] In addition, using the Salzmann Orthodontic Treatment Need Index, which is similar to the HLD Index, except for an additional esthetic component, it was estimated that approximately 55% and 25% of the population would have a Salzman score of greater than 15 and 25, respectively.[18] Taken together, one can estimate that a significant portion of the Medicaid population may be excluded from orthodontic treatment by raising the cutoff score from 13 pre-2013 to 26 post-2013.

If New York State Medicaid provided similar budgets for orthodontic funding for New York State pre- and post-2013, a higher number of people would have had access to orthodontic care pre-2013. Therefore, it would be beneficial to investigate if the decreased comprehensive orthodontic treatment eligibility post-2013 is also associated with decreased spending within the orthodontic Medicaid program.

A decrease in the number of people being approved for orthodontic comprehensive treatment due to changing of orthodontic indices is not unique to New York State. In 2017, the Illinois Department of Human Services changed from using the Dentaquest Orthodontic Criteria Index to the HLD Index, which caused a significant 20% reduction in the number of approvals of treatment pre-2016 versus post-2016.[19] The state of Iowa faced the same issue when it began using the Salzmann Index, causing an increase in the case complexity requirement for approval of orthodontic treatment, thereby directly decreasing the total number of patients funded per budget year.[20]

In our study, there was a significant decrease in the number of patients who were African Americans and in the number of females post-2013 versus pre-2013. We do not know if this was due to a random sampling error, a change in the ethnicity makeup of upper Manhattan, or if it was due to the change to the HLD Index for orthodontic Medicaid approval. A recent study showed that orthodontically untreated adult males exhibit higher prevalences of clinically meaningful mandibular incisor irregularity, reverse overjet, overbite and open bite than females.[21]

In the same study, they also found that clinical meaningful incisor irregularity was significantly less in African Americans than in Caucasians.[21] However, future population studies are needed to specifically determine how sex and ethnicity affect HLD Index scores in order to determine if use of the HLD Index for orthodontic Medicaid eligibility unintentionally favors Caucasian males.

The qualification score of 26 in the HLD Index is controversial. Assuming treatment eligibility is determined solely by the expert's opinion (an orthodontist), the appropriate cutoff score for the HLD Index has been determined in prior studies to fall between 12 and 18. For example, the division of orthodontics at the University of California San Francisco had 13 orthodontists evaluate the validity of the HLD Index. They determined that a value of 18.5 served as the appropriate value to qualify for insurance coverage comprehensive orthodontics.[22] Additionally, another study examined if the HLD Index predicted the opinion of treatment need by a panel of 18 orthodontists.[23] In this study, Receiver Operating Characteristic (ROC) curves were used for each index because they illustrate a graphic determination of an optimal cutoff point—the value that minimizes errors in treatment decision-making. The optimum cutoff point for the HLD Index was 13, which presented with good specificity but poor sensitivity.[23] These studies align with our finding that the average HLD score was 13, based on an orthodontist's subjective evaluation pre-2013.

Rural versus urban funding for orthodontic treatment also comes into question. In Iowa and in Oklahoma, it was found that children living in rural areas were more likely to receive orthodontic Medicaid services than children living in urban areas, despite longer traveling times to receive treatment.[20,24] In 2010, approximately 65,000 orthodontic consultations were performed at one of the three screening centers in New York City (NYU, Columbia and Montefiore) to assess qualification for full-coverage orthodontic care. The total number of consultations seen in the remaining parts of the state was approximately 21,000 (Health NY Gov). Orthodontic screening requests in New York City were more than three-times the number of consultations seen in the rest of the state, demonstrating a higher need for orthodontic treatment funding in New York City compared to other locations in New York State.

Our study found that the 2013 policy change caused a significant increase in the number of patients who had one of the six auto-qualifying conditions, particularly "impacted permanent anteriors where extraction is not indicated." The reason for this finding is unclear, but it may be related to the referring den-

tist's knowledge of auto-qualifying conditions and subsequent increased referral to Medicaid orthodontic clinics for eligibility.

## Conclusions

The change in New York State Medicaid approval of orthodontic cases in 2013 resulted in a reduced number of patients having access to orthodontic care based on the patients evaluated at Columbia College of Dental Medicine. It also caused a significant increase in the severity of malocclusions approved by Medicaid. Patients with severe malocclusions, and those with skeletal and dental disharmonies, may not be receiving the care they truly need, which may be more pronounced in females and African Americans. The current model is imperfect and demands attention. Future research is necessary to provide support for a more pragmatic way of determining eligibility for orthodontic treatment.

*Queries about this article can be sent to Dr. Harewood at jharewood@sbhny.org.*

REFERENCES


1. Draker HL. Handicapping labio-lingual deviations: a proposed index for public health purposes. Am J Orthod Dentofacial Orthop 1960;46(4):295-305.
2. Macey R, Thiruvenkatachari B, O'Brien K, Batista KBSL. Do malocclusion and orthodontic treatment impact oral health? A systematic review and meta-analysis. Am J Orthod Dentofacial Orthop Jun 2020;157(6):738-744.e10. doi:10.1016/j.ajodo.2020.01.015.
3. Arraj GP, Rossi-Fedele G, Doğramacı EJ. The association of overjet size and traumatic dental injuries-a systematic review and meta-analysis. Dent Traumatol Oct 2019;35(4-5):217-232. doi:10.1111/edt.12481.
4. Magalhães IB, Pereira LJ, Marques LS, Gameiro GH. The influence of malocclusion on masticatory performance. A systematic review. Angle Orthod Sep 2010;80(5):981-7. doi:10.2319/011910-33.1.
5. English JD, Buschang PH, Throckmorton GS. Does malocclusion affect masticatory performance? Angle Orthod Feb 2002;72(1):21-7. doi:10.1043/0003-3219(2002)0722.0.CO;2.
6. Khosravanifard B, Ghanbari-Azarnir S, Rakhshan H, Sajjadi SH, Ehsan AM, Rakhshan V. Association between orthodontic treatment need and masticatory performance. Orthodontics (Chic) 2012;13(1):e20-8.
7. Hattori Y, Mito Y, Watanabe M. Gastric emptying rate in subjects with experimentally shortened dental arches: a pilot study. J Oral Rehabil Jun 2008;35(6):402-7. doi:10.1111/j.1365-2842.2007.01789.x.
8. Koskela A, Neittaanmäki A, Rönnberg K, Palotie A, Ripatti S, Palotie T. The relation of severe malocclusion to patients' mental and behavioral disorders, growth, and speech problems. Eur J Orthod Apr 2020;doi:10.1093/ejo/cjaa028.
9. Javidi H, Vettore M, Benson PE. Does orthodontic treatment before the age of 18 years improve oral health-related quality of life? A systematic review and meta-analysis. Am J Orthod Dentofacial Orthop Apr 2017;151(4):644-655. doi:10.1016/j.ajodo.2016.12.011.
10. El-Gheriani AA, Ehrmantrout ZP, Oesterle LJ, Berg R, Wilkerson DC. Medicaid expenditures for orthodontic services. Am J Orthod Dentofacial Orthop Dec 2007;132(6):728.e1-8. doi:10.1016/j.ajodo.2007.05.011.
11. Foltz AM. The development of ambiguous federal policy: early and periodic screening, diagnosis, and treatment (EPSDT). Milbank Mem Fund Q Health Soc 1975;53(1):35-64.
12. Salzmann JA. Handicapping malocclusion assessment to establish treatment priority. Am J Orthod Oct 1968;54(10):749-65. doi:10.1016/0002-9416(68)90065-1.
13. Parker WS. The HLD (CalMod) index and the index question. Am J Orthod Dentofacial Orthop Aug 1998;114(2):134-41. doi:10.1053/od.1998.v114.a90444.
14. House of Delegates Policy Manual of the American Association of Orthodontists Amended May 6, 2019.
15. Theis JE, Huang GJ, King GJ, Omnell ML. Eligibility for publicly funded orthodontic treatment determined by the Handicapping Labiolingual Deviation Index. Am J Orthod Dentofacial Orthop Dec 2005;128(6):708-15. doi:10.1016/j.ajodo.2004.10.012.
16. Kim HY. Statistical notes for clinical researchers: Evaluation of measurement error 2: Dahlberg's error, Bland-Altman method, and Kappa coefficient. Restor Dent Endod Aug 2013;38(3):182-5. doi:10.5395/rde.2013.38.3.182.
17. Parker WS. Useful data from application of the HLD (CalMod) Index. Am J Orthod Dentofacial Orthop Apr 2000;117(4):435-7. doi:10.1016/s0889-5406(00)70162-4.
18. Salzmann JA. Orthodontics under Medicare and Medicaid. Am J Orthod Dec 1966;52(12):922-6. doi:10.1016/0002-9416(66)90194-1.
19. Caplin J, Rozgony A, Farhi M, Viana GC, Al-Grouz M, Belavsky BZ. The implementation of the Handicapping Labio-Lingual Deviation index on access to orthodontic care. J Public Health Dent Jun 2020;80(2):107-113. doi:10.1111/jphd.12352.
20. McKernan SC, Kuthy RA, Momany ET, et al. Geographic accessibility and utilization of orthodontic services among Medicaid children and adolescents. J Public Health Dent 2013;73(1):56-64. doi:10.1111/jphd.12006.
21. Asiri SN, Tadlock LP, Buschang PH. The prevalence of clinically meaningful malocclusion among US adults. Orthod Craniofac Res Nov 2019;22(4):321-328. doi:10.1111/ocr.12328.
22. Cooke M, Gerbert B, Gansky S, Miller A, Nelson G, Orellana M. Assessment of the validity of HLD (CalMod) in identifying orthodontic treatment need. Community Dent Oral Epidemiol Feb 2010;38(1):50-7. doi:10.1111/j.1600-0528.2009.00506.x.
23. Younis JW, Vig KW, Rinchuse DJ, Weyant RJ. A validation study of three indexes of orthodontic treatment need in the United States. Community Dent Oral Epidemiol Oct 1997;25(5):358-62. doi:10.1111/j.1600-0528.1997.tb00955.x.
24. Lamb C, Currier F, Kadioglu O, Restuccia G. Trends in Medicaid-funded adolescent comprehensive orthodontic treatment provided by orthodontists to children in Oklahoma between 2010 and 2016. Am J Orthod Dentofacial Orthop Dec 2019;156(6):791-799. doi:10.1016/j.ajodo.2018.12.023.



