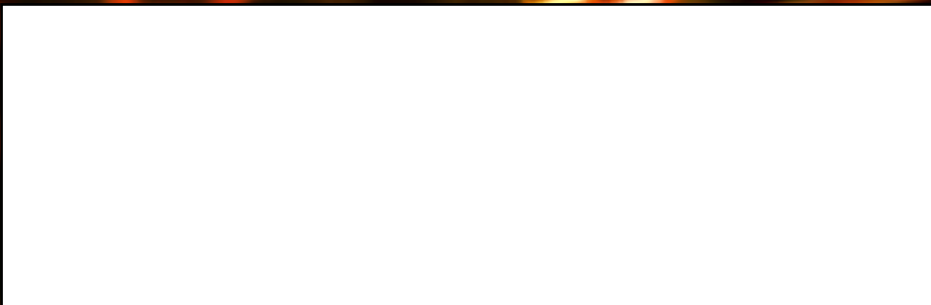


ODA JOURNAL

VOLUME 99/ISSUE 13 DECEMBER 2008

The official publication of the Oklahoma Dental Association

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From the Editor

Dr. Raymond A. Cohlmiya

Getting Excited About the Future? Is That Possible?

Can you believe another year is almost gone? Where did it go? Here we are finishing up 2008 and I feel like I just finished the family budget for 2003! It's hard to believe that we're now facing 2009 – and most of us are probably not feeling as secure or as confident as we felt this time last year.

At a recent practice management conference I attended, an oft-repeated statement (referring to the economic outlook) was "Obstacles are what you see when you take your eyes off of your goal." It seems only appropriate in today's economically insecure and confusing climate that we get back in our practices to the basics of establishing goals, primarily to have positive things on which to focus. The times may involve an uphill battle for the next several months, but positive goals in our practices could just be the ticket to more secure positions. The practice management conference I referred to offered the following advice:

- Create and work toward a practice-oriented vision or goal. It is important to have a critical point around which you and your office team can rally. Take football: You cannot win without knowing where the goal line is.
- Make your objectives and goals specific and reachable. Unless you make them reasonably attainable, you can get easily discouraged and lose sight of those goals.
- Align all parts of your practice to your established plan in a "top to bottom" fashion. As the leader of the dental team, you have a responsibility to set the directions, priorities, and fiscal responsibilities of the practice. The rest of the dental team can then figure out the best way to execute those components of the plan in which they are directly involved.
- Observe your own performance and assess how you're doing in as unbiased and honest way as possible. Today's best practices do not adopt visions and goals without re-examining them periodically (and regularly) to evaluate and make corrections as needed.

As the attendees were leaving the conference, I felt we all had a new level of vigor and enthusiasm. We've established a few new goals for our office, and they must be working. They've changed how we perceive our surroundings and they're getting us excited about the future. As 2009 dawns, you owe it to yourself and your practice to give the foregoing advice your attention; these tips may be just what you need to make the new year your most successful ever!

As this year draws to a close, I wish you all a wonderful Holiday Season on behalf of the entire editorial staff. I hope that 2008 was a good year for you and that 2009 proves even better! Lastly, I thank each and every one of you for the opportunity to serve as your Editor. It has indeed been a great honor.

Now select those goals and let's get to work!

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MEMBER PUBLICATION
AMERICAN ASSOCIATION
OF DENTAL EDITORS

Calendar of Events

December 2008

15th

- Retired Dentists Lunch: ODA, 11:30 AM

19th

- ODA Council on Technology and Electronic Communications Meeting: ODA, 9:00 AM

- ODA Annual Meeting Planning Committee Meeting: ODA, 11:00 AM

- ODA Council on Bylaws & Rules Meeting: ODA, 1:00 PM

24th

- ODA Offices Closed

25th

- ODA Offices Closed

26th

- ODA Offices Closed

31st

- ODA Offices Closed

January 2009

1st

- ODA Offices Closed

2nd

- ODA Offices Closed

13th

- ODA Senior Night: OU Faculty House, 6:00-8:00 PM

16th

- OCDS Installation of Officers

- ODA Council on Dental Education & Public Information Meeting: ODA, 9:00 AM

- ODA Council on Nominations & Elections Meeting: ODA, 10:30 AM

- ODA Council on Membership & Membership Services Meeting: ODA, 11:00 AM

- ODA Endorsements Committee Meeting: ODA, 1:00 PM

19th

- Retired Dentists Lunch: ODA, 11:30 AM

22nd

- Southwest Dental Conference

23rd

- Southwest Dental Conference

24th

- Southwest Dental Conference

27th

- OCDS Board Meeting: ODA, 6:00 PM

30th

- Governor's Task Force Meeting: ODA, 1:00 PM

SPOTLIGHT

Featuring an **ODA-endorsed** company each issue

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ODA PATIENT'S PAGE

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

ENDODONTIC SURGERY

To understand endodontic surgery, it helps first to know something about the nonsurgical endodontic procedure, or “root canal.” A root canal is necessary when the soft inner tissue, or “pulp,” of the tooth becomes inflamed or infected. This may happen as a result of deep decay, repeated dental procedures on the tooth, or a blow to the tooth. Endodontic treatment removes the damaged pulp from the tooth’s canals. The canals are then cleaned and filled to help preserve the tooth.

Who performs endodontic surgery?

Endodontists are dentists with at least two additional years of advanced education and training in root canal techniques and procedures. In addition to treating routine cases, they are experts in performing complicated procedures including surgery. They often treat difficult cases – such as teeth with unusual or complex root structure or small, narrow canals.

Why would I need endodontic surgery?

Surgery may be used in diagnosis. If you have persistent symptoms but no problems appear on your x-ray, your tooth may have a tiny fracture or canal that could not be detected during nonsurgical treatment. In such a case, surgery allows your endodontist to examine the root of your tooth, find the problem and provide treatment.

Sometimes calcium deposits make a canal too narrow for the cleaning and shaping instruments used in nonsurgical root canal treatment to reach the end of the root. If your tooth has this “calcification,” your endodontist may perform endodontic surgery to clean and seal the remainder of the canal.

Usually, a tooth that has undergone a root canal can last the rest of your life and never need further endodontic treatment. However, in a few cases, a tooth may fail to heal. The tooth may become painful or diseased months or even years after successful treatment. If this is true for you, surgery may help save your tooth.

Surgery may also be performed to treat damaged root surfaces or surrounding bone.

What are the alternatives to endodontic surgery?

Often, the only alternative to surgery is extraction of the tooth. The extracted tooth must then be replaced with an implant, bridge or removable partial denture to restore chewing function and to prevent adjacent teeth from shifting. Because these alternatives require surgery or dental procedures on adjacent healthy teeth, endodontic surgery is usually the most cost-effective option for maintaining your oral health.



Other surgeries endodontists might perform include dividing a tooth in half hemisectioning, repairing an injured root or even removing one or more roots. In certain cases, a procedure called intentional replantation may be performed. In this procedure, a tooth is extracted, treated with an endodontic procedure while it is out of the mouth, and then replaced in its socket.

