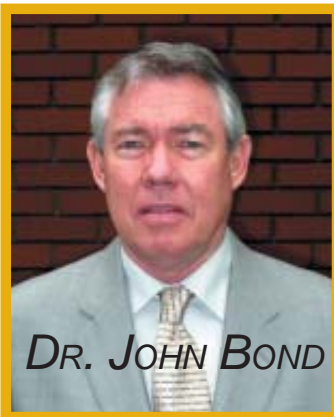




the **W**esterner

PRESIDENT'S MESSAGE

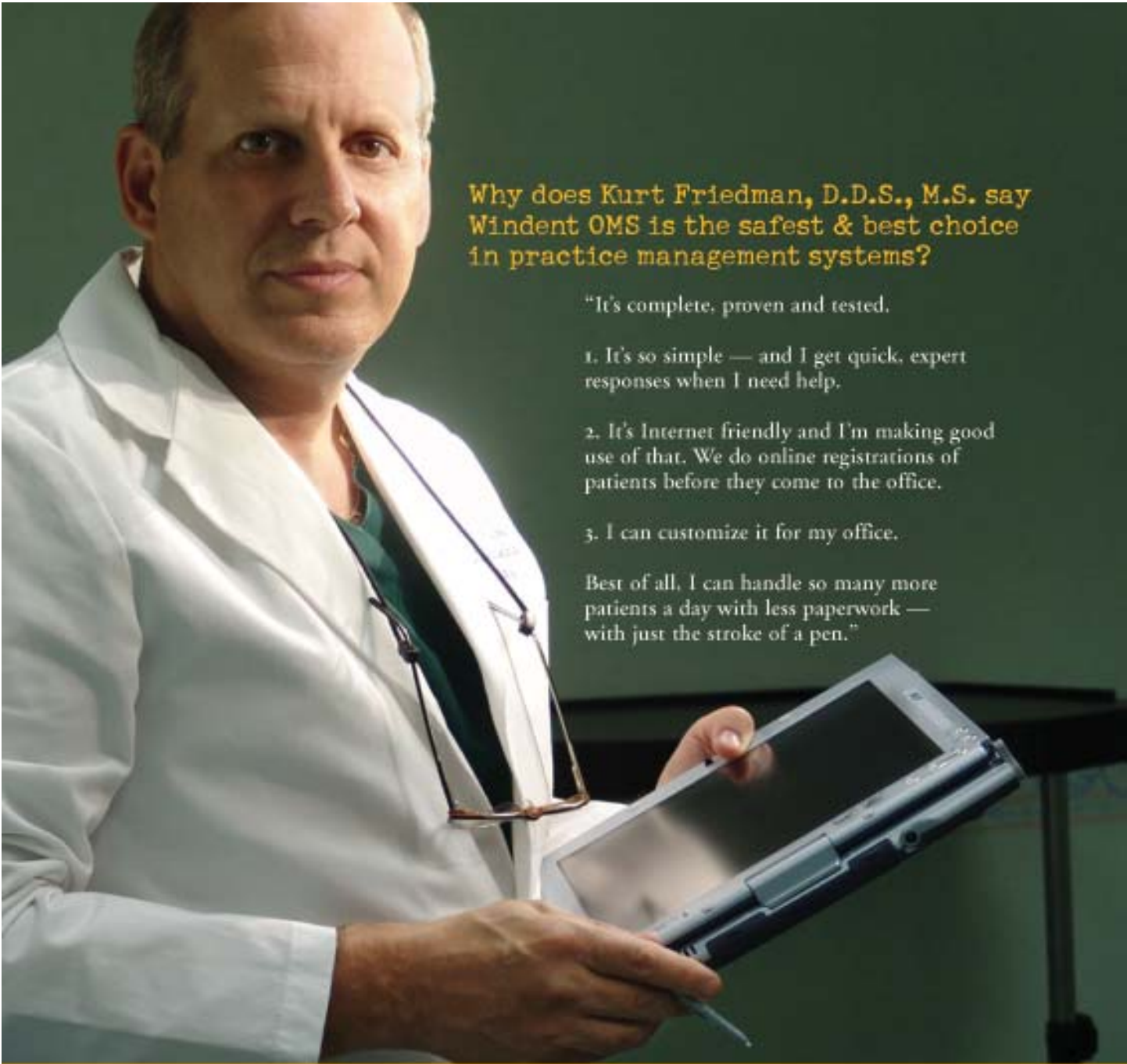
Well, here it is April already with spring fading and summer following. Time keeps marching on! Before we know it, fall will arrive and with it AAOMS's meeting in Philadelphia. Not to be outdone, prior to the fall meeting the Western Society of Oral & Maxillofacial Surgery (comprised of the nine states making up District VI) will have our annual meeting. This takes place over the Fourth of July in Coeur d'Alene, Idaho, beginning the evening of July 2, and wrapping up at noon July 5. The meeting is being dedicated to Mary Delsol, and I encourage you to mark it on your calendar, make reservations for yourself and your family, and come join us.



