

# The Compass

Staying the Course Through Service and Education



Volume XI, Issue 3, Fall/Winter 2009

## Upcoming Changes To Affect OMS Assistants

**O**n January 1, 2010, a new dental assisting permit becomes available. California dental assistants have an opportunity to obtain a Dental Sedation Assistant (DSA) Permit.

This permit enhances their current abilities by allowing them to monitor patients undergoing sedation or general anesthesia, identify and draw up of medications, add drugs, medications and fluid to IV lines, and remove IV lines. These duties must be performed in a dental office or clinic and must be performed under the direct supervision of a general anesthesia or conscious sedation permit holder. As specified by law, the specialty permit requires completion of 110 hours of training. The training must include 40 hours of didactic instruction, 32 hours of laboratory and preclinical, and 38 hours of clinical instruction.

A course provider application is presently available on the Dental Board website. The application requires a detailed curriculum, and CALAOMS is in the process of preparing this item for submission. Plans are in the

works to modify the current OMSA course to include the needed didactic material. The present CALAOMS Medical Emergencies course is being adapted to satisfy seven hours of the required laboratory training. An approach that would allow CALAOMS to provide the additional laboratory, preclinical and clinical training is also under development. There will be challenges during implementation of this new permit program. The application is complex and needs to be more “user friendly”. An efficient way to



deliver the training has to be developed almost from scratch.

*Continued on Page 8*

## Compass Direction

Editor's Corner .....	4	Spotlight on CE Programs .....	15
President's Message .....	6	Risk Management Corner .....	16
The Future of CALAOMS CE .....	8	Upcoming Events .....	20
2009 State Advocates Forum .....	9	Classified Ads .....	21
Spotlight on Members .....	10-14		



Richard E. Anderson, MD, FACP  
Chairman and CEO, The Doctors Company

**We reward loyalty.** We applaud dedication. We believe doctors deserve more than a little gratitude. We do what no other insurer does. We proudly present the Tribute® Plan. **We honor years spent practicing good medicine.** We salute a great career. We give a standing ovation. We are your biggest fans. **We are The Doctors Company.**

You deserve more than a little gratitude for a career spent practicing good medicine. That's why The Doctors Company created the Tribute Plan. This one-of-a-kind benefit provides our long-term members with a significant financial reward when they leave medicine. How significant? Think "new car." Or maybe "vacation home." Now that's a fitting tribute. Our medical professional liability program has been sponsored by CALAOMS since 1987. To learn more about our exclusive benefits for CALAOMS members, including the Tribute Plan, call (800) 717-5333 or visit us at [www.thedoctors.com/calaoms](http://www.thedoctors.com/calaoms).

Exclusively sponsored by



For over 22 years



**The COMPASS**  
Published by the  
**California Association of Oral  
and Maxillofacial Surgeons**

**Board of Directors**

- Ned L. Nix, DDS**  
President (408) 225-5000  
[omschiefslr@yahoo.com](mailto:omschiefslr@yahoo.com)
- A. Thomas Indresano, DMD**  
President Elect (415) 929-6649  
[atindresano@acmedctr.org](mailto:atindresano@acmedctr.org)
- Alan H. Kaye, DDS**  
Treasurer (310) 275-1134  
[bonegraft@aol.com](mailto:bonegraft@aol.com)
- John L. Lytle, DDS, MD**  
Vice President/Secretary (818) 952-8183  
[johnlytle@earthlink.net](mailto:johnlytle@earthlink.net)
- Murray K Jacobs, DDS**  
Past-President (209) 522-5238  
[mkjoms@pacbell.net](mailto:mkjoms@pacbell.net)
- W. Frederick Stephens, DDS**  
Director (626) 440-0099  
[dr.wfstephens@mac.com](mailto:dr.wfstephens@mac.com)
- Alan S. Herford, DDS, MD**  
Director (909) 558-6471  
[aherford@llu.edu](mailto:aherford@llu.edu)
- Albert W. Lin, DDS**  
Director (858) 485-1290  
[alinomfs1@yahoo.com](mailto:alinomfs1@yahoo.com)
- Monty C. Wilson, DDS**  
Director (714) 998-7450  
[montywilson@sbcglobal.net](mailto:montywilson@sbcglobal.net)
- Pamela Congdon, CAE**  
Executive Director (800) 500-1332  
[pamela@calaoms.org](mailto:pamela@calaoms.org)
- Leonard M. Tyko, DDS, MD**  
Editor (707) 545-4625  
[lyko@hotmail.com](mailto:lyko@hotmail.com)
- Steve Krantzman**  
Associate Director  
(800) 500-1332  
[steve@calaoms.org](mailto:steve@calaoms.org)

*Published 3 times a year by the California Association of Oral and Maxillofacial Surgeons. The Association solicits essays, letters, opinions, abstracts and publishes reports of the various committees; however, all expressions of opinion and all statements of supposed fact are published on the authority of the writer over whose signature they appear, and are not regarded as expressing the view of the California Association of Oral and Maxillofacial Surgeons unless such statement of opinions have been adopted by its representatives. Acceptance of advertising in no way constitutes professional approval or endorsement.*

**Your CALAOMS  
Central Office Staff**

Your staff is here to help you with any questions about membership, continuing education courses, certification, and events. Please do not hesitate to contact us with questions or concerns at:

950 Reserve Drive, Suite 120  
Roseville, CA 95678  
Office: (916) 783-1332  
Office: (800) 500-1332  
Fax: (916) 772-9220  
Web Site: [www.calaoms.org](http://www.calaoms.org)

- Executive Director**  
*Pamela Congdon, CAE*  
Phone Extension: 12  
email: [pamela@calaoms.org](mailto:pamela@calaoms.org)
- Associate Director**  
*Steve Krantzman*  
Phone Extension: 11  
email: [steve@calaoms.org](mailto:steve@calaoms.org)
- Administrative Assistant**  
*Teri Mandella*  
Phone Extension: 13  
email: [teri@calaoms.org](mailto:teri@calaoms.org)
- Administrative Assistant**  
*Debi Cuttler*  
Phone Extension: 14  
email: [debi@calaoms.org](mailto:debi@calaoms.org)
- Administrative Assistant**  
*Barbara Holt*  
Phone Extension: 10  
email: [barbara@calaoms.org](mailto:barbara@calaoms.org)

**CALAOMS also does business as:**

- \* Southern California Association of Oral and Maxillofacial Surgeons
- \* Southern California Society of Oral and Maxillofacial Surgeons
- \* Northern California Association of Oral and Maxillofacial Surgeons
- \* Northern California Society of Maxillofacial Surgeons
- \* California Society of Oral and Maxillofacial Surgeons
- \* Southern California Oral and Maxillofacial Surgeons

Make a difference in *his life...*  
the lives of *his children...*  
and *his grandchildren...*



Photo © [www.KarlGrobbl.com](http://www.KarlGrobbl.com)

**TEACH**  
▪  
**TRAVEL**  
▪  
**LEARN**

[www.hvousoa.org](http://www.hvousoa.org)



## Editor's Corner



Leonard M. Tyko, DDS, MD  
Editor of the Compass

### Signing Off

**A**s Editor, this is my last issue of The Compass. I hope you have enjoyed reading my thoughts on profound topics such as mountain biking, mountaineering, and beer. Dr. Jeff Elo will be your next editor. Jeff has some great ideas and certainly will refine further this newsletter.

