

THE DENTAL SOCIETY OF GREATER ORLANDO

Journal

FALL 2019

Featured Article

HIPAA
COMPLIANCE
REVIEW

Health

FDA WELL-BEING
PROGRAM OFFERS
CONFIDENTIAL HELP

President's Message

BE INVOLVED
& ENGAGE

IMAGING
BENEFITS

*for Diagnosing
TMD Pathology*

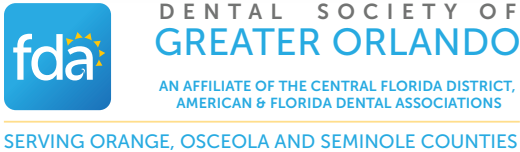
Dental Society of Greater Orlando



Present
Dr. Charles Blair
Friday, January 31, 2020

“STAY OUT OF JAIL: AVOID CODING
ERRORS AND EXCEL IN INSURANCE
ADMINISTRATION”

Dr. Charles Blair is dentistry’s leading authority on insurance coding strategies, fee positioning and strategic planning. He has individually consulted with thousands of practices, helping them identify and implement new strategies for increasing legitimate reimbursement. Dr. Blair’s extensive background and expertise makes him uniquely qualified to share his wealth of knowledge with the dental profession. A widely-read and highly-respected author and publisher, he currently offers several publications, Coding with Confidence, Administration with Confidence, Medical Dental Cross Coding with Confidence and the Insurance Solutions Newsletter. Also, through his expertise, he founded www.practicebooster.com which optimizes insurance administration and aids in maximizing reimbursement. He holds degrees in Accounting, Business Administration, Mathematics and Dental Surgery.



REGISTRATION FORM

Charles Blair, DDS

“STAY OUT OF JAIL: AVOID CODING ERRORS AND
EXCEL IN INSURANCE ADMINISTRATION”

When: Friday, January 31, 2020; 9 a.m. - 4 p.m.
Where: Alfond Inn 300 East New England Avenue, Winter Park, FL 32789
Breakfast and lunch included, \$10 valet parking

Doctors Name _____
☐ DDS ☐ DMD License Number _____
Phone _____ Email _____

_____ DSGO Member Pre-Paid	\$0	
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The Dental Society of Greater Orlando
Mission Statement
HELPING GREATER ORLANDO MEMBERS SUCCEED
Vision
GREATER ORLANDO'S ADVOCATE FOR ORAL HEALTH



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WELCOME NEW MEMBERS

Dr. Eliana Grady
2132 Monican Trail
Maitland, FL 32751
(352) 262-4459

Dr. Laura Gart
610 North Mills Ave.
Orlando, FL 32803
(847) 323-8628

Dr. Anne Nguyen
7051 Dr. Phillips Blvd #10
Orlando, FL 32819
(407) 345-1442

Dr. John Constantine
2231 HWY 44 #101
Inverness, FL 34453
(727) 492-5418

Dr. Ludmils Antonos
7352 Stonerock Circle Ste A
Orlando, FL 32819
(407) 351-0575

Dr. Ryan Huhn
1100 S. Orange Ave.
Orlando, FL 32806
(407) 422-6281

Dr. Carolyn Nguyen
1204 E. Concord St.
Orlando, FL 32803
(407) 896-3393

Dr. Tara Fenn
610 North Mills Ave. Ste 200
Orlando, FL 32803
(407) 674-8770

Dr. Elizabeta Cokovska
13250 Narcoossee Rd. Ste 130
Orlando, FL 32827
(407) 753-4743

2019 MEMBERSHIP MEETING



Dr. Eliana Grady, Dr. Keren Castellucci, Dr. Bernie Kahn and Jackie Burt McDonough



Dr. Nic White Speaker



Marlinda Fulton, CFDDA Executive Director, Dr. Dan Crofton and Dr. Laura Gart



Yvonne Coleman, Dr. Bob Pellarin and Dr. Pete Lemieux

Be Involved and Engage

This year marks my 25th year in Orlando and in private practice. It also marks my 25th year as a member of the Dental Society of Greater Orlando and it is my absolute honor and privilege to serve you and this Society as President.

While I am very proud of my 25-year membership in the DSGO, CFDDA, FDA and ADA, there are sadly those that may look at it, shrug their shoulders and question why. I believe we all understand the effect student loan debt and involvement in corporate dental models may contribute to that apathy. In addition, today's world of Information and Communication Technology (ICT) makes it easy to cocoon one's self in our own personal dental world. Gone are the days of having to leave our practices and travel for continuing education. But with this "benefit" from ICT and the apathy stemming from student loan debt and involvement in some corporate dental models, there lies an unmistakable detriment. That detriment is disengagement. Disengagement from attending meetings, disengagement from forging collegial relationships, disengagement from finding a mentor, disengagement from establishing and maintaining a strong dental community.

With dentistry's ever-changing landscape and continual threats, it has never been more important to be involved and engaged. Involve yourself with organized dentistry and engage those colleagues who do not yet know the benefits of membership. The success of our first ever FLA-MOM event in Orlando earlier this year is a testament to our power and abil-



ity when we work together. Once again, we find ourselves looking at legislation for licensure of dental therapists. Tele-dentistry has crept its way into our state in a manner none of us are comfortable with. We all need to work together to stop these threats.

Our voice is loudest and our strength greatest when we come together through membership and support of organized dentistry. We owe it to ourselves and most importantly, we owe it to the patients that we serve and care for. If you are reading this, I know you are more than likely part of the solution...you are already involved and hopefully engaged. Thank you! I simply ask of you to engage a little further and help enlighten those that shrug their shoulders when they consider membership in organized dentistry.

