



District of Columbia
DENTAL SOCIETY

NEWSLETTER

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Dr. Pierre Cartier

Letter from the DC Dental Society President Elect Pierre Cartier, DMD, MPH, FAGD, FICD, FACD

Dear Colleagues:

I hope everyone is enjoying the beginning of summer! As life begins to slow down in the District, DCDS leadership is beginning to plan programming for the upcoming year. We have some new initiatives in store for September, including a return to in-person meetings and a

hybrid format for those members that may not be able to attend in-person meetings due to work, childcare, and other obligations.

On June 10th, we held our annual Awards Ceremony. In addition to installing our new slate of officers, we recognized two DCDS members for their contributions to dental medicine:

- Sterling V. Mead Award – Dr. Stephen Tigani
- Committee Member of the Year – Dr. Kim Menhinick

Our Foundation also recognized two individuals for its Community Spirit Award: Dr. Lee Goodloe and Elias Bogale. Both of our Foundation’s Community Spirit awardees are affiliated with the Howard University College of Dentistry – Dr. Goodloe graduated in the Class of 2021 and Mr. Bogale is a rising 4th-Year. We applaud them for their engagement with the local community during the COVID-19 pandemic and their leadership within Howard and their respective classes.

Additionally, we recognized members who have completed at least 50 continuing education credit hours during the past fiscal year. If you have not been submitting your continuing education credits to our CE database, please submit them during this coming year so that we can recognize your efforts! Additionally, if you believe that you might qualify for the Continuing Education

A Look Inside...

- Letter from the President 1
- Discharging a Patient From Your Dental Practice 2
- Understanding and Mitigating the Threat of Cyber Crime 4
- Howard University Conducts Survey on LGBTQ Patients 5
- Updated Guidance on Provider Relief Fund 6
- Medicaid Providers Can Receive Free Technical Assistance 7
- DC Licensing Portal Opens to Dentists in October 8
- ADA News 9
- Help Those in Need Through DC Dental Cares 16
- Classifieds 19

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Cover Photo: June 2021 DCDS Awards and Elections Meeting

(Continued on Page 3)

Discharging a Patient from your Dental Practice

Anthony E. Chillura, DMD, FICD, Director of Dental Risk Management, Brown & Brown, Inc.

Ashley Lacourse, Marketing Research Analyst, Protector Plans, a division of B&B Protector Plans, Inc.

To be a successful practitioner, the doctor-patient relationship must be one based on mutual trust and respect. There are many reasons why this relationship can deteriorate to the point that a patient dismissal is the best option to exercise.

When the decision to discharge has been determined, a specific protocol must be observed and become part of the office policy. A discharge cannot be based on the patient's race, color, creed or ethnic background.

Steps to avoid Abandonment

Abandonment occurs when a dentist terminates a patient without a justifiable excuse or reasonable notice so that the patient can find an alternative practitioner.

Once the decision to discharge a patient has been carefully determined, it should not be reversed. If possible, it is recommended you meet in person to discuss with the patient. If this is not an option, notify the patient of your intention to terminate the dentist-patient relationship. Two letters should be sent to the patient. One is a certified or registered letter, receipt requested, and the other is first class USPS mail. You have the option to state the reason for discharge, ensuring it is stated in objective, diplomatic and non-inflammatory terms. Your chart documentation should support all the reasons for patient discharge.

Things to consider

An important aspect of patient discharge is the appropriate timing when patient is under treatment. Once dental treatment has begun, the practitioner may not abandon the patient without incurring some risk and liability for resulting damages. The patient's oral health cannot be jeopardized or adversely affected.

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(Discharging a Patient—Continued on Page 12)

Award for 2020-2021, please contact our office at info@dcdental.org so that we can verify and recognize your achievement.

The Awards Ceremony also provided an opportunity to visit SmithBucklin’s new office and view the new venue for our continuing education program. For 2021-2022, we are planning to move our monthly meetings to the DCDS Headquarters at 2001 K Street, NW in Foggy Bottom. Changing the venue will allow us to save money with respect to meeting fees, provide us with more flexibility in catering, and will provide us an opportunity to telecast our meetings for members that may not be able to attend in person. Given that this facility has a wonderful roof deck that overlooks Georgetown, the National Cathedral, and Dupont Circle, we are also considering hosting the first hour of the monthly meetings as a networking reception with a meal. We will provide more details regarding logistics and specific formatting of the meeting as these become available.