Dr. Harewood


Dr. Kister


Dr. Tepper


Dr. Kahn


Dr. Chen


Dr. O'Hea


Dr. Wadhwa


**June Harewood, D.D.S., M.A., M.S.**, is program director, Department of Orthodontics, Saint Barnabas Hospital, Bronx, NY.

**Karolina Kister, D.M.D., Ph.D.**, is a former resident, Division of Orthodontics, Columbia University College of Dental Medicine, New York, NY.

**Lynn Tepper, Ph.D., Ed.D.**, is professor, Behaviorial Science Department, Columbia University College of Dental Medicine, New York, NY.

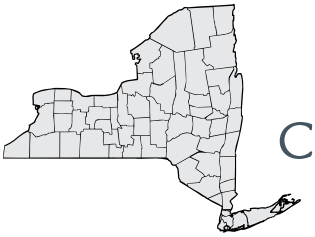
**Hassan M. Khan, D.M.D., M.B.E.**, is a former resident, Divisiion of Orthodontics, Columbia University College of Dental Medicine, New York, NY.

**Jing Chen, D.D.S., Ph.D.**, is program director, associate professor, Division of Orthodontics, Columbia University College of Dental Medicine, New York, NY.

**Christine O'Hea, D.M.D., M.Sc.**, is assistant professor, Division of Orthodontics, Columbia University College of Medicine, New York, NY.

**Thomas Hoopes** is a dental student, Columbia University College of Dental Medicine, New York, NY.

**Sunil Wadhwa, D.D.S., Ph.D.**, is director and Leuman M. Waugh Associate Profession of Orthodontics, Division of Orthodontics, Columbia University College of Dental Medicine, New York, NY.



# Component NEWS

## NASSAU COUNTY
### Headquarters Gets Redo

It's spring! Not only are we emerging from a cold winter, we also seem to be emerging from the restrictions of COVID. Things are hopping at the Nassau County Dental Society! After a bit of a delay, construction is finally underway on our headquarters' renovations. We are reconfiguring space to enlarge our Board Room, so we have a higher capacity for continuing education. We are also upgrading our audio/visual capabilities.

Once the renovations are completed, we will be dedicating the room to Dr. Mark Feldman to recognize his outstanding contributions to organized dentistry. A bronze plaque will be on prominent display.

### Business, Dinners and Honors

Our first General Membership Meeting of 2022 on March 7 at the Jericho Terrace in Mineola was a great success. Over 125 members were in attendance for dinner, a business meeting and a lecture by Dr. Michael Feldman titled "Resorption—To Treat or Not to Treat."

Our Installation Dinner on April 9 was a grand event. Postponed from Jan. 22, it was held at the Crest Hollow Country Club in Woodbury. We honored our 2022 President Dr. Joseph Brofsky, as well as the other incoming officers. At the same time, we also honored our outgoing 2021 president, Dr. Howard Baylarian, since COVID had forced his Installation to be held virtually.

Dr. Bob Peskin received our highest honor, the Herbert L. Taub Distinguished Service Award, for his contributions to our society. We also viewed a touching PowerPoint tribute to Dr. Mark Feldman.

Our second General Membership Meeting of the year took place May 2 at the Jericho Terrace. Members had access to many sponsors at the event, as well as dinner and a lecture by Dr. Andrew Salama entitled "Oral Surgery: Pathologic Pitfalls, Near Misses and Cautionary Tales."

### GKAS Revamped

On May 13, we will hold our 2022 Give Kids A Smile event. It will be a different one for us. We usually hold the event at the Cradle of Aviation Museum in Garden City the first Friday in February and see as many as 1,500 children. Still concerned about COVID, most school districts didn't want to bring their students into such a populated environment. So, instead, we decided to go to them!

We have been invited to the Bayview Avenue School in Freeport. We plan to set up in the school gymnasium and in tents outside to do exams, sealants and/or fluoride treatments and provide oral hygiene instruction and nutritional counselling.


Michael Shreck administers oath to incoming officers, from left: Donald Hills, treasurer/editor; Elyse Patrella, secretary; Doug Schildhaus, vice president; Steve Aksiezer, president-elect. Joseph Brofsky was installed as president.

Executive Director Eugene Porcelli presents NCDS Herbert Taub Distinguished Service Award to Robert Peskin.


Incoming President Joseph Brofsky receives president's gavel from Dr. Shreck.

In addition, we are partnering with the local Lion's Club, which will screen children to detect vision and eye disorders. Our volunteers always get a GKAS T-shirt, but this year, in addition to a backpack filled with items, all the children will get a T-shirt too!

We want to thank Stony Brook School of Dental Medicine for loaning us its portable dental chairs and Henry Schein for its generous support in funds and supplies. In addition, Fidelis Care donated stuffed dinosaurs for the children and Liberty Dental provided financial support as well.

### Help Wanted

Continuing with our busy spring, NCDS will be hosting a Job Fair on May 19 at the Westbury Manor. Dozens of residents, hygienists and dental assistants will be interviewed by several local offices and hospitals looking to hire. The night includes dinner and an open bar. It should be a fun and productive evening.

We have several continuing education courses lined up for the spring. Please visit our website at www.nassaudental.org to view and register.

## SUFFOLK COUNTY

### Live Events Continue

William Bast, D.M.D.

The Suffolk County Dental Society hosted 50 attendees for its first Seminar Series event of 2022 on March 16. The featured speaker, Dr. Nicholas Rallis, presented the program "Identifying Occlusal Disease, Causes, Ramifications and Cures."

We have three more Seminar Series events scheduled for 2022. They are as follows.

- Sept. 14: "Medical Emergencies," with Dr. Daniel Pompa.
- Oct. 26: "We've Come a Long Way," with Dr. Frank Tuminelli.
- Nov. 30: "TMJ / Trigeminal Nerve," with Dr. Michael Proothi.

### Dr. Mark J. Feldman Memorial Golf Tournament

The Sixth District and Suffolk County Dental societies have put together a great day of golf and remembrance for you, your colleagues and business partners. This year's golf outing on Sept. 21 at Willow Creek, Mt. Sinai, will honor Dr. Mark J. Feldman, D.M.D. Dr. Feldman was a leader with unparalleled accomplishments at all levels of organized dentistry. While we certainly miss his extraordinary abilities as a leader, we miss his fellowship and friendship even more. His passing leaves a great void within the association and in organized dentistry.

Dr. Feldman was one of the brightest stars in the dental community. He always served with diligence, honesty, civility and an enduring sense of service to the associations and their members. His knowledge, compassion, leadership and laughter are sorely missed.

We hope you can join us as he so often did at these events, to celebrate his memory and the comradery he fostered and cherished. We hope to see you for a terrific day of golf, food and activities! The format for this year's outing is a scramble—everyone can contribute and compete!

### Don't Miss a Thing

We continue to make a significant push to better communicate and connect with our members in methods that more easily integrate with their lifestyle. You can find us on Facebook, Twitter, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.Org presence.

## SEVENTH DISTRICT

### Officers and Directors Installed

The Seventh District Dental Society installed its new Board officers and directors at its first meeting of the year on Jan. 10. The following individuals were sworn in: Dr. Christopher Calnon, president; Dr. Sean McLaren, president-elect; Dr. William Hurtt, vice president; and Dr. Michael Grassi, treasurer. Board officers include: Drs. Sandro Popelka, Alexis Ghanem and Rosemeire Santos-Teachout.

The Monroe County Dental Society installed its new Board officers and directors on Jan. 24. The following individuals were sworn in: Dr. Nathan Glasgow, president; Dr. Todd Pedersen, president-elect; Dr. Michael Krzemien, vice president; Dr. Timothy Abbamonte, secretary; and Dr. Christopher Calnon, treasurer. New directors on the


Attendance is impressive for first seminar of new year, a program on occlusal disease, presented by Nicholas Rallis.