Before I sign off on my first President's Message, I would like to inform you of a change to our membership meeting date. This year you will note and be reminded of a move to Thursday nights for our membership meetings. Please pay close attention to your meet-

ing notices as this will be in effect for all membership meetings with the exception of Monday, October 21st, 2019. Interesting speakers and topics are slated for our membership meetings so please plan on attending.

Also, our CE Meeting will be **Friday, January 31, 2020** at the Alford Inn. Our guest speaker will be **Dr. Charles Blair** who is an expert in dental practice profitability and productivity. His lecture topic will be **Stay out of Jail: Avoid Coding Errors and Excel in Insurance Administration**. This lecture is ideal for the entire dental team.

Lastly, I would like to thank and congratulate our Immediate Past-President, Dr. Jason Battle and his Board of Directors for a successful 2018-2019 term serving you and our Dental Society of Greater Orlando.

Smiles Always,
Charlie



Dr. CHARLIE Bertot
DSGO PRESIDENT

2019-2020

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drbertot@ibrushteeth.com



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EDITOR'S MESSAGE

Change IS IN THE AIR

Happy Autumn to everyone! As summer vacations end and our children go back to school, we now have time to focus on our practices and making a difference in our patients' lives. I have been on a continuing education whirlwind these last few months, and I would like to share what was relayed.

Technology is in the forefront of our practices. Most would agree going back to peg board accounting, although some may still use it, would not be the most efficient course of action. Computers and imaging have greatly transformed our lives as well as those of our patients. Implant placement and treatment planning for complex cases are more predicable using technology.

Technology was highlighted at the Spear Summit 2019 in Scottsdale, AZ, in September. We had the pleasure of listening to Katja Nelson, D.D.S., Ph.D., at the Spear Summit 2019. She is a full professor of Oral Surgery and chair of the Department of Translational Implantology at the University of Freiburg in Germany. She was speaking about guided implant surgery on full arches. She stated that their research indicates the guides could be off by 1 mm by the time you scan, stitch, and merge with the CBCT.

Nazariy Mykhaylyuk, D.D.S., is a practicing dentist from the Ukraine and CEO of Microvision Group and DentalXP expert. Dr. Mykhaylyuk lectured both at the Spear Summit and lectured a

full day at the Florida Academy of Cosmetic Dentistry last month in Orlando. His presentation was on comparing the accuracy of analog, or traditional, impression technique vs. digital scanning technique. He has moved into the digital world with microscope and digital scans. Minimally Invasive dentistry was completed under the microscope to conserve tooth structure. He has the same philosophy as dentists in most other countries: conservation of tooth structure is paramount. His patients looked like runway models with teeth that needed restorative dentistry before they sought treatment at his office. His patients did not always pick bleach white for color.

Dentsply Sirona also presented at the Summit and will be unveiling Primescan at Dentsply Sirona World this month. Primescan may be the closest digital scanning technology has come in reaching the accuracy of a well-done analog impression. Current research still places well-done impressions as having greater accuracy than all digital scans. But, as technology improves, this may change soon.

Lou Berman, D.D.S., a practicing dentist, associate professor at University of Maryland, and senior author for the chapter on diagnosis in the ninth, tenth, and current eleventh editions of the leading endodontics textbook, Cohen's Pathways of the Pulp, of which he is also the co-editor, lectured on root fractures and diagnosis at the Spear Summit. He

found that clinical judgment, combined with 3D technology, enhanced clinical outcome. No one would argue that 3D imaging increases the success of endodontic treatment.

Lastly, Frank Spear, D.D.S., and Dave Matthews, D.D.S., his periodontist, reviewed several cases of patients they had been treating for over 40 years. When dental implants were placed and restored in lieu of saving the teeth, the dental Implants did not always give the best clinical outcomes, based on the amount of the remaining bone. Several cases demonstrated that not extracting "presumed guarded to hopeless" teeth led to better esthetics. I am grateful to all the research and independent studies that are done every year to allow us to make the best informed, educated decisions to increase our clinical outcomes for our patients.



EDITOR
Mary R. Isaacs,
D.M.D., F.A.G.D.

Dear DSGO Members,

The Dental Placement Service is in a year long process of revamping the manner in which we reach out to candidates and practices. The sub list has been antiquated for quite some time. We are still utilizing it as in, we are still keeping a short list of candidates on the list to send out to those who call, but it remains rough at best. It has become more and more difficult to maintain a list of candidates for any length of time who maintain a consistent phone number and email address. We have candidates who do not clean out their voice mail box and do not answer calls. Our struggle is to find candidates for our members who are available, having a working phone number and email address, with great work ethic. Please know that we are right there with you in this as we work to ensure the Dental Placement Service is a service that works for everyone involved.

With that being said, the list of substitutes that we maintain will eventually disappear. When a practice calls needing a substitute we now have a few avenues to reach out to them for you. For instance, Dr. Ferguson called last week needing a substitute, We typed up what she was looking for and sent it out to the candidates via text, email and social media and she had someone coming in within 10 minutes. It is working!

We have been working with a Dental Recruiter, Frank Spalla for about 10 months on developing a database called TransForma. To put it into terms that we all understand, it is likened to a Dental LinkedIn. We currently have nearly 800 dental professionals in the database. Once we reach 1000 we will be going live to our member dentists here at DSGO. This means our member dentists will make a profile so that whenever we are not sitting at our desks Monday-Thursday you will be able to log in and search for staff and substitutes yourselves.

