

ODA JOURNAL

The official publication of the Oklahoma Dental Association



Helping heal thousands.



Oklahoma Mission of Mercy

Thank you to the hundreds of ODA members volunteering your time in February to help those less fortunate.

More volunteer details can be found on page 11.





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Message from the Executive Director F. Lynn Means

AS AN ODA MEMBER, YOU HAVE SO MUCH TO BE PROUD OF!

"Teamwork is the ability to work together toward a common vision; the ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." - Andrew Carnegie

...how apropos. When speaking of ODA's first Oklahoma Mission of Mercy (OkMOM), it is just that – common people attaining uncommon results. As OkMOM draws nearer, I am in awe every day at how the ODA membership and many other volunteers, the Delta Dental Charitable Foundation, the ODA staff, and the Tulsa community have all pulled together to make this enormous project materialize! We embarked on this endeavor one year ago when a small troop of fact-finders attended the Kansas Mission of Mercy. And here we are, only twelve short months later, and we're doing it – we're hosting our own Mission! I can't begin to tell you how many minute and time-consuming details have gone into this project. And the volunteers and staff have worked tirelessly to attend to every single one of them.

Definitely, the most impressive thing about OkMOM so far, is the staggering number of registered volunteers we have! At press time, we have 1,183 volunteers, 226 of which are ODA dentist members! We even have 12 out-of-state dentist volunteers registered! "Thank you" doesn't begin to be enough for what you've committed to do, but THANK YOU. Thank you! Thank you! Thank you!

We also have to thank John Gladden and Terrisa Singleton, and the entire Delta Dental Charitable Foundation's Board of Directors. The Delta Dental Charitable Foundation is underwriting the entire project and there are not words to describe what that means to us, but especially what that will mean to the hundreds of Oklahomans we anticipate serving next month.

And while I'm handing out thank yous, I would be remiss if I didn't single out a few of the volunteers: Drs. Kathy Henry and Tamara Berg have happily tackled every imaginable challenge, ironed-out every wrinkle, and knocked down every road block during this year-long planning process. Their attention to detail has been critical to this project and the ODA is so grateful to them for their time, creativity, and seemingly endless energy!

And last, but certainly not least, the ODA will be forever indebted to Dr. Rieger Wood for chairing this inaugural OkMOM – for his vision, passion, commitment, optimism, enthusiasm, and for all the hours (and hours and hours and hours) he has put into this project! Dr. Wood has spent more time attending meetings with corporation representatives, city officials, and media outlets than he has treating patients this year, I'm sure of it! He has successfully procured thousands of dollars in in-kind donations and has spoken to every imaginable community service organization and student and church group, rallying volunteers. And he has been/will be making guest appearances on TV and radio shows, getting the message out to all those soon-to-be OkMOM patients.

The ODA also wants to thank all of the many Tulsa businesses that have partnered with us by donating and/or discounting goods and services! For a complete list of these generous companies, please visit www.okmom.org – and please make it a point to patronize these businesses in 2010!

On behalf of the ODA Board of Trustees and staff, here's wishing you a wonderful 2010, filled with every happiness! We all do indeed have so much to be proud of and I'm looking forward to seeing many of you next month at OkMOM in Tulsa!

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Calendar of Events

February 2010

2nd

- TCDS Evening Meeting: Tulsa Renaissance Hotel, 5:30 PM
- OCDS Board Meeting: ODA, 6:00 PM

4th

- Oklahoma Mission of Mercy Set-Up: Tulsa Convention Center

5th

- Oklahoma Mission of Mercy Treatment: Tulsa Convention Center

6th

- Oklahoma Mission of Mercy Treatment: Tulsa Convention Center

8th

- ODA Offices Closed

9th

- TCDS Executive Committee Meeting: Tiamo's, 6:00 PM

12th

- ODA Annual Meeting Planning Committee: ODA, 10:00 AM
- ODA Council on Bylaws & Rules Meeting: ODA, 1:00 PM
- ODA Task Force on Expanded Duties Meeting: ODA, 1:00 PM