## Seventh District *cont.*

Board include: Drs. Taylor Squires, Katie Strong, Robert Buhite and Scott Koopman.

### RDSC Completes Three-Part Series

The Rochester Dental Study Club (RDSC) completed its three-session, six continuing dental education credits series on April 13. The first session was offered in the fall, "Advances in Bone Grafting," by Dr. Filip Ambrosio, and two sessions were offered this spring: "3D Printing Applications in Dentistry," by Dr. Robert Lang Jr., and "Understanding & Management of Dental Resorption," by Dr. Alf Bunes. The series is a free benefit for Monroe County Dental Society members.

### Awards Dinner Postponed

The district's 2021 Awards Dinner, originally scheduled for Feb. 5, was rescheduled to Friday, May 13, because of increased COVID-19 cases early in the year. The dinner will honor Dr. Richard Andolina Jr., recipient of the Frederick J. Halik Award; Dr. Stephen Burgart, recipient of the George D. Greenwood Honorary Award; and Dr. James Soltys, Award of Merit.

### Risk Management Webinar Offered to Members

Fortress Insurance Co. provided a live, interactive patient safety and risk management webinar to members on March 30. Dr. Michael Ragan, a defense trial attorney in a Miami, FL, law firm, presented the three-hour session. Policyholders earned a 10% premium credit for the next three policy periods.

## NINTH DISTRICT

### Getting Back Together

Olga Lombo-Sguerra, D.D.S.

The Ninth District Dental Association held its largest in-person meeting in the past two years on March 16. It was the association's first General Meeting of the year and took place at the Villa Borghese in Wappingers Falls. It was recommended that registrants wear masks, and many of us did, which didn't hamper our ability to visualize the joy of everyone being back together again.

Next, we welcomed back on April 6 our annual Frills & Drills event—celebrating women in dentistry. This social event, which has been held virtually since the beginning of the pandemic, is our way of bringing both men and women together in a beautiful and relaxing setting to not only celebrate the women of our profession, but to celebrate the camaraderie and team spirit of our members as well.

### CE Remote for Now

Although we are offering our spring CE courses via Webinar, we expect that the fall courses will be held at Ninth District headquarters. There is a consideration, however, to continuing to provide CE in the form of Webinars, as the attendance is more than five-times greater for online than for in-person courses. That, however, will also depend on the 18-credit "at-home-study" cap that was removed because of COVID-19 restrictions.

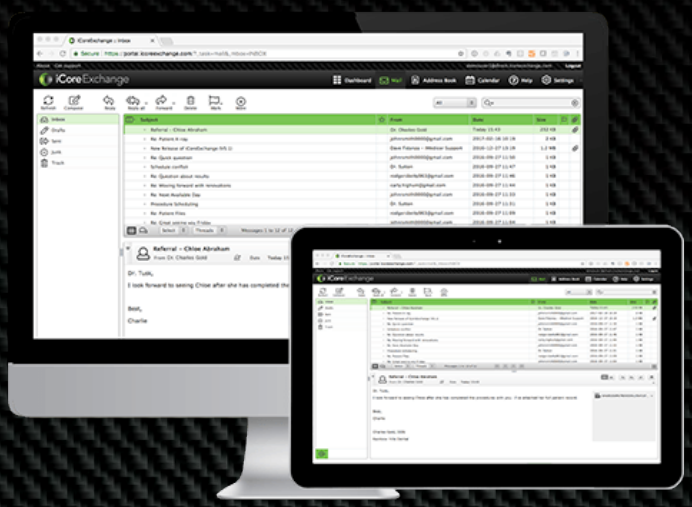
### General Meeting Features Restorations Presentation

Next up will be our May General Meeting, which is scheduled for May 11 at the Sleepy Hollow Hotel in Tarrytown. As this meeting is being held in the largest-populated county in the district, we expect that attendance will surpass that of the March meeting. Dr. Dennis Fasbinder will be presenting "Modern Ceramic Restorations: Keys to Clinical Success." This is a highly anticipated subject, judging from the high rate of registrations.

### Study Groups Making Comeback

Our study groups, too, have picked up again. The Southern Westchester Dental Forum has been holding Zoom meetings since February; the Yonkers Dental Society hosted its meeting in March, also through Zoom; and both the Dutchess County Dental Society and the Westchester Multidisciplinary Study

# iCoreExchange



## HIPAA Email & Referral Network:

- Protect from hacking and records theft
- Refer and collaborate across a broad network
- Securely email PHI and images of any size

**NYSDA Members Receive 48% off!**
land.iCoreConnect.com/NY4
888.810.7706

NYSDA
Endorsed Service

## Ninth District *cont.*

Club have in-person programs scheduled in April. We are excited to be getting back to "normal" throughout the Ninth.

For any questions, concerns or comments, please contact the association office at (914) 747-1199

## BRONX COUNTY

### Job Fair

Laurence Schimmel, D.D.S.

The Bronx County Dental Society hosted its annual Job Fair April 28 at the Van Courtland Golf Course. All dental residents working at Bronx hospitals were invited to meet with Bronx County dentists at this fun event. As always, it is a great place for residents looking for positions or practice acquisitions to meet with some of the Bronx's finest dentists. Dental service organizations, practice brokers and other businesses essential to dentists attended.

### May Stated Meeting

The BCDS was happy to have Dr. Mehrdad Favagehi present a lecture entitled "Diagnosis, Prevention and Management of Peri-implantitis." Attendees learned about the factors and mechanisms causing bone loss around implants and how to reduce or eliminate loss using the most current modalities available.

Dr. Favagehi is a diplomate of the American Board of Periodontology and director-at-large of the Osseointegration Foundation.

### June Stated Meeting

On June 14, we welcome Dr. John Kanca to give a presentation entitled "Introduction to Bioactive Materials Utilizing Bioglass." Attendees will become familiar with concepts of bioactivity, learn the advantages of bioactive materials and proper methods for using these dental materials.

Enjoying their first in-person Frills & Drills event in over three years are, seated, from left, Monica Barrera, Swati Desai, Neena Bhatty, Gemini Master-Patel. Standing, from left, Minerva Patel, Renuka Bijoor, Ruba Rizqalla, Vanessa Gang.


Frills & Drills, a celebration of women in dentistry, made its return April 6 at The Pleasantville Manor.


Among men attending Frills & Drills are, from left: Christopher Tota, NYSDA Trustee; Daniel Doyle, president-elect; Gary Scharoff and John Constantine, past presidents.

Dr Kanca is the co-founder and fourth president of the American Academy of Cosmetic Dentistry and the author of over 70 peer-reviewed published articles.

## SECOND DISTRICT

### SDDS Family Enjoys Live Installation

Alyson Buchalter, D.M.D.

COVID slowed us down, but it could not stop us! On April 3, the Second District Dental Society held its first live installation of officers in two years. Originally set for Jan. 9, it was rescheduled because of the Omicron surge. But the wait was worth it. Over 100 members of the SDDS and their guests arrived at the staid University Club and brought the stately venue to life. Surrounded by Old World elegance, we honored Dr. Michael Donato as he begins his presidency.

Dr. Donato delivered an inspiring speech, in which he highlighted a reminder from Dr. Martin Luther King Jr. that to serve one only needs "a heart full of grace, and a soul generated by love." With that as his standard, we are truly blessed to have Dr. Donato leading the SDDS through 2022.

Dr. Donato expressed his gratitude to his mentor, SDDS past president Dr. Robert Seminara. It was Dr. Seminara's influence that led him to his successful career in orthodontics, Dr. Donato said. And it was Dr. Seminara who introduced him to organized dentistry, starting at the Richmond County Dental Society and leading to today, as the 154th president of the SDDS.

But his speech was disrupted by one incident. Whatever got into Dr. Albicocco? Was it the "Pauly Pajamas" comment? In true Will Smith fashion, Dr. Albicocco marched up to Dr. Donato at the podium and delivered a slap heard around the room. Of course, all in good fun.

On a more serious note, Dr. Donato extended SDDS's sincere appreciation to our outgoing president, Dr. Babak Bina, for the exemplary way he guided our organization during 2021. With the pandemic raging, he never skipped a beat. When COVID vaccine doses were scarce and our members were expressing desperation, Dr. Babak obtained an agreement with NYU Langone to vaccinate all SDDS members.

President Michael Donato delivers acceptance speech.

Line officers installed by Mitchell Mindlin are, from left: Raymond Flagiello, president-elect; Tricia Quartey-Sagaille, vice president; Paul Teplitsky, secretary; Valerie Venterina, treasurer; Phyllis Merlino, librarian/curator.


Honorees at installation ceremony include Immediate Past President Babak Bina, shown here with his wife, Anna.

## Second District *cont.*

And under his leadership, after years of negotiations, a formal GNYDM partnership agreement with New York County Dental Society was finalized.