Within TransForma there is a message (chat box) so you will be able to reach out to them immediately with immediate results. When we are here, you may still call and we will reach out to them. This will remain a member benefit to you.

We said all of that to say, the substitute list will soon be a thing of the past. This transition is difficult for some of us without email or internet in the dental practice, but please rest assured that you may still reach out via phone and we will assist you to the best of our abilities. This change is necessary for all of us. Thank you for your support.

Kelly Millett
Dental Placement Service
Membership Liaison
Dental Society of Greater Orlando



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OR Complete and fax back to 407-898-1547:

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Circle: Dentist / Assistant / Hygienist / General

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VOLUNTARY DENTAL WORKFORCE SURVEY NO LONGER PROTECTED BY PUBLIC RECORDS EXEMPTION



The dental workforce survey is **NOT** mandatory.

This past session, the Legislature decided not to reinstate the public records exemption for the dental workforce survey. This means if someone requests a copy of the dental workforce surveys, the Department of Health (DOH) is not required to maintain the anonymity of the respondents' personal identifying information and responses to the survey.

The dental workforce survey is **NOT** mandatory.

During dental licensure renewal, dentists and dental hygienists are given the opportunity to complete a voluntary dental workforce survey, which collects information to better understand the dental workforce in Florida.

The information gathered by this survey is compiled by the DOH to provide an overview of the responses from the survey. When the dental workforce survey began in 2009, the FDA passed legislation to make sure any personal identifying information provided by respondents was protected from public records requests. **This protection has been removed.**

Remembering Paulina “Polly” Podmore

Paulina “Polly” Podmore (Nee Hobbs), a longtime resident of Gainesville, Florida, died peacefully at home on September 5, 2019. Born in 1926 in Medford, MA Polly grew up in the Boston area the only child of parents Edithia (Nana) and F.W. (Ted) Hobbs.

After graduating from high school at the young age 16, Polly went on to graduate from Kathleen Dell Business School in 1943 and attended Bentley School of Accounting and Finance part time from 1944-5. She moved to Florida in 1945 to work for Florida Foods Corporation (which later became Minute Maid Corporation), at a time when the company was first developing frozen orange juice concentrate. She met her husband, Clark Podmore at Minute Maid and worked there until 1951, prior to the birth of her first daughter. Polly worked part time in bookkeeping while her daughters were young and returned to work outside the home in 1963 in several administrative and bookkeeping positions in the dental industry. She retired at the age of 70 from her position as the Executive Secretary of the Orlando Dental Society and of the Central District Dental Association.

After her retirement, Polly enrolled in the Florida School of

Massage, making her one of the oldest students to ever pursue massage education. She graduated with her certificate in Massage & Hydrotherapy, passing the Florida licensure exam and receiving her massage license in 1997. Although Polly never created a massage practice, her friends benefited from her healing touch, and her connection with the massage school led to a part time position there in bookkeeping, which continued in one capacity or another until just a few months before her death.



Family was always central to Polly's life. Her three daughters, Lee, Patty & Diane, were just the start. She “adopted” daughters in the course of her life, including Judy (Genton) Kennedy, who came to live with the family in 1969, and Jeanne (Crumlich) Bossa. The birth of her only granddaughter, Alicia, to her daughter Patty in 1987 was a big highlight for her.

Also near and dear to Polly's heart were her volunteer activities. She was a very active volunteer for Ronald McDonald house in Gainesville for many years, continuing to do projects for them from home until her passing. Also very important to Polly was her involvement with the United Church of Gainesville where she served on various committees over the years.

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Starting with aesthetic guidelines and smile design, this course will allow participants to learn and practice tooth preparation designs for resin-bonded restorations. These range from bonded laminate veneers to inlays/onlays/overlays and resin-bonded bridges. Participants will then scan their preparations with an intraoral scanner. Selection of the most appropriate ceramic materials based on scientific information on optical and physical properties as well patient's individual needs will be discussed and explained. Participants will learn how to sinter, process, and finish different ceramic materials. Cementation and bonding protocols for ceramics are not universal and have to be adapted to the specific ceramic material selection in any given clinical situation. Participants will apply and practice different cementation and bonding protocols for various indications and materials in a step-by-step manner.

This 3-day course will provide a comprehensive didactic and practical hands-on experience on the latest restorative treatment options, technologies, concepts, and materials in a personalized environment.

PROGRAM DETAILS

DATE: November 15 - 17, 2019

TUITION: \$1,995 USD CE: 30

LOCATION: Sakr Dental Arts: 254
Semoran Commerce Place, Apopka, FL

INSTRUCTORS: Dr. Markus Blatz,
Dr. Julian Conejo, Dr. Bobby Birdi,
Dr. Sundeep Rawal

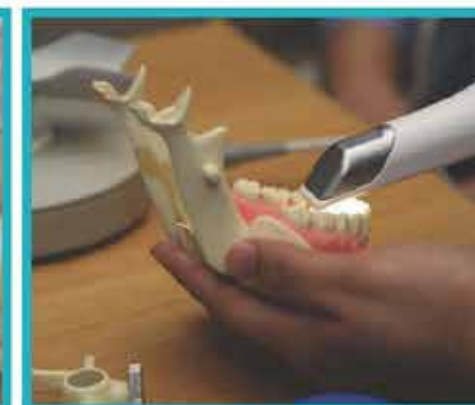


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INSTRUCTORS



Dr. Markus Blatz
DMD, PhD



Dr. Julian Conejo
DDS, MSc



Dr. Bobby Birdi
DMD, Dip. Perio,
Dip. Pros, MSc,
FRCD(C), FACP,
DABP



Dr. Sundeep Rawal
DMD, Cert. Pros

PROUD PARTNERS



PROGRAM AGENDA

DAY 1

Morning:

Esthetic parameters and guidelines (*didactic, demonstration, practical application*)

Ceramic materials, preparation, and bonding principles (*didactic*)

Afternoon:

Laminate veneer preparation (*demonstration, hands-on*)

Anterior and posterior all-ceramic crown preparation (*demonstration, hands-on*)

DAY 2

Morning:

Preparation for anterior resin-bonded bridges (*demonstration, hands-on*)

Posterior inlay/onlay/overlay preparation (*demonstration, hands-on*)

Afternoon:

CAD/CAM principles, design, and workflows (*didactic, demonstration*)

Digital scanning with 3Shape TRIOS® (*demonstration, hands-on*)

DAY 3

Morning:

Sintering, processing, and finishing of current ceramic materials (*didactic, demonstration, hands-on*)

Afternoon:

Cementation and resin bonding protocols for various indications and materials from anterior laminate veneers, posterior inlays/onlays/overlays, and all-ceramic crowns (*didactic, demonstration, hands-on*)

HIPAA COMPLIANCE REVIEW

By Kathryn Moghadas RN, CLRM, CHBC, CPC, CPCO

Let's review HIPAA. The Office for Civil Rights (OCR), which has been responsible for the enforcement of HIPAA since 2009, publishes data annually on enforcement issues. In 2018, there were almost twenty-six thousand complaints that were investigated. In those complaints investigated, the five major reasons for HIPAA complaints have consistently been the same. Those areas are Impermissible Uses & Disclosures, Safeguards, Administrative Safeguards, Access, and Technical Safeguards.

A review of the various complaints published on the www.HHS.gov/HIPAA. Below is a quick review of HIPAA's definition of the different areas, as well as dental practice scenarios and the remedies employed to correct the lack of compliance with the practical steps required.

IMPERMISSIBLE USES AND DISCLOSURES

Impermissible Use or Disclosure means the acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted under HIPAA that may or may not compromise the security or privacy of the Protected Health Information.

Scenario: A staff member of a dental practice was discussing with a patient in the waiting room the dentist's recommendation to have a certain medical test performed for their potential sleep apnea.

The patient complained to OCR that discussing medical issues (PHI) in the waiting area was a violation of Impermissible Use and Disclosure. The OCR investigated and notified the prac-



tice. As a result, the practice took steps to counsel and educate their staff in what constitutes private conversations. Additionally, the practice changed their policies and procedures, and patients that needed referrals to follow up on potential medical problems would be informed of those recommendations in a private area by the clinical team.

SAFEGUARDS

The HIPAA Security Rule describes administrative safeguards as policies and procedures designed "to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information."

Scenario: A dental office wanted to make sure that their employees practice safe biohazardous precautions while handling contact with potentially infectious materials. Someone in the office came up with the idea of putting a

red sticker on the front of the dental record when the patient had HIV or AIDS.

Labeling a record with any type of warning where it would be accessible for anyone to view is a HIPAA violation of failure to safeguard the privacy of the patients' medical condition. It is important to remember that OSHA clearly states employees are to treat all patients and all materials as if they have the potential to be infectious.

The OCR investigated and found the practice to be in violation of HIPAA. Upon notification of the complaint from the OCR, the practice revised their policies and operating procedures and removed all their stickers from the front of their charts to an area inside the chart. The practice privacy officer and other representatives met personally with the patient to apologize and followed the meeting with a written apology.

ADMINISTRATIVE SAFEGUARDS

The HIPAA Security Rule defines

administrative safeguards as, "administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information."

Scenario: A patient requested to see the practice privacy notices. The receptionist explained that the office was being remodeled, all the signs had been taken down, and the copy machine was out of toner to make copies. The patient complained to OCR. The findings were that, after notification to the dental office, the dentist was unable to produce their administrative safeguards.

Absent of proper documentation, the dental office was found to fail to provide regular HIPAA training, failed to have a published HIPAA manual for employees to access, and kept their hard copy dental records in an area that did not have restricted access.

ACCESS

The Privacy Rule generally requires HIPAA-covered entities (health plans and most health care providers) to provide individuals, upon request, with access to their PHI in one or more "designated record sets" maintained by or for the covered entity.

Scenario: A dental office was found lacking in compliance with the HIPAA privacy rules regarding access to PHI. The office maintained their dental records in a wall file system behind the reception desk. Due to lack of personnel, the receptionist was required to leave their front desk to attend to patients checking out in a separate area. As such, the records already exposed to anyone who stood at the reception desk also had no barrier to prevent the records from being observed by anyone in the vicinity of the front desk.

A complaint was made and investigated by the OCR, and recommendations were made to move clinical

records to a secured area. The practice was also encouraged develop appropriate policy and procedures to safeguard PHI and to provide training to all personnel on the safe handling of PHI.

TECHNICAL SAFEGUARDS

According to the HIPAA Security Rule, technical safeguards are "the technology and the policy and procedures for its use that protect electronic protected health information and control access to it."

Scenario: A dental office had been investigated following a complaint that one of their employees was overheard telling another employee the password to log into the computer software. The OCR found that individual employees did not have their own passwords and all data was accessible by any employee who used the password, thus failing to provide technical security measures. The OCR recommended to the dentist that separate policies and procedures be developed that would educate the employees on the proper technical safeguards to protect access to information. Additionally, the dental office was required to update technical security by creating levels of access as well as separate passwords for each individual who needed to access patient information.