The meeting is going to be held in conjunction with the Idaho Society of Oral & Maxillofacial Surgery. The setting, the Coeur d'Alene Resort, features the Coeur d'Alene Golf Course — recently ranked as a Top 25 Resort Course in America by *Golf Digest*. It is home to the world's only floating movable green on the shores of beautiful Lake Coeur d'Alene. The Northwest inspired "World's Most Romantic Spa" will immerse your body and soul in Northwest cedar scents and revitalizing alpine mountain waters. Additionally, there will be spectacular fireworks out over Lake Coeur d'Alene on July 4th. You don't want to miss your opportunity to meet and convene with your friends and colleagues at this world-class resort and meeting facility.

The education portion of the meeting will be on Sunday, Monday and Tuesday mornings. Our featured day one speaker, Dr. Robert Bosack, will bring us up-to-date on the latest techniques utilized in office anesthesia. On Monday and Tuesday, Dr. Robert Hale (Colonel USA) will speak on current concepts and management of injuries sustained on the battlefields of Iraq and Afghanistan. Much of our heritage as OMSs comes from lessons learned on the battlefields of past wars. Additionally, Dr. Hale will make a presentation to doctors, spouses and guests, discussing his experiences in Afghanistan and Turkmenistan from a personal perspective where he interacted with the local people.

Things continue to evolve in our specialty of Oral & Maxillofacial Surgery. As always, AAOMS continues to lead the way in protecting and broadening our specialty. They continue working on ensuring our ability to maintain hospital privileges in the changing environment of medical healthcare delivery. Maintaining our ability to deliver office-based outpatient anesthesia is of paramount importance and we are all reminded of the necessity of keeping up-to-date on Office Anesthesia Evaluations, as dictated by our state and national bylaws. AAOMS's Day on the Hill conducted on March 30th by all accounts was a grand success. Our thanks go out to all who attended not only from District VI, but also from all of the Districts. Direct contact with our legislators is one of the most meaningful ways of educating them on who we are, what we do, and how they can help us.



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Kurt E. Friedman, D.D.S., M.S.
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Invite a Resident to the Annual Meeting



We are again inviting residents from the programs in District VI to join the Western Society and to attend our annual meeting at The Coeur d'Alene Resort. Residents may come to the meeting as our guests for the scientific sessions and social events including the Western Barbeque Dinner. In addition, we can offer some financial assistance (up to \$500) to offset other expenses they may incur such as travel, meals and lodging.

If you are friends with one of the program directors ask them to consider having one or more of their residents attend this year's meeting. Program directors or residents can receive more information on this by contacting the central office at (775) 626-4478.

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For Those Who Plan Ahead

TRAVEL TO THE EASTERN SLOPE OF THE CASCADES IN CLE ELEM, WA (90 MINUTES FROM SEATTLE AIRPORT) FOR THE 2012 ANNUAL MEETING JULY 22-25.



Informing the Surgeon: How information technology helps achieve clinical excellence

Leon A. Assael, D.M.D.



The incoming generation of surgeons, coming soon to your practice or a community near you, accesses and utilizes clinical information in more powerful ways than the generation that preceded them. In this issue of *The Westerner*, Mark Engelstad, D.D.S., M.D., M.H.I. (that's Masters in Health Informatics) explains the

science of informatics and how it is changing the way surgeons can benefit from the daily avalanche of new relevant clinical information that will influence practice. Mark is a leader of that trend for a new generation of OMS — having determined that we surgeons do not make the best most informed decisions, that our nomenclature that describes what we do is a Tower of Babel, that the level of investigation into our techniques, devices and materials leaves a lot to be desired. The best oral and maxillofacial surgeons of the 21st Century will not only be skilled in the advanced arts of the specialty, they will know how to gain and utilize the best information in the care of their patients. The highest quality of clinical scientific information is needed to make clinical decisions that will most likely result in the best treatment outcomes, cure disease, stay the most cost-effective and least disabling to the patient, and give the practicing oral and maxillofacial surgeon a competitive edge in practice. Here are two of the simple ways you can join this trend, grow your knowledge and your practice.

ACCESS your medical library

- No one goes to the library for information anymore. The stacks and the reading rooms are empty; they

ACCESS the library online. Be sure you have online access to your medical library. It is typically free through the hospital where you have appointment and privileges. Typically at the “front door” of your virtual library you will have access to multiple databases on the homepage. Access some clinician favorites and use a case-based method to utilize them. For example, if a child in your practice has cherubism (or any inheritable disorder) go to the national library of medicine online (direct to the public at www.ncbi.nlm.nih.gov/omim).

- Its OMIM database, Online Mendelian Inheritance in Man, will provide a complete review article including hypertext linking to primary information peer reviewed resources by the hundreds on the subject. If the child's mother wants to know the disturbances in the permanent dentition, the outcomes of medical management, the results of surgery, the most contemporary information is there to be found. Your library homepage should be replete with databases to access. If your need is for quick information on a new drug such as among the startling number of new anticoagulants, Micromedix is your resource. Need a quick update on a subject when you do not see it frequently? Try Up to Date. Want information to give to your patient explaining general information on their condition? Open E Medicine.

