

2006 Was A Banner Year For CALAOMS

he year 2006 was a landmark year for the California Association of Oral and Maxillofacial Surgeons. In March, CALAOMS closed escrow on its new office in Roseville. The condominium will house the association's executive offices and will include a state-of-the-art conference room with video conferencing capabilities. More importantly, it will insulate the association from ever rising lease rates thus contributing to its overall financial health.

Also in March, Governor Arnold Schwarzenegger appointed Dr. Suzanne McCormick to the Dental Board of California, thus CALAOMS 2006

keeping an oral and maxillofacial surgeon in this vitally important position. Dr. McCormick met with the CALAOMS Board of Directors in May and is eager to bring the perspective of oral and maxillofacial surgeons to her new position.

More good news was received in the summer, as the occupational analysis ordered by the governor in conjunction with his veto of SB 1336 in 2004 was

released. The analysis was overwhelmingly supportive of CALAOMS's position that appropriately trained oral and maxillofacial surgeons are capable of addressing the facial cosmetic concerns of their patients.

What followed was tremendous support of SB 438 by the California State Legislature. True to his word, Governor Schwarzenegger signed the bill into law on September 30th. It was with great pride that CALAOMS president, Gerald Gelfand, shared the news with the American Association of Oral and Maxillofacial

Surgeons in San Diego during the annual meeting.

Two additional bills, SB 1111, a "clean up" bill to

SB 1541 allowing non-registered dental assistants to read and repeat display readings for interpretation by the dentist and SB 1546, the work experience training bill for dental assistants were also signed into law. According to CALAOMS Vice President/Secretary, Dr. Bruce Whitcher, these bills were necessary to insure that the state's oral and maxillofacial surgeons were able to deliver uninterrupted quality care.

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Editor's Corner



Tim Silegy, DDS Editor, of the Compass

And so it goes...

e all have a different relationship with time. As editor of *the* Compass, time has taken on a whole new meaning for me. Three times a year, I somehow must find the time to put this publication together. I must also be inspired to write an editorial. At times, the story flows effortlessly from my fingertips to the keyboard, the result being, what is hopefully, a somewhat enlightening take on a given topic. Other times, I rack my brain trying to express myself. Those who know me know that I am seldom lacking an opinion. However, effectively putting it down on paper is another thing. Between wisdom teeth, implants, lecturing, staff issues, workouts, family, friends and other commitments, it is sometimes hard to make the time to actually sit down and write.

To some extent time controls us all. In his short story "Repent, Harlequin! Said the Tick-Tock Man," Harlan Ellison, describes a utopianlike society under the control of a master time-keeper or "tick-tock man." As long as "the machine" runs on time, order is maintained. So regimented was the system, that being late was punished by taking time from your life span. If you were late once too often, you were simply turned off. Lord knows, I would have been turned off ages ago had I been forced to live in this world.

Try as I might, I am frequently late. Not a good thing when you are working with an extremely busy production manager/general contractor, Steve Krantzman. Steve isn't the only one who gets peeved by my tardiness. My wife has coined the term "Tim-time" in reference to the fact that I'm rarely home when I say I'll be. Take the actual time and add forty-five minutes and that's when you can expect me.

At times, the impetuousness of youth makes it difficult for me to understand why things take so long to get done. Over the past two years, I have come to realize that change takes time, and major change takes even longer! Whether it involves the unification of societies, the passage of major legisla-

tion, or building a practice, nothing happens as fast as we may desire. While CALAOMS has much to celebrate this year, our successes are the result of years of hard work by a relatively small group of committed professionals who have selflessly given their time for the betterment of our profession.

Regretfully, my time as editor of the Compass has come to an end. No, I haven't run out of things to say, I have just run out of time. My good friend, Len Tyko, has agreed to take over the helm. I have every confidence in his ability to communicate effectively with our membership and be a strong voice on the Board

CALAOMS will face many challenges in the months and years to come. Among these will be the preservation of the operator/anesthetist model, maintaining a strong membership, implementing cosmetic surgery guidelines and keeping our share of the dental implant market.

But that's another story and my time is up!



Letter to the Editor's Corner

October 31, 2006

ust as the historical markers that dot the roadside landscape remind us of the episodes that have shaped our nation, so too do certain events signal the progression of our specialty from the narrow practice of the exodontist to the highly skilled and multi-faceted scope of practice enjoyed by today's oral and maxillofacial surgeon.

