



2010 SWSO Annual Session “Escape to the Texas Hill Country”



**Renaissance Hotel
Austin, Texas**

October 28-31, 2010



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President’s Message

Dr. Steve Robirds

The weather is getting warmer, trees are budding, and we are slowly emerging from a deep winter. In some ways, winters are necessary to allow the proper cycle of life to continue and in other ways, winters put hardships on us that are often hard to overcome. I am speaking of this both physically and metaphorically.

The orthodontic profession, like many other sectors of our economy has been through a pretty tough winter, and like others, we are eagerly anticipating the arrival of spring and the hope and energy it brings to us, to our practices, and to our country in general.

As President of the Southwestern Society of Orthodontists, I have a unique opportunity visit with practitioners from our five-state region. Although the current recession affects us each differently, what I notice is the similarity of everyone’s response. It doesn’t matter if you are a grizzled veteran or young fresh-faced rookie recently out of school, we all feel so very blessed to be in this profession and will do whatever it takes to keep it strong.

Last month, the Board of the SWSO met at the annual ad interim meeting in Dallas. It was a day and a half of fairly intense discussions and decisions on the future of Orthodontics. Decisions that not only would have an impact in Washington or in St. Louis at the national headquarters of the AAO, but have an impact on what goes on in your office every day. If you are reading this newsletter, then you care about that impact. If you care, call me! I can tell you how to make a difference, every day.

One last note, actually a plug for the upcoming Annual Session of the SWSO. It will be in Austin this October (28th-31st) and the theme is ‘Escape to the Hill Country of Texas!’ Excellent speakers will be there, both for the orthodontic team and their bosses, fun activities, and of course—Austin. Need I say more?

Trustee Report

Dr. Gayle Glenn

If you have not already done so, please remember to register and reserve housing for the 110th AAO Annual Session to be held April 30-May 4, 2010 in Washington, DC. Go to www.AAOmembers.org for online registration. The Annual Session link is on the log-in page of the website and is accessible to both AAO members and non-members, including staff. The online registration process is easy to use, convenient, and guarantees the fastest confirmation of your registration.

The 2010 Professional Advocacy/Key Contact Conference was held January 18-20, 2010 in Washington, DC, with 80 AAO members participating. I had the pleasure of chairing the conference this year. SWSO members who attended included Scott Hamilton (Committee on Governmental Affairs representative), Dean Jensen (AAO Political Action Committee representative), Jim Dyer, Christine Ellis, Larson Keso, and Michael Ragan. Patton-Boggs, our legislative consultants, provided information for Capitol Hill visits and scheduled appointments with our federal legislators. Our visits to “the Hill” were the day following the election of Republican Scott Brown to fill the Senate seat previously held by Senator Edward Kennedy. Needless to say, this was a very interesting time in Washington! Talking Points were developed regarding the following issues: support of oral health initiatives, promoting the importance of primary oral health care, strengthening support and growth of small businesses, Red Flag Rules, preserving access and affordability of oral health care by supporting Flexible Spending Accounts, and discouraging excise tax on high cost medical plans or tax on medical devices. I would like to thank those who took time away from their offices and family responsibilities to represent SWSO at this important conference and to visit their federal lawmakers.

COGA is working with the AAO to promote the “Day on the Hill” for AAO members on Tuesday, May 4, 2010. Doctors may sign up for the program through April 1 and will be provided breakfast and transportation to Capitol Hill. Patton-Boggs will pre-arrange meetings with the members’ legislators. Training and talking points will be provided.

Members of the AAO Board of Trustees and AAO Executive Director, Chris Vranas, traveled to Sydney, Australia, February 4-9, 2010 to participate in the 7th International Orthodontic Congress and World Federation of Orthodontists (WFO) Meeting. The AAO sponsored a reception for students/residents in attendance and staffed an AAO booth to promote AAO International Membership. I was selected to be one of the eight members of the AAO designated to participate in the official activities of the WFO Council.

In order to continue to AAO’s presence in the international world of orthodontics, the AAO will have a booth at the next European Orthodontic Society Meeting June 15-19, 2010 in Portoroz, Slovenia.

Discussion of the 2010-11 Budget predominated the February Board of Trustees (BOT) meeting. The proposed operating budget consists of revenue estimated at \$20,427,388 and expenses of \$20,397,388, for an excess of \$30,000. The BOT recommends approval of the budget with the intention of keeping dues stable and all reserves intact. Due to the uncertain economic times and anticipated decreases in revenues from royalties, advertising, and sponsorships, many budget requests were declined by the Budget Advisory Committee and the BOT in order to bring forward a balanced budget.

At this time, it is anticipated that there will be little or no Excess Liquid Reserves available to fund programs or deficit operating budgets at the time of the HOD meeting in May, 2010.