In conclusion, the areas examined in this month's article are not the complete extent of the HIPAA guidelines and do not represent legal guidelines or opinions. As one should notice, for the most part the errors identified are not done with malice or with intent to cause harm. HIPAA's privacy and security rules are intended to provide means and suggestions for any practice to exercise common sense steps to prevent information breaches. As a reminder, all dental practices should develop best practices and have a HIPAA manual, scheduled ongoing training to all employees, and physical and technical safeguards to protect patient information.

Kathryn Moghadas has been providing healthcare advising since 1985. She can be reached for questions or comments via email at kathym@ahatopcat.com

Kathy has been a national healthcare consultant and educator since the early 80's. Kathy's firm Associated Healthcare Advisors, Inc., relocated to central Florida in 1989. Kathy's client population includes small- and mid-sized medical and dental practices as well as surgical centers and hospital systems.

Trained as a nurse and risk manager, she has been certified in those disciplines as well as holding current certifications in compliance, coding and healthcare business consulting. Kathy received her nursing degree at Prince George's College and a healthcare management degree from George Mason University. Kathy has combined her clinical knowledge and her business education into a successful and meaningful set of skills that assist her clients in their administrative functions. She is the past president of the National Society of Certified Healthcare Business Consultants as well as past president of the Society of Medical Dental Management Consultants has demonstrated the use of her leadership skills.

Kathy has authored two books for the American Medical Association titled: *Medical Office Policies and Procedures and Tools for the Efficient Medical Practice*. *Medical Office Policies and Procedures* was the best-selling new book of 2005 with the American Medical Association. In addition, she authored several chapters in *Aspens Publications, Managing Your Medical Practice*, and is a contributing editor to several medical management magazines such as *Medical Economics*, *AMA News*, *Family Practice and Doctors Digest*. She is on the advisory board of *Medscape/WebMD*.





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DSGO CALENDAR OF EVENTS 2019-2020

MONDAY, OCTOBER 21, 2019

Membership Meeting-Winter Park Community Center
721 W. New England Ave
Winter Park, FL 32789
Nominations for the Board of Directors.
Speaker Dr. Marc Ottenga.
6:00 p.m.

MONDAY, NOVEMBER 4, 2019

Board of Directors-Dental Society Office
800 North Mills Avenue
6:00p.m.

FRIDAY, JANUARY 31, 2020

CE Meeting Alfond Inn-Speaker to be detremined.
300 East New England Avenue, Winter Park 32789 Speaker Dr. Charles Blair,
"STAY OUT OF JAIL: AVOID CODING ERRORS AND EXCEL IN INSURANCE ADMINISTRATION"
9 a.m.-4 p.m.

TUESDAY, FEBRUARY 4, 2020

Dentist Day on the Hill Tallahassee.
Briefing Monday, February 3,
2020-Location to be announced at a later date.

MONDAY, FEBRUARY 10, 2020

Board of Directors-Dental Society office
800 North Mills Avenue 6:00 p.m.

THURSDAY, FEBRUARY 27, 2020

Membership Meeting- Citrus ClubVote for Board of Directors. Speaker-Dr. Don Tillery

FRIDAY, FEBRUARY 28, 2020 END OF THE BIENNIUM

MONDAY, MARCH 9, 2020

Board of Directors-Dental Society office
800 North Mills Avenue 6:00 p.m.

MONDAY, APRIL 6, 2020

Board of Directors-Dental Society office
800 North Mills Avenue 6:00 p. m.

MONDAY, APRIL 23, 2020

Membership Meeting-Winter Park Community Center 721 W. New England Ave, Winter Park, FL 32789 6:00 p.m.
Installation of Officers and Board of Directors. Speaker: To be determined.

FRIDAY MAY 1, 2020 - MONDAY, MAY 4, 2020

Cruise with CFDDA Disney Dream out of Port Canaveral contact Marlinda at www.cfdda.org

MONDAY, MAY 4, 2020

Board of Directors-Dental Society office
800 North Mills Avenue
6:00 p.m.

PNC Merchant Services® and Dental Society of Greater Orlando

Discover new member benefits

PNC Merchant Services® is excited to team with Dental Society of Greater Orlando to bring members customized services offerings with competitive pricing and quality services. We understand that it's Dental Society of Greater Orlando's mission to provide valuable benefits to their members to help them grow and to succeed; that's our mission too.

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FDA Well-being Program

PROVIDES CONFIDENTIAL HELP FOR DENTISTS, THEIR FAMILIES AND STAFF

By Dr. Barton Blumberg

According to the American Dental Association's (ADA) statistics, 19% of all dentists will have problems with drugs or alcohol sometime during their careers. These numbers may have grown in the past few years due to the opioid epidemic. The fallout from this not only affects their health and well-being, but also that of their patients, staff and families. Ultimately, they can be in jeopardy of losing their licenses, their health or even their lives.

Alcoholism and addiction are diseases, just as diabetes, cancer and heart disease are. There is good scientific

evidence that there is a genetic predisposition for addiction. All addictions affect the brain in the same way by stimulating the production of dopamine, which in turn stimulates the pleasure or euphoria centers. This repeated exposure essentially hijacks the brain in an individual with addiction potential and prevents them from making rational choices when faced with the consequences of using their drug of choice. Most of us have heard that we all have obsessive-compulsive behavior about something, but when it interferes with our routine activities of daily living to the point of creating unintended consequences, it

can be considered an addiction, whether it is drugs and alcohol, gambling, sex, overeating, over-exercising, etc.