On Saturday, September 30, 2006, our specialty celebrated a new milestone when Governor Arnold Schwarzenegger signed SB 438, permitting California OMSs to perform elective cosmetic procedures of the head and neck. As with most momentous achievements, this victory did not come easily. Throughout the very public debate, the state senate and assembly hearings and the year-long occupational analysis ordered by the Governor in 2004, the leaders and members of CALAOMS made their case with the confidence. cooperation and reasoned restraint that are the hallmarks of our specialty.

The Board of Trustees and the membership of the American Association of Oral and Maxillofacial Surgeons congratulate our CALAOMS colleagues on this significant legislative victory and thank them for opening the door wider for today's OMSs and for those who will follow us in the future.

Sincerely,

W. Mark Jucker, DIS.

W. Mark Tucker, DDS President, AAOMS



SPOTLIGHT ON OUR SPONSORS

CALAOMS would like to thank the following companies for their sponsorship of events at the following meetings

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President's Message



By Gerald Gelfand, DDS President, CALAOMS

last "President's Message". This is when the outgoing President traditionally recaps all the accomplishments of the past year (hoping that there were some) and thanks a lot of people but I'm not overly traditional. Nevertheless, this was, to be sure, a year of many significant accomplishments for which I take little credit. The credit goes to your committed and hard working Board, the chairs and members of our committees who support our strategic plan, the CALAOMS membership which was there when we needed them as I always knew they would be and our incredible central office staff. (More about them later).

It must have seemed at times that SB 438, the facial cosmetic

on. As important and time consuming as that may have been, let me assure you that there was a lot more to this past year than that. CALAOMS purchased outright our own office space in a modern industrial complex using our existing resources. A campaign to raise funds for the build out of the office space from corporate sponsors and CALAOMS members has been a huge success, allowing us to accomplish the build out with little or no additional expenditure of funds from CALAOMS while incurring little, if any, indebtedness. By making this move, we are able to maintain our office rent free which will help to stabilize and control dues for years to come. There are many people to thank for this but one in particular is Board Director Larry Lytle who chaired the campaign to raise funds for the build out. This very successful project raised funds beyond anyone's expectations (certainly beyond my expectations), a tribute to Larry's leadership as well as to you, our members, who once again came through in a big way when asked to help just as you did in support of SB 438 with your many letters to Governor Schwarzenegger urging him to sign the bill into law. It's also a tribute to Executive Director

legislation, was all that was going

Pam Congdon who helped raise funds for the campaign. All of this was accomplished while still maintaining enough reserves to meet our target level. It's safe to say that CALAOMS enjoys a very stable and secure financial condition.

Let me make one final comment about SB 438. It has frequently been referred to by many as a CALAOMS victory. To be sure, it was very gratifying to have finally succeeded in having this signed into law. We had incredible support from CDA in that endeavor and we owe our thanks to many at CDA especially Liz Snow, Cathy Mudge and Michelle Rivas. Without them, it doesn't happen. We also owe our thanks to Mark Rakich, Senators Sam Aanestad and Carole Migden, Assemblyman Bill Emmerson, AAOMS District 6 Trustee Larry Moore for his expert testimony and many others. However, this is really a victory for oral and maxillofacial surgery and for the people of California and not CALAOMS. It is our specialty which will benefit nationwide from what we have accomplished in California and it is the citizens of this state who will benefit by expanded access to qualified and caring practitioners who practice full scope oral

and maxillofacial surgery. They are the real winners.

Among the many other successes this past year are the development of CALAOMS' first position paper regarding our operator/anesthetist model; the addition of an Insurance Committee to our committee structure; a formulated plan for the future of the CALAOMS Health Foundation; the establishment of several task forces including the anesthesia task force so that we may continually be vigilant and proactive in making sure that anesthesia regulations are strong and protective to insure that the administration of general anesthesia or conscious sedation in California is safe and performed by qualified practitioners. If you want more details I'll be happy to send a copy of my year end report to the Board.

In closing, it's been a great year for CALAOMS and for me. I've enjoyed being your President and advocating on your behalf. I am grateful to all of you who have supported our efforts and who have taken the time to send along some kind words which is always appreciated. I am equally grateful to those of you who offered suggestions or criticisms since we're always trying to get better. One thing you may all rest assured about has been the incredible support the membership and Board receives from our/your staff. We are truly lucky to have such a competent, hard working staff which is committed to this association. Take some time to thank them once in a while: Steve Krantzman, Teri Mandella, Barbara Holt and Debi Cutler. Oh, yeah, I almost forgot, the one who directs it all, our Executive Director Pam Congdon. I believe

there are times when Pam thinks she's an oral and maxillofacial surgeon, such is the level of her dedication. We are truly blessed to have her on our side. She has been an invaluable asset to me all year long and without her this job would be considerably tougher. Pam is constantly looking out for our interests and examining ways we can benefit the membership. Thank you, Pam, for all the help you gave me this year and for all you do for CALAOMS.