I would like to thank Drs. Gelfand and Silegy for landing me this assignment, the staff at the home office for helping arrange articles, Steve Krantzman for gathering all of the submissions and making The Compass look so good, and Elizabeth Smith, for editing my editing and sounding out ideas for articles.

As I stared at my blank computer screen and tried to develop my final editorial, a clever parting article never materialized. Maybe I would write a poem or limerick. Right. I figured writing was difficult enough for me; putting my words into iambic pentameter would be shear torture. Instead, I would like to leave you with one last story.

You sit in your office. It is a beautiful day and the middle of the holiday season. Kids are out of school. You are harvesting basketfuls of beautiful,

ripe wisdom teeth. Considering your expertise in such an endeavor, your mind wanders. Your blissful chiseling is interrupted by a ghostly aberration of an old, burned out dental assistant. She tells you that by the end of the case three ghosts will visit you. As you push a bit more Propofol, the ghost of OMS-past appears. He reminds you that your specialty was built on the backs of visionaries. Years of turf wars were fought. Discrimination against your professional degree partly overturned. Boundaries of your scope of practice expanded. As quickly as he appeared, the ghost of OMS-past departs, leaving you with warm feelings of nostalgia.

A huge smile fills your face as you look upon the ghost of OMS-present. Man, does he look good! From his Rolex watch to his Italian shoes, you can tell this guy is a success. Unfortunately, the ghost of OMS-future rudely interrupts your brief vision of OMS-



present. This Future ghost is not nearly as impressive as the other two ghosts. In fact, he looks like a thin shell of the other ghosts. The ghost sweeps you off to a potential future. You visit OMS training programs. Horrified, you find them nearly devoid of instructors. Residents try to fend for themselves, but cannot compensate without staff guidance. Years of neglect, no investment in staff development and ridiculously low salaries, drive the best and brightest into private practice. The sirens' song of teeth and titanium was just too great. The OMS specialty gradually declines until purchased by Warren Buffett who bought it for a rock bottom price.

You snap out of your trance just in time to tie the last suture. "What an end to my profession!" you cry out. Your assistants' faces look puzzled at your exclamation. You regain your bearings. Yes, you are in your comfortable office. Everything is just fine.

Maybe the vision was a by-product of last night's rich, French dinner. Maybe.

We have created a wonderful profession—solidly based within two, well-respected fields; supported by a large, well-developed library of data validating our practice outcomes, financially lucrative enough to allow a comfortable living and time to give back to the community. We sit poised as a profession. We can remember nostalgically the well-fought victories and rest comfortably on our laurels as more and more OMS graduates shun academia. Or, we can re-invest in our training programs, remembering that our profession is only as strong as our teachers and mentors.

### Letter To The Editor:

**A** recent article titled "Which Tooth?" ends with recommendations to prevent wrong-site surgery. One of the bullet points reads, "Mark the procedure site." This is part of a Universal Protocol put out by the Joint Commission and is commonly quoted. In my opinion this is a recommendation which does not transition well from medical procedures to dento-alveolar surgery. It is impractical to mark teeth prior to removal. Our practice has modified the Joint Commission Protocol by substituting marking the procedure site with posting the treatment plan or referral slip so that it is visible to the doctor and staff. I also say the name of the tooth to be removed out loud and the assisting staff looks at the treatment plan or referral slip and indicate their agreement just prior to extraction. Any staff member is empowered to question what I am doing by saying, "Doctor, I have a question about the treatment plan." This results in immediately stopping the procedure and hashing out any disagreements prior to resuming treatment. We have also incorporated a number of other components of the Universal Protocol which apply to an oral surgical environment similarly to a hospital setting. These include using a second identifier spoken by each patient and a surgical "time out."

Nicolas S. Veaco, D.D.S., M.S., M.D.  
Stockton, CA

## President's Message

### The Leader in Specialty Health Care in California



Ned L. Nix, DDS  
President, CALAOMS

It has been a busy year. I would like to personally thank all of the CALAOMS members and fellows for the opportunity to serve as your President. It has truly been the most rewarding year of my professional career. I have enjoyed traveling the state from north to south representing our association. I also enjoyed traveling the country representing our fantastic professional organization at national meetings. I will complete my eighth year of service to the association next year as your Immediate Past President. A highlight of the last trimester of the year was our strategic planning session held in Roseville.

Cal Clemons from Maryland facilitated the strategic planning session. He is a certified association executive (CAE), and he is the author of a well received publication which the Board all read in preparation for the event, *The Perfect Board*. Your Board is comprised of 13 members. Nine are elected voting members which include the officers of the association and its directors.

We have four ex officio non-voting members which include the Executive Director, Editor, and two Long-term Delegates to the AAOMS House of Delegates. So, what about the title, "The leader in specialty health care in California?" It is our CALAOMS vision statement for the next three year period 2010-2012. Mission, vision and values statements create an external and internal image of an organization. I was moved by our new vision statement because of its all encompassing nature. We want to be the specialty leader in all of healthcare,



not just dentistry. Oral and maxillofacial surgery surely bridges medical and dental care based on our unique education and training. Our vision is what we are striving to be. With the support of our over 660 members and fellows, I believe we can be the leading specialty health care provider.

How about our mission? It is the purpose of an organization. It is why we exist. Our mission state-

ment is as follows: "The mission of CALAOMS is to promote the advancement of the specialty of oral and maxillofacial surgery and the interest of its members through patient care, public service, ethics and advocacy." This mission statement has been your Board of Directors charge. We have taken this charge seriously and we have worked to uphold this mission throughout the year. For example, this year's AAOMS meeting in Toronto involved dedicated service to the national organization by your Board representatives, staff and

delegates to the AAOMS House of Delegates. We began preparation by meeting at the District VI Caucus in August. Your representatives attended reference committee hearings, regional caucus sessions, a national candidate's forum, and the House of Delegates sessions in Toronto this past October. I was able to represent us at two OMS Political Action Committee advocacy events and two OMS Foundation ambassador's events.

We established a set of values. We are committed as an association to *surgical skill, patient care, and advocacy for our members. Integrity, serving the community, and academic excellence* are also important values for CALAOMS. These values are what we hope all of our members are practicing on a daily basis. Broad goals were established for the three year duration of the current strategic plan. These were organized into four "pillars" by Mr. Clemons. They are *education, advocacy and public awareness, membership recruitment and participation, and the model state association*. Our Executive Director, Pam Congdon, will create a business plan to compliment the strategic plan. She will help us monitor our progress. We have assigned the President-Elect of our organization as our "Plan Champion." It will be this Board member's responsibility to monitor and report on the plan at each Board meeting.

Your Board is committed to the strategic plan. We have voted unanimously to adopt it, and your Board will promote this plan to the members, prospects, and other stakeholders. Committee assignments will be made with specific charges assigned to committee chairs each year. There will be an annual evaluation of the strategic plan at a Board meeting. The association plans to update the strategic plan every three to five years. With respect to our mission, values and goals, we need to avoid drifting away from our plan. Reliance on the strategic plan's goals and strategies need to drive the Board agenda. Discussions should be geared to delegating work to committees. The committees should report back information that was delegated by the Board, such as performance measures and targeted projects. All members of the association must be accountable to complete organizational work of high quality in a timely manner. Your association is and loaded with knowledge capital. This year's strategic plan is available at the CALAOMS headquarters in its entirety for review by the membership. If you have any ideas about adding to our values, goals or strategic plan that are not presently included, please contact a Board member. Your Board of Directors is committed to making our association, "The leader in specialty health care in California."