Thank you

to the following people who volunteered their time to the Oklahoma Dental Foundation's Mobile Dental Unit this year:



Dentists:

Dr. Philip Aday
Dr. Flauryse Baguidy
Dr. Jeannie Bath
Dr. Ryan Brackett
Dr. Bryan Bratton
Dr. Keefe Carbone
Dr. Chasity Carper
Dr. Don Cheatham
Dr. Brian Coerver
Dr. Matthew Cole
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Shelly Bogdahn, RDH
Sarah Brewer Marshall, RDH
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Celia Cheatham-General
Megan Coward-Hygiene student
Jodie Fielder-Dental
Assistant student
Kayla Garner-Dental
Assistant student
Traci Gosney-Dental
Assistant Instructor
Chelsea Jackson-Hygiene student
Meagan Jenkins-Hygiene student
Sheri Jolly-Hygiene student
Leah Leverett-Hygiene student
Juan Manuel Luna-General
Kristan Patzkowsky-Hygiene student
Randi Poff-Hygiene student
Bree Wilson-Hygiene student
Janie Wilson-Hygiene student
Krystal Wright-Dental
Assistant student

DENTIST DAY AT THE CAPITOL - FEBRUARY 11th -

MARK YOUR CALENDARS!

1:00-2:30 p.m.

educational session and lunch at the ODA building to learn about legislative issues 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.

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

Your participation is imperative! Sixty legislators attended the 2008 Dentist Day at the Capitol reception and many 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

Attend

CAPITOL – COMMITMENT FORM

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 _____

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

Contact your Legislator to make an appointment:

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Don't
Miss It!
February
11th

LEGISLATIVE LOOP

December Legislative Update

Excerpted from the November 2008
ADA State Legislative Report

SHHHH! Silent PPOs Plan A + Plan B = C (Contract)

A silent PPO arrangement allows an insurer to use another insurer's provider panel and discounted fee schedule to adjudicate claims. The dentist sees a patient covered by Plan B; the dentist is contracted only under an entirely different insurance product Plan A. The dentist files a claim with the patient's plan (Plan B) and is paid under the conditions (including a discounted fee) of Plan A. How can this be?

Plan B bought or leased Plan A's provider panel and fee schedule info. As long as certain conditions are met, state laws allow preferred provider organizations to "sell" access to both their contracted provider network and their discounted fees. Concerns have arisen among dentists who, unbeknownst to them, are part of a provider panel under a plan with which they DID NOT have a contract.

At least nine states (Arkansas, California, Connecticut, Florida, Indiana, Oklahoma, Tennessee, Texas and Utah) require disclosure that the contracting insurer may lease or sell their info to another insurer. Common throughout may state laws is the requirement that the organization selling the provider panel info and allowable fee schedule must let providers know to what companies the info has been sold or leased. All nine states require some kind of disclosure that the insurer might sell or lease their provider panel. California and Florida require the leasing payer (Plan B) to include an explanation of benefits that identifies the contracting source (Plan A).

The benefit for dentists? A greater supply of demand—more patients coming to the dentist for service because it is in the interest of the Plan Bs of the world to encourage subscribers to go to the "discounted" providers. It seems only California requires the originating health insurance plan to disclose how the other plan (the buyer—Plan B in this case) will "actively encourage" enrollees to use the panel of provider it leased or bought. The down side: it is not unusual for a dentist to not know they've been "transferred" and the claims payment situation can become problematic.

Speaking of "silent," the ADA is relatively silent on this issue. The Council on Dental Benefit Programs will discuss silent PPOs at their November 2008 meeting.



**Take advantage of the ODA CapWiz program!
Visit www.okda.org and click on the "Advocate for Dentistry" button to find your district representatives.**

Sign up to be a member of CapWiz today and receive email alerts from the ODA encouraging you to take action on dentistry-related issues that may arise. For more information, or to add your email address to the list, please email Stephanie at strougakos@okda.org.

Dentistry & Public Office

By: Bill Nations DDS, Oklahoma State Representative

How can one be practicing a respected profession like dentistry AND then fall all the way to the depths of politics? This is the question I regularly ask myself. After graduating from Baylor College of Dentistry in 1968, then practicing in Norman for 30 years, I found myself retired in 1998 and running for a seat in the Oklahoma State House of Representatives. I've now held the seat for ten years and I'm running for reelection.

My story is not all that unusual. Over the years dentists have sought public office infrequently but regularly. Since WWI, I found at least ten dentists from ten different states who have served in the U.S. Congress. There have been several dentists elected governor. One example would be Winford Dunn, who was the Governor of Tennessee from 1971 to 1975. An international example of a dentist holding a political office would be Nursultan Abishevich Nazarbayev who is the current president of Kazakhstan.

More locally, I held office at City Hall in Norman while still practicing from 1986 to 1998, six years as Councilman and six years as Mayor. Dr. Jim Skinner served on the Norman City Council in the 60's, and Dr. Jim Griffith currently serves. During my tenure as Norman's mayor, Dr. Terry Miller was mayor of Stillwater.

So, it's not all that unusual for dentists to seek public office. As I've thought about why we do this two reasons come to mind. First, I think those of us who choose to practice dentistry have an interest in service, whether it's caring for people's dental needs or other avenues of service: church, school, community, charity, or public office.

Secondly, our profession allows us flexibility of time to be able to exercise any interest we might have. I've found public service to be very rewarding, whether it's affecting policy on public safety, health care, education, or transportation. If you're able to participate in making life better for people in your community or state, there is a lot of gratification in that. If you're considering running for public office, I certainly recommend you do it!

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WE WANT YOU!

Are you a dentist practicing in a rural area? Do you care how state laws affect your ability to run a small business or practice dentistry?

If so, come join us for the 2009 Dentist Day at the Capitol! Our rural dentists are highly underrepresented at this event each year. This is your chance to talk with your local leaders and voice your support and concern.

Take a look below at the list of rural district legislators that attended the 2008 Dentist Day at the Capitol. If you are a practicing dentist in one of the counties listed please attend this year's event on February 11th and help support dentistry!

