YOUNG LEADERS OF THE ODA
Talk about the future
In response to growing consumer demand, DDOK has developed DeltaPatient Direct™ - our new discount referral program that allows patients to access quality dental care and pay dentists directly - at the time of treatment.

Currently, there are an estimated 1.5 million Oklahomans without access to employee-sponsored dental benefits. Delta Dental of Oklahoma has developed DeltaPatient Direct™ to benefit these Oklahomans who might not otherwise be able to access quality dental treatment. Additionally, we want to help bring additional patients to our valued participating dentists.

**Here's how it works...**

DeltaPatient Direct™ is not an insurance product. Individuals or families pay a low annual fee to DDOK. This fee provides access to a network of participating DeltaPatient Direct™ dentists, treatment financing options through Care Credit, vision care benefits from EyeMed, educational and treatment resources (including "Ask a Dentist"), and much more.

Dental services are offered at discounted rates that you, the provider, agree to. The patient visits your office and pays you at the time of treatment, according to the DeltaPatient Direct fee schedule.

**It's that easy!**

- No claim forms!
- No administrative costs!
- No verification of maximums and deductibles!

If you are currently a DeltaPreferred Option (DPO) dentist, or if you wish to add additional patients to your practice with no additional paperwork - we invite you to consider DeltaPatient Direct™.

Access 1.5 million patients while incurring no administrative costs, no network enrollment fees and no verification of maximums or deductibles. DeltaPatient Direct™ from one of the most trusted names in dental benefits - Delta Dental of Oklahoma.

Be sure to visit [www.PatientDirect.NET](http://www.PatientDirect.NET). Should you need an enrollment package, or if you have additional questions about our new DeltaPatient Direct™ network, please contact Kim Montgomery, with our Professional Relations Department at: 405-607-2142 (OKC metro) or 800-522-0188, ext. 142 (outside the OKC metro).

An equal opportunity employer.
ON THE COVER: Dr. Thai-An Doan, Okla. City, poses with patients.

ADVERTISER’S INDEX
Alexander & Strunk Inc. / pg. 15
Dallas County Dental Society / pg. 10
Delta Dental / IFC
Heumann Dental Lab / pg. 8
Midco Dental / BC
New Mexico Dental Assc. / pg. 30
ODASCO, Inc. / pg. 11
Oklahoma Dental Foundation / pg. 17
Oklahoma Mobile Surgical Services / pg. 14
Prof. Practice Associates, Inc. / pg. 25
Sky Financial / pg. 25
Stillwater National Bank / pg. 31

ODA Today
President’s Message / pg. 4
Letter to the Editor / pg. 5
ODA Student Fall Festival / pg. 5
Dental Organization News / pg. 6
Calendar of Events / pg. 6
ODASCO News You Can Use / pg. 7
ODA New Employee / pg. 7
New Members / pg. 7
In Memoriam / pg. 7
ODA New Building Update / pg. 9

Who & What
Profile, Dr. Rattan & Rep. Cargill / pg. 12
Profile, David Quirk / pg. 13
Council Spotlight: Membership / pg. 14

Features
Medicaid Deferral Program / pg. 16
ODA Staff: Shedding Light... / pg. 18
Young Leaders of the ODA / pg. 20

Clinical
Oral Pathology / pg. 26

Classifieds
General Listings / pg. 28
Limited Practice / pg. 28

CORRECTION:
The author of the “Allocate Your Assets....” article on pg. 22 in the September 2004 Journal was Mark Clopton, Morgan Stanley.
ODA Today

ODA Membership Advantages
By Dr. Lee Beasley

Over the years, I have encountered doctors who have asked me why they should be members of the Oklahoma Dental Association. These doctors want to know what the advantages of ODA membership are—essentially they want to know exactly how ODA membership will benefit them.

There are many benefits of being a member of your state, local, and national dental associations. When each of us joins together we have great power in our numbers. When one stands alone it is difficult to impact change and safeguard one’s professional interests, but together we can influence the decisions that are made about how we are able to practice dentistry. This alone, in my view, is reason enough to be a member of the Oklahoma Dental Association.

However, it seems that when doctors ask me specifically why they should be members of the Association, they are wanting something more tangible, some sort of literal benefit for which they can justify their membership.

Well, I believe there are plenty of those and here are just a few. The Oklahoma Dental Association has been vigilant in protecting the professional interests of all dentists in the legislature—this means your professional interests.

The State Legislature continually hears the voice of organized dentistry through dental society representatives. Nowhere is the idea that there is strength in numbers more evident than when the Oklahoma Dental Association speaks with one voice in the State Legislature.

The association represents your interests in ways you could never accomplish and at a cost you could never afford. Thus, Political Advocacy is an essential advantage of membership, and this benefit extends past legislative lobbying into activities such as HIPAA guidelines negotiation and third party payer lawsuits that protect your rights.

Knowledge is power and the association provides Continuing Education at an affordable price in virtually every area of dentistry through our seminars, publications and annual meeting.

Mediation Review is a free service offered to mediate conflicts between patients and their dentists. This service can preserve the dentist-patient relationship and prevent disagreements from escalating into costly litigation.

Insurance Programs such as health, disability, life, liability, worker compensation and business insurance are offered at competitive rates. Discounted member services like financial and service companies and products are negotiated by ODASCO to obtain preferential pricing only available to Association members.

Contract Analysis is available to evaluate the risks and benefits of contractual agreements offered to you during the course of running your practice, and this service is available at no cost to you when you are a member of the Association.

The Relief Fund provides financial aid to dentists and their dependents or spouses who experience hardship due to health, disaster, disability or death.

The ODA Well Being Program participates in the Physicians Recovery Inc. program that provides professional assistance and counseling to ODA members who suffer from substance abuse.

Give Kids A Smile is one of several opportunities that member dentists have to help the dental needs of our community. As a profession it is our duty not only to educate the public about oral health but also to provide care to the underserved.

Your membership offers you many ways to interact and meet other professionals like yourself who can help you become more successful and also allow you to grow professionally and ethically.

(continued on pg. 5)
LETTER TO THE EDITOR

By: Don Smith, DDS - Oklahoma City

Mercury Pollution: Fact or Fiction?