John L. Lytle, DDS, MD  
CALAOMS Vice President/Secretary

## 2009 State Advocates Forum

I wanted to update you and the Society on this year's AAOMS State Advocates Forum. It was held in San Diego, CA at the Hard Rock Hotel on November 13-14th. The weather was picture perfect and attendance from the states was good. As you well know, the Forum is designed to share legislative information among the states in an effort to support the goals of organized oral and maxillofacial surgery. Most of those in attendance were legislators and not dentists. As our state representative, I shared the most recent information on AB 2637 which is now law. Our efforts on the development of the dental surgical assistant were well received. Many states are finding it a challenge in dealing with issues relating to assistant duties and responsibilities. As one would expect, the national issues of health care were discussed and all are anxious regarding the possible passage of the senate bill for national health care.

Issues were discussed as relating to anesthesia, auxiliary personnel, scope of practice, ambulatory surgery, insurance, access to care and health technology. A few trends were seen nationwide. There is an attempt by Certified Register Nurse Anesthetists (CRNA's) to

control anesthesia services through various means. Specifically in California, they are opposed to AB2637 citing safety issues. AED's are becoming part of every office setting. Expect every oral surgeon to be required to have one soon. There is also a rush in many states to activate "mid-level providers" to control costs. As you well know, these individuals are not dentists but will be providing dental care above that of hygienists and assistants. As a final point, provider taxation is becoming more popular to fill the coffers of drained funds. Dentists and doctors are seen as prime candidates to obtain monies without a fight.

Finally, the AAOMS Anesthesia video was pre-viewed and final adjustments are pending. Our hat is off to Dr. Rich Robert and other CA oral surgeons who contributed to this project. This video will be a great adjunct in future skirmishes over the delivery of anesthesia which are certain to come.

### *New DSA Regulations continued from page 1*

An additional permitted staff member in the operatory during IV sedation has several benefits. This new permit will add significant new duties to the scope of the OMS assistant, such as adding medications to an IV line. No longer will you need to break the sterile field to draw or administer medications. Well trained staff is invaluable during medical emergencies. A permitted Dental Sedation Assistant will help allay criticism of the operative-anesthetist model.

But most of all, the DSA is the next logical step in the evolution of anesthesia as administered in the OMS practice. The OMSA program has undergone steady improvement and is the model for the training of assistants nationally, but OMSA needs to go to the next level. The training should include more "hands on" and even include clinical training in order to be complete. And the course must allow the assistant to obtain more than just a certificate of completion, they need a real permit.

## The Future of CALAOMS CE

by Robert G. Allen, DDS  
CE Chairman

CALAOMS prides itself in trying to deliver the best CE it can, especially those courses required by the state. The CE committee plans the CE course topics and venues 2 years in advance. These courses are planned with our member's best interest at heart. Early this year, the CE committee sent you a Survey asking for you to rate topics of interest to you, to select and suggest speakers you would like to hear, and to select cities and venues where you would like to attend meetings. The Survey also asked questions about how you would like to receive communication of our courses, costs you are willing to spend on venues, and if you prefer family oriented meetings. Your answers to the survey are below.

The climate in this economy is not particularly good. We have all been subject to increased competition in our offices, which has certainly spilled over into con-

tinuing education. Needless to say, we all need to pull together to ensure that we are financially stable and strong enough to face the many issues that confront us all year long. Meetings can be costly, but we try our very best to keep course fees as low as we can without jeopardizing value.

CALAOMS' meetings in 2010 promise to live up to your expectations. We are confident that the input from the survey, and support from our members, will make the future years even better. We know you have many CE choices out there. ***We hope that you will choose to support CALAOMS for your Continuing Education needs.***

If you have any further comments or suggestions on how we can improve our CE offerings please email me at [info@drrobertgallen.com](mailto:info@drrobertgallen.com). Thank you for your continued support to CALAOMS.

### 2009 CALAOMS Membership CE Survey Overview

The top 6 topics of interest in order are:

- 1) Treatment for the failing implant.
- 2) Bone and soft tissue augmentation (in a tie with Anesthesia update techniques pharmacology).
- 3) Anesthetic emergencies.
- 4) Implant complications.
- 5) Update on implant placement techniques.

The top 5 preferred speakers are:

- 1) Michael Pikos
- 2) Tony Pogrel
- 3) Jeffrey Bennett
- 4) Jay Malmquist
- 5) Maurice Salama

The Top 5 meeting locations are:

- 1) San Francisco
- 2) San Diego
- 3) Monterey
- 4) Napa/Sonoma
- 5) Las Vegas

Member Preferences:

77% prefer the 1 day 8 hour format for meetings.  
92% would like the January & Annual Meeting to be more family friendly.  
86% prefer the January & Annual Meeting to be held on Saturday-Sunday Vs. Sunday-Monday.  
33% would prefer a lower cost venue for meetings.  
77% prefer to receive information about meetings by email (although only about 50% of the members actually open email from CALAOMS).

## Spotlight on Members



by Jeffrey A. Elo, D.D.S., M.S.

### Stuart Green, DDS 1940-2009

This year, CALAOMS, the Orange County Dental Society, the city of Santa Ana, friends, family, and I lost a very dear friend, Dr. Stuart Green. Dr. Green is the very gracious man who sold me his Santa Ana-based oral and maxillofacial surgery practice in 2006. Being from the Midwest, I didn't know anyone in the area. He was my first friend in Orange County.

Though it may seem as such, not every doctor is reclusive, and Stuart Green was proof of that. His office door always remained open. You could find him in conversation with a colleague, friend, sales rep, or drop-in guest discussing topics ranging from general anesthesia to long-storied jokes, history, ballistics, food, racquetball, and traveling—all in one session!

Stuart Ian Green was born in Cleveland, Ohio on May 30, 1940. He lived in Cleveland through high school, graduating in 1958. Being from the Buckeye state, it was a logical choice to join the "scarlet and gray" of Ohio State University.

He attended Ohio State University for three years, at which time he was accepted to Case Western Reserve University School of Dental Medicine. After one year at Case Western Reserve University, he transferred to West Virginia University School of Dentistry, where he completed dental school and obtained his Doctor of Dental Surgery degree.

Following dental school, Stuart then completed one year of oral and maxillofacial surgery residency in Philadelphia at Hahnemann Hospital, followed by one year in Washington, D.C., and, one final year in Pittsburgh.

After practicing as an associate in Los Angeles, Stuart opened his private practice of oral and maxillofacial surgery in Santa Ana, CA, in 1974, and practiced at the same location until 2006. He was instrumental in developing and promoting standards in providing office-based general anesthesia for OMSs. He also donated his time to teaching part-time at Loma Linda University School of Dentistry.

Stuart had a great passion for playing racquetball, until illness prevented him from enjoying it. A few other CALAOMS members (Neal Freeman, Michael Blum, Howard Winer) and I would take Stuart out for a monthly dinner outing. It was with these men that I learned invaluable information on life, politics, practice, and friendship. Coincidentally, I was always impressed with the vast array of jokes that would be told—incredible how the mind can retain such information, but yet we still forget to pick up milk from the grocery store! Those days will truly be missed.

