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The Compass
Staying the Course Through Service and Education
Volume IX, Issue 2, Summer 2007

CALAOMS' New Central Office

View of the stunning CALAOMS reception area as you walk into the offices through the double glass door entry.

Dear CALAOMS members; Our treasurer, Lester Machado, approached me some months ago and asked if I would begin a campaign to fund the interior build-out of our new CALAOMS headquarters. I was certain we would accomplish our goal easily so I gladly accepted. Why was I so confident? Because I know that as an organization we are passionately dedicated to the preservation and promotion of the specialty in California, and therefore, we would contribute without hesitation.

I could not have been more correct. The Case of Thirds Campaign that concluded in May was a huge success. The Board of Directors and those of us on the campaign are very grateful for your overwhelming generosity. Thank you. To this date we have raised over $310,000 in donations, which has helped us cover the costs of the build out. I believe it is important to note that the great majority of the dollars were from individuals and not corporate sponsors.

Continued on page 14

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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:

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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

Editor's Corner

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

Mountain Biking and my Oral Surgery Practice

About 2 years ago, I began mountain biking. Partly, I wante new to my exercise routine. Mainly, I wanted to be able to eat more food. The beauty of the state park in which I ride is hard to describe. I can begin a ride on a fire road, wind along a single-track trail, twist through meadows and oak trees, and end up in a stand of redwood trees. From the top of several trails, I love to watch the fog layer as it rolls in like a lava flow or retreats from the heat of the sun. During the rainy season, the meadows turn a vibrant green color and the switch-backs become miniature water falls. I especially enjoy spring. The rains have stopped; it is still cool enough to ride throughout the day; and the earth is compact and relatively dust-free. Early or late in the day, I might not see another human soul for hours – though I have to take care not to hit a dear or turkey while bombing around a blind curve.

The sport was introduced to me by my senior partner, Mike Hoey. This was a fitting introduction for Mike, as he is an incredible athlete and an excellent instructor. Mike supplied a bike and protective equipment for my first few rides. Along the way, he would stop and show me how to set off down a steep hill without going over the handle bars, and how to grunt up a hill without the handle bars going over me. He pointed out hazards, told me when to down shift, and showed me miles of trail. Though Mike is several years my senior, I had trouble keeping up with him. He would wait, and always encouraged me on.

The ease in which Mike and the other members of my group helped make my transition into private practice, parallels my mountain biking experiences. For those of you who know Mike, you understand that a good bit of his advice can't be repeated in mixed company. But his pearls on running a practice, gleaned from 30 years of experience, are wide-reaching and invaluable. More than just clinical guidance, Mike has taught me the nuts and bolts of running a business and the nuances of being a practicing oral surgeon.

Certainly, I could have taken up mountain biking (or started private practice) on my own. After all, I learned many important lessons without an instructor: rocks can abrade skin and cause bruising, poison oak makes for a high-quality rash, and an employee's "cut and color" greatly effects her work performance. Maybe, we all have to learn some things on our own. The way I see it, however, is that our specialty is small and, though we are a competitive lot, we should band together. Our senior practitioners have a large body of knowledge to pass on.

My flabby belly still mocks me in the mirror, but after a long ride I can eat an extra perogi or drink a pint of my favorite beer without guilt. I also have an ever-growing, successful, and satisfying private practice. Thanks Mike!

DO YOU KNOW WHAT YOU ARE SIGNING

Recently, I had to review a denial for an anesthesia service I performed for a patient, and I had to think and reassess my goals in managing with this carrier.

Briefly, this carrier insures retired military, their dependents, and some trades. I am retired military and feel that this population should have some decent coverage for their dental needs. This carrier showed me a fee schedule which had the usual "these are the fees we will honor and at this percent" clause. I signed the contract and felt good that I was able to provide services for this population.

Here would begin my dilemma of negotiations and disappointment. The issue has come to the following case which is the last straw for me. Long story short, I removed a grossly carious #14 under general anesthesia for a patient who requested general anesthesia. The procedure went well and I submitted the claim to the carrier. The claim returned paying only for the surgical extraction and denied the general anesthesia saying this was not a billable expense (this carrier does pay for GA much of the time) and that I may NOT bill the patient for this service.

The patient was sent the EOB and requested a refund saying the carrier informed her that she does not have to pay for the GA.

I appealed to the carrier and to the supervisors (via phone) to no avail. Here is the problem, we are being told (not asked) that we may not bill for a service which carries risk and liability, essentially providing the service for free.

What is wrong with this picture? Everything!

The carrier has left me with no choice but to resign my contract.

Once again the almighty dollar (I acknowledge that this will not go away) has prevailed over the lowly patient let alone the well wishing practitioner.

Vincent Farhood, DDS

Spotlight on our Sponsors

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

Palm Springs Meeting

HAL'S Med-Dent Supply
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Windent

7th Annual Meeting - Monterey

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President's Message

Murray K. Jacobs, DDS
President, CALAOMS

Extraordinary Achievements

In 1918, heavyweight champ Jack Dempsey knocked out two fighters with unbelievable efficiency and suddenness, setting a new standard for all boxers forever. Fred Fulton was KO'ed in four seconds, and Carl Morris lasted eight seconds.

In 1920, Babe Ruth hit 54 homers – extraordinary because it was 30 more than any player previously hit. Recently, Barry Bonds hit his way into baseball history with the unbelievable feat of 70 home runs.

In 1962, Wilt Chamberlain of the Philadelphia Warriors scored 100 points against the New York Kicks – 29 more than anyone had ever scored in a professional basketball game. The closest anyone has since come to that amazing accomplishment was Kobe Bryant with 82 points this year.