Consumer Education continues to be one of the AAO’s critical issues. The public awareness campaign continued in 2009-10, as funded by the 3-year \$550 member assessment passed by the 2008 House of Delegates. Funding is currently in place through May 31, 2011 because of integration the public relations program and the public awareness campaign. The Council on Communications has given notice that they plan to ask to submit a resolution for future assessment of \$650 per active member for 5 years beginning in 2011.

Orthodontic Education has also been identified as a critical issue. The Task Force on Faculty Recruitment and Retention will award up to eight “Faculty First Awards” in 2010. The awards will go to “new hires” in accredited orthodontic programs. The program calls for a salary supplementation for the first year with a 1-year “pay-back” of teaching for a total commitment of 2 years. If a recipient doesn’t complete the 2 years, he/she will have to pay back the salary supplementation on a pro rata basis.

In 2010, one 2-year Full-Time Faculty Teaching (FFT) Fellowship will be awarded. Six applicants have submitted application. This fellowship will require a pay-back of an equal number of years of teaching for each year funded. Overall, AAO Fellowships have generated 112 years of additional teaching.

The Task Force on Faculty Recruitment and Retention has continued work on the business plan for Distance Learning, as a follow-up to the Internet 2 and Distance Learning Repository pilot programs. There is now Web access for the accredited orthodontic programs to 25 recorded orthodontic lectures, supplemented with relevant seminar outlines and reference materials. Forty-one orthodontic graduate programs are using the seminars for residents with discussion lead by their own faculty. Surveys indicate high satisfaction. Funding has been requested for 2010-11 to continue production of new teaching materials for the Distance Learning Repository, which would increase and broaden the base of lectures available. The intent of the program is to share expert resources at this time of faculty shortage.

The AAO Practice Opportunities Service has a new staff director. The service is being reevaluated and expanded to improve utilization. Currently there are many more “seekers” than “providers” registered for the service. Reports for recent graduates indicate that they are having difficulty finding positions after graduation.

Relationships with the American Dental Association (ADA) and other healthcare organizations continue to be important to the AAO. The AAO has been working with leaders from other specialty organizations and the Dental Specialty Group (DSG) on issues including the new ADA Specialty Logo and an entrance exam to be used instead of the National Board Examination, which is now reported as pass or fail, without quantitative scoring.

The AAO is working to launch access to orthodontic care programs in five pilot states (including Kansas) that will serve children of the disadvantaged or working poor. These programs are modeled after the Donated Dental Services programs that are overseen by the National Foundation of Dentistry for the Handicapped (NFDH). Known as the AAO Donated Orthodontic Services (AAO DOS) Program, it will focus solely on the delivery of orthodontic care. State leadership for each program has been identified. Work has begun to develop program guidelines and communication materials for their respective states and to begin recruitment of volunteer orthodontists.

The AAO Board voted to establish an AAO Humanitarian Award to be awarded during future Annual Sessions. The nominee must have rendered outstanding public humanitarian service to improve the quality of human life of those served. The service must be beyond the scope of private practice, academic organization, and the usual functions of organized dentistry. Nominations can come from a constituent, component, or an AAO member. The AAO Board of Trustees will make the final selection.

Beginning in FY2011, the AAO Membership Directory will be available via www.AAOmembers.org and electronic media format (CDROM), but no longer printed. The cost savings will be approximately \$250,000. Currently, the Membership Directory is published every 2 years.

Dr. Vincent Kokich, Sr. has been appointed as Editor-in-Chief of the American Journal of Orthodontics and Dentofacial Orthopedics (AJO-DO) and will replace Dr. David Turpin at the end of 2010. Dr. Gayle Glenn has been nominated as Secretary-Treasurer for 2011-12.

Future meeting dates:

April 30- May 4, 2010: AAO Annual Session in Washington, DC

January 24-26, 2011: AAO Professional Advocacy Conference in Washington, DC

February 24, 2011: Leadership Conference in San Diego, CA

February 25-27, 2011: Orthodontist as CEO in San Diego, CA

Thank you for the opportunity to represent the SWSO at the AAO Board level. If you have any questions, or if you want to become more involved in activities that impact our specialty, please contact me at 214-696-3082 (wk) or 214-520-2481 (hm).

Editor's Corner

Dr. Kirt E. Simmons

The new AAO marketing program is meant to “drive” more patients into your office and stresses the differences between orthodontists and general dentists and implies that to receive the best orthodontic care for yourself or your child you should be treated by a specialist in orthodontics. If your child is “special” (ie has special needs such as those with Down’s syndrome, autism, cerebral palsy, etc.) then it would seem obvious you should take your child to a specialist in orthodontics for their “braces.” Yet how many of these patients do you have in your practice right now? When or if patients with these conditions show up in your practice, often in a wheelchair or walker if they have severe cerebral palsy, what is your response? Since many of these patients are covered by Medicaid or other public assistance programs perhaps you never even get to see them since they do not get past your front desk. Perhaps your office is not set up for wheelchairs so they cannot physically enter the office. Assuming they make it past these potential obstacles and actually end up in one of your exam chairs, would you feel comfortable treating them regardless of their dental and occlusal condition? What was your experience in your residency treating patients such as these? The ADA accreditation standards in orthodontics do not specifically state that residents be proficient in treating special needs patients or even that they be “exposed” to this treatment. About the closest they come is stating residents: **“Treat and manage major dentofacial abnormalities and coordinate care with oral and maxillofacial surgeons and other healthcare providers”**