Part of the disease process is an individual's strong denial that they have a problem. Sometimes the first ones to notice that they have a problem are staff or family members. They might see some of the warning signs: the doctor showing up late or completely missing unscheduled days off. They may show physical signs, such as unusual irritability with patients or staff or slurred speech. However, staff or family members are reluctant to confront the individual for fear of repercussions.

The Florida Dental Association's (FDA) Well-Being Program has been in effect for almost two years and is a non-threatening way for dentists to get help with their illness. Again, this is a disease and we would not expect someone close to us not to seek help for cancer or heart disease. So why should they not receive help for their addiction? There are many psycho-social aspects to this disease. But, the individual suffering from this disease doesn't have the ability to fully see and understand that they have a problem, so it's up to those closest to an addict to help them get treatment.

A recovering addict has a unique first-hand perspective on treatment and recovery. As someone in recovery for more than 12 years, I can tell you that I've had the opportunity to work with many others, including health care professionals, who have suffered and then recovered from this disease. I can tell you that our lives are so much better in every way. I'm grateful that my family and career have survived my addiction. I have wonderful relationships with my family, patients and staff in ways that I never could've dreamed possible — even better than before my addiction problems. Every day, my personal growth, health and peace of mind is incredible and is something that I wish everyone could enjoy. When I first came into recovery, I was told that alcohol and drugs were only a symptom of my disease. Although it may be hard for others outside of the recovery process to understand, I can tell you that it is absolutely true!

The FDA Well-Being Program is a project under the Council on Ethics, Bylaws and Judicial Affairs. This program is designed for a dentist or their staff and family to contact a trusted source in recovery who understands den-



FDA WELL-BEING PROGRAM
PROVIDES CONFIDENTIAL HELP FOR
DENTISTS, THEIR FAMILIES AND STAFF

tistry and its difficult challenges. The conversations can be on an anonymous basis and will always be kept confidential. Doctors are not required to give their name or membership information, and there is no stigma or judgement attached to doctors or their loved ones who reach out to the well-being consultant. These communications also are protected as non-discoverable.

There is no need to suffer the consequences of addiction to your health, your patients, your family or your license. The hardest part is admitting you have a problem! From then on, help is available. Any dentist in recovery who would like to be on this committee, or anyone who needs

information or help can anonymously and confidentially contact me at 352.446.7910.

PROBLEMS

WITH DRUGS OR ALCOHOL?

THE FDA WELL-BEING
PROGRAM OFFERS
YOU CONFIDENTIAL,
PROFESSIONAL ASSISTANCE

Alcoholism and drug addiction can touch any of us. ADA statistics have shown that almost 20 percent of all dentists will have problems with drugs or alcohol sometime during their careers!

The FDA Well-Being Program is a group of dental professionals with personal experience with these problems who can give complete confidential assistance to members of the profession, their staff and spouses.

For more information and/or help, contact Dr. Barton Blumberg anonymously at 352.446.7910. (Private Cell #)

2019 Fall Festival



Bethany Wright, Gina Zak, Katie Miller



Doctors Flatley and Whitehead



Everyone who attended the Fall Festival



Dr. and Mrs. (Laura) Javier Martinez



Michelle Gil, Dr. Bernie Kahn, Dr. Tom Holehouse, Donna Holehouse

2019 Back-to-School Bash



Dr. Allie Miller, Dr. Caroline Gordy and Dr. Scott Cohen



Dr. Enrique Rovira, Dr. Matt Hall and Dr. Tony Wong



Dental Volunteers



Dr. Scott Cohen, Dr. Charlie Bertot and Dr. Jim Flatley



Lauren from Dr. Cook's office as the tooth fairy

IMAGING BENEFITS

for Diagnosing TMD Pathology

By Dr. Peter Lemieux

As dentists, it is clear that we have a calling to be more than “tooth fixers.” Beyond the repair and replacement of teeth, our responsibilities include understanding and managing occlusion, screening for oral cancer, critiquing and planning for cosmetics concerns, recognizing and assessing airway problems, and understanding the impact of systemic health issues.

Areas that are often overlooked, mismanaged, or ignored are issues stemming from breakdown within the temporomandibular joint complex. One study by the U.S. Department of Health and Human Services suggests that over 10 million Americans suffer from some form of temporomandibular disorder (TMD). As TMD can significantly affect a patient's oral health, it is imperative that we are able to recognize and establish a proper diagnosis of the type of TMD in order to appropriately manage these patients.

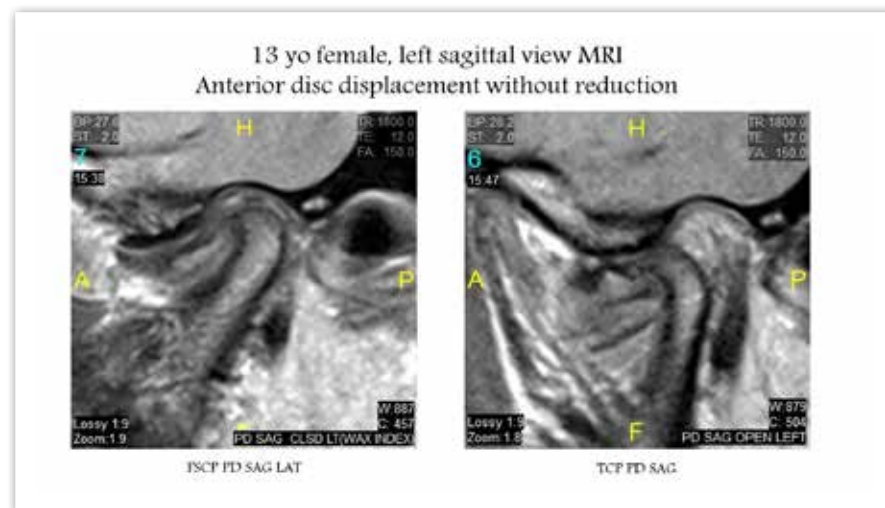
TMD encompasses a variety of potential problems a patient may have. While many TMD patients have issues stemming from muscle spasm secondary to bruxism or clenching, some have issues within the joint itself. Signs of internal derangement can include unresolved pain, sudden changes in bite, restrictions in movement, and deviations in path of motion. Often times, there are clues within the occlusion that can suggest the presence of joint breakdown like an anterior open bite of more than

2mm, an overjet of more than 2mm, a midline shift, etc. Muscle spasm and splinting can often be managed by a properly made occlusal appliance, but issues within the joint itself require further assessment.