In 1977, in the second round of the Memphis Open golf tournament, Al Geiberger shot a 13 under par 59. He made 11 birdies and an eagle and took 23 putts. I think I nearly had 23 putts on one green last week. He recorded the lowest round in pro tournament history. That feat has been accomplished at least twice since then. (Can you name the two golfers?)

Perhaps the greatest athletic achievement al all time was the standard set by Bob Beamon in the 1968 Olympics when he jumped 29 feet 2 ½ inches. In an event where a new record is usually represented by an improvement of 1 or 2 inches, he broke the existing world record of 27 feet 4 inches by 22 inches.

Extraordinary achievements all.

Now I imagine that Dr. Nix yearns for a 59 on the golf course, and somewhere in my distant memories, if my teammates would have passed me the ball a little more, I might have established the league scoring title in basketball. But, it simply seems that most of us are not destined to accomplish the extraordinary things of life. This should not be a source of discouragement in our lives, yet we often allow unfair and improper comparisons to destroy our happiness when they cause us to feel unfulfilled or inadequate or unsuccessful.

A great philosopher once said this about true greatness: "Those things which we call extraordinary, remarkable, or unusual may make history, but they do not make real life." After all, to do well those things which seem to be our common lot, is the truest greatness - to be a successful father or mother, a good son or daughter, a good student, a good neighbor, or perhaps a good compassionate health care provider.

Pablo Casals, the great cellist, spent the morning on the day he died – at the age of 95 – practicing scales on his cello. Giving consistent effort in the little things in day to day life leads to true greatness. True greatness means giving quality time and effort to a worthy cause. It means rising each time we fall. Greatness is in the thousands of little deeds and acts of service and sacrifice and selflessness that constitute giving to others and helping others less fortunate.

I hope we all appreciate the favorable circumstances under which we labor. Each day in our practices, through the process of giving consistent effort to the little things in day-to-day patient care, we have the opportunity to experience a little bit of true greatness.

Many of you have given of your time and talents over the years to help make CALAOMS a great organization. Adding your particular abilities to the mix has been greatly appreciated. Dr. Gelfand, as the chairman of the leadership development committee, is now in the process of encouraging our members to participate in CALAOMS. Please consider becoming actively involved. We can really use your assistance.

The committee to review applications for cosmetic privileges is now in place and acting on applications. We are represented on the committee by Nestor Karas, DDS, MD, Tim Silegy, DDS, and Monty Wilson, DDS. Questions can be directed through our central office, the DBC's web site, or any of these gentlemen. You should have all received an e-mail from me providing a few tips on the process (*email reprinted on page 24*).

We were well represented in May at CDA legislative day in Sacramento by our members. We continue to encourage all of you to participate with your component societies. I, Dr. Bruce Whitcher, Dr. Larry Lytle, Pam and Barbara also met that day with representatives from CDA, the DBC, and two representatives from California Society of Anesthesiology to resolve some of the issues surrounding the office evaluation process. The meeting was chaired by Dr. Suzanne McCormick of the DBC. The meeting was very productive and we received a great commitment from CSA to assist us with the process.

Calibration courses to standardize the anesthesia evaluations and qualify more examiners are being scheduled for September under the direction of our anesthesia committee chairman, Dr. Mark Grecco. We are planning to hold one meeting in the north and one in the south area of the state. Please make plans to participate. Help is necessary from our members so as not to lose oversight of our anesthesia privileges and avoid a back log of office evaluations.

We have been well represented at the Dental Board meetings by Dr. Bruce Whitcher, Dr. Larry Lytle, Dr. George Oatis, and Dr. Mitchell Day. Thanks very much for your time and expertise. Dr. Whitcher has been influential with regard to the regulatory language governing the surgical assistants. He has been able to reduce the educational and equipment requirements to a level that he feels will be acceptable to our membership.

If you are not already adding your mix of skill and talent to our already dedicated group of volunteers, please come and help our increasingly fine organization by getting involved in CALAOMS. Help us move forward as we watch over and enjoy the benefits provided by those members, past and present, who have helped us to experience a little bit of greatness through this wonderful specialty.

I hope that everyone's summer is going well.

Regards,

Murray Jacobs, DDS
President – California Association of Oral and Maxillofacial Surgeons

(Chip Beck 1991, David Duval 1999)

Reasons to Attend CALAOMS Meetings:

Continuing education is mandatory. We all know that the Dental Board of California requires 50 CE units every two years. Twenty-four CE units are specifically required for general anesthesia and sedation permit holders. Throughout its existence, the California Association of Oral and Maxillofacial Surgeons has led the nation in providing quality, pertinent and innovative continuing education.

However, continuing education is more than mandatory. As doctors, we are committed to life long learning. The emphasis of CALAOMS continuing education is on improving your knowledge base and thus improving your patient care. Your Association's goal is to provide up-to-date continuing education that will stimulate your interest and help you be a better surgeon.

Attending CALAOMS meetings provides much more than just the benefits of continuing education units. It helps to support your Association and your specialty. Another important benefit attending CALAOMS meetings is the opportunity to interact with your colleagues. These additional benefits cannot be found at mixed specialty meetings or at a large national meeting.

The CE committee is always trying to improve the quality of our meetings. We know that anesthesia CE is a big part of your required CE. We are currently scheduling several excellent anesthesia related meetings. For example, on October 24 (South) and on November 7 (North), we are offering a hands-on medical emergency course. Drs. Kiken, Bloom and Heldt have put together an exceptional course that begins with didactics and finishes with hands on demonstrations. The hands-on segment will be similar to an ACLS course with stations, that allow the office team to work together treating emergencies that are of the greatest concern to our specialty. Also, on September 12 (North) and September 19 (South) we are offering a course on Anesthesia calibration. This course will provide 4 credit hours.

