



IDA USA hosted its annual Convention on Oct 19th and 20th. The event along with being our annual Convention was also held in honor of Dr. Chad Gehani celebrating his impressive victory as the ADA Trustee elect and his many years of invaluable contributions to Organized Dentistry.

The Gala was held on Oct 19th at the World Fair Marina. It was attended by approximately 200 guests. The list of special guests from ADA, NYSDA and local components was impressive! Dr. Joel Friedman NYSDA President along with his wife Marian Faytell were the Guests of Honor. ADA Trustee Dr. Steven Gounardes, Executive Director NYSDA Dr. Mark Feldman, NYSDA Vice President Dr. David Miller, Drs. Chad and Rekha Gehani, NYSDA Trustee Dr. Stuart Coleton, NYSDA Trustee Dr. Richard Herman, Immediate Past NYSDA President Dr. Debra Weisefuse, Queens County Dental Society President, Dr. Doran Kalman, NCDS President, Dr. Meena Jaiswal, 2nd District Dental Society President Dr. Amrish Parikh, President Pierre Fauchard Foundation Dr. Jacobo Ameralis, QCDS Executive Director William Bayer, Bronx County Dental Society Executive Director Dr. Robert Yeshion, Queens County Dental Society Past President Dr. Mota Martinez, 2nd Dist. Dental Society President Elect Dr. Lauro Medrano among others.

The evening started with guests enjoying cocktails as well as magnificent views of Flushing Bay. Dr. Prabha Krishnan was the Master of Ceremonies. The Invocation was led by a very meaningful Hindu chant by Dr. Koppikar. The traditional lamp was lit by our Guest of Honor.

Dr. Joel Friedman and Dr. Steven Gounardes addressed the gathering. They both expressed their pleasure at being part of the extended "IDA family". They both wished Dr. Chad Gehani continued success. Dr. Gehani was honored by Dr. Amrit Patel and myself for his Leadership and devotion to his profession. Dr. Meena Jaiswal and Dr. Amrish Parikh commended Dr. Gehani on his success and spoke about the importance of being united across all components.

Dr. Amrit Patel was also honored for his vision for IDA and his lifelong contribution to its growth from a fledgling organization to a vibrant and strong entity. Guests also enjoyed the "spirit of Diwali" through a well articulated Diwali message of President Obama, music, dance and good food!



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President's Message



It has been a great honor to serve as President of Indian Dental Association and I thank our membership for giving me this opportunity.

Indian Dental association has come a long way. It is vibrant and growing in membership. We are working closely with New York State Dental association for the benefit of our members with regards to new regulations and important issues affecting our profession. I would like to thank the ADA & NYSDA Leadership for their continued support.

My greatest honor was to represent IDA at the recent New York State Dental Assn. House of Delegates meeting in New York city, where our own Dr. Chad Gehani was elected as Trustee Elect to ADA, representing the Second Trustee District, which is New York State. On that day, I witnessed Democracy in action! Only in the United States of America is it possible that an Indian American is elected to such a high office! I would like to thank and commend the membership of New York State Dental association for creating history that day!

It has been a very busy year for IDA with many successful Continuing Education events, involvement in community outreach programs to promote oral cancer awareness and oral hygiene. I would like to particularly thank Drs. Ami and Deepak Bhagat, Dr. Dharti Patel, Dr. Koppikar, Dr. Amrita Godbole and Abhishek Navanit for the success of our outreach programs. Dr. Chad and Rekha Gehani, your constant guidance is source of strength to IDA!

I would like to acknowledge the efforts of Dr. Sidhu, Dr. Prabha Krishnan, Dr. Vinod Sharma, Dr. Shashikant Tolia and my committee members to put this event together. Dr. Bhadrash Desai, Dr. Anilesh, Dr. Viren Jhaveri and Dr. Koppikar for your help through the year.

Last but not least to my wife Vinitha, who in spite of a busy Civic Corps Service year made time to help.

Our annual Convention would not have been possible without our sponsors- Henry Schein, our long time supporters, Ed Diecke, Frank Nargentino and Siddharth Pawan from North Shore Wealth Management with whose valuable support we could bring important Continuing education to our members.

I would also like to thank our Sponsors at Mmic, Hiossen, Solstice, Medical Mine, Steinway Lab, GSK, K.K. Mehta and Associates for bringing much relevant products and services to our members at the Septodont Auditorium at NYU College of Dentistry on Oct 20th 2013.

This is also a special time for all Indians in India and the Indian Diaspora as we celebrate our biggest holiday, Diwali, the "Festival of Lights". My heartfelt wishes to all of you for a happy, healthy, peaceful year ahead... Happy Diwali and a wonderful Thanksgiving to all!

Warm regards!