15th

- Retired Dentists Lunch: ODA, 11:30 AM

18th

- OCDS General Meeting: Castle Falls

19th

- OCDS CE: Castle Falls

March 2010

3rd

- Dentist Day at the Capitol: ODA

5th

- ODA Council on Governmental Affairs Meeting: ODA, 9:00 AM
- ODA Board of Trustees Meeting: ODA, 1:30 PM
- TCDS All-Day CE: Tulsa Renaissance Hotel

9th

- OCDS Board Meeting: ODA, 6:00 PM
- TCDS Awards Banquet and Office Installation: Tiamo's, 6:30 PM

12th

- ODA Annual Meeting Planning Committee: ODA, 10:00 AM

15th

- Retired Dentists Lunch: ODA, 11:30 AM

30th

- TCDS Executive Committee Meeting: Tiamo's, 6:00 PM

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We are still working through many of the details and will share specifics with you early in 2010. The strength of our relationship is vital to our success as we grow together through this expansion strategy and best position our partnership for the economic recovery expected to return to our customers, partners and supporters in 2010.

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ODA PATIENT'S PAGE

This message brought to you by your dentist - a proud member of the Oklahoma Dental Association

Sensitive Teeth

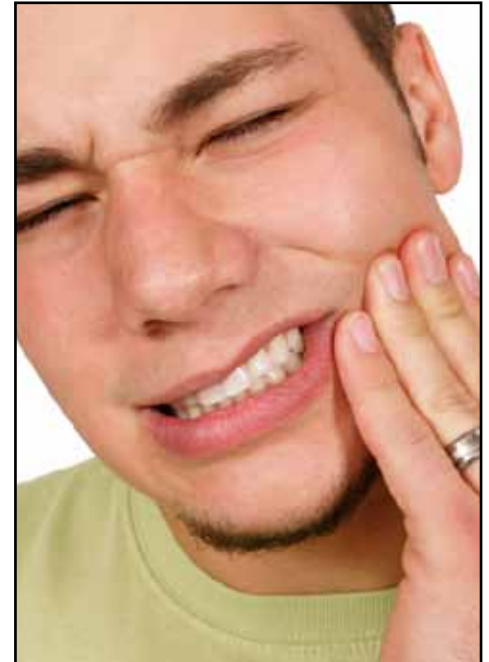
Sensitive teeth occur when the underlying layer of your teeth (the dentin) becomes exposed as a result of receding gum tissue (the protective blanket that covers the tooth roots). The roots, which are not covered by hard enamel, contain thousands of tiny tubules leading to the tooth's nerve center (the pulp). These dentinal tubules (or channels) allow the stimuli -- for example, the hot, cold, or sweet food -- to reach the nerve in your tooth, which results in the pain you feel.

What causes sensitive teeth?

- Brushing too hard. Over time, brushing too hard or using a hard-bristled toothbrush can wear down enamel and cause the dentin to be exposed. It can also cause recession of the gums (the gum tissue pulls away from the teeth).
- Tooth decay near the gum line.
- Recession of the gums. As gums move away from a tooth due to conditions such as periodontal disease, the root surface becomes exposed.
- Gum disease (gingivitis). Inflamed and sore gum tissue may cause sensitivity due to the loss of supporting ligaments, which exposes the root surface that leads directly to the nerve of the tooth.
- Cracked teeth. Chipped or broken teeth may fill with bacteria from plaque and enter the pulp causing inflammation.
- Teeth grinding. Grinding or clenching your teeth may wear down the enamel and expose underlying dentin.
- Tooth whitening products or toothpaste with baking soda and peroxide. These products are major contributors to sensitive teeth.
- Plaque build-up. The presence of plaque on the root surfaces can cause sensitivity.

What Can I Do to Reduce Tooth Sensitivity?