With respect to continuing education, we are planning to offer online webinars regarding “hot topics” over the summer. Unfortunately, the term “burnout” has become ubiquitous in the American lexicon over the past months. The burnout mindset is not solely endemic to healthcare providers, teachers, and other human services personnel; the general public feels emotionally and physically drained during the latter stages of the COVID-19 pandemic as well. Such feelings can result in perceptions of miscommunication, care mismanagement, and unmet expectations in dental medicine. We are collaborating with R.K. Tongue to host a [webinar on Tuesday, July 27 at 5:30 PM](#). Anthony Chillura, DMD, FICD will present on the importance of the dentist-patient relationship and the proper protocol to follow when discharging a patient. Additionally, we are working to identify a wellness-oriented professional to speak regarding energy management and other topics related to burnout prevention. Please keep an eye out for further details regarding these events.

**How to Foster the Dentist-Patient Relationship and the Proper Protocol to Discharge a Patient
A Risk Management Webinar**

Tuesday, July 27
5:30 PM

Sponsored by the D.C. Dental Society and R.K. Tongue Co. Inc.

Presenter: Anthony Chillura, DMD, FICD
Director of Dental Risk Management for Brown & Brown, Inc.

REGISTER HERE

In discussing program planning, I would like to conclude by discussing our Symposium for Licensure series. As you might recall from the Awards Ceremony, I had mentioned the idea of expanding this successful event into a 2-day scientific session that would not only include licensure-related courses, but would also allow you to engage with local, national, and perhaps international speakers. We would also intend for this event to have social events, such as a member-recognition dinner. In planning for a future event, we would like to learn more about your expectations with respect to timing, content, and other factors. Please keep an eye out for a brief survey so that you might help us in planning this event and further enhancing the value of DCDS membership.

I wish you an enjoyable summer and look forward to seeing you soon!

Pierre M. Cartier, DMD, MPH, FAGD, FICD, FACD

Risk Management in the Digital Age – Understanding and Mitigating the Threat of Cyber Crime

E. Andrew Gerner, CFP®

Reprinted with permission from the Virginia Dental Association – This article was previously published in Volume 98 Number 3 of the Virginia Dental Journal

If you purchased gasoline in the month of May 2021, you are likely aware of The Colonial Pipeline hacking event. Most Americans felt the impact of the supply chain disruption caused by this event. Unfortunately, Colonial Pipeline is only the most recent company name on a large list of cyber-crime victims, a list that includes names like Microsoft, Target, Sony, and LinkedIn. While it may be tempting to dismiss costly data breaches and hacking attacks as endemic to large national and international commercial enterprises, the reality is that 62% of ransomware attacks are perpetrated against small and medium-sized businesses and 29% of the victims are in the healthcare industry.¹ As evidence supporting those statistics, take for example the March 2020 ransomware attack of a Maryland-based dental IT company that formerly supported hundreds of dental practices in Maryland, DC, and Virginia. As a result of that breach, most of the IT company's dental practice clients were affected. Prudent dentists, particularly practice owners, can no longer afford to passively manage data security and cyber-crime risk mitigation.

Background

While theft of data like credit card information and social security numbers was once the primary target of cyber criminals, ransomware attacks are now the most prevalent and fastest growing form of cyber-crime. The shift is not coincidental: while patient records are not of great value to a hacker, cyber criminals know that such records are extremely valuable to the healthcare providers that maintain the records. Additionally, perpetrators of cyber crime calculate that the likelihood of obtaining a sizable ransom increases when they target industries subject to heightened data security standards and greater regulatory penalties. Subsequently, phishing attacks and brute force remote desktop protocol breaches are the two most common forms of attack, and they often target smaller healthcare organizations that they view as vulnerable.

The Anatomy of a Cyber Attack

To understand and hopefully prevent a successful cyber-attack, it is first necessary to understand what the attack is.