We also honored our newest officers: Dr. Raymond A. Flagiello, president-elect; Dr. Tricia S. Quartey-Sagaille, vice president; Dr. Paul W. Teplitsky, secretary; Dr. Valerie A. Venterina, treasurer; and Dr. Phyllis G. Merlino, librarian/curator. Led by presiding officer Dr. Mitchell Mindlin, they took their oath of office. We at SDDS are lucky to have such amazing people leading our organization.

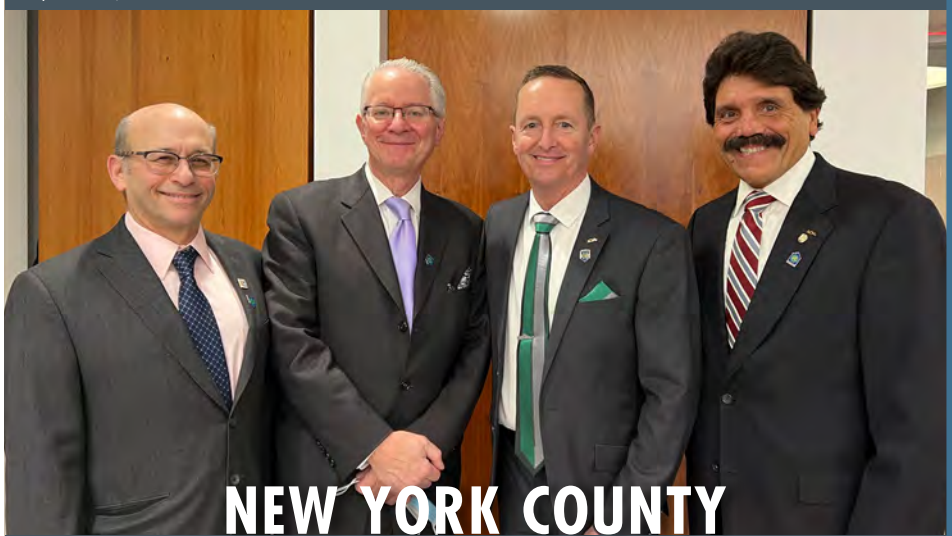
State Sen. Andrew Gounardes, son of NYSDA Speaker Dr. Steven Gounardes, presented proclamations from the New York State Senate to Drs. Donato, Bina, Albicocco and Alyson Buchalter, honoring their service as presidents of the SDDS, and to Dr. Reneida Reyes, the 14th recipient of the SDDS's Distinguished Service Award in 2020.

Dr. Donato continued Second District's tradition of recognizing those whose efforts on behalf of the SDDS are truly appreciated. They included: Dr. Sandra Scibetta, for serving on the SDDS Board of Trustees; Dr. John McIntyre, for his service as a member of the NYSDA Council on Professional Liability Insurance; Dr. James Doundoulakis, for his service as general chairman of the GNYDM; and Drs. Lora Flamer-Caldera and Irvind Khurana, for their service on the GNYDM Organization Committee. They exemplify the great hearts and souls Dr. King spoke of.

The day ended with a renewed sense of camaraderie, finally and happily being together with our Second District FAMILY.

2022 officers. Seated, from left, Immediate Past President Lois Jackson, President Ioanna Mentzelopoulou. Standing, from left, Vice President Suchie Chawla, President-elect Mina Kim, Treasurer Andrew Deutch, Secetary Vera Tang.

Newly installed President Mentzelopoulou and Secretary Tang meet up with NYU Dental students attending installation. From left, Jonathan Wang, Miriam Ahmad, Dr. Mentzelopoulou, Johnathan Tai, Dr. Tang (NYU professor), Rebecca Maawad.




Special guests on hand for installation of officers are, from left: GNYDM General Chair Richard Oshrain; Suffolk County NYSDA Trustee Guenter Jonke; ADA Trustee Paul Leary; NYSDA Speaker Steven Goundardes, installing officer for NYCDS event.

## NEW YORK COUNTY

### The ONE Thing

Suchie Chawla, D.D.S., M.D.

We were pleased to have Casey Gocel, a partner with NYCDS Corporate Friend

Mandelbaum Barrett, share how she managed to take charge of her life and achieve work-life balance. In her motivating webinar "The ONE Thing: The Story of How One Book Can Change Your Whole Life," held on March 29, Casey related the journey that led her to read and adopt the practices outlined in the bestselling book, "The ONE Thing: The Surprisingly Simple Truth About Extraordinary Results."

Her presentation highlighted the importance of setting priorities for all areas of your life and then doing the "one thing" that's most important to achieving your primary goals. It was a thought-provoking and inspiring lecture.

## Officers Installed at General Membership Meeting

The annual Installation of Officers, typically held in January, was postponed because of a winter surge in COVID cases. The Installation was ultimately held in person, with limited audience, prior to the General Membership meeting on April 4. This was the first event held at NYCDS headquarters in over two years, which made it special for everyone.

Dr. Steven Gounardes, speaker of the NYSDA House, was the installing officer. Dr. Gounardes was incoming president Ioanna Mentzelopoulou's residency director. Special guests in attendance included NYSDA President Kevin Henner, ADA Trustee Paul Leary, Suffolk County NYSDA Trustee Guenter Jonke, New York County NYSDA Trustee Maurice Edwards, GNYDM 2020-21 General Chair James Doundoulakis and members of the GNYDM Organizing Committee, including Dr. Lorna Flamer-Caldera and Dr. Steven Moss.

Congratulations to our 2022 officers: President Ioanna G. Mentzelopoulou, President-Elect Mina C. Kim, Vice President Suchie Chawla, Secretary Vera W.L. Tang, Treasurer Andrew S. Deutch and Immediate Past President Lois A. Jackson. It was a long, but worthwhile wait to celebrate!

The April General Membership Meeting began immediately following the Installation of officers. Professor and Chair of the Department of Pediatric Dentistry at the New York University College of Dentistry Dr. Amr Moursi gave an enlightening lecture on "Behavior Guidance for Today's Parents." The lecture provided insights into the changing landscape of families, particularly parenting styles over the years, and how those changes affect the profession's ability to care for children of all ages, backgrounds and temperaments, including children with special healthcare needs. Dr. Moursi stressed how dentists can adapt better once they are aware of the new parenting approaches, and still provide the highest level of care, while acknowledging some of these changing parenting styles.

## NEW YORK COUNTY


## CE Highlights

We are pleased to return to in-person continuing education, while also offering virtual courses to fit a variety of schedules. Registering for CE courses is easy: go to www.nycdentalsociety.org; or call our education staff at (212) 573-8500.

- May 11: Basic Life Support/ CPR Certification Course, with Marc Reilly, Rescue Resuscitation. (in-person)
- May 18: "Prep, Place, Profit: When Partial Coverage Wins." A full-day, hands-on course, with Dr. David R. Rice. (in-person)
- May 18: "Peer Review: Facts, Findings, and Dispelling Myths." Part of the ACD Mentoring Lecture Program, with Dr. Egidio Farone. (virtual)

Take advantage of Quality, Discounted Services through

# NYSDA Endorsed Services

## BANKING

**Bank of America**
800-932-2775
800-497-6076
*Practice Loans*

**US Bank**
888-327-2265
*Credit Card*

## FINANCIAL SERVICES

**CareCredit**
800-300-3046 (#5)
*Patient Financing*

**Altfest Personal Wealth Management**
888-525-8337
*Financial Planning*

**Best Card**
877-739-3952
*Credit Card Acceptance*

**TekCollect**
888-292-3530
*Collections*

**Laurel Road**
855-245-0989
*Student Loan Refinancing*

## INSURANCE SERVICES

**MLMIC**
800-683-7769
*Professional Liability Insurance*
*Bronx, Manhattan, Staten Island & Westchester*

888-263-2729
888-744-6729
*Brooklyn, Queens, Nassau & Suffolk Other Counties*

**Arthur Gallagher**
888-869-3535
*Other Business Insurance*

**Long-term Care**
844-355-2596
*Long-term Care Insurance*

## OTHER

**Henry Schein**
800-734-5561
*Electronic Prescribing*

**Prosites**
888-932-3644
*Website Development*

**SolmeteX**
800-216-5505
*Amalgam Recycling*

**Mercedes**
866-628-7232
*Luxury Vehicles*

**Lands' End**
800-490-6402
*Apparel for Staff*

**UPS**
800-636-2377
*Delivery Services*

**Travel Discounts**
www.nysdental.org
*Exclusive Travel Program*

**iCoreExchange**
888-810-7706
*Secure Email*

**The Dentists Supply Company**
888-253-1223
*Dental Supplies*

**Alliance Risk Group**
800-579-2911
*Background Screening*

NYSDA Support Services, Inc.