The May 17, 2004 issue of the ADA News featured several articles concerning amalgam waste and ADA Best Management Practices, which was reprinted in the ODA Journal – Summer 2004. The states of Maine, Connecticut, New Hampshire, metropolitan Milwaukee, San Francisco and Seattle have mandated (unfunded, of course) some form or combination of amalgam separators, waste disposal and waste water testing.

Who pays for it? The dentist. It is regulatory overkill.

The ADA and State associations take a defense posture in bureaucratic fashion by issuing guidelines and making "good neighbor" statements. Perhaps that is how the game has to be played, but it misses the point.

On February 26, 2004, the Environmental Protection Agency issued a final rule to substantially reduce emissions of toxic air pollutants from industrial, commercial and institutional boiler and process heaters. This rule reduces emissions of a number of toxic air pollutants including hydrogen chloride, manganese, lead, arsenic and mercury by more than 58,000 tons annually in the fifth year after promulgation. (Source: Fact sheet, Okla. Air Quality Division. Department of Environment.)

By far, the real source of mercury pollution is emission into the air. Not from some pitifully small amount of amalgam scrap with mercury in an inert state.

Coal-fired generators that produce electricity is the predominate source of these emissions.

The mercury emissions in the United States are measured in TONS!

In Oklahoma, there are eight coal-fired plants: Two each from Western Farmers Electric; Grand River Dam Authority; Public Service Oklahoma and Oklahoma Gas & Electric.

These plants do not meet today's standards for emissions control, but they did meet the standards in effect when they were built. The measurable mercury emissions in Okla. for 2002 were 468 pounds.

The amount of mercury in amalgam waste from a dental office would be measured in ounces or fractions of an ounce.

Where is the threat?

I believe these benefits are of great value, but we must also remember that membership in the Oklahoma Dental Association is a two-way street—your membership benefits the Association and an Association membership benefits you.

In other words, as a member of the Oklahoma Dental Association you receive many benefits and advantages that non-members do not receive. These advantages and benefits protect you both as an individual and as a dental professional. In this way, the Oklahoma Dental Association helps you be a better dentist and protects your profession for the future.

However, your membership in the Association also benefits the Association itself. Your membership is yet another voice that gives the Association its strength, both financially and philosophically. The Association is nothing without its members, so your membership helps protect all of us practicing dentistry in the state of Oklahoma. The dental profession will face significant challenges in the future.

We must meet these challenges head-on and only a strong Association will be able to accomplish all of our goals. For this reason, I encourage you to reach out to any friends or peers that are not members, and encourage them to join the Association and help strengthen and preserve the future of dentistry.

(continued from pg. 4)
UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY  
Frank J. Miranda, DDS, MEd, MBA  
Senior Associate Dean

CLASS OF 2008
Selected from a pool of 436 applicants, the 60 students that make up our new Class of 2008 are composed of 37 males and 23 females with a mean GPA of 3.54 and a DAT average of 17.2. Fifty-one are Oklahoma residents, with the remaining nine coming from Arizona (3), Arkansas (2), Idaho (1), and Texas (3).

Sixteen members of the new class have strong family ties to the profession with fathers, mothers, brothers, sisters, aunts, uncles, cousins, in-laws, and even a fiancé (whew!!) to be found among current students, OUCOD alumni, and other dentists and dental hygienists in the community: Blake Adams, Robert Albiston, Katharine Ashmore, Steven Deming, Alan Fortenberry, Jamon Jensen, Thomas Kierl, Mark Lawson, Mindy McConnell, Daniel McNair, Marie Muscaro, Ryan Roberts, Samuel Sigmon, Sara Spurlock, Zane Weaver, and Tyler Winters.

Congratulations to our “select 60” and best of luck on your journey as part of our OUCOD family!

ADMINISTRATIVE UPDATE –
As of August 1, some administrative changes have been instituted at the College. Robert Miller, Associate Dean for Student/Alumni Affairs since 1998, has returned to full-time teaching in the Department of Operative Dentistry. He has also assumed a major curriculum management role as the new Chair of the College’s Curriculum Committee. Ken Coy (Dental Services Administration) is the new Associate Dean for Student Affairs. Alumni Affairs will be managed by Frank Miranda (Senior Associate Dean) with significant input/assistance from David Quirk, our new Development Officer.

FACULTY/STAFF ADDITIONS –
Since the first of 2004, several new faculty and staff have joined our ranks. New faculty include Fixed Prosthodontics: Zach McNickle [DDS’03] and Bryan Van-Oven [DDS’03]; Graduate Periodontics: Greg Shanbour [DDS’82]; Occlusion: Dan Tylka; and Oral & Maxillofacial Surgery: Van Henson. New staff include AEGD: Mary Forshee, Bobbie Pruitt, and Irene Quintero; Clinic Operations: Ruth Alferos, Melody Daniels, Kristen English, Tim Gold, Norma Gryder, Shannon Manus, Lilly Moore, Nancy Navalta and Tammy Niebes; Dean’s Office: Judy Peterson, David Quirk (Development Officer) and Amanda Bleakley; Dental Materials: Caroline Mosley; Dental Support Lab: Lisa Richardson; University Dental Faculty

Have an event you would like listed on the ODA Calendar?  
Email details to events@okda.org  

(continued on pg. 10)
Dr. Glyn Lamar Hollabaugh

Birth: 1924
Death: July 31, 2004
Broken Arrow, Okla.

Dr. Hollabaugh graduated from the Washington University School of Dentistry in St. Louis. Soon after he opened his dental office in Broken Arrow in July 1955 and served his country in the U.S. Navy until 1943. Dr. Hollabaugh and his wife Lorene celebrated their 50th wedding anniversary in August 1999.

ODA Today
October 2004 okda.org
7

Are you prepared for that unexpected emergency?

HeartAED has chosen to LOWER their prices on the LIFEPAK CR Plus AED for ODA Members! The special member cost is $2,388 each.

With the LIFEPAK CR Plus, you join the vast majority of emergency response teams that prefer LIFEPAK products. It’s compatible with the equipment used by so many emergency and hospital teams, helping promote better and faster patient care.

For more information or to order your LIFEPAK CR Plus, contact John Dingeman at (480) 419-6711 or toll free (866) 554-3278 today to get the special member price.