- Maintain good oral hygiene. Continue to follow proper brushing and flossing techniques to thoroughly clean all parts of your teeth and mouth.
- Use a soft bristled toothbrush. This will result in less toothbrush abrasion to the tooth surface and less irritation to your gums. Brush gently and carefully around the gum line so you do not remove more gum tissue.
- Use desensitizing toothpaste. There are several brands of toothpaste available for sensitive teeth. With regular use, you should notice a decrease in sensitivity. You may need to try several different brands to find the product that works best for you. Another tip, spread a thin layer of the toothpaste on the exposed tooth roots with your finger or a Q-tip before you go to bed. Do not use a tartar control toothpaste; rather, use a fluoridated toothpaste.
- Watch what you eat. Frequent consumption of highly acid foods can gradually dissolve tooth enamel and lead to dentin exposure. They may also aggravate the sensitivity and start the pain reaction.
- Use fluoridated dental products. Daily use of a fluoridated mouth rinse can decrease sensitivity. Ask your dentist about available products for home use.
- Avoid teeth grinding. If you grind or clench your teeth, use a mouth guard at night.
- See your dentist at regular intervals. Get professional tooth cleaning, oral hygiene instructions, and fluoride treatments every six months (or sooner, depending on your condition).



Sensitive teeth occur when the underlying layer of your teeth becomes exposed as a result of receding gum tissue (the protective blanket that covers the tooth roots).

LEGISLATIVE LOOP

January Legislative Update

DENTIST DAY AT THE CAPITOL - MARCH 3rd -

MARK YOUR CALENDARS!

1:00-2:30 p.m.

Come-and-go educational session and lunch at the ODA building to learn about legislative issues on the docket that may affect dentistry in Oklahoma. Lunch sponsored by DENPAC.

2:30 – 5:00 p.m.

Dentists meet with legislators. Schedule an appointment with your legislator to meet during this time. Park at the ODA building and ride a van to the Capitol.

5:30 – 7:30 p.m.

ODA Legislative Reception at the ODA Building - Hors d'oeuvres and drinks provided.

Your participation is imperative! Over forty legislators attended the 2009 Dentist Day at the Capitol reception and many legislative districts were not represented by ODA members. The first question every Legislator asked was "Is there anyone here from my district?"

That answer needs to be YES! A personal relationship with your State Representative and Senator is the most important step toward educating the legislature about our issues.

Don't sit back and assume others will be representing your district. YOU be the one!

DENTIST DAY AT THE CAPITOL – COMMITMENT FORM

Attend all the events that day, or attend only what your schedule allows.

- Yes! I will attend all of the day's events
- Yes! I will attend only the educational session/lunch and meet with my Legislators
- Yes! I will represent my legislative district during the Legislative Reception

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Return this form to the ODA by fax 405-848-8875

Contact your Legislator to make an appointment:

House of Representatives: 405-521-2711 or 800-522-8502

Senate: 405-521-5692. Visit www.okda.org to find out who your Legislators are!

**Don't
Miss It!
March
3rd**



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ODA Alliance E-mail Connections

Your ODA Alliance friends have a need to communicate quickly and cost-effectively with you. We need your personal (home) E-mail address or one that you check regularly.

There is information that you need and we need you to be informed. Did you know that your Oklahoma Alliance earned two awards at our national convention in Hawaii? Or that you could have participated in a free Elmo book program in December? We need to get the word out fast!

Please send your E-mail address to Ruth Blythe (feblythe2@aol.com) and mention this to your Alliance friends. We want to be able to contact all of our membership! Include your full name, mailing address and your best phone number for contacting you. This list will only be available for Alliance members and will not be used for any reason other than communication between our members.