Stuart and his family greatly enjoyed all that Orange County life has to offer, having taken residence in multiple areas, including Newport Island, Orange Hills, and then Irvine. Stuart leaves behind his beloved wife, Christy, whom he married on October 14, 1979—marking nearly 30 years of marriage, their daughter, Jenae,

29, and son, Hagen, age 26, as well as his beloved sister, Shelley Frank, and her husband, Billy, plus multiple nieces and nephews.

Having spent only limited time with Stuart, it was clear that he truly loved his family and friends, and was so proud of each of them. I saw in him what it truly meant to be a friend to someone else. We will all miss him greatly.

*Two are better than one, because they have a good reward for their labor. For if they fall, one will lift up his companion. But woe to him who is alone when he falls, for he has no one to help him up. Ecclesiastes 4:9*



Russell I. Webb, DDS

by Dean Chalios  
Vice President, Public Policy  
CDA

### Russ Webb to run for ADA President-Elect

Our own Russ Webb recently announced his candidacy for ADA President-Elect. Dr. Webb made his announcement at the close of the just completed ADA House of Delegates meeting in Honolulu and will stand for election at the 2010 ADA House meeting in Orlando.

"American dentistry is at a crossroads. We therefore need to be at the forefront on all issues related to our profession. I am committed to providing the ADA with thoughtful, focused leadership to ensure that the voice of our profession is heard loud and clear across our nation," said Webb.

Dr. Webb received his oral and maxillofacial certification at UCLA Hospital and Clinic in 1981. He is a graduate of the UCLA School of Dentistry and has practiced in both southern and northern California since that time. Dr. Webb was also a member of the 1972 U.S. Olympic Water Polo team that won a bronze medal at the Olympic games in Munich. He is also a member of the U.S. Water Polo Hall of Fame.

Russ Webb is a longtime member of CALAOMS and has a strong history of providing dentistry with distinguished leadership. He is a former President of the California Dental Association and currently serves as a member of the American Dental Association Board of Trustees.

Those interested in assisting Dr. Webb in his campaign effort can reach him via telephone at (916) 743-5122 or via e-mail at: webbft@aol.com.



Larry J. Moore, DDS, MS  
AAOMS President-Elect

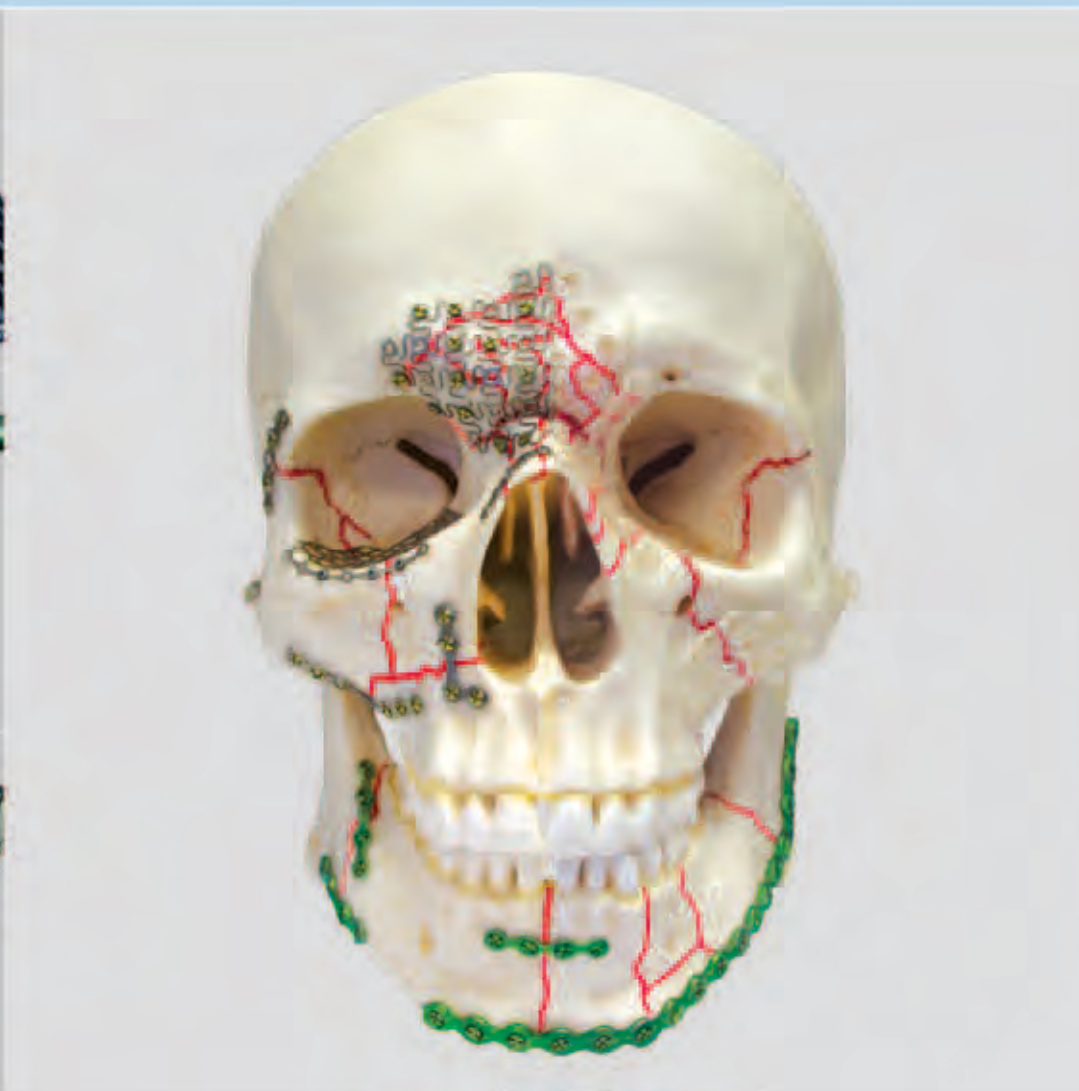
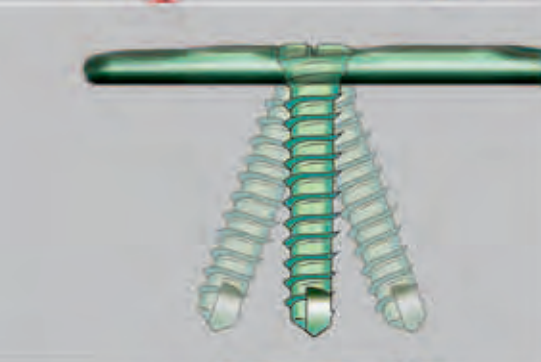
AAOMS Press Release

### Larry Moore President-Elect of AAOMS

Larry J. Moore of Altadena, Calif, was voted President-elect of the American Association of Oral and Maxillofacial Surgeons during the Association's 91st Annual Meeting, Scientific Sessions

*Continued on Page 14*

Products for Oral & Maxillofacial Surgery



*Surgical Innovation is our Passion*

**KLS martin**  
GROUP

[www.klsmartin.com](http://www.klsmartin.com)

# You made the Right Choice!



- Leading provider of OMS professional liability insurance for over 20 years!
- Aggressive defense tailored to the OMS Specialty, with an astounding 94% favorable verdicts of all cases tried to date!
- Exceptional Risk Management Education customized for the OMS Specialty!
- Owned and operated by you and your colleagues!!