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The kit is the easiest way to create personnel policies customized to your dental practice. It includes Oklahoma – specific rules and regulations for governing office conduct, compensation and benefits, work environment, and separation from practice.

TDIC has done most of the work for you. Simply insert the CD into your computer and the online guide will assist you in creating your employee manual. IT’S THAT SIMPLE!

ODA Member Dentist Cost $100 •

ODA NEW EMPLOYEE

Emily Clarkson joined the ODA staff in August 2004. She is the new receptionist whose duties include answering phones, greeting visitors, and the Senior Dent and Care Dent programs. Emily is an Oklahoma native and currently resides in Oklahoma City.

Emily enjoys being back in Oklahoma City and living with her younger sister and their cat, Mr. Pickles, after residing in Norman for the last four years.

In her spare time, Emily enjoys volunteering, reading, working out, glass blowing, and being with friends and family.

She recently graduated from the University of Oklahoma with a Bachelor’s Degree in Biochemistry and minored in German.

Eventually, she hopes to use that degree, but is currently content working while contemplating graduate school options.

She is excited to be in such a friendly working environment and hopes that she can be an efficient and effective member of the ODA team. •

welcome!

ODA NEW MEMBERS

VAN HENSON - OKLAHOMA COUNTY
1201 N. Stonewall, Oklahoma City, OK 73117
(405)271-8001

JASON D. CARPER - TULSA COUNTY
1220 N. Washington Ave., Durant, OK 74702
(580)924-0660

BEN GERKIN - TULSA COUNTY
Tulsa, OK
(918)249-2273

MICHAEL TOOLE - TULSA COUNTY
3223 E. 31 St., Ste. 108, Tulsa, OK 74015
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In September, work on the retaining walls at the ODA new headquarters site was completed. Completion of the retaining walls will allow for work on the foundation to begin. Plumbing work is also taking place.

The new ODA headquarters will be located at N.E. 13th and Stiles. The new headquarters floor plan (right) illustrates the placement of the offices, conference rooms, and the library within the building.

The floor plan also illustrates the placement of the Donor Courtyard. The Donor Courtyard is where most of the donors who donated funds to help pay for the new headquarters will be recognized.

Other donors will be recognized throughout the building with Board Room Chairs, Offices, and other items that will bear the donor names.

For more information log on to www.okda.org or call the ODA at 405-848-8873 or 800-876-8890.

Help strengthen the future of dentistry in Oklahoma
- Retiring this debt will save the ODA tens of thousands of dollars in interest
- All donations can be tax deducted as a business expense

JOIN THE CENTENNIAL MEMBERSHIP SECTION TODAY!

- $999 – 333 Club – Medium Brick
- $1,500 – Large Brick
- $2,500 – Boardroom Chair
- $5,000 – Bench/Patio Table
- $7,500 – Office
- $10,000 or more – Customized Recognition

For more information log on to www.okda.org or call the ODA at 405-848-8873 or 800-876-8890.
Group: Heather Hyde, Shirley Jackson, Jody Maddox, Marie Pack and Oneka Parker. We also bid a fond farewell to the following faculty: Leon Bragg (Operative Dentistry), Thomas Dudley (Oral & Maxillofacial Surgery), Robert Hess (Removable Prosthodontics), James Roane (Endodontics), Patrick Shannon (Orthodontics), and Zeneida Vasquez (Oral & Maxillofacial Surgery).

GRADUATE PROGRAM RESIDENTS –
A warm welcome to our new 2004-05 graduate program students. There are six new AEGD residents: Chad Drennan, Carlo Luna, Lucas Mesdag, Matthew West, and 2004 OUCOD grads Matt Gray and Nathan Shapard. Both new Graduate Periodontics residents are OUCOD ’04 grads: Scott Bedichek and Jacob Hager. Oral & Maxillofacial Surgery adds Greg Conner, Pablo Martinez, and Matt Scheffer to its resident family. Entering the Graduate Orthodontics program are Aurelija Bedard, Brian Diemer, Brent Dobson (OUCOD ’04), and Eric Neuer. Grad Ortho also welcomes Paula O’Hara (Brazil) and Anaita Nalladaru (India) who are starting the one-year and three-year international programs, respectively.

2004 WREB RESULTS –
The Class of 2004 did very well on the WREB licensing examination administered last June. Of the 46 seniors who took the exam, 44 had passing scores for a pass rate of 95.7%.

HONOR ROLL STUDENTS –
For the Spring 2004 semester, the College of Dentistry (GPA 3.00 to 3.49) and Dean’s (GPA 3.50 and above) Honor Rolls included 54 freshmen, 34 sophomores, and 31 juniors. These 119 students represent the highest number of spring honor roll members in the College’s history. Special acknowledgement is extended to our 47 Dean’s Honor Roll recipients: (Class of 2007) Ashley Adams, Ryan Arnold, Gabriel Bird, Andrea Blythe, Misty Briggs, Travis Burkett, Blaine Curtis, Hanh Dang, Ryan Daniel, Barrett Hall, Eric Hanson, Amanda Hendrickson, Drew Holloman, Brandon Jensen, Brett Leemaster, Jon Lindblom, Erin McCall, Kyle McNatt, Tevi Meek, Gabe Nabors, Nazi Naghd, Monika Nguyen, Grant Pitt, Spencer Sautter, Keith Shankle, Jared Smith, Greg Spielmann, Byron Tucker, Kyle Vroome, Andrew Walker, Amanda Ward and George Zakhary; (Class of 2006) Jamie Ariana, Felipe Avery-Miranda, Lauren Avery-Miranda, Brad Hall, and Eric Massad; (Class of 2005) Brooke Bottom, Aaron Bulleigh, Carrie Chastain, Lori Holden, Eric Kyrk, Jake Mendenhall, Darek Ridpath, Tommy Rogers and Eric Tuggle.

TULSA COUNTY DENTAL SOCIETY
In July, the Tulsa County Dental Society (TCDS) organized “Back to School on a Full Stomach” to benefit the Neighbor for Neighbor Clinic in Tulsa. Currently, the canned food drive is ongoing, with a number of dental offices participating in this important activity which will have a significant impact upon the readiness of some disadvantaged families to feed their children and get prepared for school.