Pediatric dentists are routinely trained to provide the restorative dental needs of these patients but not necessarily to address all their orthodontic needs. So where are these patients to go for orthodontic treatment? The ADA has recently appreciated that the care of these special needs patients, as well as that of cleft and craniofacial patients, ideally requires additional training and so has accredited a subspecialty in orthodontics. These programs involve an additional year or two of training beyond an orthodontic residency, to produce providers to care for these patients. To-date no programs have actually been accredited yet, but several are apparently in the application process. They will at best only provide a few new subspecialists a year, who will likely be employed at universities or hospitals to provide comprehensive care for special needs patients. These subspecialists would ideally provide care for the most seriously affected of these patients, leaving the care of the more mildly affected patients to practitioners in private practice. The answer then to our original question of where these parents should take their children for care is to an orthodontic specialist, such as yourself, who should then assess the child’s dental, occlusal, medical, and behavioral conditions and make a decision as to whether the child’s care would be best provided by yourself in your office or by an orthodontic subspecialist at a local university or hospital setting.

Speaking of marketing—How would you like to be booked out 6 months for new patient exams? As a “subspecialist” such as that described above and employed at a pediatric hospital, I “enjoy” this luxury with absolutely no marketing other than word of mouth! However, this delay is not something that brings a promise of more income. Instead, it only prolongs the delay in getting needed treatment for many special needs patients, because so few specialists exist, until more are trained. So every child that can be treated in your office lessens the workload and backlog of the more serious patients who truly need to be treated in the university/hospital settings.

Council on Membership, Ethics, and Judicial Concerns Report

Dr. Clark D. Colville

The COMEJC had one conference call in the fall in addition to the annual meeting in January in St. Louis.

The latest membership report shows that overall membership has increased about 200 members since 5/2009. The effect of the assessment on total membership appears to be negligible, but may be significant from constituent to constituent. The final breakdown by constituent will be available at the annual meeting.

Member Type	As of 2/10	As of 8/09	As of 5/09	As of 2/09	Difference since 8/09	Difference since 2/09
Active	8,402	8,391	8,248	8,338	+11	+64
Affiliate	33	33	34	34	0	-1
Academic (foreign-trained)	20	21	21	20	-1	0
Honorary	4	4	4	4	0	0
International	2,497	2,547	2,466	2,394	-50	+103
International Student	115	111	116	77	+4	+38
Life Active	1,212	1,292	1,320	1,157	-80	+55
Retired	2,878	2,796	2,777	2,771	+82	+107
Service	107	107	108	107	0	0
Student	992	993	968	994	-1	-2
TOTAL	16,260	16,295	16,062	15,896	-35	+364

Dues waivers procedures and guidelines were developed in an effort to provide a consistent and fair process for all members. A resolution was sent to the BOT, which has been amended, and both will be considered at the 2010 HOD. The resolution provides clarity to the waiver process, as well as an annual reporting requirement to inform all constituent Executive Directors of the disposition of waiver requests received at the AAO.

The Council has initiated a program to recognize all Life Active members with a certificate that is to be presented by each constituent, in the manner the constituent feels appropriate. Each Life-Active member will also be recognized in the annual session program.

The Student-to-Active member transition is currently under review. One constituent raised concerns over the current process, and would like more accountability on the part of the student. The current process is very lenient and takes into account that this transition is becoming more difficult for most residents, and that many have no firm employment plans upon graduating from their respective residency programs. This leads to a period of limbo, where recent graduates are no longer students, and at the same time do not meet the requirements of Active membership. Further study is required, and there are no changes in the process at this time.

Dues payment options that became effective in 2009 showed a 50% increase in usage for 2010 members. It is particularly attractive to new and younger members.

The Council has forwarded several bylaws resolutions related to academic members (foreign, non-U.S. trained) and new and younger members. These changes are editorial, and correct errors of omission in the current bylaws.

The Council will be conducting two major surveys in the coming year, immediately following the AAO annual meeting. The International Member survey and the Members Needs survey are conducted every 5 years. The surveys provide information that is used by the AAO to determine whether the AAO is meeting the expectations of its members, and to provide insight into members' future needs. The surveys are important in the overall mission of the Association. The Council continues to look for ways to improve international membership participation at the annual meeting which ultimately leads to increased international membership in the AAO.