For further information about NYSDA Endorsed Programs, call Michael Herrmann at 800.255.2100

Component
# NEWS

## New York County *cont.*

- June 8: "New Insights into Current Orthodontic Practice: Investigational Studies of How and Why We Do What We Do." Moderated by Laurance Jerrold, D.D.S., J.D., ABO, FACD. (in-person)
- June 9: "Why Are Restorations Failing? Clenching? Grinding? Or is it an Airway Problem?" An evening lecture, with Layne Martin, D.D.S. (in-person)
- June 22: "Beginning with the End in Mind: Restoratively Driven Endodontics from Access to Restoration." A full-day, hands-on course, with Stephanie Tran, D.D.S. (in-person)

# Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering 20 True or False questions, all of which are based on articles that appear in this issue.

To complete the questionnaire, log onto the site provided below. All of those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSDA members.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdentalfoundation.org/course-catalog.html.

Click below

**ONLINE CE QUIZ**

**Diode Laser-Assisted Abscission and Low-Level Laser Therapy for Treatment of Mucocele**—Page 18-22

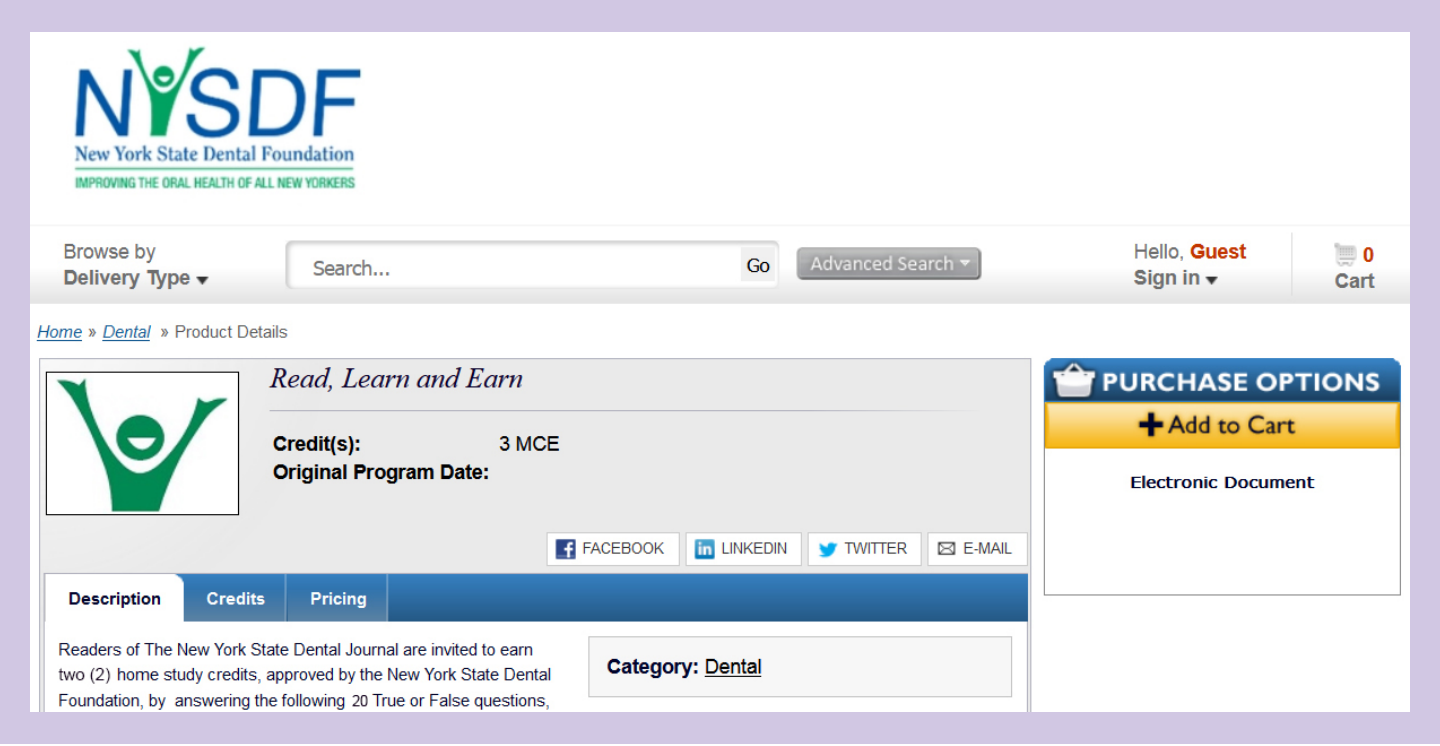
1. Mucoceles are benign minor salivary lesions of the oral mucosa.
   ❑ T or ❑ F
2. Trauma is never associated with the formation of mucoceles.
   ❑ T or ❑ F

**Visit our online portal for more....**

**White Sponge Nevus**—Page 24-26

1. White sponge nevus (WSN) is a rare autosomal dominant asymptomatic keratotic disorder.
   ❑ T or ❑ F
2. Inheritance is common with WSN.
   ❑ T or ❑ F

**Visit our online portal for more....**



## CLASSIFIED INFORMATION

**Online Rates** for 60-day posting of 150 words or less — can include photos/images online: Members: $200. Non-Members: $300. Corporate/Business Ads: $400. Classifieds will also appear in print during months when Journal is mailed: Jan, March and July.

## FOR SALE

**FLUSHING:** Dental office for sale. Well-equipped, well-established office located in modem office building in center of Chinese community. 4 operatories, 4 X-ray units. Practice ranging from orthodontic treatment to general dentistry to implant with all necessary instruments and equipment. Dentist retiring. Office sale/rent; price and property leasing price totally negotiable. Contact Kevin Xue, DMD, by phone: (917) 817-5460; or email: kevin.xue@yahoo.com.

**CAPITAL DISTRICT:** Fee-for-service practice for sale. Fully modernized in equipment, decor and support area. Dentrix software with stations thoughout office. Digital X-rays, 3Shape Trios scanner, four equipped operatories. Practice grosses $600K on three days/week. Experienced staff. Doctor willing to stay to introduce. Priced very competitively; time to retire. Building available to purchase. Inquiries to: JMK27150C@yahoo.com.

**MANHATTAN:** 100% fee-for-service general practice. Office approximately 1,200 square feet with 4 rooms plumbed in prestigious, "white gloved" building at 72 Street & Central Park West. Gross production: $784,655 (2021)/gross collections: $756,993. Overhead: 53%. Doctor produced $818/hour. Hygiene produced $413.58/hour on 2 days/week. On-demand implant surgeon $2,705/patient. Practice open 4 days /week. Doctor produced at only 57% capacity of available patient hours. Hygienist produced at 60.53% capacity. Inquiries to: docslik@icloud.com.

**CENTRAL ADIRONDACKS:** Nice, low-stress practice for sale. Been running practice with 2 employees using 2 operatories; third op could be added with very little remodeling. Asking for value of property and a little for existing equipment and supplies. Living and working inside Adirondack Park isn't for everyone, but unlimited outdoor activities make it very appealing for many. Made decision to live here 40+ years ago and never had any regrets. Content to stay a while but could wrap up my work in just weeks if someone wants to sit down and get to work. Send email for more information and answers to your questions. tlswilso@gmail.com.

**FINGER LAKES AREA:** Upstate NY. Heart of Finger Lakes home/office for sale. 5 operatories in 1,350-square-foot office. $650-750K/year. Full staff; 2 doctors each working 16 hours/week. Doctors refer out most specialty procedures; healthy new patient flow and excellent hygiene recall. Laptops in all operatories. Long-established practice with great reputation. Great tax advantages with home /office. Beautiful area; top school system; year-round activities. Will stay for transition if necessary. Contact: Justin Baumann, Transition Consultant, by phone (716) 266-9707; or email: jbaumann@ddsmatch.com.

**UPSTATE:** Charming, long-established, quality general practice located in gorgeous upstate NY. Turnkey opportunity has it all. Revenue near $1M; low overhead. Brand new equipment, including 2 Belmont chairs, NV laser, Dentrix/Dexus technology throughout. Steady stream of new patients. Robust hygiene department and prime location on busy main street. Seller refers out most specialty services, providing additional revenue potential for buyer keeping these services in-house. Standalone, 2,170-square-foot beautiful facility feels extra spacious with high ceilings and large windows. Four ops with room to expand 1 more if wanted. Additional 1,120 square feet of space has separate entrance and could be turned into dental lab, space for dental specialist or anything else. Plenty of onsite parking. Real estate for sale or lease. Flexible post-transition options available. Don't miss this exceptional opportunity. Contact Catherine Etters at Legacy Practice Transitions for details: atherine@LegacyPracticeTransitions.com or (610) 520-9677.

**WATERTOWN:** New opportunity. General dental practice grossing approximately $1M. Located north of Syracuse in Watertown, close to Thousand Islands. Practice has nine operatories with digital X-ray, CBCT, 3D printing and CEREC. Real estate also available. Please contact Sean Hudson at (585) 690-6858 or sean@hudsontransitions.com for more information. Listing #6130.

**NORTHEAST QUEENS:** Long-established general practice. Gross revenues over $600K. Fully computerized office including digital X-rays. Close to 700 active patients; mostly better PPOs, with 16 new patients/month. No Medicaid; no capitation. Bring your skills in social media marketing, implantology and Invisalign to supercharge growth. Great potential in stable neighborhood with street visibility. Priced very realistically for quick transition. Please contact ira@paragon.us.com; or call (516) 318-3900 for more information.