**OMS NIC** is the only choice!  
DEFENDING THE SPECIALTY



Exclusively Endorsed By

**AAOMS** 

**Not yet on the winning team?**

**Contact us today**

**(800) 522-6670**

[www.dds4dds.com](http://www.dds4dds.com)

*Continued from Page 11*

and Exhibition in Toronto, Ontario, October 12-17, 2009. Dr. Moore comes to this position following a one-year term as the association's Vice President. He previously served three years as a trustee on the AAOMS Board of Trustees representing AAOMS fellows and members practicing in the District VI jurisdictions of Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.

"Oral and Maxillofacial Surgeons occupy a singular and important niche in healthcare," said Dr. Moore following his election. "From third molar and dental implant surgery to the more complex orthognathic surgeries, trauma care, temporomandibular joint surgeries, oral cancer and reconstructive surgeries, cleft palate and sleep apnea surgeries and elective facial cosmetic procedures, OMSs are uniquely qualified to provide a full scope of surgical practice that improve the lives and save the faces of our patients. As the Vice President of the AAOMS, I look forward to furthering the goals of the Association and helping our fellows and members provide the full scope of OMS practice to their patients."

Dr. Moore is a diplomate of the American Board of Oral and Maxillofacial Surgery and a fellow of the AAOMS, the American College of Dentists and the International College of Dentists. In addition to AAOMS, he is a member of several professional organizations including the California Association of Oral and Maxillofacial Surgeons, American Dental Association, California Dental Association, American Society of Temporomandibular Joint Surgeons and the American Dental Society of Anesthesiology.

Dr. Moore maintains a private practice with offices in Chino Hills, Calif. He is also a lecturer in the Oral and Maxillofacial Surgery Residency Program at King/Harbor-UCLA Medical Center. He received his dental degree and a master's degree in oral biology at the UCLA School of Dentistry, and completed his surgical residency at Harbor-UCLA Medical Center. Dr. Moore and his wife, Jill, reside in Altadena, Calif.



*Lawrence A. Saunders, DMD, MS*

*by Steve Krantzman  
CALAOMS Associate Director*

### Retired - Now What Do You Do

**S**o you have had a life long career as an Oral and Maxillofacial Surgeon. It has been both financially rewarding and personally rewarding. You are both gratified and satisfied in the knowing that you have helped so many with your knowledge, skills and talent. You think to yourself it may be time to retire.

So what does a retired oral and maxillofacial surgeon do when he/she retires? The choices are numerous based on your likes, desires, physical condition, and of course financial condition.

In the case of Dr. Lawrence Saunders one of his desires was to write a small book with big aspirations. Dr. Saunders' book entitled "Dentistry's Best Kept Secret" was written with the general public in mind. His goal is to "expand the public's awareness of the role of oral and maxillofacial surgery and to encourage individuals to proactively seek specialty care when needed."

Dr. Saunders clearly spells out the place in dentistry that OMS holds. He also walks the reader through the many illnesses, injuries and emergencies that may be best treated by the OMS specialty, and the procedures for their treatment. Dr. Saunders also puts to use his artistic skills by placing numerous illustrations in each chapter.

Pick up a copy and have a look for yourself. You may just find it useful as a patient education tool for your consultation office or waiting area. Who knows, it may just spark some ideas for your own retirement plans.

## Spotlight on Continuing Education Programs

**O**n par with the last several years, emergency preparedness is foremost on our members mind. Both the Medical Emergencies and ACLS courses this year were in high demand. These courses are open to Doctors as well as their assistants, and provide great hands on exposure to emergency scenarios. If you have not attended one of these courses with your staff, book early next year as the courses fill quickly and we have to wait-list attendees.

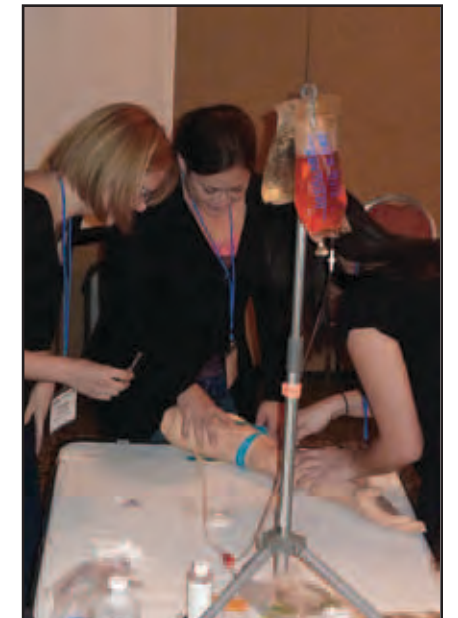
### Medical Emergencies Course



*Dr. Matthew Dudziak demonstrates to his assistants how to intubate a patient.*



*Dr. Stephen Vaughan instructs his assistants on proper bagging of an intubated patient.*



*Assistants practice starting an IV on one of the new IV simulation arms.*

### ACLS



*Dr. John Saunderson discusses emergency airway techniques with Drs. Welsh, Byers, Beckley, Chun, and Cline-Fortunato.*



*Dr. William Tom discusses emergency scenarios with Drs. Beckley, Evans, Grady, Graves, Chun and the SimMan.*



## Risk Management Corner

### Medication Safety and Your Office Practice

**M**edication safety is a critical component of safe patient care whether it is general medication knowledge or a provider's awareness of all medications that a patient is taking. The Institute of Medicine studied the prevalence of medication errors and found that they are surprisingly common and costly. One study found that among outpatient Medicare patients, there are about 530,000 preventable adverse drug events (ADEs) each year with the annual cost of treating ADEs being \$887 million.<sup>1</sup>

There is no "typical" medication error but possible medication risks include the following:

- The wrong drug is prescribed.
- The wrong dose is prescribed, administered or given to a patient.
- The prescribing doctor does not ask about or consider vital patient information including a patient's allergies, other medications they are taking, previous diagnoses, or lab results.
- The prescribing doctor and/or pharmacist do not have or consider up-to-date warnings about the medication.
- Drug orders are miscommunicated due to poor handwriting, confusion between drugs with similar names, misuse of zeroes and decimal points, confusion of metric and other dosing units, and/or inappropriate abbreviations.
- The pharmacist attaches the wrong label, an inaccurate label, or an inappropriate label to the drug packaging.
- Health professionals do not use the correct route to administer the drug.

#### Prescriptive Practices

Prescribing medications can be challenging to oral surgeons and they must consider multiple factors that include patient populations, patients' diseases and conditions, and patients' compliance with medical plans of treatment. Generally, acute care facilities have established clearly written guidelines but written prescribing guidelines and expensive electronic prescribing and dispensing processes and systems are, unfortunately, not common in the typical oral surgeon's office practice.

Oral surgeons prescribing opiates must appreciate the potential for drug interactions given the variation in patient absorption, metabolism, elimination or distribution of any drug. Patients who are opiate-naïve, those who have never taken opiates, must be identified and educated concerning the reactions, side effects and symptoms that may occur when taking an opiate. Moreover, patients who are currently taking other medications or consuming alcohol or drugs are at greater risk for enhanced or increased opiate effect. Oral surgeons must also consider patients who have comorbidities that impact the effect of opiates. These types of patients may include those of advanced age or those with respiratory depression or prolonged opiate use.