Ethics complaints continue to be primarily related to advertising issues. This is expected to continue. The Council continues to look for ways to inform the general membership on ethical issues, and provide guidance. The Journal of the American Dental Association (JADA) contains an excellent article in each issue. We are hoping to copy this format to get similar articles placed in the Bulletin, or JADA.

Council on Governmental Affairs Report

Dr. Scott Hamilton

The Council on Governmental Affairs (COGA) met January 18th- 21st, in conjunction with the professional advocacy conference in Washington. As you can imagine, it was quite busy with Congress dealing with many issues that effect orthodontists. Health care reform continues to be a major topic but while we were in Washington, Senator Brown was elected to replace Ted Kennedy so not much is known what will come out of Congress, but we continue to let our legislatures know our positions. Below are the talking points we discussed with our legislators. Let me know if you have any questions, I appreciate the opportunity to represent SWSO on COGA.

Support Oral Health Initiatives

Promote the Importance of Oral Health Care:

- * Good oral health is an essential part of an individual's overall good health and well-being.
- * Failure to ensure proper attention to primary and preventive dental health can have devastating and sometimes tragic consequences.
- * The AAO believes the most important factor with dental health care is that all individuals have access to primary oral healthcare, especially our nation's children.
- * Primary and preventive dental care is the first priority; orthodontics should only be included in cleft palate cases and other serious craniofacial defects.
- * The AAO is pleased to support the inclusion of pediatric dental coverage in the Essential Benefits Package.
- * Community-based outreach to enhance education and awareness is a critical component to ensuring appropriate utilization of primary and preventive dental care, and the AAO supports the oral health outreach and education campaign health reform provisions.
- * The AAO actively supports and encourages our members to provide orthodontic services in under-populated regions pro bono. Provide examples of the time you devote to pro bono work.
- * We also believe that quality of care is as important as access to care. There is no adequate substitute for the skills of a professionally trained dentist in providing primary oral health care.
- * The AAO has a White Paper on the challenges of access to care within its specialty field, and here is a copy of that information.

Grants for Training Dental Workforce:

- * The AAO believes that enhancing health care coverage comes with the responsibility of ensuring adequate access and quality of covered health care services.
- * Health care coverage, whether public or private, is no good if you can't see a physician.
- * Workforce shortages in the medical and oral health industries are now a very real problem that is only getting worse.

* The AAO applauds both the House and Senate for including support for dental training programs in the field of general, pediatric, or public health dentistry.

* Our most vulnerable populations, however, should not be forced to sacrifice quality for access.

* The AAO supports access to the highest quality of oral health services for all Americans, and has grave concerns about efforts to expand the Alaska mid-level provider program or experimentation with alternative dental providers.

* There is no adequate substitute for the skills of a professionally trained dentist in providing primary oral health care.

* Any efforts to expand the oral health workforce must meet all state licensing requirements and mid-level providers should be explicitly prohibited from performing any surgical or irreversible procedures.

Strengthen Support and Growth of Small Businesses

Employer Responsibility:

* The AAO supports Congressional intent to preserve the incentive to offer employer-sponsored health coverage, but we remain concerned that current proposals would undermine small businesses' abilities to provide coverage to our employees.

* The AAO supports our members' efforts to provide employer-sponsored health care coverage, and the flexibility in the current system allows our members to choose health coverage arrangements that best meet the changing needs of our employees.

* The costs associated with meeting a pay or play mandate as proposed would be so high that it would disproportionately impact small businesses.

* Given the fiscal circumstances, the AAO is concerned that a pay-or-play mandate would negatively impact the number of staff our members are able to support as well as their salaries, thus the mandate could also negatively impact access.

* Given the precarious role of small businesses across the country, the AAO supports the Senate language that would exempt small business employers from any mandate to provide health insurance coverage.

Premium Support to Small Businesses:

* The AAO is committed to providing employer-sponsored health care coverage to our employees.

* Like other small businesses around the country, many AAO members struggle to provide health insurance to their employees. Share an overview about the current standing of your business, such as the approximate patient traffic and revenue.

* Most orthodontists are sole practitioners, and the average orthodontic practice employs seven dental services professionals.

* Our ability to provide health care coverage can be a factor in our efforts to grow our business.

* Personalize the impact of health care costs as related to your practice:

- o Cost per employee
- o Scope of increase over recent years
- o Impact on ability to expand business

* Now more than ever, the high cost of providing coverage presents a daunting challenge.

* The AAO supports tax credits that would make it easier for small businesses to offer coverage to our employees; such options are essential to protecting and increasing access to medical care.

* AAO members support a range of full and part time employees with varying salaries, we strongly encourage you to support generous tax credits for small businesses that offer and contribute to employees' health coverage in order to help more small businesses provide meaningful health coverage to our employees.

Red Flags Rule:

* The Federal Trade Commission's (FTC's) Red Flags Rule requiring "financial institutions" and "creditors" to develop and implement identity theft prevention programs is scheduled to go into effect on June 1, 2010.