Representatives

Don Armes - Comanche, Tillman
John Auffet - Adair, Cherokee, Delaware
Mike Brown - Cherokee
Ann Coody - Comanche
Lee Denney - Logan, Payne
Dale DeWitt - Garfield, Grant, Kay, Noble, Osage
George Faught - Cherokee, Muskogee
Larry Glenn - Delaware, Ottawa
Terry Harrison - McIntosh, Pittsburg
Chuck Hoskin - Craig, Mayes, Rogers
Mike Jackson - Garfield
Dennis Johnson - Comanche, Cotton, Stephens
Ken Luttrell - Kay, Osage
Jerry McPeak - Muskogee, Wagoner
Brian Renegar - Haskell, Latimer, LeFlore, Pittsburg
Phil Richardson - Caddo, Canadian, Grady
Paul Roan - Atoka, Bryan, Coal, Johnston, Pontotoc
Wade Rousselot - Rogers, Wagoner
Jerry Shoemake - Muskogee, Okmulgee, Wagoner
Todd Thomsen - Hughes, McClain, Pontotoc, Pottawatomie
Purcy Walker - Beckham, Ellis, Greer, Harmon, Roger Mills

Senatc

Don Barrington - Comanche, Cotton, Stephens, Grady, Jefferson
Randy Bass - Comanche
Randy Brogdon - Rogers, Tulsa
Harry Coates - Lincoln, Oklahoma, Pottawatomie, Seminole
Earl Garrison - Muskogee, Wagoner
Ron Justice - Blaine, Caddo, Canadian, Grady
Susan Paddack - Coal, Garvin, Hughes, Pontotoc
Joe Sweeden - Kay, Osage, Pawnee, Payne

2008 DENPAC Contributions

Senate

Bryce Marlett Campaign (R-SD 27)	\$1000
Charles Laster Campaign (D-SD 17)	\$4000
Clark Jolley Campaign (R-SD 41)	\$500
Dan Newberry Campaign (R-SD 37)	\$3000
Don Barrington Campaign (R-SD 31)	\$2000
Gary Stanislawski Campaign (R-SD 35)	\$500
James Halligan Campaign (R-SD 21)	\$1000
Jerry Ellis Campaign (D-Atoka)	\$2000
Judy Eason-McIntyre (D-Tulsa)	\$1000
Tom Adelson Campaign (D-SD 33)	\$3000
Steve Russell Campaign (R-SD 45)	\$500

House

Al McCaffery Campaign (D-HD 88)	\$500
Anastasia Pittman (D-OKC)	\$250
Bill Nations (D-HD 44)	\$3000
Charles Ortega Campaign (R-HD 62)	\$1000
Charlie Joyner Campaign (R-HD 95)	\$500
Dan Kirby (R-Tulsa)	\$1000
David Dank Campaign (R-HD 85)	\$250
David Derby (R-Owasso)	\$2000
Dennis Johnson Campaign (R-HD 50)	\$1000
Doug Cox Campaign (R-HD 5)	\$4000
George Faught Campaign (R-HD 14)	\$500
Glen Smithson Campaign (D-HD 2)	\$500
Gus Blackwell Campaign (R-HD 61)	\$1000
Harold Wright Campaign (R-HD 57)	\$1000
Jabar Shumate (D-Tulsa)	\$500
Jason Nelson Campaign (R-HD 87)	\$500
Jerry McPeak Campaign (D-HD 13)	\$500
Jerry Shoemake (D-Morris)	\$500
John Enns (R-Enid)	\$500
John Trebilcock (R-Broken Arrow)	\$1000
Ken Luttrell Campaign (D-HD 37)	\$500
Lee Denny Campaign (R-HD 33)	\$250
Lisa Billy Campaign (R-HD 42)	\$250
Lucky Lamons Campaign (D-HD 66)	\$1000
Marion Cooksey Campaign (R-HD 39)	\$500
Mark McCullough Campaign (R-HD 30)	\$500
Mike Christian Campaign (R-HD 83)	\$1000
Mike Jackson Campaign (R-HD 40)	\$1000
Mike Thompson Campaign (R-HD 100)	\$500
Mike Shelton (D-OKC)	\$500
Pam Peterson Campaign (R-HD 67)	\$250
Paul Wesselhoft (R-Moore)	\$750

Purcy Walker Campaign (D-HD 60)	\$500
Randy Terrill (R-Moore)	\$1000
Rex Duncan Campaign (R-HD 35)	\$500
Ryan Kiesel Campaign (D-HD 28)	\$500
Sally Kern Campaign (R-HD 84)	\$250
Samson Buck Campaign (D-HD 49)	\$1000
Scott Inman Campaign (D-HD 94)	\$250
Scott Martin Campaign (R-HD 46)	\$250
Seneca Scott Campaign (D-HD 72)	\$1000
Steve Kouplan Campaign (D-HD 24)	\$500
Sue Tibbs Campaign (R-HD 23)	\$250
T.W. Shannon Campaign (R-HD 62)	\$500
Tad Jones Campaign (R-HD 9)	\$1000
Todd Thomson Campaign (R-HD 25)	\$1000
Wallace Collins Campaign (D-HD 45)	\$250



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CALL FOR NOMINATIONS

The Council on Nominations and Elections will meet on January 16, 2009 at 10:30 a.m. at the ODA Building and is accepting nominations for Council positions.

The following ODA Councils have positions available. If you are interested in serving or would like to nominate someone, please submit the member's name to Dr. Rieger Wood, Council Chair, or your component dental society's president-elect.

Council on Budget and Finance

Council on Bylaws and Rules

Council on Dental Care

Standing Committee on OHCA and DHS

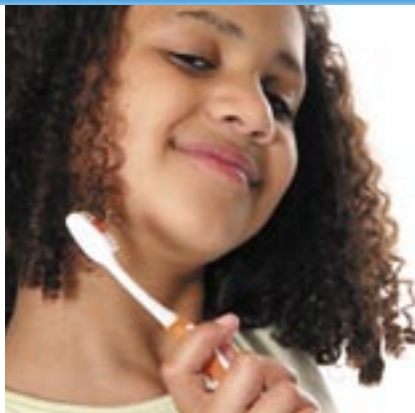
Council on Dental Education and Public Information

Council on Governmental Affairs

Council on Membership and Membership Services

Standing Committee on Insurance

Council on Technology and Electronic Communications



give
kids a
smile!®

who: Many dentists across Oklahoma will take time from their practices to help underserved children who aren't getting the oral health care they need. **Will you join us?**

what: Give Kids a Smile!® is an annual one-day volunteer initiative to provide free educational, preventive and restorative services to children from low-income families.

when: February 6, 2009

why: To provide oral care to disadvantaged children and teach them how to take care of their teeth. It will also provide you an opportunity to educate the parents about the importance of regular visits to the dentist.

how: 1) Offer free educational, preventative and restorative services to children from low-income families in your practice.
2) Make a donation to Give Kids a Smile!® so other volunteer dentists will have help with the supplies they'll need.

The ODA will have a limited number of supplies available to help you as well as special GKAS! t-shirts to wear that day. Please return the form below to the ODA by **January 1, 2009** to have priority:

Oklahoma Dental Association/GKAS!
317 NE 13th Street, Oklahoma City, OK 73104
or fax to: 405-848-8875

To learn more please call Lynn Means at 405-848-8873/800-876-8890 or email her at lmeans@okda.org.

Please tell us what you have planned for Give Kids a Smile!®

List full names of all participating dentists: _____

Name of your practice (for press release): _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ Email _____

Please mark all that apply:

YES! I am planning to participate in GKAS! in my office. Here is what I have planned: _____

Please send supplies. I realize the ODA's inventory is limited.