Another aspect of medication safety that you may encounter in your practice is the treatment of the chronic pain patient. This can be a difficult and frustrating experience, not only to the patient but also to you. The American Pain Foundation tells us that pain affects more Americans than diabetes, heart disease, and cancer combined. A National Center for Health Statistics Report found that more than one-quarter of Americans (26 percent) age 20 and over reported problems with pain of some sort that lasted for more than 24 hours.<sup>2</sup> An NIH survey indicated low back pain as the most common type of pain, followed by severe headache or migraine pain, neck pain, and facial ache or pain—all common symptoms found in oral surgery patients.

Patients with chronic pain often feel that the doctors they consult are unfeeling and judgmental gatekeepers. But due to the risk for misuse and/or abuse of opiate agents, patients with chronic pain need to be evaluated and supported according to their level of risk. All patients deserve to be thoroughly assessed for pain and to have their pain managed appropriately to

increase the quality of life. In doing so, prescribe only to your patients, document the management of medications in the medical record using a flow sheet to help monitor prescription refills, and don't be hesitant in getting help from a pain management specialist.

#### Drug Names

Drug name confusion is another source of medication error. Several cases have been reported to The Institute for Safe Medication Practices (ISMP) where the brand name of one drug was mistaken for the generic name

of another. Salagen, a brand name for pilocarpine, is used to treat dry mouth symptoms caused by Sjogren's syndrome or radiation therapy. Selegiline is an MAO-inhibitor used to treat Parkinson's disease. Both drugs are available in 5 mg tablets.

In one case, the mix-up occurred because the names sounded alike. A home health nurse received a telephone order from a dentist for an elderly patient with problems related to a dry mouth. The dentist prescribed Salagen 5 mg, but the nurse misheard the order and called the pharmacy to request selegiline 5 mg. About two weeks later, another pharmacist was processing a prescription for a fentanyl patch for the same patient when the pharmacy computer system signaled an alert about a drug interaction between fentanyl and selegiline. When the pharmacist contacted the prescriber, he discovered the error.

In the second case, a pharmacist reported that the similar spelling of the two drug names led him to enter "selegiline" into the computer instead of "Salagen." The error was recognized only after the patient complained that the medication was not helping his dry mouth, and this caused the pharmacist to check the patient's profile.

In order to minimize these kinds of mix-ups, ISMP recommends that both the brand and generic names be listed on prescriptions. Patients who use these drugs regularly should also be alerted to report any change in the appearance of their medications.

#### Bisphosphonates

The management of care for patients receiving oral bisphosphonate therapy has been a heated discussion topic since the American Dental Association Council on Scientific Affairs first published their report in 2006. In December 2008 an updated statement was published reiterating their conclusion from the 2006 report that the risk of developing bisphosphonate-associated osteonecrosis (BON) of the jaw is low for patients who are receiving oral bisphosphonate therapy. The panel also concluded that screening tests used

*Continued on Page 21*

**Implant Presentation Kit**



- Choose from five available options
- Improved patient education and higher treatment acceptance

**Subperiosteal Tissue Expanders**



- Designed to assist in the management of alveolar deficiencies
- Minimizes surgery, dissection, pain, and swelling

**C-Sponge Pharyngeal Barrier**



- The common sense alternative to a gauze throat pack
- Highly absorbent; can be drained while remaining in place

**Cytoplast Membranes**



- Cost effective for common applications
- High-quality PTFE material
- Variety of sizes available

*Xemax has a wide variety of innovative and time-saving products, as well as excellent prices on your favorite burs, membranes and other essential items!*

*Call for an updated catalog!*

**Para Drill Aid**



- Highly intuitive and easy-to-use implant paralleling device
- Compatible with any contra-angle or E-type handpiece

**Collatene Microfibrillar Collagen**



- Provided in individual sterile packaging
- Cost-effective, 0.1 gm units
- Completely absorbable
- Non-pyrogenic
- Microfibrillar

**Cusp-Lok Impacted Cuspid Brackets**



- Strong 14k gold chain attached to orthodontic bracket
- Variety of styles available (Mesh, Swivel, Low Profile)

**Cordless Curing Light**



- Compact, cordless curing light, with over 600mw/cm<sup>2</sup>
- Preset curing times of 10, 20, and 30 seconds

**Elective Facial Cosmetic Surgery Permit**

CALAOMS, along with the support of the CDA, fought many years to clearly define the Scope of Practice for OMS in this state. On September 30, 2006, Governor Schwarzenegger signed SB438 into law, which created the Elective Facial Cosmetic Surgery Permit.

CALAOMS would like to recognize those members that have taken this opportunity afforded to them and have led the way in obtaining this permit. Those members are as follow:

- |                                    |                      |                                 |                  |
|------------------------------------|----------------------|---------------------------------|------------------|
| <b>Peter M Scheer, DMD, MS</b>     | <b>Rancho Mirage</b> | <b>Cortland Caldemeyer, DDS</b> | <b>San Diego</b> |
| <b>David Gilbert, DDS, MS, MBA</b> | <b>Upland</b>        | <b>Alan Shelhamer, DDS</b>      | <b>Carlsbad</b>  |
| <b>Kyle Van Brocklin, DDS</b>      | <b>San Ramon</b>     | <b>Charles Landis, DDS</b>      | <b>Chico</b>     |
| <b>Milan Jugan, DMD</b>            | <b>Chula Vista</b>   | <b>Charles Hasse, DDS</b>       | <b>Irvine</b>    |
| <b>Robert Gramins, DDS</b>         | <b>Poway</b>         | <b>Albert Lin, DDS</b>          | <b>Poway</b>     |
| <b>Alexei Mizin, DDS</b>           | <b>Calabasas</b>     | <b>Arshiya Sharafi, DDS</b>     | <b>San Diego</b> |
| <b>John L Lytle, DDS, MD</b>       | <b>La Canada</b>     | <b>Mark Grecco, DMD</b>         | <b>Manteca</b>   |
| <b>Lester Machado, DDS, MD</b>     | <b>Chula Vista</b>   | <b>John Gordon, DDS</b>         | <b>Bonita</b>    |

**CALAOMS 2010 Leadership**

**2010 Board of Directors Election Results**

- |                 |                              |
|-----------------|------------------------------|
| President       | A. Thomas Indresano, DMD     |
| President-elect | John L. Lytle, DDS, MD       |
| V.P./Secretary  | W. Frederick Stephens, DDS   |
| Treasurer       | Alan H. Kaye, DDS            |
| Director        | Alan S. Herford, DDS, MD, FA |
| Director        | Albert W. Lin, DDS           |
| Director        | Monty C. Wilson, DDS         |
| Director        | Leonard M. Tyko DDS, MD      |
| Past President  | Ned L. Nix, DDS              |

**2010 Exoficio Board Members**

- |                    |                         |
|--------------------|-------------------------|
| Editor             | Jeffrey A. Elo, DDS, MS |
| Executive Director | Pamela Congdon, CAE     |

**2010 Long Term Delegates**

- |          |                          |
|----------|--------------------------|
| Delegate | P. Thomas Hiser, DDS, MS |
| Delegate | Gerald Gelfand, DMD      |