* Despite strong objections from all corners of the health care professional community—including the American Medical Association (AMA), the American Dental Association (ADA) and my own AAO, the FTC

staff has indicated that physicians and other health professionals are indeed “creditors” and are therefore subject to the Red Flags Rule.

- * The AAO strongly believes the FTC’s current interpretation is so broad that it would essentially include any business that does not require full payment upon delivery of service.

- * Health care professionals in particular should not be considered creditors for the purpose of the FTC’s rule and its implementation.

- * Like other health professionals, it is common practice for orthodontists to bill patients after an office visit and/or arrange scheduled payments for procedures, braces, and other appliances.

- * As a matter of course, AAO members are in close contact with our patients and do not believe identity theft to be a substantial problem in need of regulatory intervention.

- * As small businesses, AAO members are particularly affected by worsening economic times and compliance with Red Flag Rules would be an expensive solution in search of a problem.

- * The AAO supports the FTC’s efforts to protect Americans from identity theft, but its efforts to implement the Fair and Accurate Credit Transactions Act of 2003 (FACT) should not include orthodontists and other health care providers within the scope of its definition of a “creditor.”

- Last year, Congs. Adler (D-NJ) and Simpson (R-ID) introduced H.R. 3762 that would exempt small businesses from the Red Flags Rule.

- The AAO applauds the House for approving H.R. 3763, and encourages the Senate to move to final passage.

Preserve Access and Affordability for Oral Health Care

Flexible Spending Accounts (FSAs):

- * FSAs are important tools in keeping health care costs affordable.

- * FSAs are utilized by individuals of all incomes and are one of many critical protections for the underinsured as well as those with extraordinarily high health care expenses.

- * Personalize: Roughly XX% of my patients currently use their FSAs for orthodontic services.

- * The AAO strongly encourages Congress to eliminate the proposed \$2,500 cap on FSAs, which we believe would have the unintended consequence of limiting access to critical health care services and threaten affordability.

- * The ability to have certain health care expenses tax-free is an important financial incentive for our patients, and we strongly urge you to protect this important tool.

Excise Tax on High Cost Medical Plans:

- * The AAO opposes the proposed excise tax on high-cost medical plans as well as the surtax on high earners.

 - o The House bill includes a 5.4% surtax on high earners (\$500,000 and millionaires).

 - o The Senate bill includes a tax on insurers offering plans valued above \$24,000.

- * The AAO supports coverage of supplementary, prevention-oriented benefits, such as dental and vision care as well as FSAs, and has grave concerns that the proposed tax on health plans beyond a set threshold would cause employers to drop such supplementary coverage.

- * The AAO remains opposed to the proposed tax on medical plans, but at a minimum, encourages a modification to the provision that would exclude FSAs and supplementary coverage including excepted benefits in determining the value of a health plan.

Tax on Medical Devices:

- * Both the House and Senate bills include a tax on medical devices, including orthodontic supplies.

- * The AAO remains opposed to the addition of this tax, as the extra costs will presumably be passed on to the consumer through higher prices.

- * With fees reduced because of the economic situation and increases in supply costs, orthodontists and our patients will find it more challenging than ever to maintain our practices and avoid sacrificing employee jobs.

- * The AAO therefore opposes any tax on medical devices, which would add unnecessary costs to health care services for consumers in already challenging times.

Council on Orthodontic Practice Report

Dr. Jeffrey G. Johnson

The Council on Orthodontic Practice (COOP) is charged with developing educational programs for orthodontists and staff for improved patient care including practice management and delivery systems development; maintaining data on practice arrangements and transitions, office designs, and office procedures; addressing clinical and management problems that might arise due to orthodontic materials, devices, equipment, and/or systems; and developing programs for orthodontists and staff to satisfy regulatory requirements. While all COOP activities are too numerous to detail, recent, high priority projects will be highlighted.

Three programs, focusing on practice transitions and staff development, will be held in conjunction with the 2010 AAO Annual Meeting, 2010. The Practice Transition Seminar will feature a panel format with speakers Roger Levin, Brandon Collier, John McDonald, and Gary Wisner. These expert practice management consultants will provide information and discussion related to the selling and purchasing of practices, as well as how to position a practice for future sale. The S.T.A.R.T. program is intended to “train the trainer” and will have Debbie Best and Lori Garland Parker teaching staff to train their colleagues. A staff highlight of recent times has been the Orthodontic Staff Presentation Competition. Staff members from AAO practices may submit Powerpoint presentations related to improving patient care, office systems related to delivery of care or management, marketing, etc. The presentations provide valuable information and are well executed. The 2009 winner was recently named World Champion Nurse at the 7th International Congress of Orthodontics in Australia.