Tulsa County Dental Society members had a great time participating in the 3rd Annual TCDS Molar Classic at Forest Ridge on June 11th. Drs. Michael Ariana, Roger Baker, Wes Black and John Lockard won first place and, as a result of their excellent play, will display the Josh Whitney Memorial Trophy in their offices during the coming year. Second place winners were Drs. Jerry Greer, Gary Kuenning, Jerry Robertson and E.J. Vaught; and third place winners - Drs. Mike Kincaid, David Johnson, Donnie Moody and David Wong.
A wholly owned for-profit subsidiary of the ODA.

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Who & What

As dentists, we often form relationships with patients that last decades. The relationships we form with patients are often more like friendships – sometimes even more like familial connections – than what most would consider a typical doctor-patient relationship.

Our patients come from every part of the community – they are our children’s teachers, firemen, the local news anchor, the owner of the local dry cleaners, and so forth. Sometimes the person we treat is also our legislator. We all know the most important thing a dentist can do is have a personal relationship with their legislators, and this type of relationship is easiest when our legislator is also our patient.

Dr. Karen Rattan and Representative Lance Cargill are a good example of this sort of rich relationship that includes doctor-patient, citizen-representative, and, perhaps best of all, friends. The ODA Journal recently sat down with Dr. Rattan and Representative Cargill to talk about dentistry and government.

ODA: Representative Cargill, what is the most effective way for a citizen to have his/her voice heard by a legislator?

LC: All citizens should develop a working relationship with their legislators, other neighboring legislators or legislators with whom they have a common connection. Fostering that relationship, just by offering to be a source for information on subjects you know, really increases your credibility with the legislator. Then, when important issues come up, you are better positioned to communicate your views.

ODA: Does having a working relationship with your dentist, Dr. Karen Rattan, make you more aware of issues facing the dental community? And if so, does it make you more active in supporting or fighting those issues?

LC: Yes! I call Dr. Rattan to talk about every issue dealing with the dental community. I value her opinions and appreciate her professional experience and insight.

Naturally, the respect I have for her will affect the way I view an issue based on her input.

ODA: Dr. Rattan, as Representative Cargill’s dentist, do you feel that the working relationship has helped you to express your legislative concerns effectively?

KR: Yes, when he is in my dental chair, I have a captive audience! We have a mutual respect for each other and he takes my concerns seriously. If I need anything or have a question I can pick up the phone and talk with him directly. He keeps an eye out for the ODA and when a controversial issue arises, he contacts me.

ODA: This election year will be important due to many term limits and open seats. How can dentists become educated and involved in this process?

KR: There are many ways...become involved with DENPAC. The DENPAC Grassroots Seminar in September was a wonderful way for dentists to understand the importance of involvement in the legislative process. Dentists should stay up-to-date on the happenings of the Government Affairs Council. If you ever have a question you can always contact Dana Davis, ODA Executive Director, or Scott Adkins, ODA Contract Lobbyist.

LC: You’re right, this is an important election, at least in state politics. To become involved simply find a candidate or candidates in your area to help. You can’t imagine the appreciation a candidate has for anyone who will spend a Saturday knocking on doors with them! Write checks, host a reception, make phone calls, there are plenty of ways to help. You can of course call the State GOP or Democrat headquarters to learn more about candidates in your area.

ODA: What is the most important thing dentists can to do locally to become involved with the issues that directly impact them?

KR: Know your representatives, stay educated and make an effort to become involved.

ODA: Dr. Rattan, how have you become involved, both through the ODA and personally, with the legislative issues that face the dental community?

KR: I have attended legislative luncheons for almost ten years now and am actively involved with DENPAC. These events have been a great way for me to build contacts and put names with faces.

Representative Lance Cargill grew up in Harrah, Oklahoma where his parents and grandparents still live. He graduated from Harrah High School in 1989 and went on to major in Economics at OSU. In 1996, Lance graduated from Vanderbilt Law School and spent the next five years doing antitrust work for the largest law firms in Oklahoma and Texas.

Cargill now has his own firm in Harrah where he practices business law. In the 2000 election he defeated a twelve-year incumbent and was elected by his caucus to the Republican
David Quirk, a 1992 graduate of the University of Oklahoma (OU), has been named the new director of development for the OU College of Dentistry. Quirk has been with OU for almost 10 years, most recently serving as the director of development for the College of Education, where he was responsible for all private fund-raising and alumni programs for the college.

Prior to that, he served as associate director of the OU Alumni Association, where he was responsible for establishing and managing more than 50 alumni clubs across the nation. As a part of his duties, he helped clubs raise money for local scholarship funds and increased programming activities.

Quirk’s first position at OU was in Prospective Student Services, where he helped increase OU’s freshman class by 25 percent in four years.

Quirk, originally from Poteau, Okla., earned his bachelor’s degree in journalism with a minor in history. He currently is pursuing a master’s degree in adult and higher education administration.

David Quirk took time to talk with the ODA about his future plans as Director of Development.

ODA: This new position must be exciting for you. What fundraising goals have you set for the University of Oklahoma College of Dentistry (OUCOD)?

DQ: The first priority is to increase the number of supporters at the highest levels of the College’s annual fundraising campaign. As state funding for the College continues to shrink, it is critical that we increase private support for the OUCOD. Through donations to the J. Dean Robertson Society (the fundraising arm of the College), we are able to meet the needs of our students and faculty. Future plans include establishing more endowed scholarships and endowed chairs/professorships. These programs will allow us to attract and retain top students and faculty members for the College. We also want to establish programs that will help with future facility improvements.

ODA: Why is your position different than what has been done in the past?

DQ: For the first time in our history, we have a development officer dedicated solely to the OUCOD. This provides us with a greater opportunity to reach more alumni and friends of the College than ever before. I will be able to focus on getting out and meeting as many of our alumni and friends as possible and discussing the many ways they can help the college.

ODA: What plans do you have in regards to the OUCOD alumni?

DQ: We want to completely revamp the COD Alumni Association and provide opportunities for involvement at many different levels. Class reunions, continuing education (CE) course offerings, and more social events are all in the works. We want our alumni to feel more connected to the College than ever before. There are so many great things happening here that we want our graduates to know about.