Phishing: direct email of malware or links to credential-stealing sites. In a phishing attack, a cyber criminal exploits human error by impersonating a legitimate requestor of data. Often the attacker poses as a busi-

(Cyber Crime—Continued on Page 13)

DC Dentists Invited to Participate in Howard University Study on LGBTQ Patients

Dr. Reginald Salter, faculty at Howard University, and Howard University Dental students Lolade Olayinka and Christopher Andrews are conducting a research study, "Cultural Competence and Ethnic Attitudes of Dental Students Concerning LGBTQ Patients." The purpose of this study is to establish a baseline understanding of the knowledge and attitude of dental students about the LGBTQ population as well as measure the impact of structured cultural competence educational intervention on their knowledge and attitudes. The research questions that will guide this project are: 1) what are the existing levels of knowledge and attitude that dental students have about the LGBTQ community and 2) what is the impact of structured LGBTQ focused educational intervention on dental students' knowledge and attitudes?

All volunteers with the specified criteria to submit completed surveys will be accepted as study participants. The results of the survey are completely anonymous. There should be no way to connect your responses with your identity. Please do not sign your name to the survey or include any information in responses that makes it easy to identify you. By completing and submitting the survey, you affirm that your responses are entirely voluntary, and you may refuse to complete any part or all of this survey.

[Take Survey Now](#)

Risks

There are minimal risks associated with the research. Minimal risks could include discomfort or sensitivity when answering some questions that ask about a participant's perception of a targeted population seeking healthcare. Risks associated with participation may include concern for psychological risks such as depression resulting from questions posed, altered self-conception, anxiety, decreased confidence in self, embarrassment, boredom, frustration, and revealing information about oneself that may be unpleasant, and inconvenience from time taken to complete the survey.

Participants may cease participation at any time. Should you become uncomfortable with some of the questions and topics included in the survey, you are free to not answer or to skip to the next question.

Your Rights

If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time

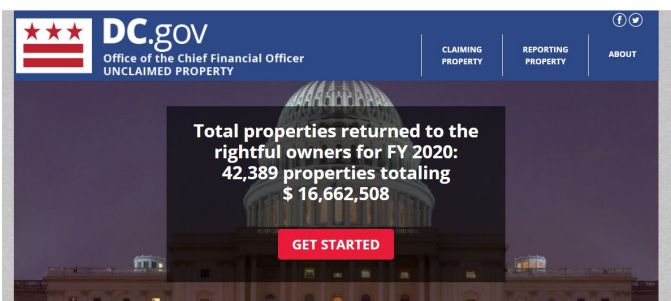
(Howard University Study—Continued on Page 15)

Thank you to our 2020-2021 Partners



DC Dentists May Be Eligible to Collect Unclaimed Funds

The D.C. government may be holding unclaimed money in your name. DCDS members may search the database of the D.C. Unclaimed Property Office at <https://dc.findyourunclaimedproperty.com>. Claims for property may be submitted through the website as well.



HHS Updates Guidance on Reporting Requirements for Provider Relief Fund

Deadline to Report for First Round of Recipients is September 30, 2021

The Department of Health and Human Services (HHS) recently updated its guidance on the Provider Relief Fund (PRF), including relevant reporting and auditing requirements. Members who received Provider Relief Funds are encouraged to review all [guidance documents](#) available on the HHS website to ensure they are in compliance with all regulatory requirements.

Key points of the latest guidance include:

- Deadlines to use funds and to report the use of those funds are based upon the date the of receipt. A table from the HHS website showing those deadlines is provided below.
 - Initial recipients of PRF payments had until June 30, 2021 to use those funds (for funds received from April 10, 2020 to June 30, 2020).
- Recipients are required to report for each Payment Received Period during which they received one or more payments exceeding, in the aggregate, \$10,000 (the previous requirement was to report for all PRF payments at one time).
- Recipients will have a 90-day period to complete reporting (rather than a 30-day reporting period as initially required).
- PRF recipients may use payments for eligible expenses or lost revenue incurred prior to receipt of those payments (i.e., pre-award costs) so long as they are **to prevent, prepare for, and respond to coronavirus**. However, HHS expects that it would be highly unusual for providers to have incurred eligible expenses prior to January 1, 2020.

All recipients are subject to audit.

For the purposes of registration and reporting, the Reporting Entity is the entity that registers its Tax Identification Number (TIN) and reports on payments received by that TIN and/or its subsidiary TINs.