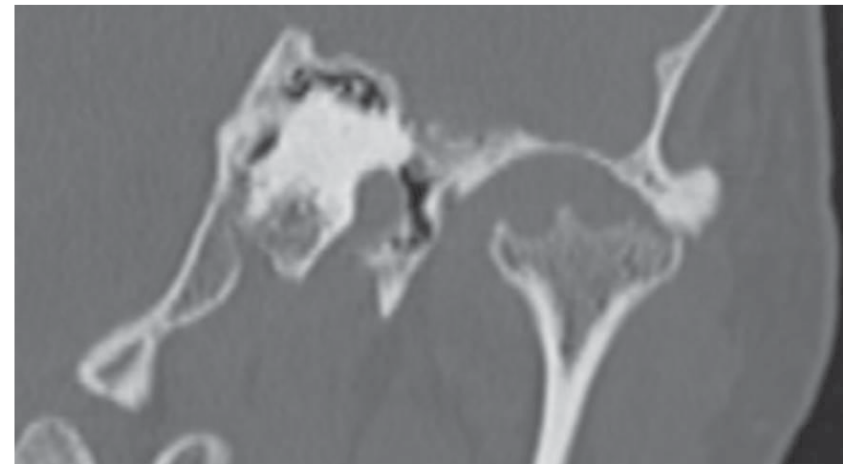
Indirect assessment of a joint includes joint palpation; muscle palpation; joint loading; listening for clicks, pops, or crepitus; Doppler auscultation; and studying the way a patient opens and closes their jaw. However, direct assessment of the joint requires the use of imaging. Due to the three-dimensional shape and orientation of the joints, a simple panoramic radiograph is insufficient. A CBCT or CT is necessary to assess hard tissues within the joint, examine condylar size and shape, evaluate for boney breakdown of the condyle and fossa, study ramus size, and more. With a CBCT or CT, one can infer where the disc is by looking at the joint space

between condyle and fossa, yet the disc cannot be visualized. An MRI is necessary to directly assess the soft tissue and can give insight into the size, shape, location, and condition of the disc, and screen for joint inflammation or effusion. Whereas as CBCT or CT is taken at one position, typically where the joints are fully seated, MRI images are taken at several bite positions to assess where and how the disc behaves as a patient opens and closes.

Requesting joint imaging takes some planning and is not as simple as sending a patient to an imaging center with an unspecified prescription. First, it's helpful to find an imaging center utilizing either a 3-Tesla MRI magnet or a 1.5-Tesla magnet with TMJ coils. The resolution on a 1.5-Tesla magnet alone can be difficult to see diagnostic information about the disc. The imaging center



74 yo female, left coronal view CT
Degenerative joint disease



will want to know your differential diagnosis and will need details about which joint positions you want for the MRI. Lastly, while the radiologist will provide a diagnostic report, it's important to personally review the images to establish your own diagnosis for the joints. The more images you see, the better you'll get at recognizing structures and problems.

Until you begin looking for it, it's hard to imagine how many of your own patients possess some degree of TMD issue. Many of these patients have joint pain and have tried conservative methods which have not been successful, but few have actually been imaged. When conservative methods are failing, and other signs and symptoms of internal derangement are noticed, it's critical to establish a diagnosis first. As we won't begin endodontic therapy on a tooth without a radiograph, we should view joint imaging along these same lines. Remember, too, that imaging does not necessarily mean a patient needs joint surgery. Imaging allows a patient to make an informed deci-

sion about their joint condition and provides useful information to the clinician about appropriate, and often times, conservative options.

Imaging has allowed me to identify degenerative joint breakdown on a 73 year old patient who struggled to yawn without pain, to assist a 24 year old post-orthognathic surgery patient who continued to have bite changes with unresolved pain, to diagnose an anterior disc displacement on a 13 year old patient who developed an anterior open bite despite not having a tongue thrust, and numerous others. These patients are looking to us for guidance and understanding.

I encourage you all to include in your differential diagnosis of bite changes and joint pain considerations for TMD, and I encourage you to learn more about the benefits of imaging. There are resources in our state who can provide education and training to improve this important skill set and increase your understanding of TMD. Your patients are certainly counting on you to help them!

Dr. Lemieux maintains memberships in the American Dental Association, the Florida Dental Association (FDA), the Central Florida District Dental Association, the Dental Society of Greater Orlando (DSGO), the Florida Academy of Cosmetic Dentists, the Florida Dental Political Action Committee, and is a club leader for a local Spear Study Club. He was elected to fellowship in the American College of Dentists, and the Pierre Fauchard Academy in 2008, and to the International College of Dentists in 2011. He is a student of The Pankey Institute for Advanced Dental Education, Spear Education, and The Dawson Academy.