(continued from pg. 12)

leadership in his first year at the legislature. Representative Cargill now chairs the Republican campaign committee for the 2004 House election.

Dr. Karen Rattan is an Oklahoma native who grew up in Enid, Okla. and graduated from Oklahoma State University in 1982. Rattan received her dental degree in 1990 from the University of Louisville’s School of Dentistry. An internship at the OU College of Dentistry brought her back to Oklahoma where she has been in private practice since 1991. Dr. Rattan was awarded the 2003 Stephen G. McKeever Award by the Oklahoma Academy of General Dentistry and has served the OAGD in many capacities. She is currently the Secretary/Treasurer of the Oklahoma Dental Association and is actively involved in both the Council on Government Affairs as well as the Oklahoma Dental Political Action Committee (DENPAC). Dr. Rattan and her husband, Christopher, have been married since 1982 and have two children, 14-year-old Lauren and 7-year-old Hampton.
The role of the Council on Membership and Membership Services is to recruit qualifying dentists; to inform members and non-members of the advantages provided by the Oklahoma Dental Association; and to develop and implement programs for the benefit of ODA members.

The ODA Council on Membership recently hosted the Student Fall Festival (see page 5). The ODA has the highest recruitment rate for new dentists of all state associations.

The Council on Membership pays one-half of the American Student Dental Association (ASDA) dues for all students attending the Student Fall Festival.

The Council on Membership sponsors the Student All School Picnic, which takes place in the fall at the University of Oklahoma College of Dentistry (OUCOD), holds a “Senior Night” for senior dental students and spouses, funds a “Transition Program” for dental freshmen during their first fall semester, and participates in the “Success Program” with the ADA. The “Success Program” helps OUCOD Senior students prepare financially for their upcoming careers as dentists.

Additionally, the Council on Membership has developed a New Dentist Roadmap for recent dental school graduates and new dentists entering the state.

The New Dentist Roadmap contains information such as who to contact for Continuing Education and Licensure, and other useful information for dentists beginning practice in the State of Oklahoma. This guide is available on the Oklahoma Dental Association Web site.

We hope you are never involved in a law suit, but if you are, you will want our team of professionals working with you!

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Oklahoma Health Care Authority Announces Medicaid Deferral Program

On April 14, 2004 the Oklahoma Health Care Authority (OHCA) announced the Oklahoma Medicaid Income Deferral Program. Subsequent to the announcement, the OHCA mailed an official announcement letter to health care providers under contract further explaining the program and how to obtain more information.

Since that time, according to Dan Hensley, of American Pension Services, Inc., the state coordinator for the program, several hundred requests for information from providers all over the state have been received and processed.

According to Mr. Hensley, “There seems to be tremendous enthusiasm and appreciation on the part of providers at having the opportunity to participate in the new program.”

Mike Fogarty, the Executive Director of OHCA stated that, “…increasing Medicaid payment rates to compete in today’s health care market has been and continues to be a priority of the OHCA. Shrinking funding streams and rising costs hamper the achievement of this goal”.

Mr. Fogarty went on to say, “...this economic reality has prompted us to seek out-of-the-box solutions. Our agency has taken a positive step to raise the value of Medicaid contracts for physician services.”

OHCA’s Medicaid Income Deferral Program – the first of its kind in the nation – will enable qualifying taxable physician corporations to enjoy very significant federal tax benefits.

The Medicaid Income Deferral Program uses the ERSCA PAC-Plan, developed by Employees Retirement Service Company of America, Inc. (ERSCA), of Miami, Florida, which specializes in the design of such arrangements.

Precision Administrators, Inc. of Oklahoma City has been authorized to perform oversight of recordskeeping for the Program.

The highlights of the ERSCA PAC-Plan are numerous. It is described as a pre-tax, no-cap 401(k) supplement plan for elective salary deferral by employees of Medicaid contract provider corporations.

The program provides tax-free inside build-up of assets within deferral accounts and flexible investment options under the control of individual employees.

Additionally, there is no increase in income tax liability to the provider corporations under the plan and plan assets are held in trust by the State, and therefore are not subject to the claims of creditors of the State, provider corporations, or their employee participants. Finally, plan participation is not subject to any non-discriminatory coverage rules or testing requirements.

The plan adoption process is somewhat protracted in that it must involve an independent review of the Plan by tax counsel who represent the health care provider corporation.

American Pension Services, Inc. (APS) has been authorized, as coordinator of the Plan joinder and adoption process, to provide all of the necessary Plan information and related documents to tax counsel as instructed by the health care provider corporation.

Dan Hensley can be reached at APS at (405) 787-0065 or via fax at (405) 787-0219. The mailing address of APS is: American Pension Services, Inc., Three Corporate Plaza, Suite 340, 3613 NW 56th Street, Oklahoma City, OK 73112.
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You can count on the knowledgeable staff at the ODA to answer questions on issues such as membership, legislation, continuing education, ODA/ADA policy and much, much more.

The ODA staff receives numerous calls on a daily basis from dentists and the general public regarding dental issues. Teamwork between staff members ensures that your questions are answered accurately and in a timely manner.

The ‘Members Only’ section of the ODA Web site, okda.org, is another valuable resource for dentists looking for answers to their questions.

Here are some of the most common questions that the ODA staff answers on a daily basis:

**MEMBERSHIP QUESTIONS**

- **Are dues tax deductible?**
  Some of the Oklahoma Dental Association dues such as district dues, Smile, and Well-Being section membership are tax deductible as a business expense. All other dues items are not tax deductible.

- **Do recent dental school graduates pay full price for membership?**
  Recent graduates are eligible for reduced membership rates. These rates are based on graduation year along with American Student Dental Association membership.

- **Do retired dentists receive a discount of their membership dues?**
  The ADA and ODA offer reduced dues rates for dentists who have reached a certain age and obtained a certain number of membership years.

- **When do I get my ADA card?**
  ADA membership cards are sent after the first of the membership year. If you have not received your membership card, please contact the ODA to check on the status.

- **How do I become a member of the ODA?**
  Contact Kay Mosley, Director of Membership and Membership Services, or visit the ODA Web site at www.okda.org to obtain a membership application form.