In 2007, Murray Jacobs will assume the Presidency. I've worked closely with Murray this year and know that he will do a fantastic job. He has my complete support and I hope all of you will give him yours.





CALAOMS At The ADA

California Oral and Maxillofacial Surgeons were well represented at the ADA House of Delegates in Las Vegas. Pictured from left to right are District XIII delegates Dr. Alan Felsenfeld (CDA Editor), Dr. Terry McCarthy (CALAOMS Past President), Dr. Gerald Gelfand (CALAOMS President), Dr. Russell Webb (CDA Immediate Past President, District XIII Trustee) and Dr. Ronald Meade (CDA President, CALAOMS Past President)

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How Would You Practice Dentistry if You Won the Lottery?

by Paul Homoly, DDS, CSP.

This article appeared in the Journal of Cosmetic Dentistry, Fall 2006 and is reprinted here with Dr. Homoly's Permission

ne summer morning Dr. Adam Clarke walked into a convenience store, bought a gallon of milk and, with the change, bought a lottery ticket. Later that afternoon the winning lottery number was announced, and in a heartbeat, Adam Clarke, D.D.S., became a millionaire.

He yanked out his cell phone, called his wife, Kristen, told her he had great news and insisted she drop everything and meet him at home.

"We're rich. We're millionaires. I just won \$20 million!" Adam sang as he and Kristen danced in their kitchen.

Two months later, Adam and Kristen returned from Tahiti, tanned and mellow.

"So what are you going to do about your practice? We don't need the money," said Kristen.

"I'm not sure."

As Adam walked through his quiet office that Sunday afternoon, he realized that he enjoyed dentistry. In fact, he actually missed it. Not all of it, of course. Too much of his practice had become an aggravation. It was the people he missed – Rita, the schoolteacher, whose face had lit up like a Christmas tree when she first saw her new smile; Stanley, the barber, who told off-color jokes; his staff, in spite of their "high-maintenance" behavior, had become like a family, a bit dysfunctional but enjoyable nonetheless. Adam decided to stay.

"We're going to do some great dentistry and make this place fun again," said Adam to his staff that Monday morning. "We're going to make some big changes." And they did.

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Twenty years later Adam retired from dentistry. His retirement was honored at a black tie dinner hosted by the community and his fellow professionals. Sitting next to Kristen at the head table, Adam listened to the final accolades of his introduction.

"...and so ladies and gentlemen, our honoree has earned the respect and gratitude of our profession. Like an artist with bold and brilliant strokes, he has painted the portrait of his life masterfully and with love, touching and influencing each of us through his leadership, teaching, his numerous books and published articles, and the many innovations he brought to dentistry. A modern day Renaissance man, please help me welcome..."

Having a great practice is not about the teeth, it's about the people.

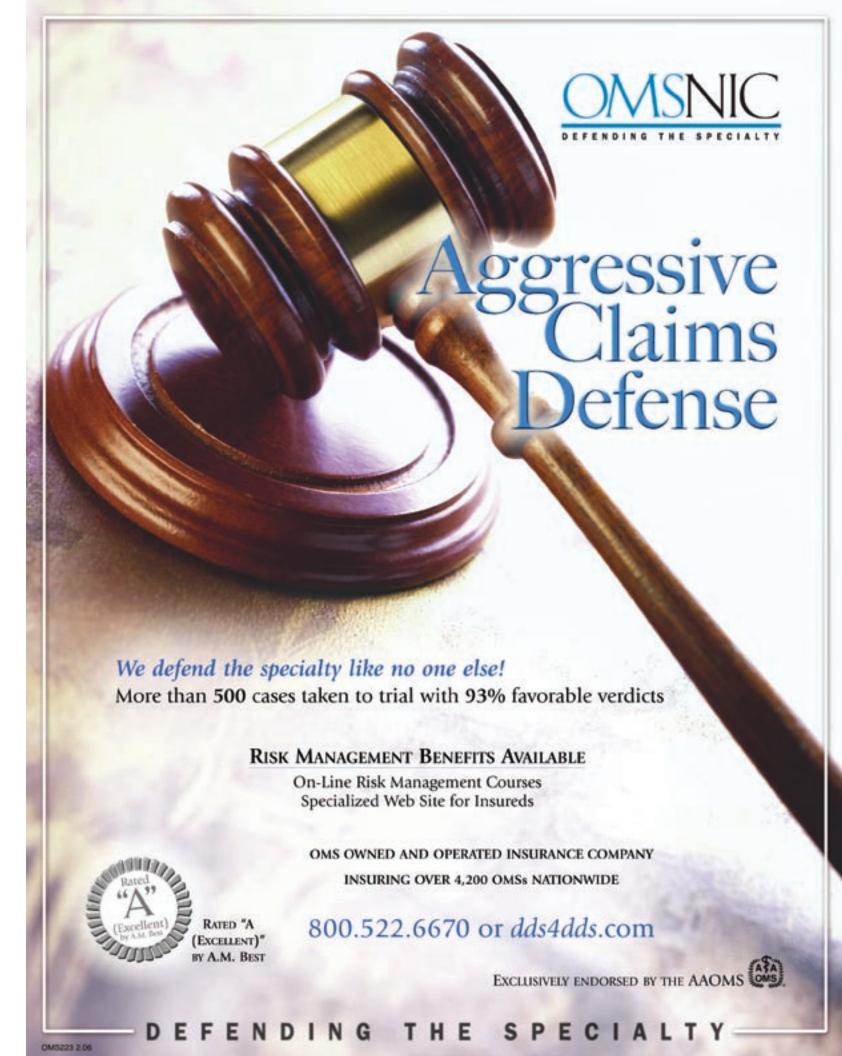
Adam didn't hear the final words of his introduction as he stood and climbed the stairs to the stage. The standing ovation made him bite back tears.