No, I do not need supplies from the ODA.

YES! I would like to make a donation to assist in purchasing GKAS! supplies. My check is enclosed. *Make check payable to the ODA and send with this form.*

If you participate in GKAS! every year, and do not need supplies or t-shirts, the ODA still wants to hear from you! We will send a press release to the hometown newspaper of every participating dentist and will list the names of all participating members in a future issue of the ODA Journal. Please take digital photos of your activities and email them to Lynn Means at lmeans@okda.org.

thank you for volunteering for give kids a smile!®

Don't Miss the 2009 ODA Annual Meeting!!

Mark Your Calendar!

April 23 – 25, 2009

Tulsa Convention Center
Downtown Tulsa

Who & What



Dentistry: A Team Effort

2009 ODA Annual Meeting CE Preview

Timothy G. Donley, DDS, MSD

Dr. Donley graduated from the University of Notre Dame and Georgetown University School of Dentistry. He then practiced general dentistry before returning to Indiana University for specialty training in periodontics. In addition to serving as Editor of the *Journal of the Kentucky Dental Association* (KDA Today), he lectures and publishes frequently on topics of interest to clinical dentists. Dr. Donley maintains a full-time private practice in Bowling Green, KY, and is on the faculty at Western Kentucky University. He is especially interested in using state-of-the-art information in periodontics to develop realistic, evidenced-based protocols to help his patients and help his practice. *Dentistry Today* recently listed him among the leaders in Continuing Education.

Finally! A Sensible Approach to Perio Six (6) Hours of CE Available

Friday, April 24, 2009

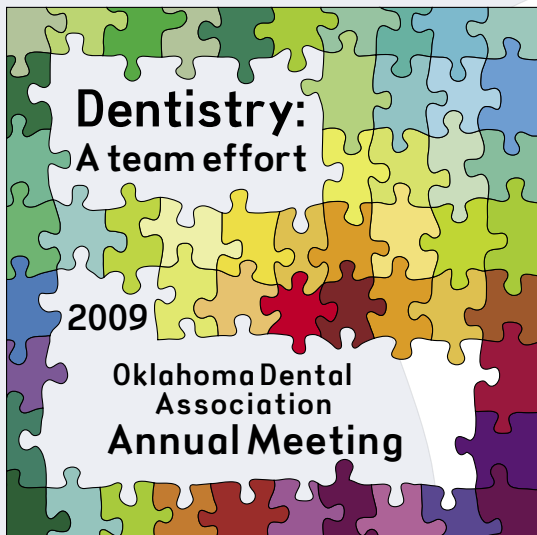
8:00 am – 11:00 am and 2:00 pm – 5:00 pm

Lecture format

Recommended for the entire dental team

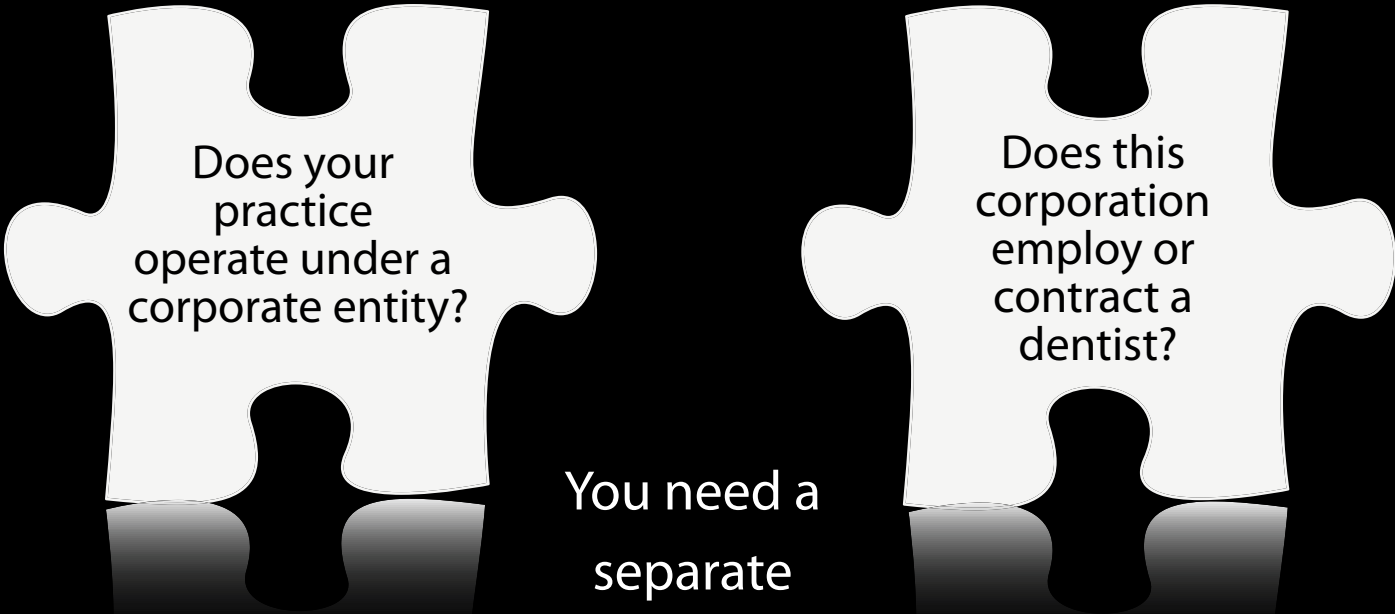
This is a sensible approach that covers the best in diagnosis, treatment, marketing, and practice management. The emphasis is on developing a realistic strategy as to what to use and when to use it. Ways to maximally use the new information linking oral and overall health are also presented. This course is perfect for the dental team. Attendees leave with the information and materials necessary to plug this success-oriented program into their practices the minute they return to their offices. The course is supplemented with hard copy and computer file handouts that will be immediately useful to clinicians. Attendees consistently rate this course as "excellent." At the conclusion of the seminar, the participant should be able to:

- Describe perio and systemic health and explain how to use this new information.
- Evaluate which sites you should treat and when.
- Select diagnostic routines that will work in your practice.
- Improve your initial therapy outcomes.
- Manage your perio program – critical steps towards success.
- Explain the new perio therapeutic options: host modulation, systemic drug delivery, localized antibiotic delivery, laser therapy – when to use and which to use.
- Select effective therapeutic protocols using an evidence-based approach marketing dentistry's new message.



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Meet the Staff

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



Shelly Frantz
Executive Assistant

Shelly joined the ODA forces in 2002.

Interesting Fact: Shelly's formal name is Marimichell Kathleen.

What information/assistance does your position provide for the membership?

I work primarily with the Executive Committee, the ADA Delegation and members of the Board and House, but I also help Dana staff the Councils on Budget and Finance, Bylaws and Rules, and Nominations & Elections. I also maintain the bookkeeping for the ODA, so making the transition to paperless would really streamline recordkeeping.