- **Do I need to pay my dues separately for the ODA, ADA and my local dental society?**
  The ODA is a member of the ADA Tripartite System. Members of the ODA are automatically members of the ADA and the component dental society. All dues are paid to the ODA and the ODA remits payments to the ADA and the component societies.

- **What benefits are associated with my ODA membership?**
  The Oklahoma Dental Association and organized dentistry offer many benefits. These organizations will represent your interests in the legislature, provide endorsed products and services at reduced costs, and give you the opportunity to interact with other dentists. The Oklahoma Dental Association also provides numerous CE opportunities. See Dr. Beasley’s President’s Message (pg. 4) for a full discussion on the benefits of ODA membership.

**GENERAL QUESTIONS**

- **How many CE hours do I have?**
  The Board of Dentistry maintains required CE hours for the state of Oklahoma. The American Dental Association also provides a CE tracking system for its members.

- **Do you have any CE opportunities?**
  The ODA Annual Meeting, held each Spring, provides an opportunity to obtain continuing education credits. You may contact the ODF at
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OKLAHOMA DENTAL FOUNDATION (ODF) QUESTIONS
- How long do I need to keep my patient records?
  The Oklahoma Statute states that records must be retained for three years. The Board of Dentistry recommends that doctors retain records for six years because the IRS can audit the previous five years of records on the sixth year.

- How do I transfer credits for licensing from another state to Oklahoma?
  The Board of Dentistry is the licensing and governing board for dentistry in the state of Oklahoma. You may contact them for more information.

- How can I serve on an ODA council?
  Notify the president-elect of your District if you would like to be nominated to serve on an ODA council. The Council on Nominations and Elections meets in January of each year to determine the nominees for the following year.

- How can I enroll in a course and what is the cost?
  The ODF schedule sheet has all of the dates and costs associated with each class. Before you enroll, double-check the requirements for the class to see if you meet them. Enrolling is as simple as filling out the application and faxing or mailing it back to the Foundation.

- I didn’t receive my certificate renewal letter.
  The Radiation Safety certificate does not require renewal. For all other certificates, call the Board of Dentistry to ensure that they have your correct address.

- Did I pass the course and what was my score?
  All courses are scored on a pass/fail basis. Results will be sent within two weeks of course completion.

- I sent in my application for a course and haven’t heard anything back.
  All packets are sent out two weeks prior to the course.

- I have a certificate from another state. Can I use it here in Oklahoma?
  You must call the Board of Dentistry to see if they will accept it. If not then we can send you an application.

DENPAC MEMBERSHIP

$150 WITH $40 GOING TOWARDS ADPAC

405-848-8874 for information on the ODF Fall Seminar or for information on courses throughout the year for dental assistants.
Leadership can be thought of as a capacity to define oneself to others in a way that clarifies and expands a vision of the future. – Edwin H. Friedman

The Oklahoma Dental Association has a rich history of gifted leaders. Names like James Saddoris, Ray Cohlmia, and James Limestall instantly evoke an idea of natural, genuine leadership.

Each of these individuals may have possessed varied leadership styles, but the goal of each—to guide the Association to the places that it must go to remain viable and strong—was the same, and each accomplished this goal unequivocally.

The current leadership of the Oklahoma Dental Association also displays the strength and humility that is required of great leaders.

As the ODA moves forward with projects such as the building of a new ODA Headquarters, reinventing the ODA Journal, and forming a strategic plan for the future, the Association’s current leadership calmly navigates the issues that arise when pursuing such demanding tasks.

ODA’s gift of leadership has also been extended to the American Dental Association, as one of our own, Dr. Richard Haught, takes the reigns of ADA.

Dr. Haught brings his natural leadership style, along with lessons he learned as President of the ODA, to a national stage and represents our Association and State with phenomenal grace. Considering the ODA’s fortune of astute leaders both past and present, it should be no surprise then that a new generation of leaders is emerging at levels across the ODA.

Our past leaders have influenced our current leaders, and our current leaders encourage, inform, and inspire these new leaders of the ODA.

The 10 individuals profiled here are but a few of the ODA members that are taking their places as leaders throughout our Association.

These young leaders of the ODA feel organized dentistry’s call of duty and are doing what they can to answer that call.

These young leaders are the individuals who will guide our Association throughout this young century. It is easy to think of these young dentists as the future leaders of the ODA, because they will be the Association’s leaders in the future, but this term fails to capture the fact that these leaders are guiding the Association at this very moment.

Leadership cannot wait; these are the young leaders of the ODA.

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**THAI-AN DOAN, DDS**
Oklahoma City ■ OUCOD/1998

ODA Involvement:
– Member of: The Board of Directors for the Oklahoma County Dental Society, Committee of Administrative Affairs for the Oklahoma County Dental Society, Council on Dental Education for the ODA
– Give Kids A Smile Volunteer

Why do you think that volunteering with organized dentistry is important?

“Organized dentistry provides support and representation in areas of professional development and governmental and legislative activities that are related to dentistry and oral health care. Because the ODA is a liaison to other health care organizations and the public, participating in the ODA and its subdivisions allows my voice to be heard.”
JEFF DANNER, DDS
Oklahoma City  ■  OUCOD/2001

ODA Involvement:
– Past Chair of New Dentist Committee
– Give Kids a Smile Volunteer

Where do you see the ODA in the next 20 years?
“I see the ODA as a template for other organizations striving to be a success. With continued strength in membership and volunteer support, we are destined for great things. The ODA will continue to represent dentists in matters that affect people’s everyday practice and protect the integrity of the profession.”

TAMARA BERG, DDS
Yukon  ■  OUCOD/1995

ODA Involvement:
– Chair of Membership and Membership Services
– Attended New Dentist Conference in San Diego, June 2004
– Served as Oklahoma County Dental Society President in 2003-2004 which began her involvement on the Board of Trustees (BOT)
– Served as hostess for speakers at annual sessions
– Served the BOT by being a host during interviews for executive director
– Assisted with check distribution for Legislative Day at the Capitol
– Give Kids a Smile Volunteer
– 2000 New Dentist of the Year
– 2003 Thomas Jefferson Citizen Award

Where do you see the ODA in the next 20 years?
“Very organized. I think our current leadership has begun the process to have an outstanding organization that will continue to be recognized nationally both in leadership positions and membership growth. My goal as the Membership Chair is to begin working now on that growth that will propel us to the year 2024. Many current dentists that are leaders in our organization will no longer be with us in 2024. We need to plan now and have the same strong leadership for the future.”