Adam began.

"When I became a dentist twenty five years ago, I had no clue that I'd be up here tonight enjoying this great honor. In the beginning my interest was on surviving, paying the bills, and maybe, if I was lucky, saving a dollar or two. People called me Dr. Clarke, but I didn't feel like a doctor. Doctors were confident and prosperous; I felt neither."

"Then one day I won a twenty million-dollar lottery. I closed the practice for two months, Kristen and I took a wonderful vacation, and when I returned I decided to make my practice a special place – special for my patients and special for those who worked with me."

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SCPIE's Risk Management Corner

Treating Members of Your Staff: A Prescription for Legal Problems?

By Barbara Worsley, Vice President - Risk Management, SCPIE

any doctors face the same dilemma: Should they personally provide medical care to their employees? And oral surgeons are no exception. Treating staff members and other nonpatients (defined as people treated outside the standard office relationship, usually without documentation) appears to be extremely widespread.

At first glance, treating staff members would seem to be a straightforward, valuable employment benefit that can be provided for little cost. But once a doctor begins to treat an employee, a patient-doctor relationship is established, making the provider legally liable for the interaction and its consequences.

Be aware of the pitfalls

Treating staff members can be rife with potential problems. Some prime examples:

- You may be tempted to keep less-than-thorough records of the care you deliver to your own staff because you know that all of your employees have access to the record (regardless of the office rules).
- You may give an employee advice while you're hurrying down a hallway or getting into your car. Again, nothing shows up in the chart and there is no way of knowing which drug samples you may have given to the employee.
- The issue of charging for your services can be fraught with problems. If you write off charges for one employee, shouldn't all of your employees receive the same treatment?

In light of these issues, any decision to provide healthcare to employees should be given careful consideration. The question every doctor needs to answer is, "Do I really want to treat my staff?" Remember, deciding not to provide such care is a perfectly acceptable position. You'll never get into trouble by politely saying no, while you may get into all sorts of trouble by saying yes. Whatever you decide, make your policy clear in your personnel manual and stick to it.

Professional courtesy: a legal minefield

Traditionally, the term "professional courtesy" has been defined as the practice by a doctor of waiving all or part of fees for services provided to the doctor's office staff, other providers, and/or their families. In recent years, the term has also come to mean the waiver of coinsurance obligations or other out-of-pocket expenses.

Extending professional courtesy raises potential legal issues under the federal anti-kickback law [42 U.S.C. §1320a-7b(b)], prohibition against inducements to Medicare beneficiaries [42 U.S.C. §1320a-7a(a)(5)] and the prohibition on certain doctor referrals [42 U.S.C. §1395nn].

The federal government can also prosecute any healthcare provider who improperly grants professional courtesy discounts to patients with commercial insurance. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the government can also take action against those who defraud private, as well as public, health programs.

Thus, all laws and regulations affecting waivers of copays and deductibles apply, regardless of whether the insured is covered by a commercial insurance plan or a government program.

Steps to reduce your risk

If you do opt to provide medical care to your employees, you need to take measures to minimize the chance of problems arising:

- Limit your treatment of employees to medical problems associated with your specialty.
- Clearly communicate to all employees that such treatment is not mandatory and that they're free to obtain medical care elsewhere whenever and wherever they want.
- Maintain high standards of care. Insist on the same criteria and procedures for evaluating and treating your employees that you use for your regular patients.
- Document all encounters as to complaint, findings, treatment plan and progress. Also, document any provision of medication samples to employees.
- Be consistent. If possible, make sure all doctors in your practice follow the same protocol with respect to taking care of employees.