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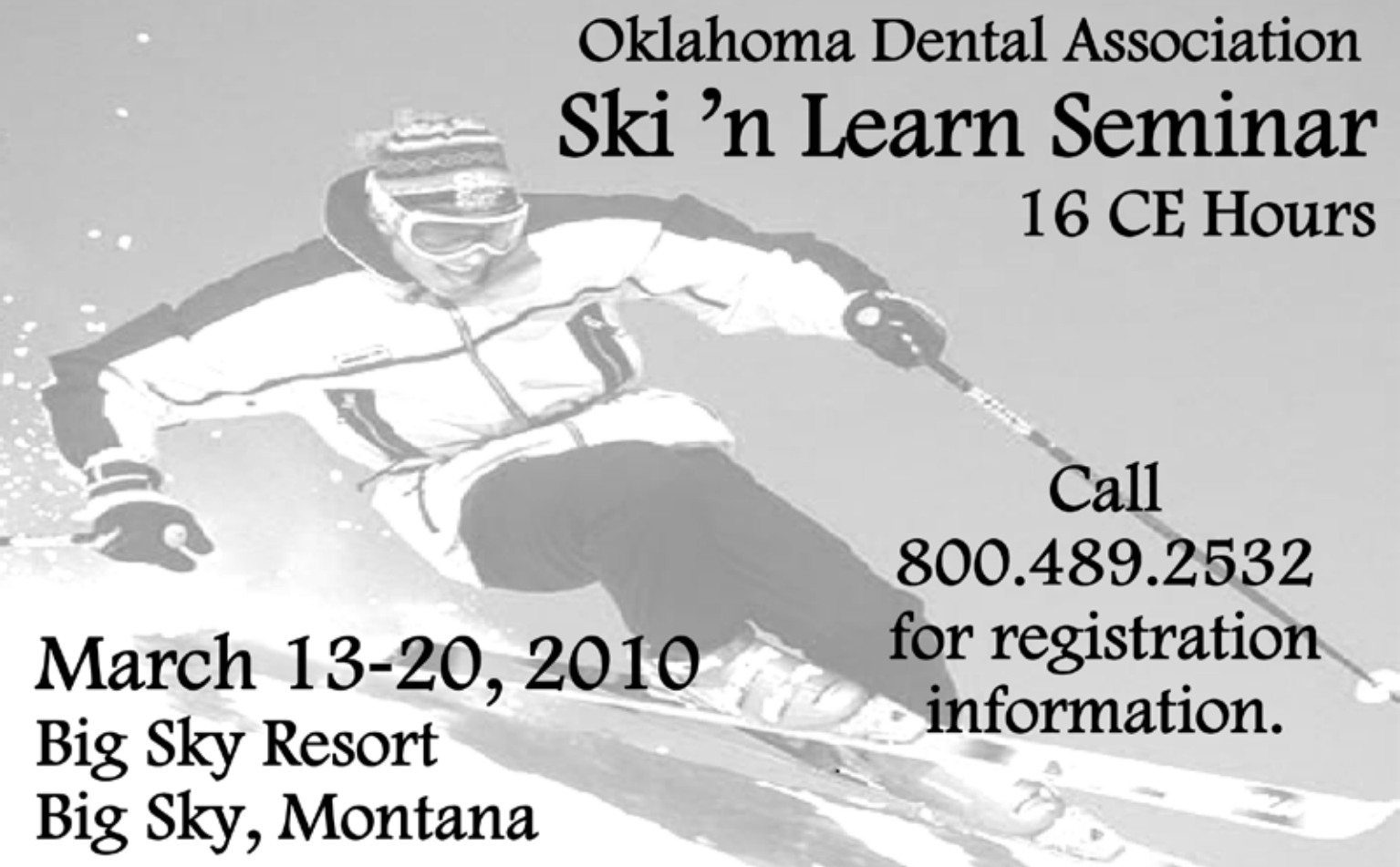
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Volunteer Check-In:

Volunteer Check-in will be in the Tulsa Convention Center.
Picking up packets Thursday is highly recommended and preferred.

Thursday (February 4th) from 10am- 9pm

Friday (February 5th) from 4:00am- 6pm

Saturday (February 6th) from 4:00am- 10:30am

Volunteer Hotel and Parking

ALL Volunteer parking will be at the DoubleTree Downtown Parking Garage
616 W 7th St, Tulsa, OK 74127-8983 – (918) 587-8000

The DoubleTree has an enclosed skyway that connects directly from the parking garage to the Convention Center.
The skyway is on LEVEL 3 and is the ONLY volunteer entry for the duration of OkMOM.

Volunteer Events

There will be a dinner event each night for volunteers that have worked that day. You are invited to attend to share stories and wind down from a busy day. The dinners will start at the Tulsa Convention Center in the Assembly Hall at 5:30pm. Dinner will be provided by our generous donors. A cash bar will be available. Please join us to celebrate a job well done by all involved!