In January, Drs. Grecco and Silegy have invited Dr. Bogetz to speak on ambulatory anesthesia. This superb meeting will be interactive and gives our members a great way to get involved in the discussion.

We also realize that you often have to travel to our meetings. We are currently reviewing an increase in the number of credit hours offered at our major meeting as well as providing more variety in the locations of our meetings. We understand that our membership's "extra-meeting" interests have changed and we hope to find locations that interest the majority of our members.

The best part of CALAOMS CE is that you can decide what programs are important to you. By answering our survey, contacting our committee members or becoming involved you can help determine the topics, the type of presentation and the location. (You can even ask for my resignation!)

CALAOMS has a rich history in providing continuing education for our members and has led the nation with innovative programs like our Oral and Maxillofacial Surgery Assisting course. Your CE committee is committed to continuing this tradition.

Scott Podlesh, DDS
CE Committee Chairman

Help Support Us Support You

SCPIE's Risk Management Corner

HIPAA: Now is the Time to Give Your Office a Compliance Checkup

By Barbara Worsley
of The SCPIE Companies

Four years after the first compliance deadline set by the Health Insurance Portability and Accountability Act (HIPAA) – the sweeping legislation enacted by Congress in 1996 – some applaud it for creating a much-needed framework of patient privacy standards. Others think it has created a morass of meaningless paperwork. Although the HIPAA privacy and security rules are undeniably complex and confusing, they are the law of the land.

Given the limitless number of questions and concerns arising from the ongoing HIPAA implementation process, it is not surprising that healthcare providers are still anxious or confused about its requirements and how to comply with them. Because of this, a number of myths have developed over the years. Consider the following:

Myth: One doctor's office cannot send medical records of a patient to another doctor's office without that patient's consent.

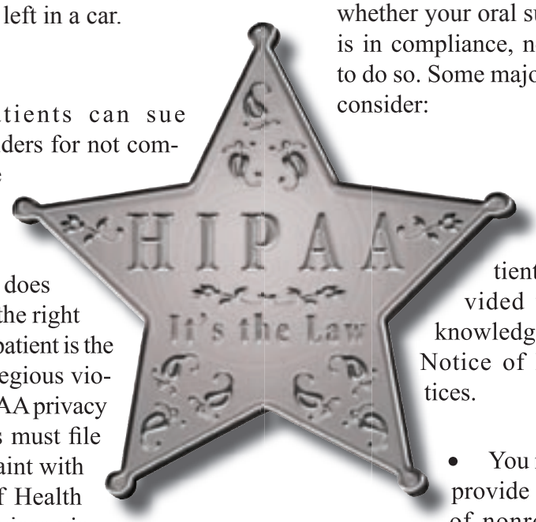
Fact: No consent is necessary for one doctor's office to transfer a patient's medical records to another doctor's office for treatment purposes. As the Department of Health and Human Services (HHS) explains, "treatment" includes "consultation between healthcare providers regarding a patient and referral of a patient by one provider to another."

Myth: A husband or wife has a *right* to know medical information regarding his or her spouse.

Fact: Contrary to what he or she might think, being a spouse does not entitle one to have access to the partner's medical information. Ordinarily no one, including a spouse, can be told about a patient's diagnosis and treatment without the patient's permission. If a spouse or other relative routinely accompanies the patient to office visits and is permitted by the patient to be in the exam room, consent for sharing the patient's medical information might be inferred. But it is still wise to ask for and document the patient's consent.

Myth: It is a violation of HIPAA if I take my charts home to finish dictating/writing them because I'm unable to finish them at the office.

Fact: HIPAA regulations do not specifically prohibit taking charts home, but they do require you to take "reasonable" safeguards to protect patient information. At one time or another, most doctors have taken charts home; however, precaution should be taken that they should never be left in a car.



Myth: Patients can sue healthcare providers for not complying with the HIPAA Privacy Regulation.

Fact: HIPAA does not give people the right to sue. Even if a patient is the victim of an egregious violation of the HIPAA privacy rule, individuals must file a written complaint with the Secretary of Health and Human Services via the Office for Civil Rights. HHS may impose civil penalties ranging from $100 to $25,000. And criminal sanctions may be enforced by the Department of Justice.

The common purpose of both the security and privacy rules is to protect medical confidentiality, a catchall term pertaining to the right of a patient to have his or her individually identifiable information protected from disclosure to unauthorized persons or entities. The privacy rule determines what health information should be afforded privacy protection, who should have access to it, and how it should be controlled. The security rule, on the other hand, defines the physical and technical safeguards that doctors, among others, must put into place to protect restricted information.

If you haven't already analyzed whether your oral surgery practice is in compliance, now is the time to do so. Some major provisions to consider:

- Every patient must be provided with, and acknowledge receipt of, a Notice of Privacy Practices.
- You must be able to provide an accounting of nonroutine disclosures – for example, those unrelated to treatments, payments or healthcare operation – of your patients' protected health information upon request.
- Your patients should be able to obtain copies of, and request corrections to, their medical records.
- Access to electronic patient information stored on computers, PDAs and other electronic devices, excluding conventional fax machines or voicemail, should be limited to providers and staff on a need-to-know basis.
- You must have written privacy and security policies and procedures.
- Employees should receive training on how to comply with HIPAA regulations.

Physical access to computers and software through proper password management is a key area of risk management that requires staff to be security-conscious. It is tempting for staff in small offices to share passwords or to keep them on a piece of paper in the top drawer next to the computer station. Passwords have even been found on "sticky notes" attached to computer monitors. These actions completely undermine security and should be strongly discouraged.