See what your patients see on the Web

Databases available in the unregulated and unmonitored and unverified World Wide Web are, unfortunately, how our patients access biomedical information. They will often ascribe greater reliability of that information since it is presumably from peers, than they will in what you offer them. So it is also important that you help lead your patients to the best sources of

CONTINUED ON PAGE 5

EDITOR'S CORNER, *CONTINUED FROM PAGE 4*

information on the Web. If you need convincing, try simply using Google to search “wisdom teeth” or natural language “should I have my wisdom teeth out” or “osteonecrosis” or “nerve injury” and you will understand. While Yahoo Answers is generally a rational site, others often with obvious legal links are not. Giving your patient the ADA or AAOMS Web site information for patients is a good start, or sitting with them for a minute on the desktop and printing out from the Web valid information on their clinical issue can be helpful. In that case it is on the Web and it has your validation, a strong combination for most patients. To do that, you need to be familiar with the best ways to get valid information and preview those sites to see if they meet your standards. Surprisingly, the peer monitoring and continuous updating of Wikipedia and now Medipedia make for mostly excellent, readable information for the public on all the critical issues of OMS practice. And if you do not agree with the validity of information on those sites you can register as an author/editor and improve them.

Open your mind to informatics in your practice. Start with understanding how to use clinical information in a contemporary way. Learn how Informatics will systemically improve the quality and utility of that information. And call upon leaders like Mark Engelstad to help guide us in that endeavor.



What is Health Informatics, and how might it impact OMS?

Mark Engelstad,
D.D.S., M.D., M.H.I.

Health Informatics is a fast-growing scientific discipline that studies the use of information with the goals of improving health, healthcare systems and healthcare research. Those who study informatics are called informaticians, and their training is becoming more structured. In fact, the ACGME will soon grant specialty status to Medical Informatics and offer board certification.

The presence of health information technology (HIT) like computers and software is increasing dramatically. Informatics uses HIT to accomplish its goals, but increasing the use of HIT is not the objective. Instead, informatics aims to use what we have with greater efficacy. We have a long way to go. In 2011, the vast majority of patient-related documentation in the USA is still formatted as a narrative story written on paper, much as Hippocrates would have done it. Indeed, future doctors may marvel at how much time we spent writing exhaustive notes that almost no one could access, read or use to benefit their outcomes, their practice or their research. Informatics aims to improve how we structure and access this patient information. If healthcare information can be searched, found and interpreted by a machine without human assistance, then we can compare our practices and research our outcomes in study populations of 40,000 rather than 40, and for a fraction of the cost.

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HEALTH INFORMATICS, *CONTINUED FROM PAGE 5*

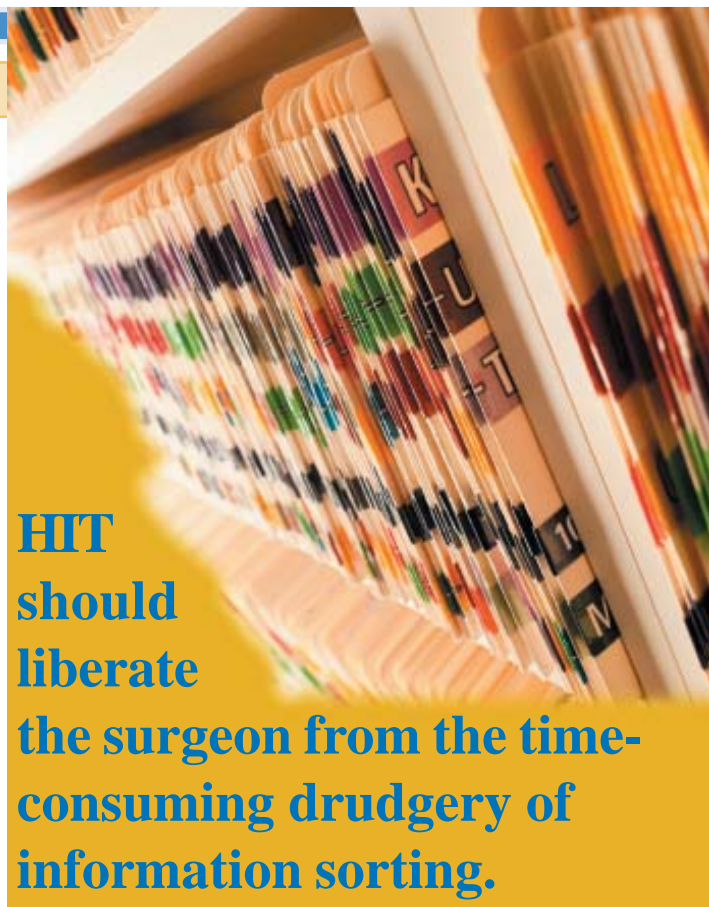
Informatics also aims to help clinicians manage modern information overload by making it easier to focus on important and timely information. The most visible informatics tool is the electronic health record (EHR). The EHR is still in its first stages of development but already has many advantages. However, current EHRs often make our jobs slower and harder and function more like expensive electronic versions of the old paper record rather than sophisticated information tools. Future EHRs will differ considerably as we innovate and think beyond the structure of the paper record. Finding new ways to enter information without a keyboard and new interfaces to view data will be big improvements.