Sudhakar Shetty

President, IDA-USA

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CONTINUING EDUCATION PROGRAM

Topic: Provisional Restorations are key to successful Implant therapy
Object: This course will demonstrate how provisional restorations can be used to create ideal stents, provide patients with comfort and function during osseointegration and provide a blueprint for the best possible outcome.



Speaker: Dr. Edward Feinberg is a graduate of Tufts University and has practiced Dentistry in Scarsdale, New York for more than 33 years. He is the successor to a tradition established in 1948 by Dr. Elliot Feinberg and his predecessor Dr. I. Franklin Miller.

Format: Lecture presentation followed by question/answer session
Target audience: General Dentists and Specialists.
Date and Time: Sunday, Dec 8th 2013 10.30 am-1.30pm
Course Code: 316
C.E.Credits: 2 hrs
Location: Santoor Restaurant, 25705 Union Turnpike, Floral Park, NY 11004 Tel-718-343-3939
Contact person: Dr. Sudhakar Shetty 718-847-8023
Cost: Free/No charge

A certificate of completion and 2 hours of C.E credits will be awarded to each attendee at the end of the course.

IDA (USA) Inc, is an ADA CERP recognized provider.

Continuing education credits issued for participation in the CE activity may not apply towards license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s)

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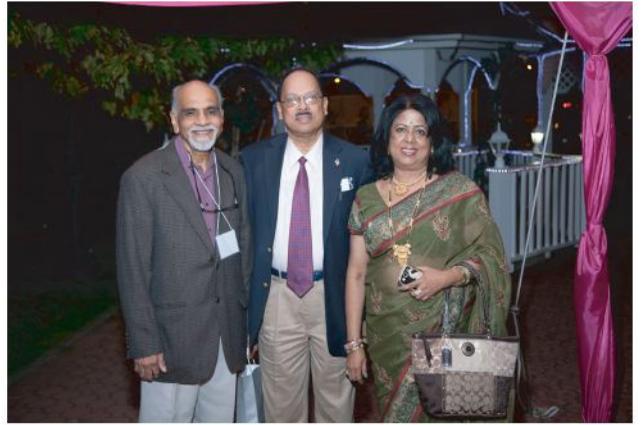
CONGRATULATIONS

Harvin, son of Dr. Inderjit and Ravi Vig Singh married Elizabeth Neary on August 24th 2013 morning at the Glen Rock Gurudwara NJ, with full Sikh rites. This ceremony was followed later that evening with a Christian wedding and a grand Reception at the Hilton in Pearl River, NY. The newlyweds now reside in West Orange NJ.

"Spirit of Diwali" Dinner, Oct 19th World Fair Marina.







NYU Dentistry October 20th



Medicaid Preventive Dental Care

Allen Finkelstein DDS
CEO Bedford HealthCare Solutions

Changes in Medicaid program design are taking place across states. Few states continue to retain sole management of dental services. The traditional fee-for-service model is substituted for other types of program models, with states purchasing services from HMOs, MCOs and other types of contractors. These changes are affecting providers with these new emerging models. The Accountable Care Act provides opportunities for the dental profession to create innovative delivery models in the Era of Accountability and Affordability.

Starting Early with Healthy Habits for Life and Oral Health: A Critical Need

Poor oral health poses just as grave a threat to young children as more widely publicized concerns such as obesity, diabetes, and asthma, and yet there is far less awareness of this risk and how it can be averted.

- By age two, children have seen their physician on an average of seven times but few have had a well-child dental visit.
- The preschool years are a crucial time to foster lifelong healthy habits, including those related to oral health
- 40 - 50% of children will be affected by tooth decay before age 5¹
- Tooth decay is the most common chronic childhood disease-five times more common than asthma-and the number one unmet health care need among Head Start children. 2
- Over 51 million hours of school are missed annually from preschool through high school due to dental issues. 3
- Medicaid-enrolled children of preschool age who are able to obtain early preventive dental care are more likely to use additional preventive services.
- Oral health issues affect children in poverty and racial minorities far more than other groups 5
- In addition to pain, tooth decay can prompt weight loss and decreased self-esteem among children 5
- Simple preventive care measures can greatly reduce the risk of contracting oral health problems, as tooth decay is 90% preventable. 6 These measures cannot succeed if they are not widely known or effectively communicated.
- There are few available resources on preventive oral health that address young children directly, that are highly appealing, and that promote direct changes in behavior.

Vision/Mission/Goal

The vision of a sound dental Medicaid program is to ultimately build a public policy-shifting prevention and awareness by using best practices that can be targeted to address the specific oral care concerns in particular region.

The overarching mission of the program is to bring a dramatic shift in the way preventive oral health care is perceived, accessed, and delivered. The main message: Early preventive care provides a lifetime of quality care. To accomplish this vision and mission, it will be necessary to create an equally powerful and groundbreaking initiative around oral health care in very young children.