We should not just think of HIPAA as a series of deadlines, but rather as a process. The healthcare industry views HIPAA as a universally accepted standard for healthcare rather than simply another governmental regulation. Compliance will continue to require ongoing updating and monitoring.

New ABOMS Diplomates

Congratulations to the following OMS from California who are new 2007 Diplomates to the American Board of Oral and Maxillofacial Surgery. The list includes:

Patrick Duffy, DDS, MD
Louis Gallia, DDS
Hamlet Garabedian, DMD, MD
John Gordon, DDS
Robert Gramins, DDS
Alexander Hoghooghi, DDS, MD
Bryan Krey, DMD
Linda Miyatake, DDS, MD
Jeffrey Payne, DDS, MD
David Salehani, DDS, MD
Payam Samouhi, DDS, MD
Kenneth Wong, DDS

Certification by the ABOMS is the "crowning achievement in the educational process because it indicates that an individual who has attained this recognition cares about defining and improving their level of knowledge," stated ABOMS President Dr. Edward Ellis III.

Annual Meeting in Review

I hope you did not miss it! The 2007 CALAOMS Annual meeting was held at the Monterey Plaza Hotel in Monterey, CA on April 28 and 29. We were privileged to have Dr. Thomas Flynn, of Harvard University, as our keynote speaker. The two-day, weekend meeting was blessed with perfect Spring weather. I was able to appreciate the rolling surf outside my hotel window which lulled me to sleep on two consecutive nights.

Our board meeting was productive on Friday night. I enjoyed our vendor exhibits, the annual dinner honoring our past presidents and our meeting honoree Dr. Howard Davis, and the nearby Monterey area. The dinner was held at the beautiful Monterey Bay Aquarium, as we had the facility to ourselves to tour before dinner and enjoyed a fantastic meal together. We also recognized Dr. Lee Heldt as the committeeman of the year for his 20+ years of service as chairman of the ACLS recertification program, and Mr. Mark Rakich as a distinguished serviceman for his work on SB 438.

Dr. Thomas Flynn is considered by many as the foremost authority in oral and maxillofacial infections today. He maintains an active professorship at the Harvard School of Dental Medicine, and he is teaching pre-doctoral students and OMS residents. I would like to thank Dr. Rich Robert for recruiting him and facilitating the meeting.

Dr. Flynn's program began with a morning session on the anatomy and surgery of oral and maxillofacial infections. His program was well presented, well organized and very well received by our membership. The afternoon was filled with our annual membership luncheon, committee meetings and free time for our members to enjoy the perfect weather and nearby amenities. Membership feedback received by your CE Committee included, "I think all CALAOMS members should attend this lecture. Great speaker. Great material."

The Sunday morning program commenced with the discussion of the microbiology and antibiotic therapy of oral and maxillofacial infections. Dr. Flynn continued to present a well organized, informative and well received scientific program. Another CALAOMS member told us, "Excellent presentation. Good handouts/references. Good course!"

The morning concluded with our vendor prize drawing. Thank you again to our vendors who support our meetings and programs. The afternoon was again blessed with fine spring weather and plenty of time for nearby Monterey activities. I hope you did not miss another great CALAOMS Annual Meeting. Most of all, I enjoyed the camaraderie of our membership who came from all parts of California.

Respectfully submitted,

Ned L. Nix, DDS
Vice President/Secretary

CALAOMS Welcomes New Members

Please join with us in welcoming the following doctors that have been approved for membership in this association between 1/1/07 and 6/30/07

Thomas M. Baransky, DDS
Nanlin Chiang, DMD
Mahr F. Elder, DDS, MD
Jeffrey A. Elo, DDS, MS
Robert Ferdowsmakan, DMD, MD
Louis J. Gallia, DDS
Susan J. Lee, DMD, MD
Anna Lu, DMD
Juan F. Luque, DDS
Hidemi Oka, DMD, MD, MS
Alan Shelhamer, DDS
Trent Howard Westernoff, DMD, MD
Brian Y. Yang, DDS, MD
Samuel Young, DMD

Continued from page 1

We now have a showcase central office, which is unrivaled in specialty dental organizations throughout the United States. Come by for a tour next time you're in the Sacramento area. You will be amazed at what our teamwork has accomplished. As a preview, take a look at these pictures taken at the gala open house on May 18th, 2007.

Sincerely, John L. Lytle MD, DDS

Doctors A. Thomas Indresano and John L. Lytle in the conference room by the plasma monitor.

Past Presidents Tom Hiser and Gerald Gelfand take a break from the commotion in the Executive Director's office.

Doctor Tim Silegy catching up on events with Executive Director Pamela Congdon in front of the entry to the conference room.

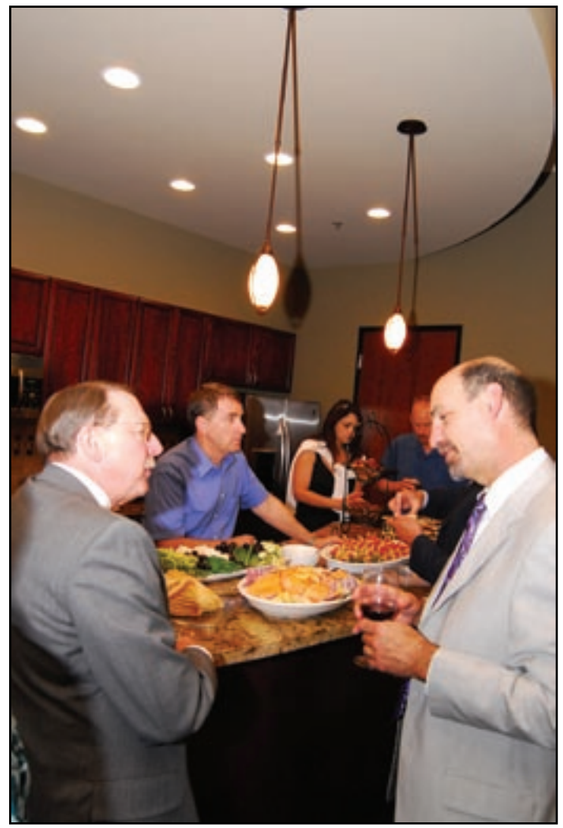
A view of the conference room with its rich wood accents and detailed box ceiling set within recessed tray.