Other staff initiatives include AAO’s endorsement of two formal training programs, Trapezio (formerly the Academy of Orthodontic Assisting) and the International Training Institute. The Voluntary Certification Program (VCP) is an acknowledgement program that is a representation of the AAO’s commitment to the professionalism and training of chairside orthodontic assistants. The certification is for a period of 3 years and renewal requirements will include demonstration of ongoing professional activity. While it is not intended to have any reciprocity with state licensure, it is a credential that staff members can take with them to future positions. The Orthodontic Staff Club is available to all staff members of AAO members for a nominal fee of \$25 per annum. Staff members receive communications from the AAO and have access to free, unlimited continuing education through the Distance Learning Program.

Learning via webinars was introduced within the last year and has been quite successful as related to efficient information dissemination and attendance by doctors and their staffs. Topics have included practice profitability, laser surgery, and CBCT among others. The webinars consist of a 60-minute Powerpoint presentation by an expert in the field of the topic followed by a 15-minute Q&A. The presenters have been generous with their time as they have made themselves accessible for questions via email following the sessions as well. Future webinars will continue to focus on clinical procedures, practice management, marketing, and integration of technology as it applies to each of the aforementioned.

The 2011 Orthodontist as CEO Conference will, as those in the past have, provide attendees with practical information to be better leaders in their practices and also in their personal lives. The confirmed conference speakers are John McGill, Roger Levin, Darrell Cain, and Steven McEvoy. Topics to be covered are leadership principles, financial planning professionally and personally, and the utilization of technology to aid the CEO orthodontist in daily practice. Also, the AAO’s lobby firm, Patton Boggs, will have a 30-minute presentation to help decipher how current and proposed legislation impacts orthodontics and how we might affect future initiatives. The 2011 conference will be held in San Diego and is fully expected to sellout.

The Handling Orthodontic Emergencies poster was sent in fall 2009 to public school nurses for a second time and has been planned as a biennial release. Feedback from the nurses has been quite positive. The poster is

available on the member website as a free download for those who would like to distribute it locally to any nurses who did not receive it through the association.

It has been a pleasure serving the SWSO on COOP and I look forward to continuing the good work and time that so many AAO members throughout the country have dedicated themselves to doing.

Council on Insurance Report

Dr. Larson R. Keso

The AAO Council on Insurance (COI) met at the Ritz Carlton Hotel, St Louis, MO January 16, 2010. Trustee liaison, Gayle Glenn, Staff liaison Scott Cant, and all council members were in attendance. Liz Franklin, AAO Insurance Company (AAOIC) claims manager gave a brief report. Chris Vranis, AAO Executive Director and Jim Bowlin, staff attorney, reported in closed session.

AAOSI will now make available, upon request, risk management seminars at constituent and component meetings. The first seminar at the most recent Northeast Society of Orthodontists (NESO) meeting was well attended and well received.

Representatives from Affinity Insurance Services (AIS), New York Life (NYLIC) presented reports on activity since the last Council meeting. AIS noted additional staff has been added and trained for annual school visits. The presentation has been updated and refreshed. Visits to the orthodontic departments of the several universities and hospital programs are among the most important features of our marketing for AAO-endorsed insurance products. NYLIC presented a new marketing initiative, for life and health products, which was approved by Council.

As of 1 April 2010 NYLIC will no longer provide pooling of AAO insureds with other association groups in the long-term disability program. Consequently the Council, with assistance from NYLIC, has made without success, every effort to obtain reinsurance for this product. We continue to seek reinsurance inasmuch as frequency and severity of claims continue to increase.

Council was advised that AAOIC continues to investigate an option of providing Employment Practices Liability Insurance (EPLI) coverage as an endorsement to the professional liability cover.

The life and health programs incurred a negative margin of \$162,213 in the most recent period. This has a negative impact on the CSR account. The current Dividends on Deposit (DOD) balance is \$6,256,084 and the Cost Stabilization Reserve (CSR) is \$2,038,503. The DOD was reduced by \$665,369, payment for the 10-year audit completed in 2009.

Robert Hazel, AAOF asked Council to consider cross-promoting term life coverage with the AAOF estate planned gift promotion. Council concurred.

Council forwarded to the AAO BOT a NYLIC request to increase the major medical premium 22% effective 1 April 2010 and a 10% premium increase in the long-term disability coverage (except for the 20-29 year age group) and a reduction in maximum monthly income from \$12,500 to \$10,000 for new contracts. Council declined a request from AAOIC to participate in a RFP process inasmuch as AIS is currently performing adequately.

Dr. Jerry Hickman, Great Lakes Association of Orthodontists (GLAO) representative, was recognized for 8 years service, including two as chair.

I am currently serving on the Appeal Review, Reinsurance and Disability, and as Chair of the Marketing Committee.

The next meeting of COI will be 26 June 2010 in St Louis. Do not hesitate to contact me if you have questions or comments regarding your AAO-endorsed insurance.