**CAYUGA COUNTY:** Long-established FFS general practice with revenues close to $900K on 3.5-day week. Over 1,200 active patients and close to 20 new patients/month. No Medicaid, capitation or PPO plans. Modern office including Conebeam, CEREC and fully computerized. Four treatment rooms with room for expansion. Over $250K annually in hygiene production. Doctor willing to stay for extended term to ensure transfer of patient population. Live in beautiful Finger Lakes region and earn exceptional living. Please contact ira@paragon.us.com or (516) 318-3900 for more information.

**MANHATTAN:** Co-op dental office for sale on Upper East Side. 2,000 square feet with large waiting room, 5 chairs, completely digital and networked. Private and lobby entrance. Across from Central Park on beautiful block. Close to public transportation and major teaching hospitals. Office can be converted to residential space. Contact for price or showing. Email: shmadg@aol.com; or call (917) 319-2343.

**BRONX:** 32-year-old, well-running, beautifully renovated office for sale in Co-op City. 3 operatories, lab, sterilization room. Digital X-ray and computer. No Medicaid, DMO, HMO. Call (718) 862-9232; please leave message.

**CICERO:** Well-established general practice in community's fastest growing suburb. Located in busy plaza with 1,460 square feet. Walking distance to area's largest high school, creating potential for significant growth. Four A-dec ops, sterilization center, new digital pan, Dentrix software and Dexis sensors. Doctor refers out most specialty procedures. Healthy new patient flow and patient base; accepting mix of insurances, plus FFS. Gross just under $700K. Contact Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY1677.

**KINGSTON:** High-producing practice in growing area less than 2 hours from NYC. Revenue $1.7M+. 5 operatories in standalone building which is also for sale. Digital, FFS and paperless with Dentrix. Equipment 6 years old. Perio associate one day/week. Seller will stay if needed. 15 new patients/month with dedicated staff. Contact Transition Sales Consultant Donna Bambrick by phone: (315) 430-0643; or email: Donna.bambrick@henryschein.com. #NY2560.

**GATEWAY TO FINGER LAKES:** Longstanding practice; original owner. Average collection for past three years—$255K. Open 4 mornings/week and 10 months/year. Excellent growth potential. 4 ops; low overhead and cost of living. Area is gateway to Finger Lakes region only five hours from New York City, great family living, hunting, fishing, hiking and skiing. For details contact Donna Bambrick by phone: (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

**WEST ISLIP:** Rare opportunity to purchase well-established general practice in highly desirable area of Suffolk County. Freestanding, home-style office on town's main street, very close to major hospital and medical offices. Equipped with five treatment rooms and one additional plumbed, along with intraoral camera and digital X-rays. Seller willing to sell real estate. Averages 36 hours/week and utilizes fee-for-service and insurance plans. Specialties referred out. Contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2483.

**AUBURN:** Productive, growing practice in quaint CNY community. Outright sale or available for associate leading to buy in. Located in village proper; $700K revenue. Dental office occupies 3,200 square feet of 5,530 square feet with four ops and one plumbed, not equipped. Large patient base and referring out

many specialty procedures. Real estate also for sale with rental apartment that brings additional revenue. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2624.

**BRONX:** 7-year-old facility with 1,400 square feet of office space and 4 fully equipped operatories. Turnkey; ground-floor. Completely digital and constructed in accordance with newest technologies. Starting January 2020, office open 5 days/week, with steady flow of new and existing patients. Closed March through May 2020 due to pandemic but recovered beautifully. Rent very reasonable for area at $2,025/month. 3 digital Gendex X-ray machines and digital Vatech panorex. Contact Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2678.

**CAPITAL DISTRICT:** Growing community close to downtown Albany on bus line; near major highways leading to NYC. Modern-feel office with four ops, Dentrix Ascend, Dexis, pan, Diode laser and more. Two full-time hygienists, along with valued team, working 4-days/week with systems in place and excellent collection policies. No HMOs or state insurance. Excellent opportunity for any dental entrepreneur. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com or call: (315) 430-0643. #NY2712.

**SOUTHERN OSWEGO:** Excellent GP opportunity. For sale or associate buy-in. Growing community 15 minutes north of Syracuse. Minutes from main highway. 4 fully equipped, up-to-date ops; new cabinetry and countertops. All equipment less than 10 years old. Paperless with Dentrix, Dexis, digital pan, intraoral cameras and CariVu. Open 3.5 days/week with 5 days of hygiene. 3-year average revenue $833K. Great staff will be staying. Standalone building with rental apartments also offered for sale or lease. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1541.

**NEW HARTFORD:** Turnkey, attractive general practice in growing community. 4 ops plus 1 additional. Open 4 days/week with one full-time hygienist. Eaglesoft, laser, CEREC and digital pan. On main bus route; high-traffic road with corner lot. 1,800-square-foot building also for sale. Room to expand. FFS, no state insurance. Patient base of 1,100 and revenue of $620K. Doctor will remain for 3 years if needed. For details contact Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1950.

**NASSAU COUNTY:** 5 ops in newly remodeled 1,600-square-foot suite in busy downtown area of diverse, urban community. Dentrix, digital X-rays and intraoral camera. 50 new patients/month and open 35 hours/week. PPO, Medicaid and some FFS and HMO. Specialties referred out. For details contact Henry Schein Professional Practice Transition Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2598.

**ADIRONDACKS:** Experience beauty of the outdoors. Busy general practice with 6 ops. Productive, strong practice and most procedures kept in-house. Dentrix, pan and new digital scanner. Building also for sale. For details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2640.

**BETWEEN UTICA AND SYRACUSE:** Well-established GP transitioning to retirement. 5-op productive practice with current average revenues of $750K. 60% FFS on 4-day week. Real estate for sale. 4,000 square feet in standalone building. Refers out all endo and ortho. Trios 3-color scanner, Amann Girrbach CAD/CAM unit, laser, cone beam and Open Dental management software. Great staff with full-time hygienist. Located in stable community. For details contact Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2755.

**GARDEN CITY:** Beautiful 4-op, 1,799-square-foot practice located in large multi-tenant professional building. Over 45 years of goodwill with top-end equipment, Dentrix software, digital X-ray and pan. Active patient count 2,800, working 25 hours/week. Room for growth as most specialties referred out. 2019 gross = $374K. 35% FFS and 65% insurance-based practice. Take over long-established practice with huge growth potential. For details contact Henry Schein Professional Practice Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2772.

**UTICA SUBURB:** 5 ops, designer A-dec cabinetry and equipment. Carestream sensors, intraoral cameras, digital Carestream scanner, Nomad handheld X-ray unit, Isolite units built into delivery systems. Strong hygiene program with trained, committed staff. Main street location, walkable to restaurants, surrounded by businesses. Real estate for sale at reasonable price. Four-day work week. Highly productive; no insurance participation but assists patients with reimbursement. For details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2810.

**NASSAU COUNTY:** Well-established GP office for sale in desirable area. Large, 1,630-square-foot space with 3 ops and 1 additional plumbed with cabinets. Seller retiring but will do introduction transition for determined time frame to be discussed. PPO/FFS practice for past 30 years. Most difficult specialty treatment referred out so huge growth opportunity. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2848.

**BROOKLYN:** 2-operatory general practice in Mill Basin. Very busy practice. All new computers utilizing Dentrix software. Loyal staff will stay on with new owner. PPO practice. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2903.

**STATEN ISLAND:** Wonderful family practice in well-designed, 2-op office with 3rd op plumbed. Digital X-rays, intraoral camera and Dentrix. Beautiful 3,700-square-foot property for sale with two-story 1,800-squre-foot office and patient-friendly, open-air area. High visibility neighborhood with easy access off main highway. Mix of FFS/PPO with $287K gross on 28 hours/week. Great potential for more days with additional procedures kept in-house. Contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY311.

**FOREST HILLS:** Queens general practice in popular neighborhood with diverse urban community. Office features 1,600-square-foot space with three equipped treatment rooms, digital X-rays and utilizes Dentrix software. Plans include PPO, Medicaid, plus FFS and small amounts of indemnity plans. Contact Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2841.

**SUFFOLK COUNTY:** Mature private GP practice at desirable, suburban downtown village location. Open 26-30 hours/week with 3 operatories and 1,000 square feet. Selling dentist referring out all specialty services. For details contact Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY280.

**NEW YORK AREA:** Endo practice with 4 ops. Well-equipped with up-to-date technology and equipment. Great location in standalone beautiful building with long-term lease available to buyer. For details contact Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2908.

**NASSAU COUNTY:** Well-established general practice with focus on prosthetics and cosmetics located in standalone building in thriving community. Practice has three ops in 1,200 square feet with room for expansion. Gross collections $2.2M. Strong full-time hygiene program averaging 25 new patients/month. Dedicated and loyal staff. All equipment has been updated or replaced. Great opportunity with seller willing to stay for agreed-upon transition period. To find out more, contact Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY2930.