Dr. Ned Nix with ex-lobbyiest Mark Rakich in the conference room.

Three Past Presidents of CALAOMS Doctors Tom Hiser, Gerald Gelfand and Lee Heldt enjoy refreshments in the lounge/bistro area of the office.

Dr. Mark Womack and wife Camdena with Ric Brady in conference room.

Gathering of members, staff and guests in the lounge facing the bistro which is a fully equipped kitchen capable of handling catered events.



Members and guests gather around the bar area of the bistro to enjoy the delicious fare that was offered.

Building Fund Contributors List

A Special Thank You To The Following Members And Corporate Sponsors That Contributed $10,000 Or More

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We appologize if we missed your name. Please call CALAOMS and notifiy us so that we may include you on the plaque

CALAOMS Treasurers Report - We Are Strong

CALAOMS is a strong professional association because of its membership. Individually oral and maxillofacial surgeons represent some of the brightest minds in health care. Collectively, we are a well organized, financially secure group. We represent the largest component of District VI. We enjoy the participation in membership of the vast majority of practicing OMS's in California. We are unified in our desire to see our profession grow and flourish. We have a strong strategic plan to meet the needs of our members for years to come and we are strong financially.

As your Treasurer for the past two years, I am pleased to report to you that we have implemented several changes in our financial policies and practices that will ensure we have the resources to meet the challenges of today and tomorrow.

We have an annual budget of $890,000. Our dues income is $480,000 and our non dues income is $410,000. Our ability to generate non dues income from sponsors, CE, and interest on our reserves helps us keep our membership dues below the average of other state OMS societies.

Our expenses are focused on member services. These include but are not limited to: continuing education, advocacy on issues that affect our members, general anesthesia permit examinations, the Compass, and support of the six OMS residency training programs in California. We have streamlined our operations to maximize efficiency and reduce waste. We have purchased an office condominium which eliminates the waste of monthly rent and creates equity in a rising real estate market. Our financial records are being audited on a regular basis.

Financial strength in an association is important because it engenders confidence in the membership that their dues dollars are well spent. It is also important when challenges arise that require immediate action. Having the resources immediately available to respond to issues as they arise is a hidden benefit of your membership in CALAOMS.

Lester Machado, DDS, MD

Employment Practice Liability Insurance. What Is It, And Do You Need It?

A Candid Interview of Dental Practice Litigation with Attorney Art Curley, by Insurance Committee Chairman Mark Womack, DDS

This past year your CALAOMS Board of Directors established a new Committee on Insurance. The Board felt that there were other areas besides professional liability in which our members needed insurance coverage. In an attempt to prioritize the types of insurance coverage which should be considered, Insurance Committee Chairman Dr. Mark Womack interviewed Art Curley. Since Mr. Curley's firm defends professionals in all types of legal matters, it was felt that he would be an ideal source to help us establish our priorities. After talking to Art Curley, Dr. Womack felt that Art Curley's recommendations would be helpful not only to our committee, but our members as well.

This is a recent conversation between Dr. Womack and Arthur Curley, attorney

Question: As Chairman of our newly formed CALAOMS Insurance Committee, I find your comments regarding our members' obtaining employment practice liability insurance of great interest. When I asked you to grant us this interview, it was in hopes that our discussion would help us to establish our priorities in attempting to get more comprehensive and better insurance coverage for our members. From individual discussions that I have had with a number of our members, it was my feeling that our first priority should be in attempting to set up some employment practice liabilities insurance for our members. Your comments have certainly reinforced that we are on the right track. Consequently, we are about to send out a survey to our membership to determine the level of interest in such a program.

Art: I feel that this would be the membership's best plan for obtaining coverage. If a large number of your members become a part of the program, you would tend to get more favorable rates and a wider range of coverage. Those members who have already obtained coverage as individuals are undoubtedly paying higher premiums and may well not have as good quality coverage as they would like. I would whole-heartedly support your attempting to get a group plan.

QUESTION: Art, as an attorney who has been representing the dental community for over 30 years have you noticed any trends in claims involving the dental office?

ART: The fastest growing area of litigation involving the dental community are claims involving employment. While oral surgeons have made great strides in recent years with improved risk management, record-keeping, and use of new technologies that have significantly reduced claims for malpractice, most doctors were unprepared to prevent or defend employment claims.

QUESTION: Why do you think the dental community is not better prepared for these issues?

ART: The problem lies with the fact that until recently the claims in cases were rather infrequent for small businesses, such as an oral surgery office. However, with new legislation, the education of employees via the Internet as to employment rights, and verdict trends, we are seeing more employment claims. We've also seen a more aggressive and active prosecution by the departments of labor, particularly in California.

QUESTION: Is there anything about employment claims that make them different than malpractice claims?

ART: Yes, employment claims are very much like a divorce. They don't happen very often but are extremely contentious and outright nasty, when they do occur. Also like divorce cases, employment claims are more difficult to defend because most communications were made in a position of trust with little or no documentation. In other words, these cases are the classic "he said she said" claims. And remember, most voters and most jurors are employees, not employers.

QUESTION: With that in mind, Art, are there any tips or advice that you can offer to help the oral surgery office minimize or eliminate employment claims.