By following the guidelines noted above, doctors who provide direct medical care to staff members will be less likely to find themselves in a court of law.

It's All About The Money



By Daniel E. Levin, DDS

s New Year approaches, I am sure that most of us can reflect back a year and perhaps a career, and be very grateful of what we have accomplished. Sure there are the bumps and frustrations of running a practice, burn out and an occasional sense of dissatisfaction. But when all is said and done, we should be very proud of our accomplishments. Very few of us will be as well known as most TV personalities (except for Dr. Silegy) but collectively we have had a huge impact on thousands of patients statewide while influencing

oral surgery policy on the national level. And while we were at it, we made a pretty decent living as well.

In my last column, I suggested that we redefine the meaning of an oral and maxillofacial surgeon. I related a story of a comprehensive implant conference I attended. One of the oral surgeon speakers, claims to have a nearly 100% implant practice and stated with some sense of accomplishment that he does no TMJ, no trauma, no pathology and is not interested in routine dentoalveolar surgery unless implants are involved. At a break, I was discussing this presentation with one of the course directors who kind of brushed on the presenter as, "for him it's all about the money." Maybe yes, maybe no, but certainly you don't have to spend mega years in training to become an oral and maxillofacial surgeon just to do implants. Just ask the GP next door who has the same booming implant practice!

For those who attended our Sonoma meeting with Dr. Ghali Ghali from LSU, the opposite spectrum of an oral surgeon was presented. Dr Ghali is truly an oral surgeon's oral surgeon. He does it all from anastomosing free grafts to orthognathics, facial cosmetics to implants, and with all of that, throw in some dentoalveolar surgery. Of course, he does not have to support an office and he has a huge university behind him, but nevertheless, he has a truly comprehensive practice that takes advantage of all of his training. Does a happy median exist for the rest of us?

To have a successful practice, it does not always have be about the money. Of course, we are all in this profession to make a living and provide for our old age. Not every patient can afford or wants "implants" but they still may need treatment for other issues and shouldn't be turned away. I recently

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Top Ten Ways to Minimize Your Employment Risks

Ithough employment risk sounds like a dull topic, the reality of the issue is here to stay. CALAOMS sponsored Ms. Bernadette Bantly, Esq., a lawyer who specializes in employment, to discuss employment risks in our practice. This is a new course in the lineup of CE classes being offered by CALAOMS. It is designed to help doctors minimize liabity as an employer. The meeting was held in the northern and southern regions in September.

Ms. Bantly began by presenting the problem of employment issues where there is a 250% increase in claims and suits in the past 25 years. She also pointed out that medical and dental offices have most of the same employment claims as large companies: wrongful discharge, harassment, discrimination, wage claims, and workers comp claims.

The most common issues in our offices include sexual harassment, pregnancy leave/discrimination, and employee conflicts. The remainder of the time was spent discussing the top ten ways to reduce risk.

Number Ten: Expect claims, this is California-we can minimize potential liability by several ways including employment practice liability insurance, and incorporating.

Number Nine: Update your employee manual-tailor it to your office, have at-will, attendance, OSHA policies addressed.

Number Eight: Properly screen new hires- thoroughly screen application, referrals, training, etc.

Number Seven: Maintain at-will employment- atwill employees may be terminated at any time with or without cause... Number Six: Classify and pay employees correctly-overtime, vacations, etc.

Number Five: Enforce Meal/Rest Period Policieslunch breaks, meal periods.

Number Four: Manage Your Employees. Performance reviews, counsel and warn employees before discharge, document all performance issues.

Number Three: Properly Terminate Employees-document reasons for termination, pay final entitlements.

Number Two: Handle Pregnancy Issues Corrrectly-Office environment (x-rays, nitrous), pregnancy leave issues...

Number One: Protect Yourself from Sexual Harassment Lawsuits- Does not have to be explicitly sexual, treat employees the same, stay professional.

Sample documents were offered at the end of the hand out for at-will policy, vacation policy, equal opportunity, etc. These may be emailed to your office by request.

The material covered proved to be relevant to our practice and more eye opening to our naiveté. CALAOMS greatly appreciates the time by Ms. Bernadette Bantly, Esq. for sharing her area of expertise with us.

If you regret missing this course, don't worry. This class is also going to be held in 2007. Please see the CALAOMS 2007 CE Booklet.