More information will be available in your volunteer packet.

Who & What



2010 ODA Annual Meeting

CE Preview: M. Nader Sharifi, DDS, MS



Dr. Sharifi has a full-time private practice of adult general dentistry in downtown Chicago, holds a certificate in prosthodontics and masters degree in biomaterials from Northwestern. In 2007 the Chicago Dental Society awarded Dr. Sharifi the Gordon Christensen distinguished lecturer award.

Everybody Wants To Go To Heaven, But Nobody Wants To Die: Removable Prosthodontic Realities

Six (6) Hours of CE Available

Friday, April 23, 2010

8:00 am – 11:00 am and 2:00 pm – 5:00 pm

Lecture format/recommended for dentists, specialists, and hygienists

This course is designed to shed light on options for restoration of missing dentition without the use of fixed restorations. Participants review the principles of removable prosthodontics by focusing on treatment situations where fixed crown and bridge or dental implant restorations were indicated, but not actually used. Highlights include a discussion of the anatomic limitations and their effects on the final prostheses, as well as the simple, quick impression techniques that help keep costs low while increasing accuracy. Participants will also review standard RPD design principles and denture occlusion options. After course completion, the participant will be able to:

- Understand different impression techniques for complete and partial removable prosthodontics.
- Recognize removable partial prosthodontic clasp design.
- Improve partial denture framework design.
- Describe a simple pattern of obtaining clinical records for the completely edentulous patient.
- Identify options for occlusal patterns with removable prosthodontics.



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Watch the mail for your ODA Annual Meeting Registration Packet in February!

Hotel Reservation Information:

Renaissance OKC Hotel
(800) 468-3571 or
(405) 228-8000

*Special ODA rate:
\$147/king \$147/double

*The rate for blocked rooms will be honored until April 1, 2010. To receive the special rate, please indicate you are with the ODA when calling to make your reservation.

**For more information visit
www.okda.org!**

Meet the Staff

A series of articles designed to help members put a face with a name of the ODA staff.



John Bobb-Semple Operations Manager

John joined the ODA in September 2009.

Interesting Fact: People think my name is John Bob.

What information/assistance does your position provide for the membership? My primary responsibilities are to insure that the ODA building is maintained, coordinate the exhibit hall for the ODA Annual Meeting, serve as staff to the Mediation Review process, serve as staff co-chair of OkMOM, and staff liaison to the Dental Care Council.

As the Operations Manager, what goals do you have for your area in the upcoming year? My first goal for the next year is to increase the efficiency of the Mediation Review process. My second goal is to do my part to see OkMOM change the lives of thousands of Oklahomans.

What has been the most interesting part of your job so far?
Learning about the many facets of dentistry.

What is one dental-related thing you've learned since working at the ODA? The fact that dentistry's goal is prevention and not intervention.

Originally from New Orleans, Louisiana, John moved to Oklahoma in November of 2003. Living with his brother, a graduate of Oral Roberts University, he started his college career at Tulsa Community College (TCC). During his time at TCC, he worked for the Indian Nations Council of the Boy Scouts of America as a program specialist. In August of 2007, John moved to Edmond, OK, to complete his degree at the University of Central Oklahoma, where during his senior year, he served as Student Body President.

Contact John at jbobbsemp@okda.org

What is your favorite movie? *Thank you for Smoking*

Favorite book? *Leadership Gold* by John C. Maxwell

Favorite dessert? Momma's Bread Pudding

Boomer Sooner or Orange Power? Orange Power but I am a B-R-O-N-C-H-O through and through.



HELLO

my name is

Human Resource Director
John Doe, ~~DAS~~

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New Strategies to Protect Yourself when Negotiating or Renewing Your Dental Office Lease

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(This is the first of a three-part series.)