ART: Yes, there certainly are, based on our now several years of defending these cases in court and before the labor board. I would list them as follows:

1) Obtain, edit, utilize and update a well-crafted employment manual. These manuals can be obtained through organized dentistry and insurance companies and are often designed for the dental office. Avoid borrowing a friend's manual or using a generic manual not specifically designed for healthcare offices. Be sure there is strict compliance with such policies as meal and lunch breaks, OSHA, infection control, and vacation documentation.

2) Establish, maintain, and document a well-crafted "employment at will" policy. Most appropriate employment manuals will contain such a policy that should be signed off by each employee at the time of being hired. As a part of this practice, every employee should have an employee file that is kept in a confidential secured space and periodically updated. Only the surgeon or office managers should have access to those files, and in the case of the office manager, only the oral surgeon.

3) Obtain, customize, and utilize a well-crafted employment application form. The form should be limited to educational and work history and should never ask questions like: *do you have children, are you planning to get pregnant, do you have any medical problems, what is your spouse's employment?*

4) Install and communicate an anti-harassment (sexual or otherwise) office policy. In the state of California these are in fact legal mandates. You can contact the labor board to obtain brochures and guidelines for putting together such a policy and communicating it to the staff. Then you must put anti-harassment protocols into place that allow or provide for employees to complain, have their matters heard, and management thereafter take appropriate action, if any is indicated. All of this must be documented.

5) Establish and promulgate office policies and procedures such as an anti-tardy program, dress codes, job duties, and performance

Continued on page 20

Continued from page 19

evaluations. Do not wait until the annual review to admonish and document employee violations of office policies such as recurrent failures to show up to work on time. Employees should be advised of their failures at the time they occur, the communication documented in their file and the employee advised that recurrences may result in termination without further notice. Employees should be required to sign off any written list of office policies and procedures.

6) Establishe a termination policy that includes an opportunity to conduct an exit interview, which is documented. Doctors and office managers should never terminate someone as part of an emotional response to some sort of employee transgression. Termination should always be done in a calm, factual, businesslike setting.

7) Document, document, document. The biggest weakness we have defending these cases has been the lack of documentation. If an employee is violating office policy, document. If you conducted an interview regarding an employment problem, document. If an employee states a complaint or concern about another employee, document that complaint and your response. Notoriously, lawyers representing employees do not like to take cases where there is good documentation.

QUESTION: Art, these are all good points, but doctors and their managers are only human and everyone can have a bad day that might cause friction with an employee. Is there anything else that oral surgeons can do to protect themselves against these claims?

ART: Yes, there are two very important adjuncts to these tips:

A.) Take a class on employment law. Over the years we have been involved in providing several programs on employment law and have always had the audience comment that they didn't appreciate some of their obligations, and potential exposures, before taking such a course. Yet the same time we note that attendance is rather light despite the potential of these claims. An oral surgeon and/or office manager taking one of these classes in employment law would go a long way to making an oral surgery office claims-free.

B.) Obtain and maintain some form of *employment practices liability insurance.*

QUESTION: Good advice Art, but where would an oral surgeon look to get such insurance?

ART: There are two primary sources. First, go to your regular insurance broker, the one you use for your home or office insurance and see if they have a standalone policy. The primary benefit is that your litigation costs are paid which allows you to put in a more vigorous defense than you would be able to do if you had to pay for an attorney yourself without insurance. Second, some malpractice carriers offer employment insurance as part of their services. In either event be careful to read your policy terms in detail to determine the nature of your coverage. The broader the coverage, the more litigation expenses that are covered outside of any payments that you would have to make, the more expensive the policy. However understand that back wages, penalties, and attorneys fees are almost never covered under these insurance policies.

QUESTION: Thanks again Art for taking the time to speak with us. Here's hoping that we'll be able to follow this advice such as the only time we have to talk is during these interviews or at your courses and not in your office discussing a claim.

ART: You're welcome, anytime, happy to help share my experience.

The Case for Support of the Oral and Maxillofacial Surgery Foundation

The Oral and Maxillofacial Surgery Foundation is committed to providing funding support for research and education in Oral and Maxillofacial Surgery and derives the bulk of its contributions from the Oral and Maxillofacial Surgery community. As such, it is not only incumbent upon each of us to support the fund-raising program of the OMSF, but it is clearly within our own best interests to do so.

Take a moment and reflect upon the technology, medications, surgical and anesthetic techniques you currently use to treat your patients. Many were not possible just a few years ago. Research and education made these advances possible. Research and education are part of your everyday life.

We live and practice in an era where change is rapid and continuous. New research frontiers open new and exciting opportunities to enhance patient care. Areas of current interest include tissue engineering, wound healing, emerging technologies, and pain management. In a word: Innovation. This innovation means new, amazing ways to treat our patients.

You budget for rent, salaries, equipment, supplies, etc. How much do you budget for the future of your practice and for your specialty? How much do you budget for innovation?

A gift to the Oral and Maxillofacial Surgery Foundation (OMSF) is an excellent way to budget for innovation. OMSF is the only national nonprofit organization dedicated to the support of research and education within the specialty of oral and maxillofacial surgery. Since 1959, OMSF has been providing financial support for specialty-related research and education projects, all of which serve to promote the health and well-being of our patients.

OMSF's yearly funding of research awards and fellowships allow the specialty to enhance existing areas of scientific study and to develop new areas of scientific interest, both of which contribute to improved treatment of patients now and in the future. The Foundation is proud to have funded more than 200 research awards, fellowships and other awards since 1985, for a total of nearly $8 million in support of our specialty.