Council on Orthodontic Education Report

Dr. P. Emile Rossouw

This is my last report as a representative of the SWSO to the Council on Orthodontic Education (COE). I accepted the position of Professor and Chairman of the Department of Orthodontics at UNC-Chapel Hill and hope I can continue to support the AAO as a representative of the Southern Association of Orthodontists in the future. It has been a privilege to be a member of the SWSO. I enjoyed my role as COE member to work with the Board of Directors of the SWSO to enhance the image of orthodontics, in particular orthodontic education. Thank you for making this wonderful opportunity for me to learn more about the vastness of orthodontics and to serve you as a member of the COE. The objective of this report is to ensure that the membership of the SWSO be fully informed as to activities of the COE.

Meetings

The COE met at the AAO Central Office in St. Louis on October 19, 2009 and again during the American Dental Education Association (ADEA) Annual Session on February 27-28, 2010 in Washington, DC. The following items were discussed during the noted meetings:

Board Liaison Report

Disciplinary action was recommended against a candidate who violated the orthodontic residency MATCH program guidelines. Dr. Carla Evans will serve as a consultant to the COE to assist with the task of defining official terms for SNODENT. The AAO, ADA and other dental organizations will host a quantified entrance test to replace the National Dental Board Exam (NDBE) pass / fail option for students applying to post-graduate programs. Development funds are expected to be recouped within approximately 3 years. ADA has passed a resolution that prohibits corporate participation by those companies that require quotas or volume use by practitioners.

2010 Deans' Luncheon and Orthodontic Section meeting at the ADEA Annual Session in Washington DC

The topic for discussion at both the above-noted events was the NDBE pass/fail outcome, as well as the possibilities for a new exam. Significant discussion indicated that there was discontentment amongst the attendees. Both events were well attended and well received. COE discussed the possibilities of "new test" and its cost implications. The AAO has a representative on the ADA task force to look into this matter.

2010 Kate Vig Educational Leadership Conference

This conference will honor the contributions of Dr. Kate Vig to orthodontics. Dr. Vig will be the main speaker and will enlighten the educators as to her experience in orthodontics education, particularly with respect to craniofacial anomalies. The program will include a workshop by Mr. Elliott Peranson, President of the National Match Service, in an effort to ensure that problem issues are addressed.

2011 Lionel Sadowsky Educational Leadership Conference

Dr. Sadowsky has been confirmed as the 2011 recipient.

Craniofacial Anomalies and Special Care Fellowships

It is understood that several programs plan to apply for accreditation. Consideration of a funded fellowship program is on hold by BOT until some programs have received accreditation. The BOT has established a Special Task Force to explore establishment of a "Special Interest Division" of the AAO for those members actively involved in the recently approved Clinical Training Program in Craniofacial and Special Needs Orthodontics, and will report back to the HOD at the 2010 AAO Annual Session. Members are Drs. Kate Vig, chair; Barry Grayson, Kirt Simmons, Perry Opin, and Brent Larson, Board Liaison. Mr. Chris Vranas is the staff liaison.

Faculty Trends, Entry and Exit Surveys

Highlights from the most recent surveys indicate that the total number of faculty for 2009 was 830, an increase of 39 faculty or 4.69% from 2008 and a 3.04% increase from 2007. There is concern over the aging and pending retirement of many faculty members. The majority of faculty members are male and a major proportion (70%) fit in the age group 46-65 and older. While most current faculty are US educated (93%), the majority of applicants for the AAO full-time Faculty Teaching Program and Faculty First Award applicants are foreign born and educated.

Faculty Entry Survey

Survey responses were received from 24 of 79 new faculty members. Most indicated that benefits and salary were adequate; their love of teaching was the major factor in being in academics, while a benefit was to be able to practice part-time.

Faculty Exit Survey

Survey responses were received from 11 of 31 departed faculty members. Several faculty members stated institutional conflicts or a desire to enter into practice as their reason(s) for leaving a faculty position. In addition, there was concern about inadequate benefits and salary.

AAO Distance Learning Survey Question

A small percentage of the 44 respondents (8/44; 18%) used AAO distance learning coordinated by Dr. William Proffit at the University of North Carolina at Chapel Hill. Cost to participate was a factor: 50% reported no cost and 50% had cost. More than half of the respondents indicated that this is a worthwhile venture for the AAO, but indicated that the AAO should provide the distance learning for free.

Academic Career Center

The AAO Academic Career Center was launched a year ago for faculty, administrator, and program use. Currently there are eight faculty vacancies posted and 65 uploaded resumes. The service provides for academic and administrative career seekers, and for institutional employers to post part-time or full-time orthodontic personnel listings. There is no cost to either party. Technical problems reported earlier have been resolved. A mentor service is planned for launch at a later date.