The [Reporting Portal](#) opened on July 1, 2021.

(Provider Relief Fund—Continued on Page 9)

Medicaid Providers Can Receive No-Cost Technical Assistance and Connectivity Fees from the DC HIE

Application Deadline is July 31st

Medicaid providers can receive free technical assistance and connectivity fees to connect to the District's Health Information Exchange (DC HIE). The DC HIE Connectivity Program will close applications for technical assistance on **July 31, 2021**.

To learn more about getting connected to the DC HIE while connection is still available for providers at no cost, schedule an informational session with Team Enlightened by visiting www.joinchhie.org. Select "Get Connected" on the homepage to get started. A member of the team will connect with you to begin the onboarding process.

In 2019, the Department of Health Care Finance (DHCF) awarded the DC HIE Connectivity Grant to Enlightened, Inc. to provide technical assistance and connect Medicaid providers, at no cost, to health information exchange entities in the District. The Program facilitates access to the DC HIE. Once connected to the DC HIE, providers will be able to easily and securely share and access patients' health information across a patient's entire care team.

As of April 2021, the majority of Medicaid providers—including behavioral health providers—are connected to the DC HIE. Overall, there are more than 11,500 registered users in the District accessing HIE services via the District's Designated HIE, Chesapeake Regional Information System for our Patients (CRISP). Participating in the DC HIE is a regulatory or contractual requirement for some provider types. Institutes for Mental Disease (IMD) providers are required, as a condition of reimbursement for services authorized under Chapter 86, to participate through a formal agreement with a registered HIE entity of the DC Health Information Exchange, defined in Chapter 87 of Title 29 of the DCMR. Participating in the DC HIE enables approved, treating providers to access a range of data including notifications regarding hospitalization, information on a patients' care team, including care coordination services, labs and imaging.

Eligibility and Benefits for Medicaid Providers

The Program is available to **providers and organizations who bill 100+ Medicaid claims per year**. The Program will provide education, training, and enrollment in one of the District's health information entities. Providers will have the ability to:

- Get training and education to address their organization's current HIE needs;
- Get initial connectivity to the DC HIE which allows the provider to access clinical data and hospitalization alerts;
- Send encounter data to the DC HIE and access CRISP core services;
- Share patient clinical data to the DC HIE, which allows providers to access information on the same patients; and
- Receive automated patient panels.

(Health Information Exchange—Continued on Page 16)

DC Board of Dentistry: Licensing Portal to Open to Dentists in October

The DC Board of Dentistry has clarified that the new online licensing portal will begin accepting license renewal applications from dentists in October. Dentists may access the portal via the button below to submit an online application once the portal opens to dentists.

DC Health strongly encourages all users to review the instructions prior to beginning the process. License renewal applications must be submitted by December 31, 2021.

DC Health notes that while all demographic information and some documents may be provided as part of the online application, many primary source documents must still be mailed directly to DC Health at the following address:

DC Health
Attn.: Board of Dentistry
899 N. Capitol St. NE, 2nd Floor
Washington, DC 20002

Technical issues registering, logging-in or completing the application process, may be reported to the help desk ticket by clicking on the “**Contact Support**” button at the bottom of the page.

For any questions regarding application requirements, please review materials provided on the [Board of Dentistry website](#) or contact the Board of Dentistry at [by email](#).

To access the DC Health Licensing Portal, visit <https://doh.force.com/dchealthrenewals/s/portal-page>

Enjoy Big Savings at the GE Appliance Store

July 4th Sale! Get FREE DELIVERY on orders over \$299 and additional savings on select appliances.* Plus, take advantage of special rebate offers.

ADA/DCDS members receive exclusive access to great deals on a full line of GE appliances.

- Extra savings with promotional offers and rebates
- Shop our new kitchen suite of small appliances
- Convenient in-home delivery, installation, and haul-away services available

Visit the [GE Appliance Store](#) to shop sales and check out GE’s special financing options, too!*

**Offer valid now through 7/14/21. See store for details.*

Helpful Links

Provider Relief Fund [Guidance on Reporting Requirements and Auditing](#)

Provider Relief Fund [Post-Payment Notice of Reporting Requirements](#)

Provider Relief Fund [Frequently Asked Questions \(FAQ\)](#)

Provider Relief Fund [Reporting Portal](#)

Assistance with the Reporting Portal is via phone and is limited to basic questions about the registration process at this time. For those inquires, call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday.