During challenging economic times (such as that which the dental profession is currently confronting), the terms and provisions of your dental office lease contribute significantly to the financial success of your dental practice. All office leases deal with issues such as (i) annual rent increases, (ii) the right to sublease or assign your dental office lease to another dentist who purchases your practice, (iii) the right to exercise an option to renew to remain in your premises at your election, (iv) the allocation of responsibility between you and the landlord for making and paying for repairs, and (v) the landlord's right to recapture or take back your premises should you decide to sell your dental practice. Your or your dental real estate attorney's discovering these hidden provisions in the lease, negotiating fairly these critical terms of your lease with the landlord, and being proactive in structuring your lease to address your long term professional and financial needs are a prerequisite for securing a fair lease and establishing a satisfactory landlord-tenant relationship.

Annual rent increases. Your rent payments have a diminished value each year to the landlord because of the eroding effects of inflation. Consequently, landlords provide for annual rent increases to maintain the original dollar value of their rent when the office lease commenced. Request, therefore, that your annual rent increase be by the consumer price index and not by any fixed amount which exceeds the consumer price index. Many landlords increase rent by an amount that exceeds the inflation rate; however, if your lease provides that repairs and maintenance to your building are passed through to you and the other tenants, there is no compelling reason for the landlord to seek an annual increase over and above the annual inflation rate.

Be careful, also, of rent increase clauses which state that the annual increase shall be tied to inflation with a certain minimum guaranteed increase (e.g., 3%) and a certain maximum cap beyond which the rent shall not increase (e.g., 6%). Some landlords discreetly

provide that the "cumulative" annual increases shall not be less than the minimum or greater than the maximum amounts listed in the lease. The word "cumulative" permits the landlord to add up and average all of the annual increases and, therefore, the maximum number stated in your lease does not provide you as much protection as you might think. For example, let's say your lease prohibits increases above 6% per year. In year one, inflation is 2%; year two, inflation is 2%; and in year three, inflation explodes to 12%.

You might think that your 6% ceiling would protect you; however, because the "cumulative" sum of the three years of inflation equals 16% (2% + 2% + 12%), the landlord could still increase your rent by 12% because the "cumulative" sum in the lease has averaged less than 6% per year (a total "cumulative" increase of 18% for the three-year period in question is permitted). Review carefully your annual rent increase provisions.

The next article will address your right to assign or sublet your dental office lease and options to renew.

Barry H. Josselson's law firm is the pre-eminent law firm in California devoted exclusively to the representation of dentists. Mr. Josselson advises more than 3,200 dentists regarding their dental legal and business matters. His law offices are located in the cities of Orange, San Diego, Walnut Creek, and Sacramento, California. Mr. Josselson currently serves as an instructor in the UCLA School of Dentistry Graduate Practice Residency program. He currently also guest lectures at the UC San Francisco, USC, and Loma Linda Schools of Dentistry and the UNLV School of Dental Medicine. He can be reached at 800-300-3525 or via e-mail at bhjlw@sbcglobal.net. You may also access his website at www.josselson.com or www.dentallawfirm.com.



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My Thoughts

Regarding Oklahoma's Dental Future

Leon Bragg, D.D.S.

Dental Director, Oklahoma Health Care Authority

Available data reminds us that dental decay is the major chronic disease of childhood. Roughly half of U. S. children experience dental caries by age nine and the proportion rises with age. Tooth decay is often tied to socioeconomic levels, with children from low-income families more likely to develop caries.¹⁻² The Third National Health and Nutrition Examination Survey (NHANES III)³ found visible decay in 30% of two to five year-old children in poverty and 24% of near-poor children (100%-200% of the FPL). Caries was present in only 12% of middle-income youngsters and 6% were from families with the highest income levels.

Within the highest-risk, lowest-income groups in Oklahoma, we are speaking of roughly 400,000 children who can, will, or are now experiencing varying levels of the disease. Dental care is the most common unmet treatment need in children.⁴ A main reason for this disparity is low-income children are more likely to experience dental disease, and frequently only access care on an episodic or urgent basis when decayed teeth cause pain or swelling. NHANES III found that nearly 80% of the decayed teeth of poor two to five year-olds and 40-50% of the decayed permanent and primary teeth in 6-14 year-olds were untreated.