*We hope that your Holiday Season is filled with Wonder, Mystery and Excitement*



## Upcoming 2010 CE Events For Doctors

<b>January 2010 Meeting</b> January 15-17, 2010	Southern CA	<b>10th Annual Meeting</b> May 21-23, 2010	San Francisco
<b>Residents' Night</b> February 10, 2010	Northern CA	<b>Residents' Night</b> September 22, 2010	Southern CA
<b>Risk Management</b> March 3, 2010	Southern CA	<b>ACLS</b> October/November, 2010	Solano
<b>Risk Management</b> March 17, 2010	Northern CA	<b>Medical Emergencies</b> November 3, 2010	Northern CA
<b>ACLS</b> March/April, 2010	Solano	<b>Medical Emergencies</b> November 17, 2010	Southern CA

## Upcoming 2010 CE Events For Assistants

<b>OMSA Spring</b> Home Study Starts: January 15, 2010 Weekend Seminar: May 1-2, 2010	Southern CA	<b>Risk Management</b> March 3, 2010	Southern CA
<b>OMSA Summer</b> Home Study Starts: April 15, 2010 Weekend Seminar: August 28-29, 2010	Northern CA	<b>Risk Management</b> March 17, 2010	Northern CA
<b>OMSA Fall</b> Home Study Starts: June 15, 2010 Weekend Seminar: October 23-24, 2010	Southern CA	<b>ACLS</b> March/April, 2010	Solano
<b>OMSA Winter</b> Home Study Starts: October 15, 2010 Weekend Seminar: February, 2011	Northern CA	<b>ACLS</b> October/November, 2010	Solano
		<b>Medical Emergencies</b> November 3, 2010	Northern CA
		<b>Medical Emergencies</b> November 17, 2010	Southern CA

*Continued from Page 17*

for the purpose of determining a patient's risk of developing BON are unreliable. (The full report can be accessed at [www.ada.org/prof/resources/topics/osteonecrosis\\_bisphosphonate\\_report.pdf](http://www.ada.org/prof/resources/topics/osteonecrosis_bisphosphonate_report.pdf).)

### Processes

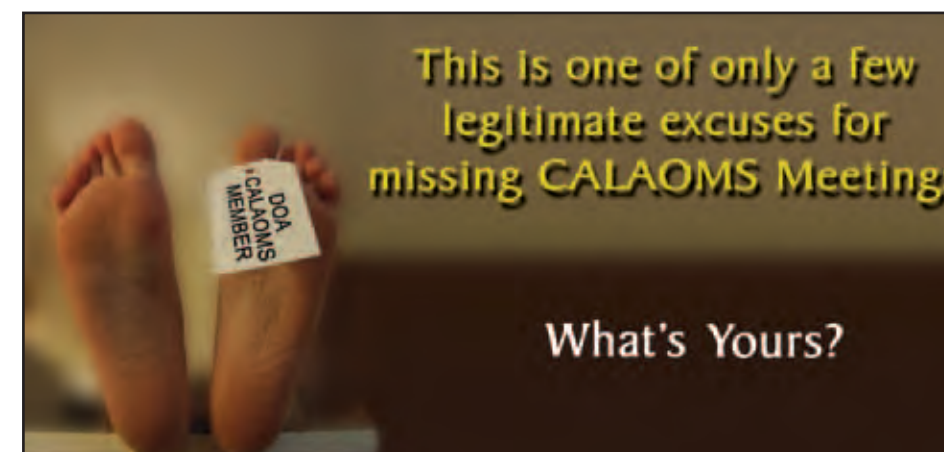
Creating safe medication prescribing processes and systems are critical components in reducing the risk of adverse drug events and medication errors. Suggested elements for your prescribing processes include the following:

- Conduct a thorough examination of the patient prior to prescribing medications or renewing prescriptions, especially for an opioid medication.
- Obtain a medication history on the initial visit, entering it onto a medication log or form and placing it in the patient's medical record. Include prescription medication, over-the-counter medications, alcohol and drug use, vitamins, herbal products,

dietary supplements, alternative medicine, and homeopathic medications.

- Update the medication history/medication log on a regular basis.
- Inform the pharmacy about the patient's co-morbid conditions when calling in the prescription orders. Spell out drugs with similar sounding names.
- Obtain and document informed consent (especially from patients receiving bisphosphonate therapy).
- Monitor medication usage closely, particularly for controlled substances.

Additional recommendations include using common dilutional procedures for drugs such as Versed especially when there are multiple practitioners in the office. Inadvertent interchange of similar drugs can be a problem.



## Classified



A  
d  
s

### EQUIPMENT FOR SALE

**PM 2002 CC Proline Digital Panorex**  
Excellent condition \$25,000.00 Call 408 270-9450

**DEXTA ORAL SURGICAL CHAIR, MK-25X.**  
One Ritter Surgical Table, Model F-Type 75. \$1500.00 each. Call Doug Fortney at 858-485-1783 or cell at 858-254-8461 or doctorfortney@hotmail.com

**iCAT CONE BEAM UNIT**  
Take over lease purchase plan for \$150,000. If interested, contact: 800-955-4765

**WELCH ALLEN MONITOR** with all attachments-3 years oldm 3 IV Poles, 3 Mayo stands with multiple trays, 2 Oxygen Regulators, 2 Anesthesia Machines, Multiple Tray Setups, Assorted Ed Holz Forceps. Call (619) 599-3113 or email ssschwartz3@gmail.com

### DOCTORS SEEKING POSITIONS

**EXPERIENCED, BOARD CERTIFIED OMS** seeks work for 3 to 3 1/2 days per week in quality office, group or institution. Currently Associate Prof. of OMS at major residency program. Might consider locum tenums for 6 mo+. Call 303-328-1863 or e-mail eos@cftinet.com. CV on request.

*Classified Ads Continued on Page 22*

**DOCTORS SEEKING POSITIONS CONT.**

**DUAL DEGREE OMFS** graduate looking for associate position or office that is available for sale in California. Please email me at [armkotik@gmail.com](mailto:armkotik@gmail.com) for further information and CV or call 818-388-2737.

**RETIRED ORAL SURGEON** of 1 year is bored. Looking for part-time and/or vacation fill-in work. Central Southern California preferred, open for Northern California as well. Contact Greg Welsh @ (805) 680-4887

**JOB OPPORTUNITIES/ PRACTICES FOR SALE**

**BELLFLOWER, OMS** position available. Full scope, OMS practice in Bellflower, CA is seeking a full time associate; future partnership potential. For more information email resume to: [Carolyn@oralsurgerycenters.com](mailto:Carolyn@oralsurgerycenters.com)

**SAN FRANCISCO, Oral & Maxillofacial Surgeon** Excellent opportunity for board eligible/board certified OMFS to join a dynamic, high volume, solo practice in prime San Francisco location. Must be well trained OMFS with good basic surgical skills and capable of maintaining the quality of this high income practice. Must possess strong communication skills to successfully interact with patients, staff, and colleagues. The practice is focused on Deltal Implants and dentoalveolar surgery with opportunity to include the full scope of OMFS. Must possess initiative, and a strong work ethic with a desire to grow and expand a state of the art practice. First year salary negotiable, with buy in starting the second year. Please submit CV and contact information to : Sam J. Poidmore, DDS., 18152 Pamela Place, Villa Park, Ca. 92861, or Fax # 714-921-9667.