**LIVERPOOL:** Grads, make an offer. Located in North Syracuse. Six (6) ops with Pelton & Crane and 1 X-ray room with pan, Dexis, and ScanX. Insurance practice. Professional building with parking. Working 4 days per week. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315)430-0643; or email: donna.bambrick@henryschein.com. #NY2887.

**CAPITAL DISTRICT:** Historic brownstone with six-car parking lot and ample street parking. Close access to highways. General dental practice on first floor with 3 rental units above. New windows throughout. Three operatories equipped with Dentrix and digital X-rays. Grosses $500K on 4-day week. Very organized and meticulously clean. Walk-in ready practice can grow and flourish with little effort. Asking $348K for practice and $575K for building. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315)430-0643; or email: donna.bambrick@henryschein.com. #NY2900.

**ERIE COUNTY:** Located on busy road, surrounded by established residential population and beautiful town. Three-op digital practice, well-positioned for future growth with $307K gross revenue. Practice has crown and bridge, restorative and preventative focus. Some specialties referred out. Practice has strong patient base and mixed PPO. Real estate next to practice owned by seller and for sale with practice. To discuss, contact Brian Whalen at (716) 913-2632, or by email: brian.whalen@henryschein.com. #NY1648

**ITHACA NY:** General dental practice including property available for sale. Just under an acre in beautiful country setting but only minutes from Cornell University and Ithaca College. 1,900-square-foot, handicap-accessible practice has three operatories with digital X-ray. Plenty of onsite parking. Established practice of 33 years has outstanding reputation with 1,960 active patients. Owner needs to retire due to health reasons. Long-term employees include one full-time and one part-time Hygienist. Full-time dental assistant and office manager. Over $650K in annual collections. No brokers please. Inquiries to: valleydesign88@gmail.com.

**SCARSDALE:** Eastchester. Office for sale or rent. Available 1-5 days/week. 2 operatories plus 1 unfurnished. Conventional-style office with low rent. Would also consider outright sale. Negotiable. Call (914) 777-8218; or email: shunzo3@live.com.

**LOWER WESTCHESTER:** 2-office general practice for sale. Locations in Larchmont and Bronxville. Can separate. $500K gross last 3 years with 30-hour week and 10 weeks vacation. Doing only implant restoration, C&B and hygiene. No endo, perio or oral surgery. 2,000 active patients. Only PPO and FFS; no DMOs. Each office can easily be expanded to full time. Larchmont: 800 square feet with 2 ops; can add 1 additional. Bronxville: 1,200 square feet with 3 ops; can add another op. Real estate available. Contact for details: esr77@optonline.net.

**BROOKLYN:** Profitable dental practice new to market. Excellent opportunity. Full-mouth rehabilitation practice ideal for general or specialty dentist due to keeping high level of specialty work inhouse. Having practiced in community for 40 years, current doctor interested in transitioning to retirement. Unique opportunity with large gross and low work hours; current doctor working only 40 hours/month. Collections $1.9M & EBITDA $615K. 9 total operatories; expansion an option with two additional ops plumbed and ready. Great location. Doctor open to selling real estate. To learn more, contact Professional Transition Strategies: kaile@professionaltransition.com; or call: (719) 694-8320. More details here: https://professionaltransition.com/properties-list/brooklyn-ny-dental-practice-for-sale.

**NORTHERN NEW YORK:** Excellent GP opportunity. Well-established family practice transitioning to retirement. Located minutes from Canada and short drive to Adirondacks. Abundant family outdoor activities: skiing (water and snow), fishing (Bassmaster's), hiking, mountains, and hunting. Successful privately owned dental practice, owned by current, practicing dentist. Full support administrative staff, dental assistants and full-time hygienists. Pleasant working conditions, great salary, exceptional staff and many valued patients. Great opportunity for outdoor enthusiast with family to establish dental career with successful future. We will work beside you to help ensure your success. Once-in-a-lifetime opportunity for new graduate or experienced dentist looking to take advantage of great outdoors. We look forward to talking with you. All correspondence confidential. Remember: there's no commitment to inquire. Please contact frontoffice@drcarlscruggs.com; or call (315) 769-5811.

**BROOKLYN:** Mill Basin/Georgetown. Ground-floor office with windows all around in desirable location with high visibility. Located opposite active shopping center. Fee-for-service 3-op office with room to expand. Grossing $850K on 25-hour week. Refers out all surgery, endo, ortho and perio. Option to purchase semi-detached building with 2 rental apartments above office. Contact owner Dr. K for more info: ralphav@aol.com.

**NEW YORK PRACTICES FOR SALE BY JIM KASPER ASSOCIATES:**

• **CAPITAL DISTRICT:** Well-established 6-op office located along well-traveled route. Strong hygiene department with many procedures referred out. $1.3M collections in 2021; can do more. Great opportunity for owner/operator or investor. Available with real estate. NY 2180.

• **ADIRONDACKS:** Premier solo practice. Fee-for-service solo general practice. Modern and well managed, with solid hygiene recall. Grossing $1,4M; netting owner $650K on 4.5-day week. 6 ops with 2 additional plumbed rooms. Great opportunity for one or two doctors. NY2181.

• **CAPITAL DISTRICT:** FFS practice. Modern, custom-designed office with 6 ops and super-strong hygiene program. Grossing $930K; netting owner $467K on 4-day week. Busy area located less than 1 min to I-90 and 10 minutes to downtown Albany. Available with or without real estate. NY 2199.

**Contact Jim Kasper Associates by phone (603) 355-2260; or email:** info@jimkasper.com

**SUFFOLK COUNTY:** Four-operatory modern general practice in medical office complex. Fully digital with PMS, intraoral and Panorex. Refer most specialties. FFS and PPO. Grosses $487K. For more information contact Scott Firestone by phone: (516) 459-9258; or email: scott.firestone@henryschein.com.

**QUEENS COUNTY:** Four-operatory general practice in storefront office on main street. Fully digital PMS and X-rays. Refer most specialties. FFS and PPO. Grosses $700K. Real estate available. For more information contact Scott Firestone by phone: (516) 459-9258; or email: scott.firestone@henryschein.com.

**VERMONT PRACTICES FOR SALE BY JIM KASPER ASSOCIATES:**

• BURLINGTON AREA: Established practice is a true gem. Custom-designed and well-appointed 5-op practice generating $1.45M gross on 3-day week. Every office detail has been given extensive thought with goal of providing best patient treatment. Great opportunity for dentist to live in area that offers amenities and recreation with both Burlington and Stowe close by. VT-2163.
• Extraordinary Fee-for-Service Private Practice: Revenues consistently over $1.8M annually and nets well. Excellent management systems in place; well-trained staff and 9 treatment rooms. Hygiene generates $1.M annually. Many specialty procedures referred out. Financing package available from lender for qualified buyers. VT-2202
• Modern Well-Appointed Office: 6 ops; abundant new patient flow; full schedule and hygiene department. Grossing $962K on 4-day week. Many procedures referred out. High-visibility location on major thoroughfare. Every amenity nearby including some of Vermont's best skiing. VT-2183.

**Contact Jim Kasper Associates by phone:** (603) 355-2260; or email: info@jimkasper.com.

## FOR RENT

**ROCKLAND COUNTY:** Take over my leased office space; rent or purchase opportunity. Rare find. State-of-the-art, modern, 4-chair, fully furnished private office is turnkey. Freshly renovated 1,500-square-foot practice includes brand new major equipment. Office highly visible with plenty of parking. Whether you're looking for space to move and expand your existing practice OR seeking to purchase full patient-included practice with all amenities, this is opportunity you won't want to miss. Contact: r.countydental@gmail.com.

**MIDTOWN MANHATTAN:** Newly decorated office with windowed operatory for rent FT/PT. Pelton Crane equipment, massage chair, front desk space available, shared private office, concierge, congenial environment. Best location on 46th Street between Madison Avenue and 5th Avenue. Please call or email: (212) 371-1999; karenjtj@aol.com.

**MIDTOWN MANHATTAN:** Remarkable opportunity. Madison at 49th Street. Office available for long-term lease. Fully built out, equipped and furnished office. Approximately 1,850 useable square feet with 5 fully equipped ops, 2 private offices (1 plumbed for equipment), reception area, front desk area, small lab, storage and staff area. New lease to be negotiated with landlord. For someone looking for larger space, this is ideal opportunity to basically start work on day one and then update as you like. My lease expired after 32 years and I am transitioning into another opportunity. Can leave equipment and furniture or remove as you like. If you are thinking of building new office, all walls, water, air, oxygen and nitrous lines are already in place. You know how much in construction costs that can save. Space available after April 1, 2022. For photos or questions, email: midtowndmd2@gmail.com.

**WHITE PLAINS:** Dental op for rent in modern, beautiful 4-chair office with pan and ceph units. Free parking in center of White Plains. Very accessible to public transport (Metro North and buses). Open to rental by specialist or GP. Rent negotiable. Inquiries to: 21eh1997@gmail.com.