From the ADA

PPP forgiveness application deadlines begin this month

ADA Morning Huddle, July 6, 2021

Some of the earliest Paycheck Protection Program borrowers need to apply for forgiveness by mid-July, after which the funding automatically becomes a standard loan with 1% interest, The Business Journals reports. Experts urge businesses to start forgiveness applications as soon as possible, especially if they received loans shortly after the program was established in April 2020 and had to spend the funds within an eight-week covered period.

Full Story: [The Business Journals \(tiered subscription model\)](#) (6/30)

ADA to host well-being conference on resilience

ADA Morning Huddle, July 7, 2021

The ADA's [2021 Dentist Health and Well-Being Conference](#), Developing Strategies for Building Resilience Through Human Connection and Peer Support, will be held virtually from 9:30 a.m. to 4 p.m. Central time Aug. 13, with up to five continuing education credits available for attendees, according to New Dentist News. The conference will cover identifying best practices for developing individual and organizational resilience, building resilience through social connections and relationships, and ways to build personal resilience and help foster it in other people.

Full Story: <https://www.ada.org/en/publications/new-dentist-news/2021-archive/july/2021-dentist-health-and-well-being-conference-to-focus-on-building-resilience>

ADA tells lawmakers it supports RECRUIT Act

ADA Morning Huddle, June 22, 2021

The ADA is supporting the Reserve Employers Comprehensive Relief and Uniform Incentives on Taxes, or RECRUIT, Act, which has been introduced in the House and Senate and would give tax credits to small businesses that hire and retain National Guard and Reserve members, according to ADA News. ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., sent letters to [House](#) and [Senate](#) lawmakers thanking them for sponsoring the bills, which they said are important because small businesses that employ and retain National Guard and Reserve members face the effects of the pandemic and potential deployments. "This incentive to hire and retain National Guardsmen and Reservists, among whom are many dentists, is crucial at a time when National Guardsmen are deployed around the world in historic numbers, and when Reservists have been deployed to respond to the COVID-19 pandemic," Drs. Klemmedson and O'Loughlin wrote.

Full Story: <https://www.ada.org/en/publications/ada-news/2021-archive/june/ada-supports-bill-offering-tax-credit-to-businesses-that-hire-retain-members-of-national-guard>

Health insurance legislation delivers on longtime priority for dentistry

ADA Morning Huddle, June 22, 2021

The ADA advocated for Congress to repeal the McCarran-Ferguson antitrust exemption for health insurance companies, and dentists and consumer advocates welcomed passage of the Competitive Health Insurance Reform Act, which codified the repeal on Jan. 13. The law is intended to improve transparency and competition in the insurance industry, and the ADA advocated for the change in hopes that it would prompt a federal investigation of alleged anticompetitive practices, said David White, D.D.S., chair of the ADA Council on Government Affairs. Dentists can learn more from the ADA about the law by accessing an [FAQ](#) and a [one-page summary](#) of its implications for dentists.

Full Story: <https://www.ada.org/en/publications/ada-news/2021-archive/june/dentists-look-ahead-in-wake-of-repeal>

ADA's updated CDT resource available for preorder

ADA Morning Huddle, June 22, 2021

The ADA's CDT 2022 and Coding Companion Kit with App, which prepare practices for CDT Code changes that take effect on Jan. 1, 2022, are available for [preorder online](#) or by calling 800.947.4746. Among the changes are new codes for pre-visit patient screenings; fabricating, adjusting and repairing sleep apnea appliances; intra-coronal and extra-coronal splints; immediate partial dentures; rebasing hybrid prostheses; and removal of temporary anchorage devices. In total, there are 16 additions, 14 revisions and 6 deletions, plus eight codes adopted this year for vaccine administration and molecular testing for a public health-related pathogen.