The replacement of doctors by computers is not one of the goals of informatics. The fear of such an outcome misstates and undervalues the true role of the surgeon. What HIT should do, however, is liberate the surgeon from the time-consuming drudgery of information sorting for more high-level cognitive efforts like examination, diagnosis, treatment planning and operating.

One important informatics concept is interoperability — the quality of how well a device or software interacts with other devices and software. With so much money floating around to buy these new systems, there is much emphasis on making the system sale, and relatively little attention paid to how it will function five years from now. Ideally, all HIT should be interoperable — built to work with established standards and formats so the information within it has the greatest usefulness.



Electronic Health Records will have many advantages.



HIT should liberate the surgeon from the time-consuming drudgery of information sorting.

A second important concept is that of EHR Meaningful Use. An EHR will meet the criteria of meaningful use if it is interoperable and useful for the full array of patient care, including orders and prescriptions. Like interoperability, the goal of meaningful use is to make sure that the systems we are buying and installing now do not have to be replaced in three years at great expense. Recently, federal U.S. mandates have substantially increased financial resources to purchase new HIT. The largest of these, the American Recovery & Reinvestment Act of 2009, contains a key piece of legislation entitled the Health Information Technology for Economic & Clinical Health (HITECH) Act. This act establishes incentives and penalties to individual clinicians and institutions to encourage the purchase of only those EHRs that meet meaningful use criteria.

Significant monetary investments in HIT alone, however, will not be enough to allow for positive changes to occur within health care. Substantial progress continues to be needed in standards development, health care delivery redesign and data

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HEALTH INFORMATICS, *CONTINUED FROM PAGE 6*

interoperability. We OMS have much to gain if we take part in these processes, and much to lose if we don't.

Informatics Technologies for High-Throughput Surgical Research

Although the "primary use" of patient information is for direct clinical care, the "secondary use" of data is for research, business, administration and quality care improvements. An example of secondary data use would be using the existing EHR patient data to automatically populate research databases and generate business metrics for health care administrators. Automation of this process is the real goal, because current methods of manual data extraction are slow, error-prone and expensive.

In a perfect information world, we could find and compare all surgical interventions and outcomes across a region or country and analyze them to support our day-to-day clinical decision-making. Although this may not be possible in the next 20 years, someday we will be able to do this. Today we must make decisions based upon clinical evidence that comes mainly from single institution retrospective reviews. Although these reviews can provide detailed information, they are time-consuming, costly and difficult to perform because they require a human being to pull individual data out of a chart and into a database. Prospective clinical trials can provide a high level of evidence and are essential to advancing OMS, but they are also time-consuming, expensive, labor intensive and in some cases unethical to perform.

Insurance companies have, by far, the highest quality outcomes data from their large claims databases. Research done by "mining" these claims data uses administrative (ICD-9, CPT) codes, not clinical information. This claims data allows researchers to ask questions about populations on a large scale, but it is highly error prone and does not contain outcome measures and variables.

The biggest fundamental obstacle preventing the use of electronic information for OMS practice improvement or research is the current lack of terminology standards. We all write our notes in our own idiosyncratic formats that make sense to us, but to few others. Even if we can read a note within an EHR, that information is still narrative text that cannot be used in any large-scale process like developing a regional outcomes database. Standardized terminologies exist, but we don't use them — yet. OMS terminologies and documentation standards must be developed in order to allow what we do to be understood by a computer — without the need for an expensive and slow human interpreter. OMS and other surgical specialties will need to create a series of task forces to assess needs and develop terminology and documentation standards. This can't be done without direct input from surgeons, because software and database designers don't speak our language and don't know what's clinically relevant. Demonstrating efficacy is important to everyone — if we don't guide the development of these processes, somebody else will.

Summary

In the coming wave of health information technology, the overarching goal of informatics is to make sure that it all works together without bankrupting the nation in the process. Better use of information has the potential to streamline care and improve surgical research. However, the current array of health technologies lack interoperability and too often end up degrading the doctor-patient relationship. Electronic information management is here to stay, however, and OMS must take part in developing these technological tools so that we can hone them to suit our needs, improve our patient care and secure our future.

Mark Engelstad is Associate Professor of Oral & Maxillofacial Surgery at Oregon Health & Science University with joint appointments in the Department of Surgery and the Department of Health Informatics in the OHSU School of Medicine. He earned his D.D.S. and M.H.I. degrees at the University of Minnesota and M.D. at the University of Louisville.

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PRESIDENT'S MESSAGE

BOARD POSITIONS

CONTINUED FROM PAGE 1

If you, as an individual OMS, have any such contacts, I would encourage you to notify either the AAOMS Leadership or your OMSPAC Chair to see if you might be able to help. I also encourage each and every one of you to either continue making or start making annual donations to both the OMS Foundation and OMSPAC. As they say, "Follow the money." As Oral & Maxillofacial Surgeons, it is important for us to leave our successors something to "follow."