As the Executive Assistant, what goals do you have for your area in the upcoming year?

As the staff member who prepares those ginormous agenda books for the House and Board, I want to see the ODA become a paperless organization. It is such a major waste when everything can be done electronically.

What has been the most interesting part of your job so far?

Watching the ODA evolve! This organization does a lot for its members while also serving the needs of the public. Our programs have more than doubled since I've been here. Our current leadership is very enthusiastic about the work they've done on the strategic plan and it is exciting to see it put into motion.

What is one dental-related thing you've learned since working at the ODA?

I've learned that not all tap water is fluoridated and that fluoridation is done by water system, not necessarily by city.

Contact Shelly at sfrantz@okda.org

What is your favorite movie?

Wow, there are so many great movies to choose from. If I had to pick just one, I'd have to say *Steel Magnolias*. I also loved the recent release of *The Dark Knight*.

Favorite book?

I read a ton of books but mostly memoirs. I don't really have a favorite.

Favorite dessert?

I love ice cream but I don't usually turn away anything sweet.

Boomer Sooner or Orange Power?

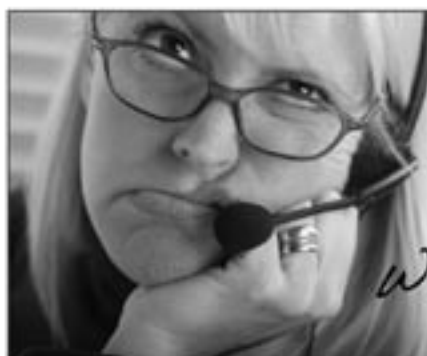
I'm not really into sports but I like the festive football season. My favorite part is finding new recipes to make for all our friends to eat during the Sooners' games.

I received a bachelor's degree in Journalism/Public Relations from the University of Central Oklahoma. I worked at the Oklahoma Association of Optometric Physicians through high school and college and have been at the ODA since 2002.

I enjoy reading, cooking, gardening and playing with my dogs, all three of which are mixed breeds we've taken in off the streets.

In August, I married Travis Frantz, my longtime friend and fellow Edmond Memorial High School graduate. We live in Edmond with our "girls" Libby, Holly and Daisy.





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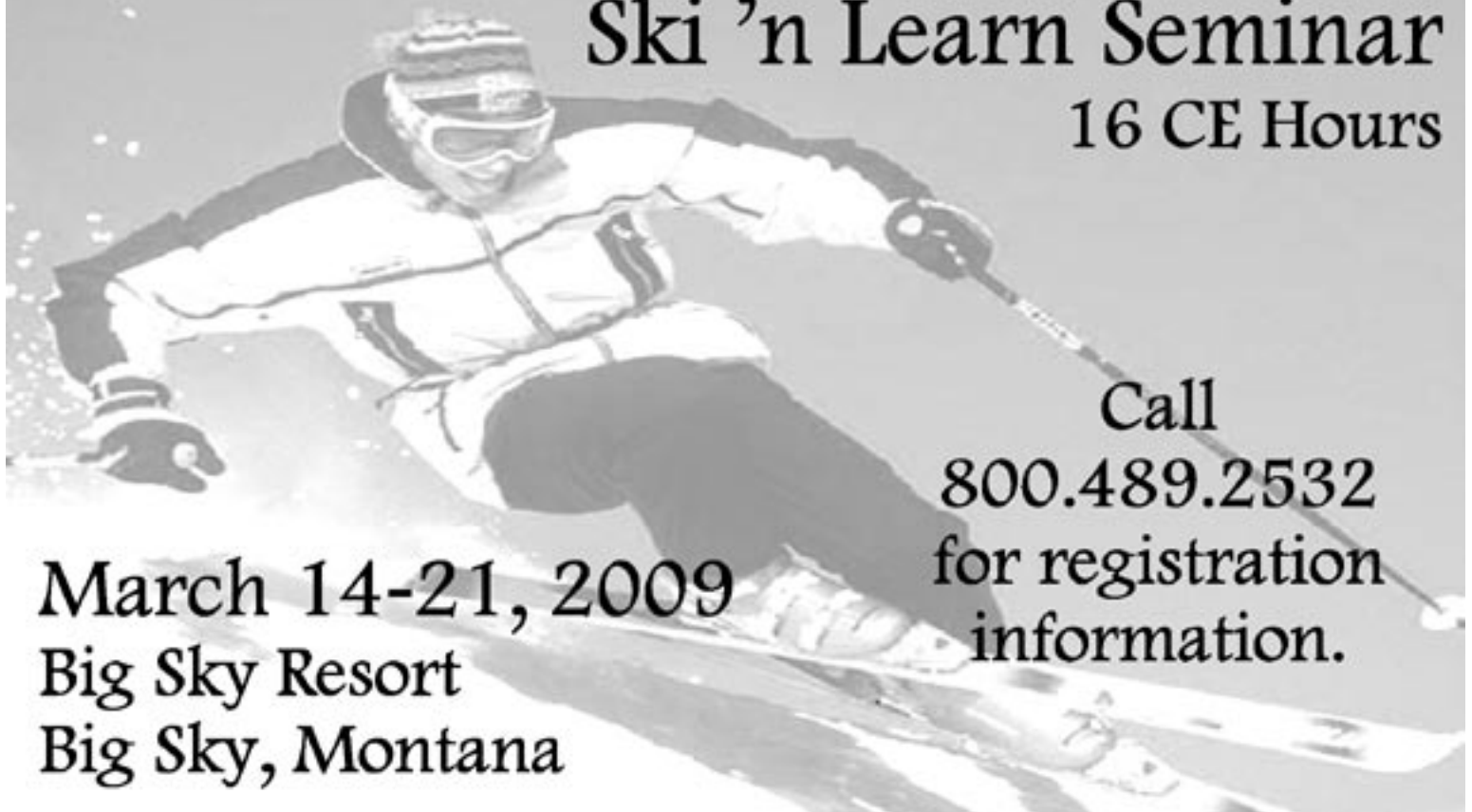
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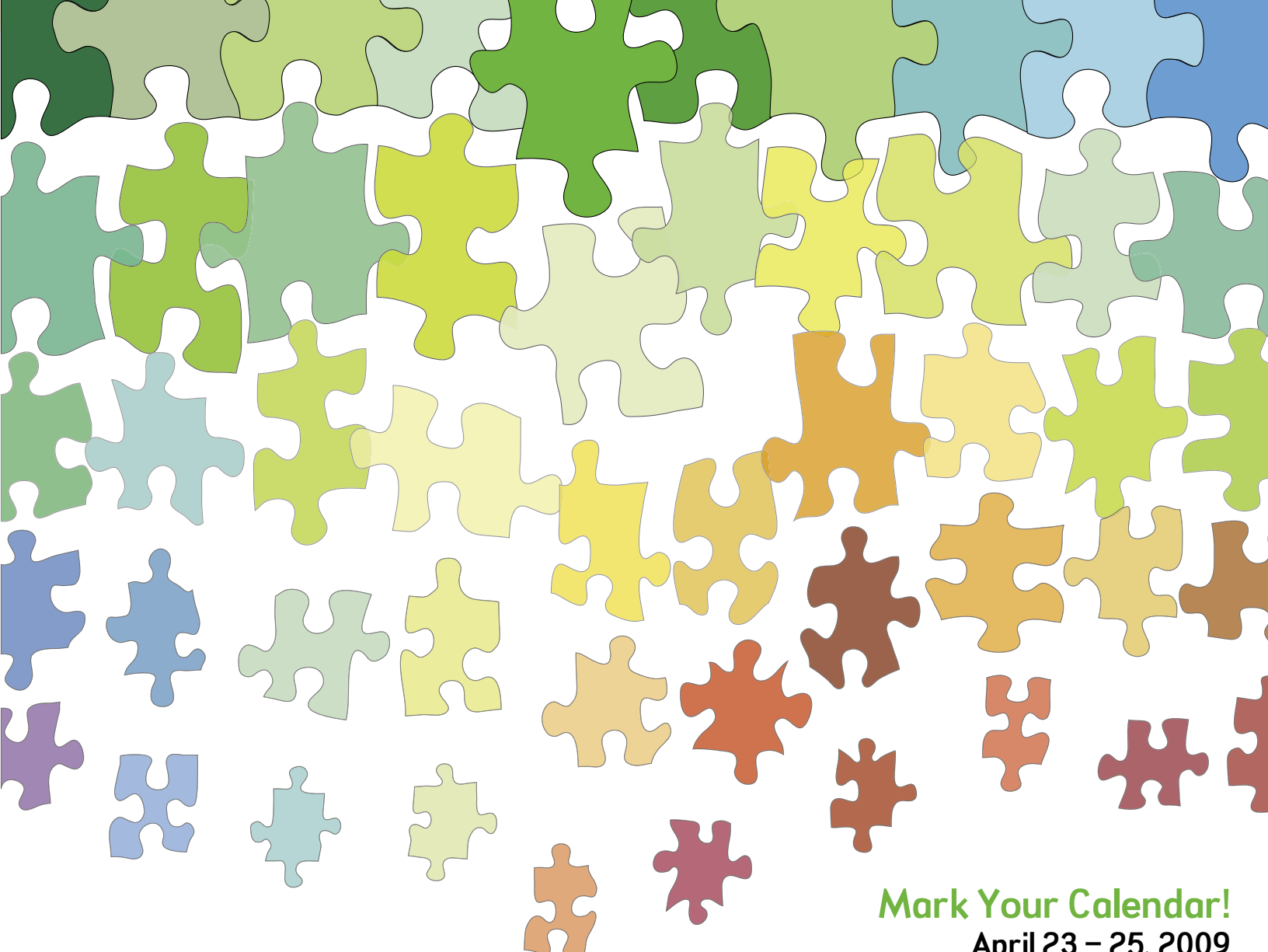
Smiles for Success