Full Story: <https://www.ada.org/en/publications/ada-news/2021-archive/june/cdt-2022-ready-for-preorder>

Call for entries for the 2021 ADA Design Innovation Awards

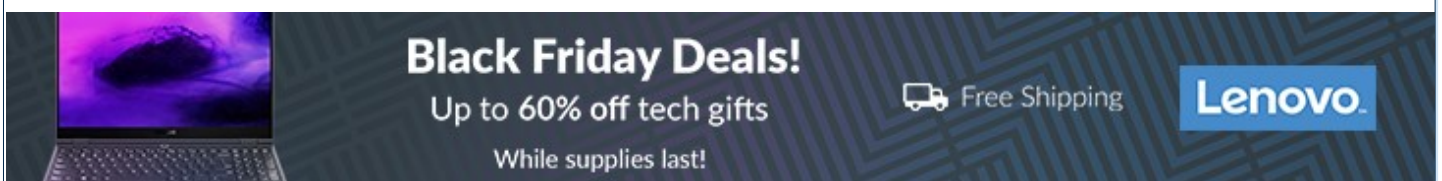
ADA Morning Huddle, June 22, 2021

Is your practice a winner? Enter now through Aug. 20 to win \$1,000 and have your dental office featured in ADA publications. There are three categories: large new build, small new build and remodel (construction must have been completed in the past three years, after June 2018). Judges from the ADA's Council on Dental Practice will narrow the field to three finalists in each category, then online voting will determine the winners. Visit <https://success.ada.org/en/practice-management/office-design/design-innovation-awards> for more information and to download the entry form.

Tooth-friendly travel tips for summer

ADA Weekend Huddle, June 19, 2021

As vaccination rates rise and travel destinations reopen for visitors, your patients may be planning summer getaways. Share [this list of tooth-friendly travel tips](#) with them before they leave! Visit [Mouth-Healthy.org](#) for more free patient resources all year long.



Black Friday Deals!
Up to 60% off tech gifts
While supplies last!

Free Shipping

Lenovo

(Discharging a Patient—Continued from Page 2)

Patient discharge requires careful deliberation and proper protocols including an office policy that is routinely followed by the practitioner and staff.

The prudent practitioner should complete any treatment in progress, if possible, to avoid any abandonment issues. Also, be mindful if the patient is in a prepaid plan where dental care must continue until the third-party payer is notified and the patient reassigned.

In conclusion

A dentist's main obligation and charge is to provide competent dental treatment above the Standard of Care in their practice locality. However, dentists do have discretion regarding the patients they choose to accept in their practice and have the autonomy to withdraw from the care, terminate an existing doctor-patient relationship, and discharge a patient from the practice.

According to the [ADA practice management guidelines on patient dismissal](#):

- A dentist has the right to dismiss a patient in situations where it is not possible to resolve the differences between doctor and patient, or the dentist cannot abide the patient's behavior within the practice, as long the dismissal is not for a legally impermissible discriminatory reason.
- Dentists should consult the appropriate state laws and your state dental practice act to determine any requirements about dismissing a patient, including how many days you need to be available to the patient for emergency care only.

Dentists are advised to consult with any dental insurance carrier for contractual requirements when a patient is dismissed.

For additional risk management resources and examples of patient discharge letters, please visit our website at: www.protectorplan.com/risk-management.

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ness associate and emails a seemingly valid request for information or emails a link to a site that appears legitimate but exists only to collect login and password information.

Remote desktop protocol (RDP) attack: exploitation of a convenient and commonly-used tool that enables remote access to a workstation or server. RDP runs on a standard port (tcp/3389) and is easily identified while scanning.² Once an RDP target is identified, hackers may deploy “brute force” password-guessing software or exploit one of the many vulnerabilities that allow unauthenticated access to a computer.

In either case, once a cyber criminal accesses a victim’s network, he installs malware that encrypts all data and contacts the victim to demand payment, usually in Bitcoin or other cryptocurrency, in exchange for the encryption key required to unlock the data.