The District VI Caucus conducted by WSOMS each year occurs on the third Saturday in August. The timing is pretty much dictated by the inner workings of AAOMS in preparation for its Legislative Session held in conjunction with the Annual Meeting. This year the individual state delegates and alternates will meet in Las Vegas under the direction of our Caucus Chairman, Dr. Charles Walter, with me as Caucus Secretary and our Executive Director Linda MacDonald assisting. Anyone interested in the politics of AAOMS is welcome to attend and listen in on what is transpiring. I encourage you to let your state officers know of your willingness to become involved and pitch in. There is a great deal of work that goes into ensuring and providing our ability to practice our wonderful specialty. Somebody has to do the work and I encourage you to at least be one of the workers, if not one of the future leaders. Speaking of leading, over the last 20-plus years since District VI finally was organized with the amalgamation of Northern and Southern California, as well as Washington, Oregon, Idaho, Utah, Nevada, Arizona, Alaska and Hawaii, we have had three Presidents from District VI with Drs. Elgan Stamper, Jay Malmquist and currently Larry Moore. Three times six is 18, so we are about on par. Prior to this time, it had been many years since we had a President from District VI, the last being Dr. Terry Slaughter. The reason I bring this up is it takes a lot of work, planning and dedication to be able to ascend this ladder. It is not something that just happens. So as I continue to be older, grayer and fading out, I encourage those within the ranks of our state officers, delegates and alternates to continue working, looking forward, making plans for our specialties future. I've been very blessed to have been educated, led and allowed to practice this great specialty pretty much at its height up until this point. I pray that those who follow will continue to grow, flourish and lead our specialty forward to even greater heights.

Looking forward to seeing you at our Meeting in Coeur d'Alene this July. Mark your calendar.

Sincerely,

John S. Bond, D.M.D.
President, WSOMS

The Society will have four Board positions available for the 2011–2012 year. If you are interested in serving, please contact Linda MacDonald at 775-626-4478 or by e-mail (westernoms@aol.com). The position is not time-consuming or cost prohibitive. The Board meets three times each year: twice at the annual meeting and once at the District VI Caucus in August. Other business has been effectively handled by e-mail in the past. Occasionally, a conference call might be in order but it is rare, and you will not be called on for "extra duties." It is also a nice addition to your CV. A society is only as good as its members, and its members deserve good leaders. Consider it; you won't be sorry.



*WE NEED YOU AS
A BOARD MEMBER*





SAVE THE DATE!

**Western Society
of Oral and Maxillofacial Surgeons**

Annual Meeting at



The
Coeur d'Alene

July 2-5, 2011

Speakers:

Dr. Robert Bosack and Dr. Robert Hale

For More Information

Contact:

Linda MacDonald, Executive Director, WSOMS

775-626-4478

e-mail: WesternOMS@aol.com



THIS MEETING IS DEDICATED TO DR. MARY DELSOL

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***THANK YOU FOR
YOUR GENEROSITY***



FROM THE NATIONAL SCENE



Dear Colleagues:

More than 100 oral and maxillofacial surgeons from each of the six AAOMS geographic districts met with their congressional representatives during the 11th annual AAOMS Day on the Hill event on

March 30th. With health reform continuing to top the congressional agenda of both parties, the timing of our event could not have been better. Before heading to the Hill for our individual appointments, Congressmen Chris Van Hollen (D-MD), Paul Gosar, D.D.S. (R-Ariz) and Denny Rehberg (R-MT) updated our group on Congress's health reform activities. This year, AAOMS issues included prevention of essential drug shortages (S 296); the repeal of restrictions on Flexible Spending Accounts (FSAs) (HR 605/S 312); medical malpractice reform (HR 5/S 218); permanent Medicare physician reimbursement (SGR) reform; and antitrust reform (HR 1150). While in Washington, we presented the 2011

Hospital privileging concerns? Talk to AAOMS

If you are experiencing problems obtaining or retaining hospital privileges as a result of policies that adversely affect the oral and maxillofacial surgeon's ability to administer anesthesia, perform H&Ps, treat trauma victims, admit patients or any other area within the scope of OMS practice, please e-mail AAOMS General Counsel Mark Adams at madams@aaoms.org or Associate Executive Director/Professional Affairs, Ms. Randi Andresen at randresen@aaoms.org, or phone AAOMS at 847-678-6200. AAOMS has the experience and knowledge to help you address these issues.

AAOMS Legislator of the Year Award to U.S. Senator Mark Kirk (R-IL), whose continued support of the specialty is greatly appreciated. If you were unable to join us in D.C. this year, please highlight on your calendar Wednesday, March 28th, 2012 — the date of the 2012 Day on the Hill event. If travel to Washington is impossible, please consider participating in the OMS Action Network on www.aaoms.org, where you may advocate for the issues so critical to the future of oral and maxillofacial surgery. Our sincere thanks to the members of the Committee on Governmental Affairs and the OMSPAC Board of Directors for their outstanding efforts in planning this year's Day on the Hill event.

Office Anesthesia Evaluation Program

AAOMS wants to remind its members that compliance with your state OMS Society's office anesthesia evaluation program is mandatory for membership. Per the AAOMS Bylaws, the deadline for completion of the office anesthesia evaluation is the start of the 2011 AAOMS House of Delegates, September 12th, 2011. If you haven't already done so, please work with your state OMS Society to schedule your evaluation and avoid being dropped from membership at this year's annual meeting. Those states where state dental board regulations are in complete conformance with the OAE requirements meet the mandate of the office anesthesia evaluation.