**SAN FRANCISCO EAST BAY Oral and Maxillofacial Surgeon** Half Time or Full Time Position BC/BE oral surgeon sought by UC Davis affiliated public hospital system in Contra Costa County. Located 30 miles east of San Francisco, with excellent weather, and close to outstanding cultural, recreational and natural attractions. One hour to the Napa Valley wine country or beach. 2 ½ hours to skiing. New hospital & surgical facilities serve needs of ethnically and culturally diverse population, who have a fascinating variety of clinical problems. Excellent compensation package includes health care, vacation & sick leave, disability insurance, paid CME, defined benefit pension and more. Malpractice insurance provided. Position available immediately. California License required. Contact Nick Cavallaro, DDS at 510-918-2159 or at [nickcav@comcast.net](mailto:nickcav@comcast.net).

**Did you know that classified ad placement is free to CALAOMS members? To place a classified ad, email the ad copy to [steve@calaoms.org](mailto:steve@calaoms.org)**

**BRADY & ASSOCIATES**

Experienced, Reliable

**Practice Sales  
Associate Recruitment  
Partnership Formation Services**

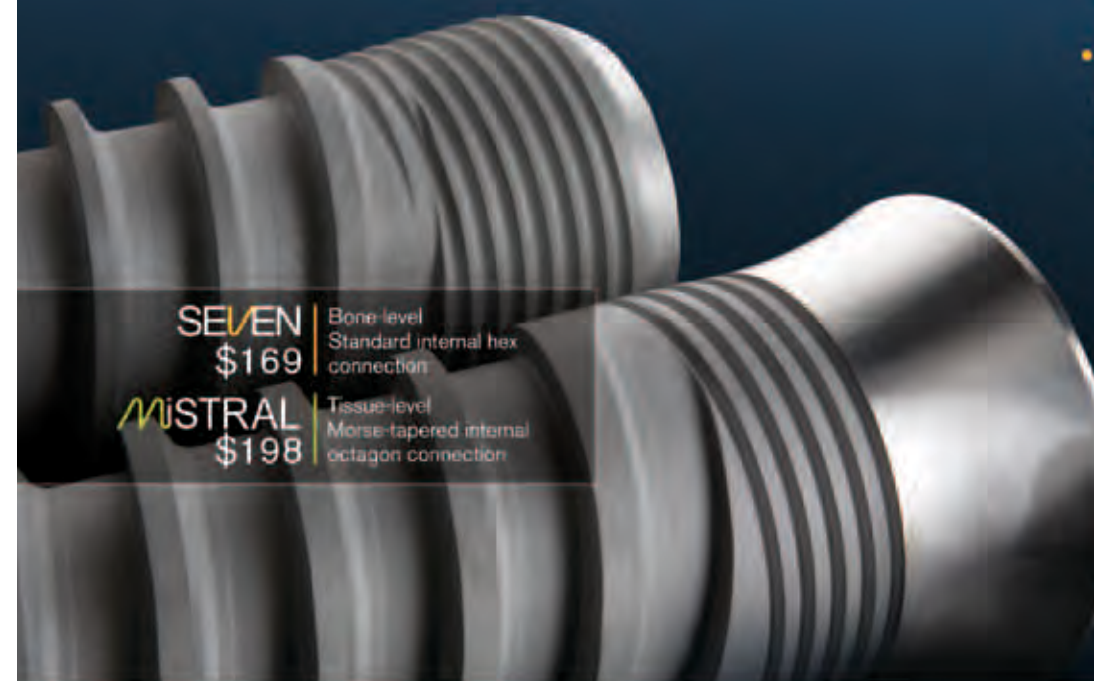
**Cedric T "Ric" Brady  
Scott A Price**

**Phone 925-935-0890      Fax 925-935-0110**  
Sellers and Buyers      Call for a Consultation

**Over 100 OMS References Available**

Sometimes you get what you pay for and sometimes you **get more** *Free Implant Trial Call for details\**

- **Excellent Initial Stability.**  
Self-tapping threads designed for bone compression and all bone types.
- **Easy to Implement.**  
Implants may be compatible with other implant systems that you are currently using.
- **Investment-Free Trial.**  
Each implant is packaged with a single-use final drill and MIS will provide a basic set of delivery tools free of charge.
- **Encourages Referrals.**  
Implants may include all components to restore a "straight forward" case that can be provided to the referring doctor.\*\*



\*New customers only. \*\*Some restrictions may apply.

MIS Implants Technologies, a global leader in dental implants, has been manufacturing dental implants for fifteen years and currently sells in over fifty-five countries. MIS offers advanced implant systems, unique packaging, and innovative surgical tools, including the Bone Compression Kit and the Crest Widener. Contact us to learn more.

Call us (Toll Free): **866-797-1333**  
[www.misimplants.com](http://www.misimplants.com)



# Is your practice ready for the revolution?

**Bring your practice to the leading edge of profitability and functionality with Windent's EMR.**

✓ **Eliminate paper, expense and frustration**

Dealing with insurance companies, patients, and staff becomes so much easier and pleasant with EMR. Overhead is reduced and many frustrations eliminated.

Track patient health history, allergies and medications, clinical notes, appointment list, clinical documents, patient documents and manage treatment plans with Windent's EMR.

Windent Electronic Medical Record - (700047)

Name: [Redacted] Birth Date: 04-25-1954 Phone: [Redacted]  
 Gender: [Redacted] SSN: [Redacted]

**Medical History**

Date	Type
	EVER HAD A BLOOD TRANSFUSION
	ANY HEART DISEASE
	EVER HAD A STROKE
	ANY PAST PSYCHIATRIC CARE

**Allergies and Alerts**

Code	Description
PPE	PPE - MED PATIENT
PEN	PENICILLIN ALLERGY
PHAEZ	BONEGRAFT

**Medications**

Date	Description	Dosage
05/05/2008	TRILAFEN 500MG	30 tablets
02/19/2008	ZITHROMAX	1 pack

**Clinical Documents**

Date	Description
01 Dec	Anesthesia Record
21 Dec	Surgery Sheet (Extraction)
21 Dec	Extraction Op Report

**Appointments**

Visit Date	Appt Column	Time	To	Time	Provider
02/07/2008	DES	08:50 AM	10:50 AM	01	
02/27/2008	SPG	08:00 AM	09:10 AM	01	
06/06/2008	DSM	10:00 AM	11:10 AM	01	

**Treatment Plan**

- EXTENSIVE DRALEVAL (D0 0090) - (000)
- IMPLANT SUPP METAL CROWN (D0 0077) - (000)

Windent's EMR builds a bridge to the future of electronic compatibility.

Enjoy remarkable improvements in efficiency and organization

✓ **Simplify patient treatment documentation**

With a simple click of the mouse or stylus you can add diagnosis codes, post procedures with automatic grouping, post prescriptions chairside to print out automatically at the front desk or go directly to the pharmacy, have treatment plans (and more) print out at the front desk, and request documents as needed.

**Call us to find out how Windent can position your practice for the future.**

*Brought to you by Windent, serving dentists and oral surgeons with proven management systems for more than 20 years. Call us with your questions.*

**Windent.**  
**800.466.9218**  
**windent.com**  
**PLATINUM EDITION**