By Vincent Farhood, DDS, Past Editor of the Compass

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Prescription for Effective Advocacy

By Juli Broyles, Lobbyist for CA Advocates

stablishing a relationship with legislators, in many ways, parallels how patients should select a medical provider – well before the patient ever needs them!

The same holds true in politics. Last minute efforts to get a legislator's vote are rarely successful. If you want a legislator to pay attention to your call, fax, email, or letter, he/she needs to know who you are well before any vote ever occurs.

Instead, think and plan ahead. Establish your legislative relationships before you need them.

It is important to educate yourself about your legislator. At a minimum, know his or her background, party affiliation, hometown, and if possible, whether they are on a legislative committee with jurisdiction over issues important to you or your organization. If possible, familiarize yourself with each of your legislators' positions on your issues and their voting record.

Make time to go to the district office and get to know district staff as well, particularly chiefs of staff. Legislators rely heavily on their staffs for a major portion of their responsibilities, i.e., scheduling, advice on specific legislation, constituent problems, etc.

One of the simplest ways to reach a legislator is to email their legislative staff. Most high-level legislative staff stay in contact with what is happening in and around their Capitol building via Blackberry or instant messaging. Being able to send to and receive information from staff on key issues lets you provide timely information on legislative issues of importance to your organization.

Again, your prep work in establishing the relationship with legislators and staff will make the differ-

ence in how future requests for help are received. By making the contacts early, the legislator and staff will know you, your business, and how many employees, how much tax (i.e. revenue) your company adds to the district's economy.

The benefit: when you actually need help – they know who is asking.

Another way that you can continue to cultivate a relationship with a legislator and their key staff members is to invite him/her to your place of business or your group meetings. Show them how your business or industry is important to the community and residents. Take pictures of their visit and profile the visit in your organization's newsletter. Even better, send copies of the articles and photos to your local paper. (Free media coverage is particularly beloved by legislators...)

When you do set up a meeting with a legislator in their district or Capitol office, contact the staffers who set meetings for the legislator. Usually the district and Capitol office each have their own scheduled. It is helpful to have the telephone, email and fax numbers for each office noted in your contact lists on your computer, PDA, or phone.

Keep in mind that legislators are usually in Sacramento Monday through Thursday. On Fridays, legislators are usually in their district offices. Legislator meetings are generally scheduled in 10 to 15 minutes increments. If possible, provide background materials in advance in writing. Do be sure to let the office scheduler know who will be attending (offices are usually small so keep the number of attendees to five or less.) Show up to meetings early, be polite, bring the number of people you committed to, and be flexible about rescheduling.

For yourself, it is very helpful to prepare a short list of key issues/messages you want to be sure to cover in the meeting. If you plan on talking about legislation:

- Know the bill number, author and where the bill is in the legislative process. You need to know the legislative calendar because legislators and legislation live and die by legislative deadlines.
- Understand both sides of the issue so you can better develop your argument. It is also important to know what organizations support or oppose your issue.
- Be specific and provide facts and tangible examples of the impact an issue will have on your business, and your patients. Do not lecture!
- Offer to help educate your legislators further about your industry, and its benefits to patients.
- Ask your legislator his/her views on the issue and, at the conclusion of the meeting, if they can support your position.
- Remember to thank your legislators for listening to you.
- Always keep the door open for future discussion

Follow up after the meeting with a brief thank you letter. In the letter, you may want to indicate that you plan to continue to monitor the legislation/issue. Also, provide any answers to questions or other details you had promised.

While your short-term goal in this meeting is to present your issue--and possibly get a commitment from your legislator, the long-term goal is to develop your relationship with your legislator. At the end of the day, no one body cares about your issues as much as you and your association do.

You, as a constituent, have the power to be heard most closely, so take the time to nurture and cultivate your legislative relationships.

MONEY Continued From Page 11

saw a very alert and pleasant 78 year old who suffered from mild sleep apnea. In discussing treatment options, I noticed that she brought in a panorex from another oral surgeon's office. When asking her why she chose me to treat her, she stated that the other surgeon's office does not accept Medicare. She went on to say that Medicare provided her with a list of 60 oral surgeons and that I was the 20th person she called (how's that for your ego?). She stated that some were not oral surgeons and/or others no longer accepted Medicare. I am not here to debate the merits of providing or not providing care for seniors. But the reality is that these patients truly have no other means of insurance. My patient wasn't asking for a handout. She had secondary coverage and was prepared to pay her copays. All she wanted was a good night's sleep.

Most oral surgeons are very generous with their time and often have a large accounts receivable as a consequence. No one wants to work without being fairly compensated. Sometimes it may be necessary to think about groups of people that have a hard time fending for themselves in this bizarre medical reimbursement world.