Watch for a new interactive program on Perioperative Anaphylaxis & Latex Allergy

This April, AAOMS will present Perioperative Anaphylaxis & Latex Allergy: Details to Identify & Reduce Adverse Outcomes, an interactive online program that will discuss perioperative anaphylaxis in general terms and latex allergy, a problem confronting an increasing numbers of patients and colleagues. Watch your e-mail and the "Meetings & Continuing Education" pages of www.aaoms.org for more details on this program and other online education opportunities.

CONTINUED ON PAGE 13

2011 AAOMS Annual Meeting September 12th–17th, Philadelphia

Registration now open

It's no secret that this is the best time to reserve your preferred programs and secure your tickets to the AAOMS Annual Meeting's exciting tours and special events, including the President's Event at the National Constitution Center. For a preview of the more than 22 major symposia, 90 surgical mini-lectures and clinics, lunch and learn sessions, practice management programs, and faculty and resident programs, visit www.aaoms.org now. And don't forget to register for one of the two preconference programs.

- ◆ On September 13th, you can enjoy the one-day Maxillofacial Oncology & Reconstructive Surgery Symposium
- ◆ Or if you prefer, register for the 1-1/2 day Anesthesia Update, September 13th and 14th. The Anesthesia Update is the only anesthesia educational program developed specifically for oral and maxillofacial surgeons.

Book your annual meeting hotel rooms now for best selection

The AAOMS has reserved some of the best accommodations in Philadelphia for this year's annual meeting. Including the Philadelphia Marriott Downtown (the headquarters hotel), six hotels in the AAOMS block are located near the Philadelphia Convention Center and feature a variety of accommodations at prices that suit every budget. Reserve your preferred hotel and room today, while the selection is best.

Philly Phacts: Did you know...

- ◆ The Philadelphia Mint produces over 30 million coins per day.
- ◆ Benjamin Franklin founded the Philadelphia Zoo — the first public zoo in the United States.
- ◆ Philadelphia's Philosophical Hall has attracted the likes of Albert Einstein, Marie Curie and Benjamin Franklin as members over the years.
- ◆ Philadelphia was once the second largest city in the British Empire (after London), and the social and geographical center of the original 13 American colonies.

Attend the 2011 Young Investigators Day & Research Summit (May 5th & 6th, in Rosemont, IL)

If you have an interest in oral and maxillofacial surgery education and research in the areas of head and neck cancer, obstructive sleep apnea, and cleft and craniofacial anomalies, plan to attend the 2011 Young Investigators' Day & Research Summit, May 5th–6th, in Rosemont, IL. Conveniently located about 10 minutes from Chicago's O'Hare International Airport, these two programs offer a wealth of information to anyone with an interest in the research that will guide the future path of our specialty. There are no fees to attend the two educational

programs, but registration is required. Registration for the meetings, hotel and travel information, and additional details on the meetings' agendas is available on www.aaoms.org. Space is limited and early registration is encouraged. Support for the Research Summit is provided by the AAOMS, OMS Foundation, the International Association of Oral & Maxillofacial Surgeons, and the National Institute of Dental & Craniofacial Research. The Young Investigators' Day program is supported by the AAOMS and OMSF.

CONTINUED ON PAGE 14

NATIONAL SCENE, CONTINUED FROM PAGE 13

We have the power

We have the power to effect dramatic change in our specialty. We have the opportunity now to change the way we — and others — think about our oral and maxillofacial surgery. New treatments, technologies, surgical techniques and equipment are all within our grasp, if we choose to support the research and education needed to make them happen.

Now is the time to be pouring even more dollars into research that changes the way we treat our patients.

Now is the time to fully support the fellowships that provide very specialized training for our best and brightest surgeons.

The OMS Foundation's REAP program is the best way to make the future a reality. Gifts to REAP — Research

and Education Advance Patient care — support research awards and fellowships so vital to the future of our specialty.

REAP is off to a good start. Since its inception, more than \$3 million has been raised. But the potential is much greater. If every AAOMS member gave \$1,500 to REAP each year, the OMS Foundation could invest \$10 million annually in support of OMS research and education.

Together, we have the power to raise our specialty above all other dental specialties. Help us make the dramatic change we need to discover our future. Make your REAP gift today at www.omsfoundation.org.