The Smiles for Success Program in Oklahoma began in the Spring of 2002 as a result of the efforts of Drs. Tamara Berg and Mary Martin, Founding Co-Coordinator. This central Oklahoma program is part of a national program, the Smiles for Success Foundation, which was established in 1995 by members from the American Association of Women Dentists (AAWD). The Smiles for Success Foundation was formed to assist women in transition from welfare to work who cannot afford the cost of dental care. Facing a job interview for them may mean self-consciousness, embarrassment and pain as they attempt to hide decayed, missing or damaged teeth. As part of a national program, Smiles for Success in Oklahoma has served 75 patients and continues to add names of participants in need of these services. Nationally, Smiles for Success has 160 active volunteers serving 90 communities in 30 different states. The website is www.smilesforsuccess.org. Success stories on this website include women from Oklahoma.

Maintaining a private practice in Yukon, Dr. Berg matches donors of comprehensive dental services to those individuals for whom dental work is a necessity in attaining stable employment. Dr. Berg maintains a list

of sponsoring dental professionals then contacts these professionals, on her list of providers and matches patients with them according to location and availability. Dr. Berg states that her area has served patients as far away as Elk City. Since most of the participating dentists are in the Oklahoma City Metro Area, women drive up to two hours into the city to receive help from the program. Dr. Berg explains that the average value of the services rendered is \$4000 to \$6000, with some services topping \$10,000 for an individual patient. The materials, as well as the time to complete treatment, are donated by all the participating dental providers in the Oklahoma program. The total time contributed to make a difference in the lives of these 75+ women comes to over 1500 hours and brings the donated value of the program to Oklahomans over the past six years to over \$500,000!

There is a waiting list of women to be matched with a dentist. For more information on the Smiles for Success Program, or to volunteer, please contact Dr. Tamara Berg at 405-354-3763 or tamaraberg@okda.org.



2009
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DENTAL
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MEETING

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April 23 – 25, 2009

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OPERATION DENTISTRY

By: LtC Jeff Lunday, 783rd MP, 101st Airborne, Afghanistan

After returning from my US Army/Oklahoma Army National Guard deployments to Iraq 2005 and Afghanistan 2006, I had transferred back to the US Air Force/Oklahoma Air National Guard. I returned to private practice in Weatherford, OK, and was doing routine weekend guard drills and summer camps. In 2007, I went on a voluntary (everything I do is voluntary) humanitarian medical mission to the Republic of Azerbaijan. Azerbaijan is a former Soviet state on the northern border of Iran and encompassed by the Caspian Sea, Republic of Georgia, and Armenia (with whom they are at war). Azerbaijan is the former Soviet Union's gas tank, with arguably more oil and gas reserves than Saudi Arabia. Well, the Russian government has reawakened and wants control of Azeri oil reserves. The recent incursion of Russia into Georgia and Ossetia, in my opinion, had little to do with territorial rights, and more with gauging the West's response to possible Russian reclamation of Azeri oil fields and the pipeline west from Baku thru Georgia to Turkey and Mediterranean ports. Why pay for oil when you can steal it? I was uncomfortable in Azerbaijan as my unit appeared to be the only people there without guns: I like guns. Azerbaijan wants to be friends with Western Europe and the United States, and wants to be a member of NATO. I was glad to return home, but that mission simply was not enough and I began to volunteer for the real thing again. Being a known front line provider, when you put your name in the deployment hat again, it's not long before someone calls you. Within a few weeks, I had two new deployment opportunities: one was to go to Baghdad, and run a small dental clinic at Sather Airbase; the other option was to return to Afghanistan with the Army and be the 27th BCT, brigade dental surgeon. I was leaning towards back to the Army, a more difficult assignment, but much more exciting. Before I could complete my transfer back to the Army, I received a call from Langley AFB. I was going back to Afghanistan courtesy of the USAF. Due to prior deployment experience with detainees in Fallujah (2005 2nd MEF), I was going to command USAF medical assets and be the dental officer at the BTIF (Bagram Theater Internment Facility), which translates to Taliban Prison. I also think that my dear friend of 30+ years and classmate, Col. Philip Abshere, put in a good word for me. Phil had just finished an extended tour there and I'm sure he wanted to share this adventure with me. In July '08, I reported to Ft. Bliss, TX, for a few days' training on how to handle and treat the most dangerous patients in the world. I also met the