Risk Mitigation

Businesses and practices that store sensitive data can implement several strategies to reduce cyber crime victimization risk and impact. These strategies include:

- Contracting with a highly-competent IT Managed Services Provider (MSP)
- Implementing multi-factor authentication on network devices
- Forcing regularly-scheduled password resets
- Training employees to recognize and report suspicious email activity
- Limiting and/or requiring unique credentials for remote access, especially for vendors
- Ensuring timely patches to network infrastructure
- Purchasing robust data breach / cyber liability insurance – consider limits of not less than \$1,000,000 per claim. Cyber liability insurance that is made available as an add-on to conventional business-owner insurance, while better than nothing, may only partially address the logistical and financial needs of a practice owner who falls victim to an attack

Network Intrusion & Breach Response Protocol (Insured)

In the event of a suspected or confirmed data breach or ransomware attack event, unplug the affected device(s) from internet and power, then immediately contact your MSP and insurance company. Practice and business owners insured under a robust data breach / cyber liability insurance contract can expect to receive prompt contact from a claims consultant who, depending on the nature of the breach event, will assemble and introduce a team of expert consultants. These consultants include all or some of the following:

- Forensics
- Legal/regulatory
- Finance
- Public relations/Crisis management

The team of consultants will work with a policyholder and his or her MSP to identify and remedy the source of the breach. In the event of a ransomware attack, the forensic IT specialist and the policyholder's MSP will work together to restore lost data from back-ups and server images if possible. A crisis management professional or attorney will simultaneously communicate with the criminal to negotiate the value and terms of the ransom demand. In some cases, the negotiator may succeed in persuading criminals to accept a ransom substantially lower than initially demanded and potentially far less than the business interruption and service restoration expenses. In all cases, whether a breach takes the form of a phishing attack, cyber extortion, data/device theft, fraudulent instruction/funds transfer, or other similar e-crime, the most comprehensive breach response/cyber liability insurance policies provide technical and monetary coverage with limits ranging from hundreds of thousands of dollars per incident to multiple millions of dollars for various expenses. Covered expenses may include:

1. Breach response costs (professional services)
2. Business interruption
3. Regulatory defense and penalties
4. Payment card liabilities and costs
5. Extortion/ransom loss

Conclusion

On the timeline of criminality, network intrusion, data theft, and cyber extortion are relatively new evolutions. Similarly, defense technology and the vocabulary that defines cyber-crime are new. But at their essence, cyber-crimes are just new iterations of misdeeds in existence for millennia. Likewise, the core concepts required to manage and mitigate risk are still effective. Risk assessment, risk reduction, and risk transfer (insurance) are old but effective tools to manage risk in the digital age.

This article is not a comprehensive risk assessment and does not constitute specific risk mitigation advice. The author is not an attorney and offers no legal advice or coverage determinations for any past, current, future, or hypothetical insurance claims. Only an insurance claims adjuster is authorized to make coverage determinations on behalf of an insurer in the event of a claim.

1. Beazley Breach Briefing 2020 https://www.beazley.com/news/2020/beazley_breach_briefing_2020.html
2. Ibid

(Howard University Study—Continued from Page 5)

without penalty or loss of benefits to which you are otherwise entitled.

The results of this research study may be presented at scientific or professional meetings or published in scientific journals. No identifying characters of participants will be included.

Benefits

If you decide to be a part of the study, there are no direct benefits or compensation to you. Participation in this study will involve no cost to you. The potential benefits to faculty are improved support services for LGBTQ patients and the opportunity to obtain information that may support improved healthcare services for this population.

Confidentiality

The information you provide will be kept confidential to the extent allowable by law. Some steps the researchers will take to keep your identity confidential are: 1. you will not be asked for any personal contact information on the survey, and 2. each returned survey will be assigned a letter and number identifier, P1, P2, etc. Your institution, location, nor name will be recorded in this study.

The people who will have access to your information are Dr. Reginald Salter, faculty researcher, and student researchers Lolade Olayinka and Christopher Andrews. Institutional Review Board-Howard University-may also review the research and view any information provided. Any data collected will be kept in a locked file. Collected data will be kept for 6 years in this manner after which, all electronic data will be permanently deleted.

Contact Information

General questions may be sent to LGBTQ competency at study@howard.edu. If you have direct questions, you may contact Dr. Reginald Salter directly at reginald.salter@howard.edu or 202-806-0235.

Independent Contact

If you have questions about your rights in the research, or if a problem has occurred, or if you have concerns during your participation, please contact the Institutional Review Board- Howard University to speak to someone independent of the research team at (202)-865-8597.