The consequences of dental disease and poor oral health in children are evident in many ways. Untreated dental disease can lead to 1) pain, infection, and destruction of teeth and surrounding tissues; 2) delayed overall development; 3) systemic health conditions; and 4) problems with school attendance and performance, with affected children often being stigmatized because of their appearance. I think now is the time to revisit the generally held belief that only the hands of an extensively educated dentist can provide basic services, and that to delegate more responsibility to other members of our dental team is a threat to the dentist. Oklahoma's dentistry of the future must be more accessible, productive, and general population-oriented or we will experience the same reality as Alaska – the government formation of a trade-level dental provider who does not need to be a highly educated dentist. Changes on the horizon are evident. Example: comments in support of the Federal Trade Commission (FTC) consent order settling charges that the South Carolina State Board of Dentistry “unlawfully restrained competition in violation of section 5 of the FTC act by adopting a rule that required a dentist to examine every child before a dental hygienist could provide preventive care—such as cleanings—in schools.”

The depth of pending, catastrophic dental problems already on the scene is visible to those who will look. It seems to me we are allowing a spiral of “cosmetic and limited affordable” dentistry to overtake the profession that was instituted to deliver public health dentistry. We cannot allow our profession to become so elite that the majority of Americans cannot afford our services. Look at the problems the automotive workers have created by out-earning the average customer. The majority of Americans cannot afford the high-cost automobiles. Now is the future! If we don't take the lead in the development of an answer, we will certainly be the recipients of a governmental mandate. Now is the time, in my opinion, to look ahead to formulate answers for the future. What a pity if we

abandon our obligation and await someone else to tell us what and how to provide dental care for the masses.

The Expanded Function Dental [EFD] person is in dentistry's future. We currently can see government experiments in loan repayment programs that require the practice to be comprised of a certain percentage of SoonerCare patients. There are underserved areas that need Public Health dentists to serve larger populations of poor. A new dental school – University of Arizona – has opened where “...students are encouraged to become caring, community-minded health care providers.” The current usage of expanded function dental assistant on tribal lands in Oklahoma and the increasing political attention directed toward dental services point to problems needing our attention.

EFD is a separation of labor that will not only increase the output of general dentistry teams, but at the same time allow the dentist to spend more time diagnosing and consulting with the ever increasing medically compromised patient. It will also allow the dentist to maintain the correct position of team leader, “a specialist of the entire head and neck, not just a tooth rebuilder”. The practice of using specially trained assistants to perform reversible dental restorative procedures and limited oral hygiene procedures came into vogue in the late 1970's. Now as a result of dental school closings, we are told there are two dentists leaving practice for every graduate. At the same time, demand is increasing for access to dentistry from infants to adults, rich or poor, living in facilities with various levels of care. No one can truly look ahead and sense that in the very near future, if every living dentist practiced for 16 hours a day the demand for oral health care would be met.

I am currently researching and hope to have a report to present to Oklahoma Dental Leadership addressing what I think is a cost-effective business model, the Expanded Function Dental (EFD) team member. I hope to provide information on how EFD is handled in those states around Oklahoma where it is allowed.

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1. Risk
2. Discounts
3. Relationships

Risks

For many employers, risk is a factor. They perceive that the financial risk for their dental plan is very much like their medical plan when, in reality, dental claims are more predictable and costs are much more easily budgeted for than in medical plans.

Discounts

Many dental plans offer discounts on dental services by contracting with dentists through preferred provider organizations (PPO) or contracted discount plans. Employers accustomed to large discounts on medical services through a similar PPO arrangement perceive that dental is the same as medical, and don't feel comfortable with a "no upper limit on fees" dental plan. Modified DR plans, such as DirectDental, help bring employers and dentists closer by agreeing on a reasonable upper limit on fees.

Relationships

Employers often use brokers or consultants to help them determine the parameters of their medical plans. Brokers often have a business and/or personal relationship with the employer. These relationships can carry over into recommending a dental plan and may include a commission for the broker that sells the employer the plan. Dentists have unique relationships with many patients who also happen to be decision-makers for their company's dental benefit plan.

I like the concept. How can I help make DR work for my patients?

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