The easiest way for you to support innovation is to make a yearly gift to the Foundation's REAP annual campaign. Gifts to REAP, which stands for *Research and Education Advance Patient care,* provide annual support for research and education, the cornerstones of the future of our specialty. The potential for REAP is enormous: if each oral and maxillofacial surgeon invested just $1,000 to $2,000 a year, this would provide $6 to $12 million on an annual basis for OMSF's research fund. In less than 10 years, the Foundation could build a corpus of $100 million, potentially increasing annual research and education funding support tenfold. Not only would the corpus grow, but, during this same period, OMSF would continue to provide annual funding support.

Why is your gift important? Only 5.5% of all health care spending by our federal government, American industry, universities, state and local governments, foundations, voluntary health associations and independent research institutes is spent on research. What about the National Institute of Dental and Craniofacial Research of the National Institutes of Health? Approximately 4.5% of the research budget of the NIDCR is dedicated to research and training support in oral and maxillofacial surgery. But, this money is not assured. The NIH is subject, like all federal agencies, to politically driven funding fluctuations. After a period of decline the NIH budget doubled in 2003. Since then, the NIH has lost more than 13% of its purchasing power. Given the looming federal budget deficit, the NIH, along with other federal agencies, will likely face future budget reductions at some point. Perhaps most importantly, the OMSF is part of our specialty and understands the needs and priorities of our patients and our practices. This provides a greater likelihood of targeted research, intended to address our

specialty's needs on a prioritized basis. We must be responsible for the future of our specialty.

Giving to REAP is as simple as contributing $1,000 - $2,000 per year. Take a look at the list of California REAP donors. The donors have the vision to support innovation for the future of our specialty. To make a gift to REAP, use the form below.

Thank you!

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Dr. Brian C. Blalock
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If you would like to donate, please cut out the below form and send it in with your contribution

❍ I am proud to participate in REAP by contributing a gift in the range of $1,000 to $2,000 to OMSF.

Donation amount: $_____

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Thank You!

Attention CALAOMS Members

TO: **Potential Cosmetic Licensure Applicants**

FROM: **Dr. Murray Jacobs – President CALAOMS**

For those of you who intend on submitting your application to the Dental Board of California for a cosmetic license, you should be aware of the following:

1. Many individuals fought long and hard for this privilege. Please be courteous to all California Dental Board representatives in your communications. All contacts are being scrutinized. Remember this is a privilege, not a right.

2. Operative Reports must be submitted. The law states that 10 are required. There is not alternative to a loss or lack of operative reports. Reports must be for surgeries prior to January 3, 2000 unless performed in a training program. After that date is in clear violation of the law.

3. Carefully read the application to determine if you qualify For option A or option B.

4. Realize that your license and the records submitted will be carefully reviewed in this process.

5. Under no circumstances should you advertise prior to obtaining your permit.

Additional information can be found on the Dental Board's website at ***www.dbc.ca.gov*** or contact Rick Wallinder at the Dental Board of CA at (916) 263-2300. Further inquiries; please call Pam at the CALAOMS Central Office at (800) 500-1332.

General Announcements

GENERAL ANESTHESIA EXAMINER'S TRAINING CLASS AND INSTRUCTOR CALIBRATION

Please Mark Your Calendars

September 12, 2007 - Northern California
September 19, 2007 - Southern California
12:00pm - 4:00pm

CALAOMS needs more evaluators!

We would also encourage existing examiners and GA Permit holders to attend this course.

Calibration and recommendations from the Blue Ribbon Panel will be discussed.

The Dental Board of California will be hosting these classes, and will announce the locations for both dates mid-summer. 4 Anesthesia CE units will be awarded for attending.

Upcoming Events For 2007

GA Examiner's Training/Calibration - North		**ACLS**	
September 12, 2007	Location TBD	October 27, 2007	Solano
GA Examiner's Training/Calibration - South		**Medical Emergencies**	
September 19, 2007	Location TBD	November 7, 2007	Oakland
Residents' Night Presentations		**Fall Membership Meeting**	
September 26, 2007	Santa Ana	November 10-11, 2007	La Jolla
Medical Emergencies			
October 24, 2007	Anaheim		

Call for Publication Committee Members

- Do you like to be a contributor?
- Do you have something to say about your profession?
- Do you think the Newsletter could use improvement?
- Do you think the Web-Site needs improvement?
- Do you like seeing your name in print?

If you answered "Yes" to any of the above questions, then you need to seriously consider becoming a member of the CALAOMS Publications Committee.

We are looking for energetic members who love their profession and want to make a difference.

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

Classified Ads

Equipment For Sale

Mid Summer Cleanup!
Dr. Steve Leighty is looking for oral surgery instruments and/or equipment in good repair to help outfit several dental clinics in Mexico, Nepal, and Uganda. These projects are operated by Rotary International. For more information: Steve M. Leighty, DDS, 1364 Whispering Pines Lane, Grass Valley, CA 95945. Telephone: (530) 272-8871 or email: smlzenos@pacbell.net.