You may also write to: The Office of Regulatory Research Compliance:

Howard University
1840 7th Street, NW Suite 309
Washington, DC 20001
irb-nonmedical.orrc@howard.edu

Consent

By completing and submitting the survey, you affirm that you are at least 18 years old and that you give your consent for Dr. Reginald Salter to use your answers in the research. If you consent to participation in this study, please access the link below to submit when done.

<https://www.surveymonkey.com/r/PJ9SC76>.

Help the needy of Washington through D.C. Dental Cares, the new pro bono program of the D.C. Dental Society Foundation

Did you hear that the DCDS Foundation has launched a new program in partnership with the Catholic Charities Health Care Network to provide pro bono dental care to members of the Washington Community in need?

Through this program, D.C. dentists will be able to provide pro bono treatment for patients in their own office with no long term commitment. The type and amount of treatment rendered to these patients is entirely at the discretion of the dentist. Patients will be pre-screened for their eligibility for this program based on their economic status. Our member dentists will receive a referral, which outlines the patient's general oral health needs and their chief complaint.

Sign up to participate via a brief [online form](#).

(Health Information Exchange—Continued from Page 7)

Technical Assistance

Interested providers and organizations can connect with Enlightened Inc. and schedule an informational session on the DC HIE Connectivity Program on or before July 31, 2021. A technical assistance representative will assist authorized personnel to:

- Receive education and training on the DC HIE;
- Execute a participation agreement with a DC HIE entity;
- Activate the HIE account to allow authorized users access to electronic patient records and receive encounter notifications;
- Achieve full interoperability and connectivity within the District's health system that allows the provider to both receive information from the DC HIE, as well as send information.

DHCF is committed to ensuring your continued success with the DC HIE Connectivity Program. For more information regarding DHCF DC HIE initiatives visit the DHCF website at



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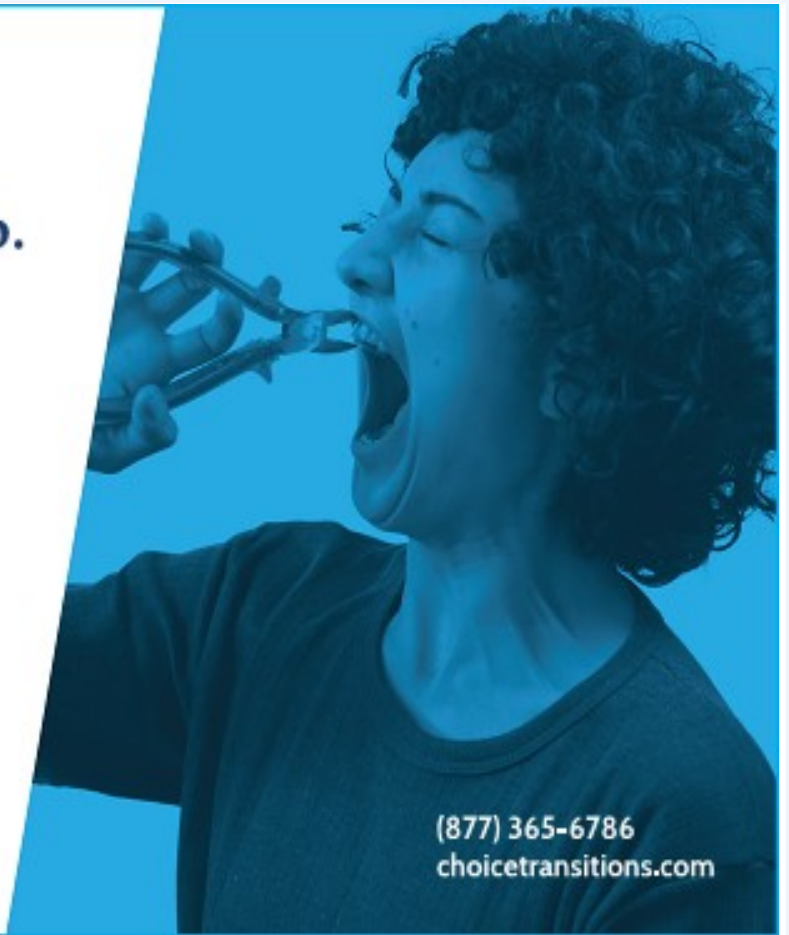
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D.C. Metro Area General Practice for Sale

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