**SCARSDALE:** Eastchester. Office for rent 1-5 days/week. 2 operatories plus 1 unfurnished. Conventional-style office with low rent. Would also consider outright sale. Negotiable. Call (914) 777-8218; or email: shunzo3@live.com.

**BROOKLYN:** Dental office for rent. 1,500-square-foot private house. Modern 3 operatories, large waiting room, separate office, lounge and lab. Central air, alarm system and basement for storage. Near public transportation. For details, email: Jamders@aol.com; or call (917) 697-0671.

**MANHATTAN:** Dental op for rent. Excellent location at 30 Central Park South, with highest billing zip code for insurances: 10019. 24-hour doorman building. Convenient transportation. Fully equipped, modern, digital X-rays by Dexis, Eaglesoft patient management software, paperless office, intraoral camera. Inquiries by email: pedalat@gmail.com.

**SUFFOLK COUNTY:** Located in heart of Huntington. 1,000-square-foot move-in ready ground-floor space. Former longstanding dental office in business over 20 years. Office configured with waiting area, three exam rooms, bathroom, kitchen and basement for storage. Parking available on site, along with huge municipal lot next door. Wonderful opportunity to open your practice in one of most vibrant and bustling towns on Long Island. Contact Nick Dionisiou at (917) 686-8064; email: nick.dionisiou@compass.com.

**BROOKLYN:** Fully operational dental office with 4 chairs, 4 fully furnished ops and reception area. All brand new. Please contact me for photos. Located at 1647 Ralph Avenue, Brooklyn. $6,000/month. Contact: ronnywiniarsky@gmail.com; or call (718) 421-0758.

**GARDEN CITY:** Dental office for rent to share at 601 Franklin Boulevard. 1+ chairs available Fridays and Saturdays. Plenty of onsite parking space. CT machine also available. Starting price $500/day, but negotiable depending on number of days. If interested please email: LIDG601@gmail.com.

**MANHATTAN:** Dental treatment room for rent or practice for purchase. A++ building on 57th Street between 5th Ave and Avenue of the Americas. Most central location in Manhattan. Stylish office available two days/week or practice available for purchase. Serious interest only. In your response kindly let me know if you are GP or specialist, and number of years in practice. Email: RBaer2020@gmail.com or call/text: (917) 658-8680.

## SERVICES

**DENTAL LEGAL SERVICES:** Whether you are a dentist purchasing or selling dental practice, buying, selling, or leasing office space, employment matters, partnership agreements or litigation, the Law Office of Alan C. Stein, PC, will zealously advocate for your rights. With over 25 years of legal experience in dental transactions, the Law Office of Alan C. Stein can handle the most complex of dental transactions to the most basic. "I'm not just married to a dentist……I live dentistry!" Zoom and in-person appointments available. Offices in Woodbury & Southampton, NY. Call the most trusted law firm for dentists today for your free consultation: (516) 932-1800 Find us online at: www.dentalattorney.net.

## EQUIPMENT FOR SALE

**FOR SALE IN NYC AREA:** Priced right and ready for shipment, including: Itero Element II; Dexis Sensors; X-Ray units including Pan/Ceph; Dual Head Compressor and Suction, plus more. Please contact for info and prices: (917) 319-2343; or email: shmadg@aol.com.

## OPPORTUNITIES AVAILABLE

**MOUNT KISCO:** Seeking associate general dentist. Michele Leone-Renne, PC, has been in her Mount Kisco location for 10 years. Her comprehensive, growing general dentistry practice seeks associate to join her team. We value each of our loyal patients and look for team member who is motivated, values quality of care given and provides high level of dentistry. Seeking associate to run practice as if it were their own with opportunity to assume ownership in future. Please send resume and cover letter via email: mleone-rennedds@hotmail.com.

**SARATOGA COUNTY:** Busy, multi-specialty office seeks specialists. Modern office in Saratoga County looking for Endodontist, Oral Surgeon and Periodontist associates. We provide full benefits and relocation costs. Earn up to $400K per year while you receive full employment benefits. Partnership opportunity available. All levels of experience are welcomed to apply. Send resume to drneda@hotmail.com.

**MIDTOWN MANHATTAN:** Dentist opportunity available in beautiful Midtown location. If you have small practice and want to grow it stress-free without any rent, overhead or staffing issues, then send your resume so we can speak. Well-established, organized business systems with great trained staff to help you grow. Or, if you have established practice and want new modern office to share overhead and continue your career, please get in touch. Email: drk@nycsmilespa.com.

**UPSTATE:** Well-established, quality, general dentistry practice seeking qualified associate for 2 days. Production-based compensation. Position has potential to transition into full-time employment and possible partnership. Candidates must possess all licenses to practice in New York State. Minimum experience to include competency in restorative, endodontic, prosthodontics and oral surgery. If interested, please send your resume to Michelle at mkowalczyk@queensburysmiles.com.

**AUBURN:** Productive, growing practice in quaint CNY community. Outright sale or available for associate leading to buy in. Located in village proper with $700K revenue. Dental office occupies 3,200 square feet of 5,530 square feet with four ops and one plumbed, not equipped. Large patient base and referring out many specialty procedures. Real estate also for sale with rental apartment that brings additional revenue. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2624.

**WESTERN NEW YORK:** The Chautauqua Center, a Community Health Center located in WNY nearby Lake Erie and Chautauqua Lake, is hiring in both new offices in Jamestown and Dunkirk as we continue to expand. We offer variety of services and are truly unique health center, including primary care, dental, behavioral health, nutritional care, chiropractic care, an in-house pharmacy and more. We also offer student loan repayment programs (e.g., $100k for 3-year commitment) to employees that many licensed staff receive. Numerous other benefits including staff appreciation days, malpractice including tail coverage, manageable caseloads, licensure coverage, 403b retirement including matching funds to name a few. Some of our main focuses are work-life balance and flexible schedules (4-day workweeks). If you would like to learn more about the good work we're doing in Chautauqua County, such as offering veggie prescriptions to patients, prescriptions for play, launching health and wellness program, etc., we are happy to speak with you. Contact: aekstrom@thechautauquacenter.org.

**BRONX:** Seeking Periodontist for well-established, busy, multi-specialty state-of-the-art practice 2-3 days/month in FFS office. Many implant cases with excellent fees. Come join great team with experienced, caring staff. Call us at (718) 654-2320; ask for Rosette. Email resume to: williamsbridgedental@gmail.com.

**WATERTOWN:** Seeking motivated general dentist to join very busy, dynamic team. Our private practice has been committed to providing best oral health care for patients in greater Central/Upstate New York area. We offer our full range of general dentistry and specialty care, including pediatric dentistry. Position offers generous compensation of 40% of collections and benefit package, including: medical professional liability insurance, life and disability insurance; 401(k) with employer match; 3 weeks paid vacation; and continuing education allowance. Doctors enjoy traditional doctor-patient relationship while practicing in fun, enthusiastic, progressive team environment that offers opportunity to discuss clinical cases with peers and support for professional/group development and growth. Partnership and ownership opportunities available for the right candidates. NYS dental license required. Email: cammierdh@hotmail.com; or call: (315) 771-6513.

**LONG ISLAND:** Seeking General Dentist. Growing FFS/PPO practice looking for experienced general dentist interested in providing broad scope chairside dentistry. Beautiful modern practice. Ideal candidate is skilled dentist who wants to deliver exceptional experience to patients. Competitive compensation and generous benefits package offered. We provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. Apply today. Contact: tiffany@thesmilist.com.


## INDEX TO ADVERTISERS

# Management of Wisdom Teeth

NYSS OMS
NEW YORK STATE SOCIETY of Oral and Maxillofacial Surgeons

Anesthesia
Dental Implant Surgery
Wisdom Teeth Management
Extractions and Other Oral Surgeries
Facial Injury / Trauma Surgery
Oral, Head and Neck Pathology
Corrective Jaw Surgery
Obstructive Sleep Apnea (OSA)
Facial Cosmetic Surgery
Cleft Lip/Palate and Craniofacial Surgery
TMJ and Facial Pain

## When should you consult an oral and maxillofacial surgeon (OMS) about third molars?

Because complications increase dramatically with age, all third molars should be evaluated each year for potential problems. When warranted, they can be removed in the OMS office using safe and appropriate anesthesia. Visit MyOMS.org for more information.

AAOMS

Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

MyOMS.org

ACCOUNTABILITY
DEDICATION
INSPIRATION

# PAUL LEARY

FOR ADA PRESIDENT-ELECT

# DENTISTRY IS OUR PROFESSION

I promise to lead and represent our members with passion for our profession. My desire to serve is built into my DNA. I look forward to meeting you all and earning your support for my campaign to be your ADA President-Elect.

## ACCOUNTABILITY

As an organization, we must hold ourselves accountable.

## DEDICATION

Dedication has defined me throughout my career.
It is my guiding principle.

## INSPIRATION

As a leader, I strive to inspire our youngest generation of professionals. I have spent time with our future, and their energy invigorates me.

To support the campaign, visit **nysdental.org/adahod.**

2022