He is an active leader at the local and state level within the dental association, serving on the board of directors for DSGO, as a delegate for the FDA, and as president of the Dental Society of Greater Orlando in 2010-2011. He has served as Chairperson for the FDA's Sub Council on the New Dentist, as a consultant to the FDA's Council on Membership, and as a consultant to the Leadership Development Committee. He mentors pre-professional students at the University of Central Florida, acting as their local contact with the dental community. He is dedicated to serving the community by volunteering regularly for health fairs, the Orange County Research Clinic, Give Kids a Smile, Special Olympics - Special Smiles, Christina's Smile, Donated Dental Services, and the FDA's Mission of Mercy. In the past, he has volunteered as an exhibit explainer at the Orlando Science Center, and he lectures to elementary students about oral hygiene. He is a Paul Harris Fellow with the Rotary Club of Winter Park.



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SPECIAL PRICING FOR FDA MEMBERS • DEADLINE: JAN. 1, 2021

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ITINERARY:

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Saturday, May 2 - Nassau, Bahamas
Sunday, May 3 - Castaway Cay (Disney's Private Island)
Monday, May 4 - Port Canaveral, FL



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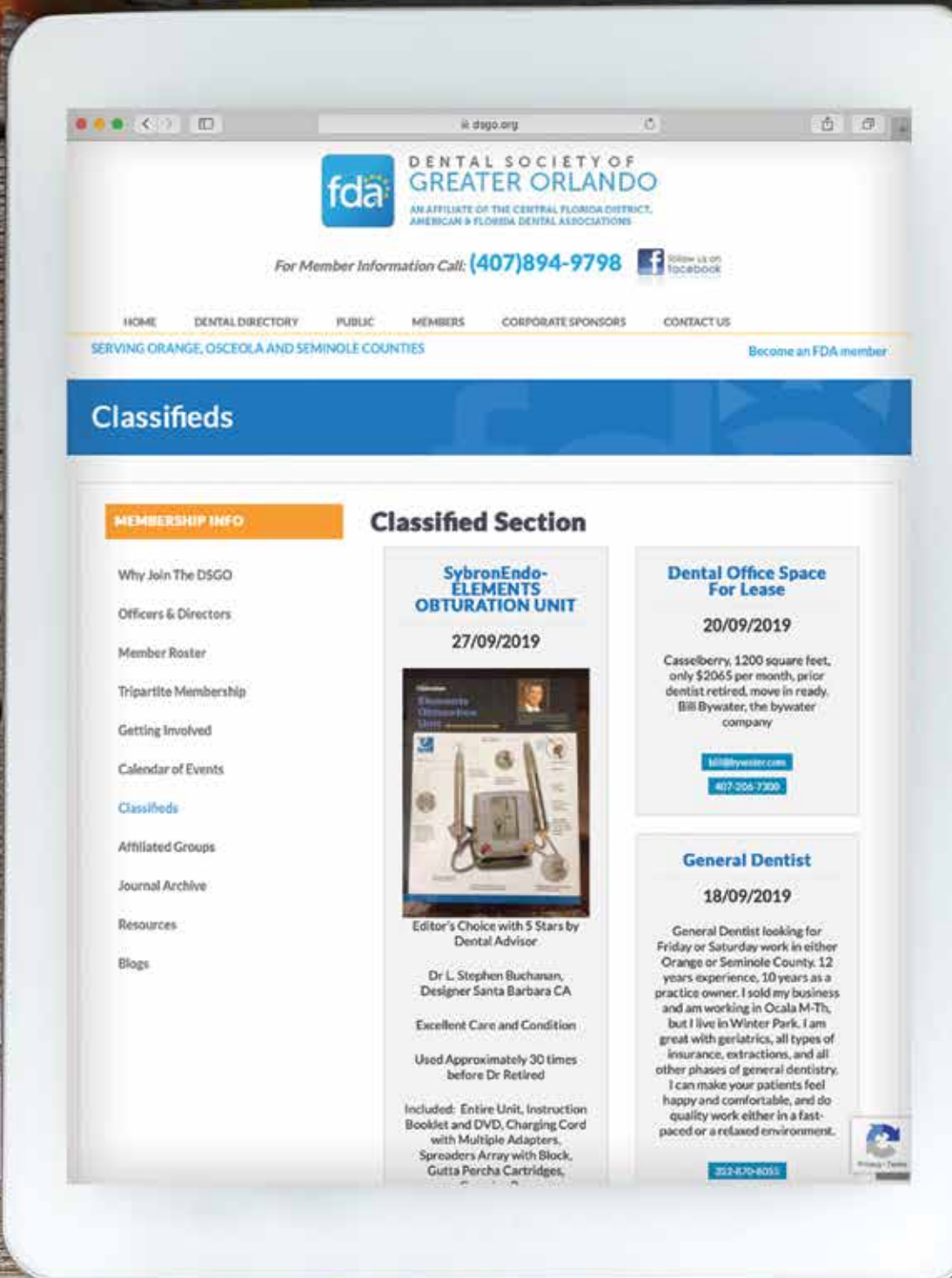
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The screenshot shows the website for the Dental Society of Greater Orlando (DSGO). The header includes the DSGO logo and contact information. The main navigation bar has links for HOME, DENTAL DIRECTORY, PUBLIC, MEMBERS, CORPORATE SPONSORS, and CONTACT US. Below the navigation bar, there is a section for "Classifieds" with a "MEMBERSHIP INFO" tab. The "Classified Section" displays several ads, including "SybronEndo-ELEMENTS OBTURATION UNIT" and "Dental Office Space For Lease".

View the Classified Ads online at
DSGO.ORG/MEMBERSHIP-INFO/CLASSIFIEDS



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