STRYKER HANDPIECES – Microroto –osteotome # 277-01 8 @$2400 each.
STRYKER Foot switch – round . # 277-07 2@ $600 each.
IBM SELECTRIC II Typewriters $200.
BACKUP CPU POWER SUPPLY $300.
HP SCANJET 4 C/T –Scanner with transparency adaptor $600.
COMPUTER – NORTHGATE PENTIUM II -450 MG Htz,128 MB Ram, 8.3 Gig HD 13" Monitor, Windows '98, MS Word, MS Office $695.
Printer – OKIDATA Dot Matrix $150
NETWORK HUB - 10 Base T $45
Call (559) 447-0544

Job Opportunities/ Practices for Sale

Bellflower, CA
OMS position available. Full scope, four doctor OMS practice in Bellflower, CA is seeking a full time associate; future partnership potential. For more information email resume to: Carolyn@oralsurgerycenters.com

Lake Arrowhead, CA
Satellite office located in beautiful Lake Arrowhead Resort. Looking for someone interested in working part-time at your convenience and or to purchase. Please call Dr. Stuart Green at (949) 701-4488

North Orange County, CA
Multi-office Oral Surgery Practice has an associate position available with partnership potential. Start date flexible. Main services provided are Dentoalveolar and Dental Implants. Contact Melissa @ (714) 534-5588

Oregon-Central
Cascade Moutain views-clear blue sky. Winter and Summer sports in your backyard. Fast-growing, family-friendly area. Direct flight from LA to Edmond now available. Extremely busy practice established for nearly 11 years with large refetral base and low overhead. Assumable lease. A turn-key situation. Put on our scrubs and work. Will stay for transition if desired. Contact elsurgeon@gmail.com

Oregon-Southern
Practice Opportunity: Our growing community needs additional BE/BC OMF Surgeons. Ideal area to live with beautiful mountains and outstanding recreational, educational and cultural opportunities. Modern oral surgery building located adjacent to expanding regional medical center was made available for lease Spring '06. Excellent opportunity for OMS desiring to relocate or recent graduate. Please call (541) 944-2140 or e-mail glksabre@aol.com.

Salinas/Monterey, CA
Associate With Immediate Partnership Potential**.** Practice in Northern California's premier coastal area. Well-established, highly successful, multi-office, high-income OMS practice seeking a single/ dual degree OMS who is board certified or an active candidate for board certification, for associate/early buy-in. Excellent salary, benefits and opportunity to assume leadership. Full-scope office/hospital practice with emphasis on implants and related grafting, orthognathic and cosmetic. Recreation opportunities and Lifestyle amenities abound. Please send CV to Dr. Terry W. Slaughter @ 420 E. Romie Ln., Salinas, CA 93901.

San Francisco, CA
Part-time associate needed for the Stonestown Surgery Center and it's satellite office. Terms open to negotiations. (415) 664-5060.

San Diego, CA
Well established full-scope OMFS practice. Fully accredited JCAHO Surgery Center. Seeking an Associate, Board Certified or eligible. Please send your Resume to (619)420-6645.

San Diego, CA
OMS position available. Comprehensive three doctor OMS practice in central San Diego is seeking a full time associate; future partnership potential; full scope practice with surgery center. For more information email resume to: mstaple@mvoms.com.

Southern California
Respected, thriving practice for sale. Excellent staff and efficient systems in place. Fee for service yields high net with untapped hospital cases and a growing population in family oriented Palmdale. You may choose to live in Santa Clarita. Seller will assist transition as requested. View www.transdent.com or call (800) 588-0098 and ask for ID#OSCA003.

Turlock, CA
We are currently looking for an experienced Oral Surgeon to join our wonderful clinical team. The office is located in Turlock, California in the Central Valley. Full scope office including trauma and implant surgery. Excellent salary, and benefits. Flexible days. If you are interested in joining our team, fax your resume to (209) 669-8123 or email to aileen@valley-dental.com.

Vallejo, CA
Looking for an oral surgeon, one day a week, can earn up to $2000 a day, for more info call (925) 325- 2293 or send email to Nazilaedalati@aol.com .

FLASH

THE NOMINATING / LEADERSHIP DEVELOPMENT COMMITTEE IS ACCEPTING APPLICATIONS FOR COMMITTEE MEMBER POSITIONS. PLEASE CONTACT THE CENTRAL OFFICE AT (800) 500-1332 OR FAX OVER YOUR APPLICATION TO (916) 772-9220

How To Place A Classified AD
If you a member of CALAOMS, please email your ad to steve@calaoms.org and indicate how long you would like the ad to run. If you are not a member of CALAOMS, please call (800) 500-1332 and ask for Steve

Windent's Implant Management Gets an A+

Getting and Keeping Referral Doctors

DR. STOBAUGH "Referrals are the heart of an implant practice. The ability to communicate effectively throughout a patient's treatment process is essential to maintaining a healthy and positive relationship with our referrals.

Using the Letters program within Windent, we can communicate quickly and efficiently with the patient's referring doctor through each step of the patient's care, helping us maintain a healthy relationship with the referring physician."

DR. METZ "When doing personal marketing, I like the instant access I have to information about each of our practices. When visiting our referring doctors' offices, it is nice to call my front desk team for details on which patients they have recently referred before I walk through the door. Windent lets my office staff quickly tell me exactly what patients we have seen, by name, when they were in our practice, where they are in treatment, and how the overall case went. Then I can speak knowledgably about each patient they have referred and thank the doctor appropriately."

Assuring Patient Implant Case Acceptance

DR. STOBAUGH "The Windent system also helps our office maintain a high treatment plan acceptance rate. Sometimes patients want to think about their recommended treatment or discuss their care with a loved one before committing to their initial surgical appointment. With Windent's terrific Call-back and Notes features, we schedule follow-up calls and talk to each patient on a personal and detailed level following their initial consultation."

Following Up on Patients and Reinforcing Referring Doctors

DR. STOBAUGH "We also need to be sure that implant patients don't slip through the cracks during their staged treatment or their ongoing hygiene recall. Windent enables us to track each patient, beginning with the initial consultation and case acceptance, through site development procedures and placement of the implant. We can monitor our patients over an extended period of time."

DR. METZ "We give Windent an A+."

Dr. R. Kent Stobaugh, D.D.S. (standing) and his associate Dr. Paul S. Metz, D.D.S., M.D. (seated)

Oral & Maxillofacial Surgeons of Houston
Houston, Texas

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To find out how Windent can help you build referrals for your practice, call us at 800.466.9218