Our endangered species include children, who can't be held responsible for the actions of their parents, and seniors who are on fixed incomes and depend on Medicare. Quite a different situation from the 25 year-old male who was just minding his own business at the bar, who presents to the hospital with a fractured mandible at two in the morning.

Recently, CALAOMS came up with a catching concept for donations to their building fund, a "Case of Thirds." Fifth Avenue advertising firms couldn't have been as clever. Maybe now as we look back at hopefully a very successful 2006, we can amortize a case-of-thirds over the course of the year to members of our endangered species.

By the way, as far as seniors go, if we are all lucky, we will be there one day and hope that someone will be there for us.

District VI Trustee Report



Friends and Colleagues:

I was pleased to start my second year as District VI Trustee at the 88th AAOMS

Annual Meeting in San Diego. The picture postcard beauty of the venue was surpassed only by the welcome news that Governor Schwarzenegger signed the California cosmetic surgery bill, SB 438, into law just two days before the preliminary program started, culminating over six years of intense, and sometimes bitterly disappointing efforts to correct the injustice done to our specialty in 2000. It was a great legislative year in California for OMS and for dentistry in general. In addition to SB 438, SB 1541 was passed, allowing a work experience pathway to train OMS assistants, and SB 683 was passed, allowing alternative licensure for dentists who complete at least one year of postgraduate training in general dentistry. We owe a debt of gratitude to the California Dental Association for their stalwart support of these issues, as well as to the many OMSs who worked tirelessly on behalf of the specialty.

As your representative to AAOMS I have visited all of the component societies in District VI except Alaska. I plan to visit each state again this coming year so that I can personally and effectively represent the district to AAOMS as well as representing AAOMS to all of you. I feel it is an honor to work for an organization that thrives on the generosity of the volunteers who make up the committees that make AAOMS work. If you have an interest in serving on the national level, or if you know a talented



individual who should be serving, please let me know. Many committee appointments are made with balanced representation from each district. I need a list of names to draw from when opportunities arise.

For a detailed account of recent actions and considerations of the board of trustees of AAOMS, please see my District VI Trustee Report dated October 2006.

It is not too early to make plans to attend the 2007 Annual Meeting in Honolulu, Hawaii. AAOMS has secured excellent rates at some of the best hotels on Waikiki Beach. I recommend you start planning and make reservations as soon as possible, as this meeting will be very well attended. Reserve your accommodations now at aaoms.org.

As your district trustee, I look forward to working with you during the coming year; please feel free to contact me at any time for information or to discuss a particular concern. I hope to see you at the Dental Implant Conference in Chicago this December.

Sincerely,

Larry J. Moore, DDS, MS **AAOMS District VI Trustee**

MEDICAL NEWS BRIEF

U.S. SURGEONS OPERATE CLEFT PALATE ORPHANS IN UKRAINE

his September, a team of U.S. based volunteers cemented medical ties with the Mechnikov Center located in the town of Dnepropetrovsk, Ukraine in order to finalize the treatments for orphans afflicted with birth defects. Over 40 children were treated with 17 surgical procedures being performed on 9 (nine) of the infants.

As organizer of an ongoing project sponsored completely by Variety Children's Lifeline, Dr. Jeff Moses, a retired California based oral and maxillofacial surgeon, Rotarian and founder of the Smiles International Foundation, led the team back to









the Ukraine in order to continue care for the orphans and to finalize plans for the International Craniofacial support team. The team members in September included operation room nurses, Patricia Hunter and Teresa Spinosa, patient coordinator, Maribel Vargas, and maxillofacial surgeons, Dr. David Hoffman, Dr. Alex Mizin, and Dr. Slava Shapiro.

This team treats primary birth deformities of the face in infants and young children in addition to operating and correcting the growth disturbances these deformities frequently develop into. There are numerous orphanages in this region that will benefit from this team's biannual presence, and

> the two nations continued ambassadorial exchange of information will only add to the variety of techniques available to both countries surgeons.

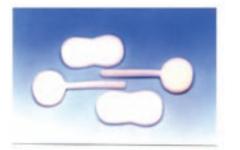
> Equipment and supplies have been donated to the mission site on each of the visits which has helped to provide for technological support as well.

> For further information on these or other mission efforts, contact:

Jeffrey J. Moses D.D.S. Smiles International Foundation Phone: 858-442-1551

Email: DrJeffMoses@yahoo.com





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LOTTERY Continued From Page 8

"For twenty years I've heard many times, "Adam, winning that lottery sure put your practice into orbit!"

"Let me tell you something, winning the lottery didn't change my practice, it changed me. I let go of my fear, and I realized now that when my fear left, it opened me to relationships. Having a great practice is not about the teeth, it's about the people."