Until next month,

Larry J. Moore, DDS, MS
President, AAOMS
Phone: 909-606-4061

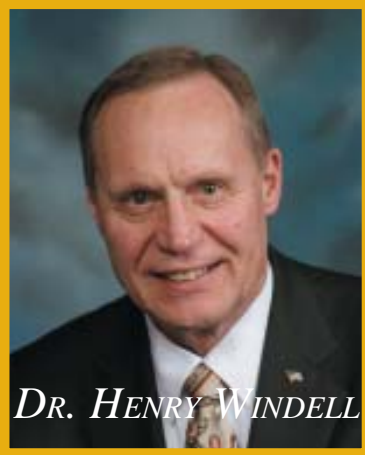
April is National Facial Protection Month

Each April, AAOMS joins the American Academy of Pediatric Dentistry and the American Association of Orthodontists in sponsoring National Facial Protection Month, the national campaign that promotes the safety benefits of wearing protective mouth and headgear when engaging in sports activities. As OMSs, we know the devastating injuries to the oral and maxillofacial regions that can occur when children and adults choose to play without protection. I encourage you to join your colleagues in talking to your patients and communities about mouth guards, helmets and other protective devices. AAOMS offers a number of downloadable fact sheets, posters and other items on www.aaoms.org. In addition, our patient information pamphlet *Treating & Preventing Facial Injury* now includes a wallet-sized, perforated first aid information card on the back cover. Copies of the PIP are available at www.aaomsstore.com.

And also Oral Cancer Awareness Month and screening week

It is estimated that in 2010, approximately 37,000 new cases of oral cancer were diagnosed in the United States; and one person died every day from this terrible disease. This April, particularly April 11-15, join the Oral Cancer Foundation in supporting Oral Cancer Awareness Month and screening week. As the primary surgeons to diagnose and treat oral cancer, OMSs are the community experts in educating the public about regular oral self-examinations and annual professional exams. AAOMS has helpful fact sheets and self-examination instructions on aaoms.org. You'll also find a helpful tear-out examination guide in our Oral Cancer Patient Information Pamphlet at aaomsstore.com.

DISTRICT VI TRUSTEE REPORT



DR. HENRY WINDELL

I trust your weather is moving toward spring faster than ours in the Northwest is. The climate here has been wet and cold for too long and I look forward to warmer weather.

The last face-to-face meeting for the BOT was in December and since then we have had

two conference calls. We meet April 19th–21st in Rosemont, which will include the BOT regular meeting and the beginning of work on the strategic plan for the AAOMS. I attended the state meetings for California and Washington in January and the Utah meeting in February, so the travel has been light so far.

I have been assigned as liaison to the Committee on Health Care & Advocacy (CHCA), which has had one meeting in the fall and plans another in the spring. I am also liaison to the Committee on Parcare as the Parameters will be redone in 2012. I also serve on the Finance & Audit Committee as I did my first year on the Board.

This year the issues of vital importance remain the AMA Scope of the Practice of OMFS and anesthesia. At the March meeting we discussed the AMA issue and will have more information relating to the executive committee's discussions with our attorneys in Washington, D.C. More information will be forthcoming from Dr. Moore in the near future as to our plans for moving forward.

As you are aware, anesthesia has been a topic of discussion this past year. With the continued pressure from outside groups, there have been concerns that our education and safe practice of anesthesia is not what it should be. Dr. Moore has put in place a Benchmark Study for our members as well as an Anesthesia Registry that

will help us achieve prospective anesthesia delivery using the OMFS team approach. Individual members will be asked to participate on a random basis and I encourage any of you who are asked to please agree to do so. This information will give us material that has validity and will show we do practice safely and that our model does and has worked for many years.

AAOMS Day on the Hill will be March 29th and 30th and several of our District VI members will be in attendance. The topics this year are some of the same we have spoken on in the past, and as we have a relatively new group of legislators this year it will be interesting to see how the issues are received. I encourage any of you who have a relationship with our national legislators to access them over the next year to discuss our concerns and let the AAOMS staff know so you will be able to attend next year and assist in this important task for all of OMFS.

The OAE is progressing across our district and as of February 1st, we still had 83 members who have not completed the evaluation. The deadline is the third session of the HOD in Philadelphia so we will need those completed as soon as is possible to fulfill the requirement set forth by the HOD. If you are having any difficulties, please contact your District VI representative on CAN, Dr. Rod Nichols or me.

The BOT would like to encourage any of our dually qualified members to join the American College of Surgeons to increase our member numbers so that OMFS will be eligible for a section within the ACS. This will increase our visibility as well as our voice within this important organization.

I look forward to seeing many of you at the Western meeting in Coeur d'Alene, Idaho, in July as well as at the annual meeting in Philadelphia. I wish to thank you for your support over the past years as I serve as your Trustee. It has been enjoyable as well as educational for me and I look forward to remainder of this year.

OMS FOUNDATION REPORT



OMS Foundation Grants More Than \$637,000 in Research Awards and Fellowships

For 2011, the OMS Foundation is granting in excess of \$637,000 for research awards, fellowships and targeted projects — the highest level of funding in many years. Innovative research support grants, clinical surgery fellowships and the AAOMS Research Summit are only a few of the Foundation's investments. Zimmer Dental is proudly sponsoring a number of the awards this year.

Without generous individual gifts from OMSs like you, these research awards and fellowships would not be possible. The Western District is a perennial gift-giving leader. In the spirit of the Old West, we must stake our claim for teeth and titanium (rather than gold!).

Our specialty is ever-changing. Thus our grant making must continue to grow. The Foundation's legacy in the past 50 years extends to advances in

- using stem cells
- cloning teeth
- healing wounds
- regenerating nerve
- investigating the gold-standard treatments for oral cancers and
- facial reconstruction, among a long list of others.