The targeted age of these children will be from birth to six years having the goal of ageing children into oral health.

Program

The program is designed to increase access to dental services for younger children, promote the development of good oral health behavior, decrease the need for restorative and emergency dental care and decrease Medicaid expenditures for oral health.

Oral health is a critical but overlooked component of overall health and well-being among children. Dental caries (decay) is the most common preventable chronic childhood disease. Oral health problems can largely be preventable through a combination of access to early dental care services, access to fluoride, healthy dietary choices and daily oral hygiene practices. 7

Increased reimbursement in the form of outcome based incentives for well child visits and streamlined administrative processes for participating providers are included in the program.

Fluoride Varnish/Physician Program

All clinicians, to include primary care physicians, pediatricians, nurse practitioners and physician assistant, who see children aged 6 months to 6 years will receive training in oral health risk assessment and fluoride varnish application. Parents of children who receive fluoride varnish should understand that their children still need to establish a dental home as a varnish application is not a substitute for care by a dental provider.

Clinicians will be reimbursed for the application of fluoride varnish and they will receive additional compensation for anticipatory guidance when they establish a true dental home by referring the child for a dental visit. The referral by the primary care giver to a pediatric dentist or primary care general dentist should routinely occur by age one and earlier if there are signs of pathology as this is key to a successful long-term caries management.

Pediatricians are more likely to encounter new mothers and infants than are dentists and in the absence of specialized dental care, can provide invaluable assistance with the application of fluoride varnish. Continuous reinforcement by an interdisciplinary health care team (pediatricians, primary care clinicians, nurse practitioners, nurses, dentists, dental auxiliary and pharmacists) can have a positive impact on the reduction and prevention of early childhood caries (decay).

References

- 1 "Accuracy of pediatric primary care providers' screening and referral for early childhood caries." *Pediatrics*, 2002; 109(5)
- 2 "Preventing dental caries." Centers for Disease Control, 2005
- 3 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health, 2005
- 4 "Examining the Cost-effectiveness of Early Dental Visits." *Pediatric Dentistry*, 2006; 28:2
- 5 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health, 2003
- 6 "Oral Health Advisory Report." Sesame Workshop Educational Outreach, 2007
- 7 U.S. Department of Health and Human Services (2000), *Oral Health in America: A Report of the Surgeon General*, Rockville, MD, National Institute of Dental and Craniofacial Research, National Institute of Health.



I-STOP Regulations in Effect

Judith L. Shub, PhD
Assistant Executive Director NYSDA

Since August 27, 2013, all licensed health professionals have been required to consult the Prescription Monitoring Program (PMP) Registry within 24 hours before issuing a prescription for a Schedule II, III, or IV controlled substance for a patient. After consulting the Registry to review a patient's prescription history, you must note that the inquiry was made in the patients' chart with the prescription information. You will continue to issue a prescription to be filled at a pharmacy, just as you do now.

In order to access the PMP Registry, you must establish a Health Commerce System (HCS) account with the Department of Health. You may also designate a member of your staff to access the Registry on your behalf. Registration is made online at: <https://hcsteamwork1.health.state.ny.us/pub/top.html>. Help with questions on registering is available via telephone at either 866-811-7957 or 866-529-1890.

When you or your designee conduct an inquiry, the Registry will record that inquiry. You do not have to input anything into the Registry, unless you are dispensing a drug to your patient. The pharmacy does all the work of inputting information into the Registry for prescriptions once they fill them for a patient. [If you dispense a Schedule II, III, or IV drug in your practice, you must also make an entry in the Registry. If you administer a drug to a patient in your practice, you do not need to consult the Registry.]

You must record in your patient's chart that you consulted the Registry. If you did not consult the Registry, you must record the specific exception allowed under the regulations for not consulting the Registry. However, the allowable exceptions are very rare and very narrowly construed. If you cannot consult the Registry because you have been unable to establish an HCS account, you must extensively document why you do not have an account and the specific, ongoing contacts you have made to establish an account. Remember that passwords to access the Registry expire every 90m days as a security precaution.

The Department of Health has published "Frequently Asked Questions" on its website at: http://www.health.ny.gov/professionals/narcotic/prescription_monitoring/

The Registry will provide information about previous prescriptions your patient has filled for controlled drugs. This information is intended to help you make better informed clinical decisions when managing your patients' pain.



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17 October 2013 FDI New Delhi 2014: registration now open!

The 2014 FDI Annual World Dental Congress, the must attend of the global annual dental calendar, will be held in New Delhi, India, from 11 to 14 September 2014. Early estimates suggest the record attendance of 16,000 visitors at Istanbul in 2013 will be exceeded by FDI New Delhi 2014, an event with truly global impact.

Register early and benefit from the special Early Bird rates! India: a growing market for the dental sector

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