TODD BRIDGES, DDS
Lawton  ■  OUCOD/1995

ODA Involvement:
– Past President, Comanche County Dental Society
– Member of South Central District
– Board of Trustees and House of Delegates
– Vice Chair DENPAC
– Organized Silent Auction 2003 – 2004 and raised over $30,000
– Member of Budget and Planning Council

Why do you think that volunteering with organized dentistry is important?
“Dentistry has provided everything for me and my family. Giving back to a profession that has been extremely giving to me is very satisfying.”
J. RUSSELL DANNER, DDS
Oklahoma City ■ OUCOD/1996

ODA Involvement:
– Past Chair of ODA Council on Membership and Membership Services
– Member of the ODA Council of Membership and Membership Services
– Past member of the ODA House of Delegates
– Served on the ODASCO Board of Directors
– Give Kids a Smile Volunteer

Why do you think that volunteering with organized dentistry is important?
“Organized dentistry sets the stage for the future of our profession. I feel it is the young dentists’ obligation to get involved in their future. Without volunteers, there is no organized dentistry, and we lose our voices as a profession.”

DONNA SPARKS, DDS
Norman ■ OUCOD/1996

ODA Involvement:
– Member of House of Delegates
– Council on Governmental Affairs
– Mediation Review
– Central District President

Why do you think that volunteering with organized dentistry is important?
“No one understands the day to day challenges that dentists face better than dentists. This is why we must get involved to make dentistry better for all, the patient and the dentist. If organized dentistry does not continue to have members help move dentistry forward in our state, other groups will push us back. There is no room for complacency.”

MARC ARLEDGE, DDS
Edmond ■ OUCOD/1999

ODA Involvement:
– Member of the Oklahoma County Dental Society
– Program Chair for Oklahoma County Dental Society, 2003-2004
– Board Member of the Oklahoma County Dental Society, 2002 to present
– Oklahoma County Dental Society Membership Committee, 2001-2004

Why do you think that volunteering with organized dentistry is important?
“Volunteering gives you a perspective on how things work with the ODA and ADA. It is easy for some people to complain about things without doing anything about the problem. In the ODA you can help resolve the issues that the dental profession is facing.”
WADE SESSOM, DDS  
Bixby  ■  Baylor College of Dentistry/1994

CARRIE SESSOM, DDS  
Bixby  ■  Baylor College of Dentistry/1995

Wade Sessom, ODA Involvement:  
– ODA member since 1995  
– House of Delegates for six years  
– Vice President of the Tulsa County Dental Society

Carrie Sessom, ODA Involvement:  
– ODA member since 1995  
– ODA House of Delegates  
– Tulsa County Chair for Children’s Dental Health Month  
– Chair of Registration for 2004 State Meeting  
– ADA President’s Gala Host 2003

Wade Sessom, Why do you think that volunteering with organized dentistry is important?  
“Dentistry is a great profession. We are also a small profession in terms of numbers. To keep our profession great and to keep outside agencies from telling us what we can and can’t do in our everyday practice, we must volunteer our time and resources to provide what we have for years to come.”

Carrie Sessom, Where do you see the ODA in the next 20 years?  
“I see the ODA modernized in communications and facility. I see this, in conjunction with strong leadership, guiding dentistry through challenging issues for the benefit of all.”

JASON BUSCHMAN, DDS  
Lawton  ■  OUCOD/1996

ODA Involvement:  
– Past-President of Comanche County Dental Society  
– Current President of South Central District  
– ODA House of Delegates

Why do you think that volunteering with organized dentistry is important?  
“When you come together as a team you are much more likely to accomplish goals and better your practices.”

JANDRA MAYER-WARD, DDS  
Vinita  ■  OUCOD/2000

ODA Involvement:  
– President of Northern District since 2000  
– ODA House of Delegates and ODA Board of Trustees  
– Oklahoma Dental Foundation Board of Trustees  
– Member of State Mediation Committee

Why do you think that volunteering with organized dentistry is important?  
“It is important to keep your finger on the pulse of organized dentistry. I want my patients and colleagues to know I care about my profession and its future.”

(continued on pg. 24)
LISA GRIMES, DDS
Enid  ■  OUCOD/2001

ODA Involvement:
– Member of House of Delegates for Northwest District
– Member of Oklahoma Dental Foundation Board of Trustees
– Member of DENPAC
– Member of Selection Committee for new ODA Executive Director in 2002
– 2004 ODA “Young Dentist of Year”

Why do you think that volunteering with organized dentistry is important?
“First it’s vital to recognize why organized dentistry is important – it enables us to speak with one voice. Whether we are speaking of legislation, public relations or health care, a strong and unified group has a greater and much more persuasive voice than any single person or small group. Volunteering with organized dentistry is crucial to its growth and success for several distinct reasons. First, it’s not economically feasible to pay our dues and assume those fees will compensate for hired help to do the many duties involved with accelerating the agenda of our organization. Secondly, dentistry should be personal for all of us. It’s our profession, our livelihood; it’s what we relate to and how others perceive us. Once we stop making it personal by not being involved, we slowly begin to disassociate ourselves from the group, its agenda, and eventually our voice. Lastly, staying involved through volunteerism enables us to continue to build upon our networking circle of influence. It fosters a more unified profession, offers sounding boards to others who speak the same language, and provides mentors for those like myself who have newly entered into dentistry.”

Direct Reimbursement is a self-funded program that reimburses an individual based on a percentage of dollars spent for dental care, not on the type of treatment provided; it also allows patients to seek treatment from the dentist of their choice.