I stopped trying to overcome patients' objections and started looking for ways to help them find a way to fit dentistry into their lives.

"I did some simple things that changed everything in my practice. I spent less time telling people what I thought they needed and more time understanding what they were ready for."

"I stopped trying to overcome patients' objections and started looking for ways to help them find a way to fit dentistry into their lives."

"I stopped trying to explain every little detail of care and learned to talk to patients in a language they could understand."

"I stopped being afraid of talking about money and found ways to discuss fees in a way that made everyone comfortable."

"Most importantly, I stopped trying to impress patients with who I am, and started helping them feel better about who *they* are."

"What did it cost me to make these changes? Nothing. These are changes in attitude and perspective. Looking back on it now I realize that you can't buy what it takes to have a great practice."

"Let me ask you, how would you practice if you won the lottery?"

"Some of you might say that if you had the money you'd probably do something else."

"I thought the same thing, but when I started looking at what else I'd do, I remembered how I used to think dentistry was fun. I decided, 'Why not rediscover dentistry, and practice it in a way that's fun and fulfilling?' Why not make my work a significant source of my pleasure?"

"Some people say that work shouldn't be the center of your life. After all, there are more important things like family and community. They say that when you're on your deathbed, you'll never wish you had one more day at the office. Well, I've had some really great days at the office and you have too. And I'd wish for my family and community that they'd love their work every day, too."

"Being successful and fulfilled in our work shapes how we see and feel about ourselves, and how we see ourselves is the lens through which we see our world."

"Our work sounds the beat of the drums of our life. It helps us keep pace with our world. To not love your work is like denying a friendship that urges you to enjoy life's parade."

"To work with love is the art of life. Like the painter who uses brushes and colors to reveal the portrait, like the poet who charms his words into rhymes, like the musician who weaves notes into melodies, we too have the portraits, rhymes, and the melodies of our work. And like the artist, work is our love made visible."

I stopped trying to impress patients with who I am and started helping them feel better about who they are.

"For some, dentistry can be a kind of prison. They see dentistry as a process of solving the same problems year after year. They work hard and seek to ultimately escape from dentistry, hopefully with enough money to do what they really love. The irony is that when you've been in an emotional prison too long, you can forget what it is that you love."

"Practicing dentistry is a love-it or leave-it situation. It's too challenging physically and emotionally to be lukewarm about it. If you can't learn to love it, leave it."

Continued On Page 20

The Compass - Winter 2006

The Compass - Winter 2006

LOTTERY Continued From 19

"My choice was to learn to love it. A great day in my life was the day I decided I wanted to practice dentistry not because I needed to, but because I wanted to."

"Deciding what you want is the only way to live. Deciding brings energy and focus to each day. Knowing what you want starts the first chapter in the book about the best days of your life. You can't write a book about someone who doesn't know what he wants. So it is with the story of your life; it doesn't get really interesting until you know what you want."

"Going after what you want is a kind of gift you give to yourself. And the gift is discovering your unique abilities, creativity, energy, and zest for life. At times you'll find that your gift doesn't fit in with the traditional thinking of your colleagues. Your gift can be seen as a 'rough edge' that others may say must be smoothed out. Not so. Your gifts – your rough edges – are exactly what will drive the process of loving your life. Make your 'rough edges' your leading edges."

"Too many dentists think that dentistry will make them happy. It won't. Dentistry doesn't bring us happiness, we bring happiness to dentistry. It's your passion that's the greatest asset of your practice." "Finally, I'd like to offer you this: Having a great practice is about courage to use your gifts. Your life shrinks or expands in proportion to your courage. We cannot grow our practices without first having the courage to grow ourselves."

"Thank you all for being here tonight and for loving dentistry."

And the room rose, the applause thundered, and the music began as Adam smiled, walked back to Kristen, took her hand, and danced this very special night away.

You are not going to win the lottery, but you can win at dentistry.

Our work as dentists is personal; the processes we use are extensions of who we are. Our work and who we are affect each other; change one and it impacts the other. We have no choice in this matter – to have an extraordinary practice, you must be an extraordinary person. The best reason for success in dentistry is who we have to become to accomplish it.

Dr. Homoly is president of Homoly Communications Institute, which focuses on coaching high-performance dental teams and advancing communications in dentistry worldwide. He can be reached at 800-294-9370 or at www.paulhomoly.com

Upcoming Events For 2007

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- Do you think the Web-Site needs improvement?
- Do you like seeing your name in print?

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Call the Central Office to discuss signing up for the 2007 committee year. (800) 500-1332

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