approximately 30 USAF medical personnel that would be under my command. On 29 August, I boarded a plane at Will Rogers World Airport: three days later (with stops at Travis AFB, Rockford, IL; St. John's, Newfoundland; Reykjavik, Iceland; Budapest, Hungary; and Qatar) I touched down in Bagram, Afghanistan. I was met by the outbound USAF medical commander for a few days of left seat-right seat training, and the infirmary/clinic and assigned personnel at BTIF were mine. Make no mistake about this facility: it houses 600+ Islamic Tim McVeighs. They did not get here by performing good deeds. This is probably the largest assemblage of terrorist killers, bombers, weapons smugglers, opium lords, and various forms of insurgent criminals there is. DoD security concerns limit what I can say about my tour here. This is my mission. I will complete it to the best of my ability. I'd rather be back in the Anbar with the Marines getting mortared. I was contacted by the 10th Special Forces asking if I would volunteer for a mission that needed dental support. Due to my past experience with 20 similar missions, I was allowed to go forward to a remote SF firebase along the Pakistani border. There, I treated the Afghan Provincial Military Commander who was deemed too important to current operations to move rearward for dental care. I also provided dental treatment to 27 US/NATO special ops soldiers who had real care needs but refused to leave the line. It felt great to be back "outside the wire" and helped improve my attitude regarding treating the detainees. I have another mission forward to the Kabul area that I hope comes about in Dec '08. If everything goes as planned, I should be back in OKC in early Feb. '09. I am no one special. My sacrifices have been minimal compared to so many of our young men and women with whom I serve. I feel privileged to possess skills that are needed by our soldiers. I am honored that I have been able to help support them in the field these past five years. I must mention other ODA member dentists who have deployed to help support our troops - Iraq: James Clark of Ada and Aubry Henshaw of Sallisaw; Afghanistan: Philip Abshere of OKC. If you ask what you might do to help our troops, there is something you can do. If you have Oklahoma National Guardsmen or Reservists in your practice or you know of some in your home town, offer to help them and their families with their dental care before, during, and after deployments. I assure you that the active duty facilities do not take care of our Oklahoma Citizen Soldiers as they should. I wish to express sincere thanks to the ODA and my many ODA friends and colleagues who have supported me and my fellow service members.

Straight From The Members

“My favorite place to vacation...”

“...in the winter is anywhere that I can ski, and in the spring, summer, and fall...anywhere that I can watch a Major League baseball game, eat hot dogs and peanuts, and be with my family.

- Tim Rudd
Edmond

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- Raymond Cohlma
Oklahoma City



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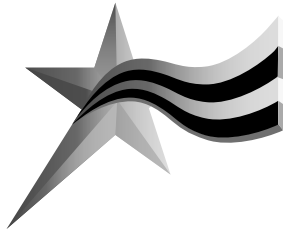
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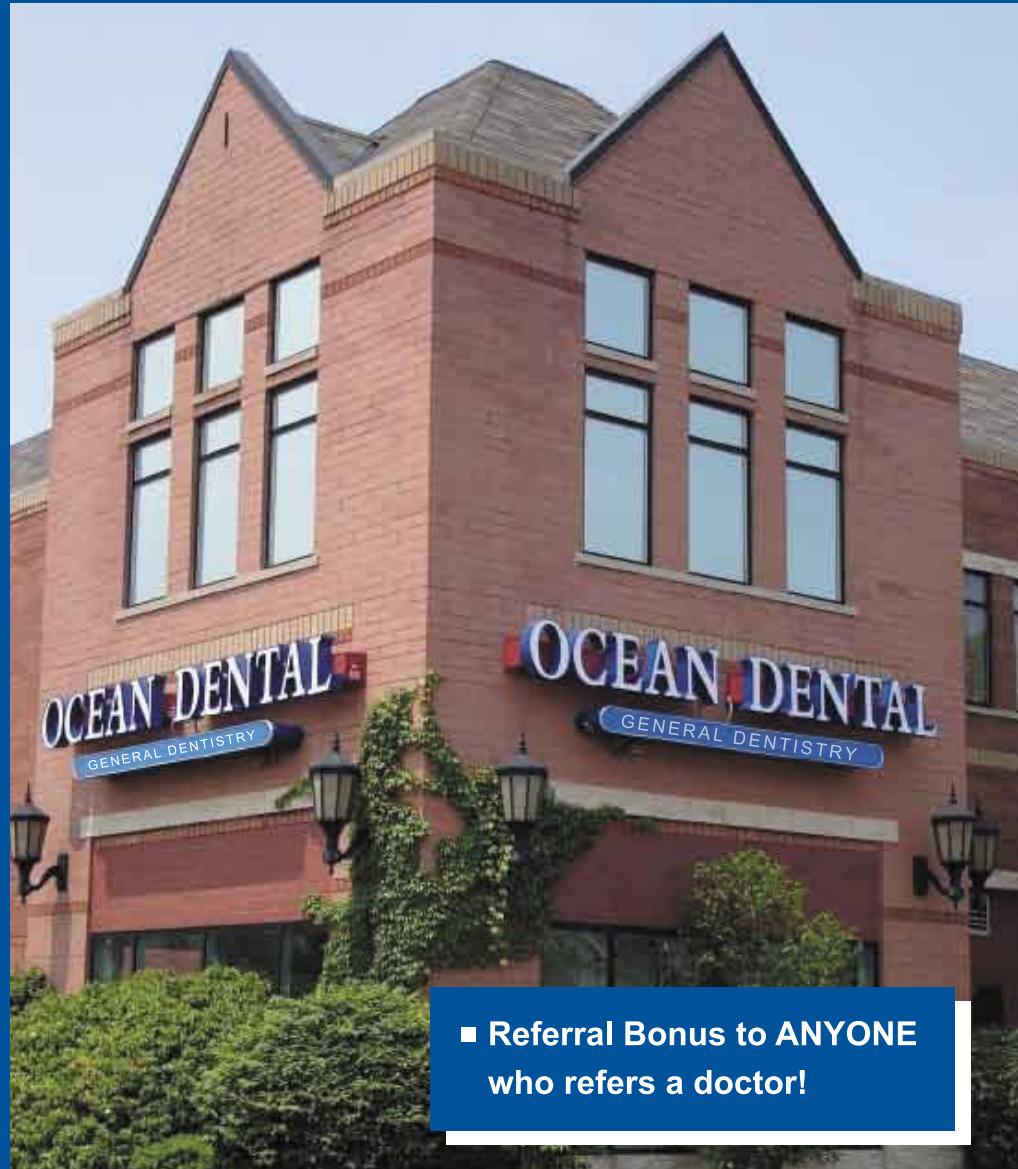
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CASE HISTORY: A 44-year-old male reports for his annual dental exam. During the exam, an asymptomatic red patch is observed involving the palatal mucosa. The patient wears a complete maxillary denture. Social history reveals moderate alcohol and tobacco use.