For more information on Direct Reimbursement, contact the ODA office at 405-848-8873 or visit the ADA web site at www.ada.org
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CASE HISTORY: This 50-year-old male presents with an ulcerated mass at the junction of the hard and soft palate to the left of the midline. By patient history the swelling had been present for several days and then ulcerated. The patient reported no significant discomfort. He had a history of an upper respiratory infection and reported an episode of severe coughing two weeks ago. He had no recent dental procedures. A panographic radiograph revealed no dental source of infection or bony defects. His neck exam was negative for lymphadenopathy. (above)

Question:
1. Based on the information given the differential for this ulcerated mass of the palate should include which of the following (may require multiple answers)?
   a. Palatal abscess
   b. Salivary gland tumor
   c. Necrotizing sialometaplasia
   d. Primary syphilis
   e. Anesthetic necrosis
   f. Squamous cell carcinoma

Answer:
The correct answers to Question One is b, c, and f.

Rapidly growing (malignant) tumors will often show ulceration. However, slow growing (benign) tumors may be traumatized by the coarse dorsal surface of the tongue and show ulceration secondary to trauma. Since 50% of minor salivary gland tumors of the palate may be malignant, they must be included in the differential. Squamous cell carcinoma can have an extremely variable clinical presentation. It can present as a white lesion, red lesion, ulceration, or as a mass. Squamous cell carcinoma will often present as a rough, granular, irregular surfaced mass and must be included in the differential. Necrotizing sialometaplasia may be a mass lesion for up to 3-4 weeks prior to ulceration and should also be included in the differential.

A palatal abscess must be associated with a periodontally involved or non-vital tooth and is usually in the lateral palate adjacent to the teeth. Anesthetic necrosis, a process similar to necrotizing sialometaplasia, is usually of shorter duration and not associated with significant swelling.

Primary syphilis, the chancre, presents at the site of inoculation as a painless ulceration without significant swelling and usually with concurrent cervical lymphadenopathy.

Question:
2. The diagnostic procedure of choice is:
   a. Follow the patient for 2-3 weeks to evaluate for progression of the lesion
   b. Biopsy
   c. Oral cytologic smear of area
   d. Stain the lesion with toluidine blue vital dye

Answer:
The correct answer to Question 2 is a or b.

The appropriate diagnostic sequence would be biopsy or a short clinical observation period followed by biopsy if the lesion shows signs of progression. Since the differential contains both reactive and neoplastic processes a short period of observation (less than one month) would give a reactive lesion time to show signs of resolution and be of no consequence to the overall prognosis of a neoplastic process.

Oral cytology and vital staining are of limited value and are for surface lesions only (erythroplakia, leukoplakia, and mixed red/white lesions). With surface ulceration present vital stains will always be positive and of no value. Cytology will require follow up biopsy if the lesion shows...
dysplastic changes. Neither cytology nor vital stains have a role in evaluation of mass lesions.

Because of the abrupt clinical presentation and history of an upper respiratory infection with severe coughing, necrotizing sialometaplasia was suspected. A two-week evaluation was scheduled and the patient was advised that if the lesion did not show signs of resolution a biopsy would be necessary.

At the follow up appointment the area had decreased in size markedly and remained asymptomatic. (Figure 2) The area showed complete resolution at five weeks. These findings support a reactive diagnosis and are consistent with a clinical diagnosis of necrotizing sialometaplasia.

Figure 2. Ulceration at three weeks

Discussion:
Necrotizing sialometaplasia is an uncommon, locally destructive inflammatory condition of the salivary glands. The cause is unknown, however, most authorities believe it is the result of ischemia of the salivary tissue that leads to infarction. The importance of these lesions, which were first described by Abrams and colleagues in 1973, is that it mimics a malignant process both clinically and microscopically. A number of predisposing factors have been suggested which include the following: trauma, dental injections, ill-fitting dentures, upper respiratory infections, adjacent tumors, and previous surgeries. These factors may be responsible for compromising the blood supply and causing the necrosis. Many cases occur without any known predisposing factors.

Most lesions occur in the salivary glands of the posterior palate (75%), the hard palate more than the soft palate. Approximately two thirds are unilateral. They can be midline or bilateral. Necrotizing sialometaplasia has also been reported in other sites to include the maxillary sinus, nasal cavity, parotid and sublingual glands, retromolar trigone, lower lip, tongue, larynx, and lung. Males are affected twice as often as females. The lesion can occur at any age; most are in adults with the mean age of 46 years.

Clinically the lesion starts as a nonulcerated swelling often associated with mild pain or paresthesia. Within 2-3 weeks the necrotic tissue sloughs leaving a crater-like ulcer 2-5cm in diameter. The pain, if present, often subsides when the ulceration occurs. The ulcer lacks the induration, pain, and rolled margins that would suggest malignancy. The lesions have an irregular border and do not continue to enlarge after initial presentation. The microscopic appearance is characterized by acinar necrosis in early lesions followed by squamous metaplasia of ductal tissues and associated pseudoepitheliomatous hyperplasia of the surface epithelium. These changes can be easily misdiagnosed as squamous cell carcinoma or mucoepidermoid carcinoma. The squamous metaplasia usually has a bland cytologic appearance and the mucous gland necrosis usually maintains a lobular architecture. These changes are helpful in separating these lesions from malignancy.

Because of the worrisome clinical presentation, biopsy is usually indicated. In the present case the clinical features of a crater-like asymptomatic ulceration, history of an upper respiratory infection with coughing, and negative neck exam suggested necrotizing sialometaplasia. A short period of observation was elected prior to biopsy. The lesion showed considerable resolution at two weeks, confirming the diagnosis, and resolved completely at 5 weeks. There is no treatment indicated or required once the diagnosis is established. The lesions resolve on their own accord with an average healing time of 5-6 weeks.

Table 1.
Ulcerative lesions of the palate
Necrotizing sialometaplasia
Anesthetic necrosis
Primary syphilis
Behcet’s syndrome

Table 2.
Mass of the palate
Palatal abscess
Leaf-like denture fibroma
Salivary gland tumor
Kaposi’s sarcoma
Nasopalatine duct cyst
Mesenchymal tumor
Squamous cell carcinoma
Mucocele/mucous duct cyst
Lymphoma
Necrotizing sialometaplasia
Adenomatoid hyperplasia

References:
Neville BW, Damm DD, Allen CM, Bouquot JE. Oral and Maxillofacial Pathology 2nd Ed, WB Saunders. 2002: 405-6
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