You directly influence *Research & Education Advance Patient* (REAP) care by immediately supporting our current programmatic cycle. Annual gifts to REAP are used to support meaningful research and education now and for our future.

The potential for REAP is enormous: If each oral and maxillofacial surgeon invested just \$1,500 to \$2,000 a year, this would provide \$6 million to \$12 million on an annual basis for OMSF's research fund. Make your gift to REAP today at www.omsfoundation.org.

Research Support Grants 2010 OMS Foundation Research & Fellowship Awards

Stephen B. Milam Research Support Grant Marrow Stromal Cell Site Specific Differences in Bone Regeneration

University of California, Los Angeles
Tara Aghaloo, D.D.S., M.D., Ph.D.
\$75,000 — *Supported by Zimmer Dental*

Reversal of Cancer Therapy-induced Oral Mucositis by Gingiva-derived Mesenchymal Stem Cells

University of Southern California
Anh Le, D.D.S., Ph.D.
\$75,000

A comparison of hyaluronic acid and corticosteroid for TMD

Emory University
Gary Bouloux, M.D., D.D.S., M.D.Sc,
FRACDS (OMS)
\$75,000

The role of BMP6 in regulating bone mass in age-related bone formation

University of California, San Francisco
Janice Lee, DDS, MD, MS
\$75,000 - *Supported by Zimmer Dental*

Stem-Cell Loaded 3D Scaffolds for Craniofacial Bone Repair

University of Indiana
Tien-Min Chu, D.D.S., Ph.D.
\$75,000 - *Supported by Zimmer Dental*

Student Research Training Awards – \$12,500 each

Massachusetts General Hospital - *Supported by Zimmer Dental*
University of California, Los Angeles -
Supported by Zimmer Dental

Clinical Surgery Fellowships – \$60,000 each

Arnold Palmer Hospital for Children
University of Minnesota

Faculty Educator Development Award

Boston Children's Hospital, Shelly Abramowicz,
D.M.D., M.P.H.
University of Washington, Jasjit K. Dillon, D.D.S.,
M.B.B.S.
Antonia Kolokythas, DDS University of Illinois
— Chicago

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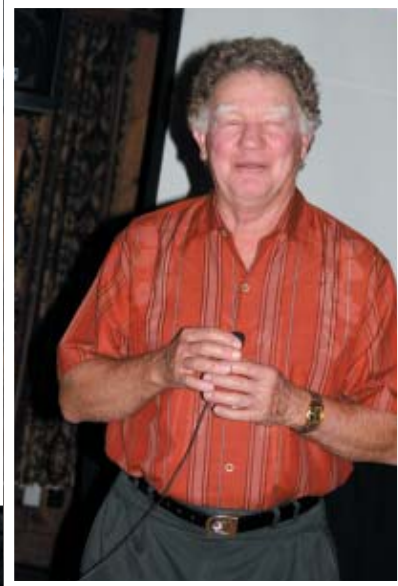
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WSOMS Annual Meeting

Schedule of Events

Coeur d'Alene, ID

July 2-5, 2011

<i>Saturday, July 2</i>	<i>6:00-8:30 p.m.</i>	<i>President's Reception</i>	<i>Outside Pool Deck</i>
<i>Sunday, July 3</i>	<i>7:00-8:00 a.m.</i>	<i>Continental Breakfast</i>	<i>Bay 4</i>
	<i>8:00 a.m.-12:30 p.m.</i>	<i>Scientific Session</i>	<i>Bay 6</i>
	<i>1:30 p.m. tee times</i>	<i>Golf Outing</i>	<i>Resort Course</i>
	<i>7:30-9:00 p.m.</i>	<i>Past Presidents Dinner</i>	<i>Board Rooms 5AB</i>
<i>Monday, July 4</i>	<i>7:00-8:00 a.m.</i>	<i>Continental Breakfast</i>	<i>Bay 4</i>
	<i>8:00 a.m.-1:30 p.m.</i>	<i>Scientific Session</i>	<i>Bay 6</i>
	<i>6:00-7:00 p.m.</i>	<i>Exhibitor's Reception</i>	<i>Bay 4</i>
	<i>7:30-10:30 p.m.</i>	<i>Western BBQ & Fireworks</i>	<i>Outside Pool Deck</i>
<i>Tuesday, July 5</i>	<i>7:00-8:00 a.m.</i>	<i>Continental Breakfast</i>	<i>Bay 4</i>
	<i>8:00 a.m.-Noon</i>	<i>Scientific Session</i>	<i>Bay 6</i>
	<i>Noon</i>	<i>Check-out</i>	

See you next year Suncadia Resort • Cle-Elum • Washington



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At OMSNIC, we are dedicated to meeting the professional liability insurance needs of members of the American Association of Oral and Maxillofacial Surgeons across the country. Owned and operated by oral surgeons, our specialized knowledge of the field helps to ensure the best possible return on the preferred stock investment made by each policyholder. As an OMSNIC policyholder, you have full access to all aspects of the OMSNIC Advantage:

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ANNUAL MEETING JULY 2-5, 2011
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Speakers: Dr. Robert Hale
Dr. Robert Bosack

Meeting Dedicated to Dr. Mary Delsol