QUESTION 1: Based on the clinical presentation and the information provided, your differential diagnosis should include (multiple answers):

- Erythroplakia
- Thermal injury
- Leukoplakia
- Candidiasis
- Squamous cell carcinoma

ANSWER: Your clinical differential diagnosis should include:

- Erythroplakia
- Thermal injury
- Candidiasis
- Squamous cell carcinoma

Erythroplakia (a) is a clinical term defined as a red patch that cannot be clinically or pathologically diagnosed as any other condition. The term was originally used to describe a precancerous red lesion involving the penis. Oral erythroplakia is clinically and microscopically similar to the genital process. Almost all true erythroplakias exhibit a microscopic picture of epithelial dysplasia, carcinoma in situ, or invasive squamous cell carcinoma. Erythroplakia is a disease of adult men and is usually asymptomatic. The floor of the mouth, tongue, and palatal mucosa are common sites of involvement.

Thermal injury (b) or trauma can also produce areas of edematous, erythematous, friable mucosa secondary to physical insult to the oral mucosa. Subsequently, ulceration usually develops with fibrinous exudate forming a yellowish surface membrane. Pain, burning, and various degrees of discomfort are usually observed clinically. Clinical history is usually helpful in determining the source of the injury.

Candidiasis (d) is a disease caused by infection with a yeast-like fungus, *Candida albicans*. Its occurrence has increased because of the prevalent use of antibiotics, which alter the normal inhibitory oral bacterial flora. The oral lesions of candidiasis may exhibit many different forms one of which is a red or erythematous area.

Squamous cell carcinoma (e) may present as an area of erythroplakia. These areas may be quite variable in size and are more common in men than women.

Although leukoplakia (c) may be observed intraorally, by definition it is a white patch or plaque that cannot be characterized clinically or pathologically as any other disease. This term is strictly a clinical term and carries no histologic connotation.

QUESTION 2: Which of the following procedures would be indicated (multiple answers):

- Observe the patient for 10-14 days to evaluate for changes or resolution of the area
- Remove the area of the initial presentation by electrosurgery
- Because the area is asymptomatic, no treatment is necessary
- Excisional biopsy of the area at the initial presentation
- Perform an oral smear at the initial presentation

ANSWER: The following procedures would be indicated in order to manage this lesion:

(a) Observe the patient for 10-14 days to evaluate for changes or resolution of the area

(e) Perform an oral smear at the initial presentation

Red lesions of the oral mucosa, particularly involving the floor of the mouth and ventral surface of the tongue, should be viewed with much suspicion. If a source of irritation can be identified and removed, following the patient for 10-14 days (a) will be helpful. If the lesion is reactive/inflammatory, resolution will be observed. Additionally, an oral cytologic smear (e) can be very helpful in detecting fungal elements as well as epithelial dysplasia.

To remove the area at the initial presentation by electrosurgery (b), to advise the patient that because the area is asymptomatic, no treatment is necessary (c), and to perform an excisional biopsy at the initial presentation (d) are of no benefit in managing this patient.

QUESTION 3: After reactive or inflammatory sources have been eliminated, the possibility that this area represents a premalignant or malignant condition would be reflected by which of the following percentages:

- Less than 10%
- 20-25%
- 50-60%
- Over 90%
- None of the above

ANSWER: The correct answer is over 90% (d).

According to one large investigation, over 90% of erythroplakia lesions microscopically represent either severe epithelial dysplasia, carcinoma in situ, or invasive squamous cell carcinoma

In general, the epithelium shows a lack of keratin production and often is atrophic. Because of the lack of keratinization, especially when combined with the thin layer of surface epithelium, the underlying microvasculature becomes quite apparent, producing a red lesion clinically. Chronic inflammation is also usually observed within the submucosa.

QUESTION 4: Microscopically, the area consists of sheets and nests of epithelial cells exhibiting increased mitotic activity and keratin pearl formation. The cells have invaded the connective tissue in a vagarious pattern. Based upon this description, which entity is your most likely microscopic diagnosis?

- Erythroplakia
- Thermal injury
- Leukoplakia
- Candidiasis
- Squamous cell carcinoma

ANSWER: The correct diagnosis is squamous cell carcinoma (e). See the "Discussion" section. The other possibilities are not considered here.

Erythroplakia (a) and leukoplakia (c), as mentioned earlier, are clinical terms that describe red and white lesions, respectively, and carry no histologic connotation.

Thermal injury (b), if biopsied, exhibits reactive/inflammatory, non-neoplastic microscopic changes to the epithelium and the underlying submucosa. These changes include edema, ulceration, and foci of acute and/or chronic inflammation. These changes are easily distinguished from squamous cell carcinoma.

Candidiasis (d) can be observed microscopically in either a cytologic preparation or in tissue sections obtained from a biopsy specimen. The candidial hyphae and yeasts can be readily detected with the aid of special tissue stains.

DISCUSSION: Erythroplakia is a disease originally described under the name "erythroplakia" by Queyrat in 1911. In his initial report, he described the entity as a lesion occurring on the glans penis of an elderly syphilis patient. Since that time, similar lesions have been reported involving the vulva and the oral mucosa. The syphilis present in the original case is now known to have been an incidental finding and was not related to the condition (erythroplakia).

It is now recognized that erythroplakia is a clinical entity that carries no histopathological connotation. The term "erythroplakia" is used to describe the clinical appearance of a red patch of the mucous membrane which does not represent some specific or nonspecific inflammatory process. Once the more innocuous inflammatory lesions are eliminated, most (and probably all) cases of erythroplakia will represent some form of epithelial dysplasia ranging from mild forms to invasive squamous cell carcinoma. Erythroplakia has been reviewed by Shafer and Waldron in a classic, hallmark paper. They reported that a significant number of red lesions, not attributed to an inflammatory cause, were premalignant or already demonstrated malignant change (91%) at the time of biopsy. They also pointed out that there are many other types of oral lesions which are clinically indistinguishable from the dysplastic ones, thus emphasizing the importance of biopsy of all such red lesions. Such clinically similar lesions include candidiasis, histoplasmosis, denture irritation, allergic and thermal response, erosive lichen planus, and erythema multiforme just to name a few.

In conclusion, the clinician is advised to consider all red lesions not immediately identifiable as inflammatory in nature as potentially malignant. If a red lesion persists for more than 14 days after all local trauma and infectious foci have been eliminated, then a biopsy is mandatory. If the suspicion index is high, arrangements should be made for immediate biopsy and further care.

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