MATCH and PASS

A potential candidate has received AAO notification of implemented sanctions regarding Violation of the Postdoctoral Dental Matching Program (MATCH) Agreement. Orthodontic program directors from the programs that participate in the MATCH were also notified of the AAO's sanctions.

Orthodontic MATCH Violation Guidelines

Orthodontic MATCH violation guidelines do not exist but could be established or adopted from the other specialties' guidelines. A committee was formed to investigate the issue.

MATCH Survey Results (AAO Task Force)

The MATCH seems to be a fairly simple and fair process. Arguments for not participating in the MATCH need to be considered; however, the majority of responses suggested all should participate to enjoy the academic benefits provided by the AAO.

PASS Report

Peter C. Storandt, Director, PASS and CAAPID, Division of Educational Pathways, provided a summary of the applicants/applications through PASS to participating Orthodontic Programs as of October 1, 2009:

	2009 – 2010	2008 – 2009	2007 – 2008
Applications	8167	8757	7294
Applicants	727	739	716
Programs	47	47	42

There is no cost to participate. More applicants will likely be attracted as the process becomes common to all residency programs in the specialty. The registration for the MATCH is now within an applicant's PASS account.

Pre-Doctoral Orthodontic Instruction Survey

The 1990 and 2007 survey results were compared and the important differences include:

1. Fewer schools responded to the 2007 survey.
2. Student numbers increased from 1990-2007.
3. The number of hours devoted to didactics and preclinical instruction decreased.
4. The numbers of hours devoted to clinical instruction increased, and it appears that there are, on average, adequate numbers of patients. The latest survey shows that in some schools adults are the predominant source, and some institutions have certified their students in clear aligner treatment.
5. The number of hours required for pre-doctoral instruction and the actual hours available differed between the surveys; however, these differences were minor.
6. Increase in the competencies.
7. Most notable needs from the surveys appear to be the same; that is, in general, there is a desire for more faculty, more funding and more support by the dental school administration. However, this was not a concern for all schools as some were managed well.
8. Schools follow mainly the ADA (Commission on Dental Accreditation, CODA) accreditation guidelines for pre-doctoral orthodontics.

Credit Union Feasibility Study

Chris Vranas, AAO Executive Director, reported positive survey results on the credit union concept in response to the student debt issue. The issue, if it moves forward, will be presented to the 2010 HOD.

Society of Orthodontic Educators

The Board has named an Orthodontic Educators Task Force that will meet soon to investigate the formation of a Society of Orthodontic Educators; its link to the COE and AAO. Members are: Drs. Brent Larson, Ed Yen, and Leslie Will.

Task Force on Recruitment and Retention of Faculty

Dr. Don Joondeph will continue to chair the Task Force. Existing faculty fellowships will be evaluated this year and action is expected regarding services for mid-career faculty.

ABO Report

It was reported that there is a rising number of orthodontists seeking certification and recertification. The ABO is taking steps to meet the increased demand for future clinical examinations. A permanent site for administering the examination is being pursued by ABO officials.

Survey of Mechanisms to Fill Vacant Faculty Positions

Findings from Dr. Richard Ballard's Survey of Mechanisms to fill Vacant Faculty Positions are expected to be published by the Journal of the Dental Education Association. Data indicate faculty vacancies exist nationwide but not all are advertised because of funding issues. Funded, permanent faculty positions were surveyed. The majority of positions are advertised nationwide using journals & newsletters. However, networking or word of mouth was reported as the most successful method of filling vacancies.

ADEA Report

ADEA prepared the Statement on Professionalism in Dental Education for use by dental schools regarding ethics, expectations and term definitions. There are five new dental schools being planned and two are underway. Among the emerging trends is Inter Professional Education (IPE) of medical training sites that include dentistry. ADEA supports access to cover health care services for all health care for all Americans; workforce changes in Title VII Health Professional Programs; and, overturn of disputed interpretations by Centers for Medicare and Medicaid Services regarding GME. COE is very supportive of more visibility in the ADEA Orthodontic Section.

AAO Representation at the ASDA

AAO is a sponsor at the ASDA Annual Session to be held March 17-21, 2010 in Pittsburgh, PA, at the Silver level. AAO will again participate in the Exhibit Fair.

SNODENT Terms and Definitions

Dr. Evans reported the assignment is to create standardized orthodontic terms and standardized orthodontic definitions so by 2015 there will be an electronic component to the patient records that are transportable, retrievable and correctly coded for use by insurance, vendors, clinicians, etc. Additional terms can be added, if needed. A definition is that each condition will have a letter and a number. For example, the terms will have a general definition and then more specific definitions. The AAO Glossary of Terms will be used for reference. COE will have to be deemed eligible to see the SNODENT Terms at ADA. AAO needs to submit the sub-committee names to the ADA for access to the SNODENT Terms. The COE Committee members are Drs. Evans, Wiltshire, and Covell. Unified coding will be helpful for distribution of case types.

Ethics Survey

Approximately half of the program directors completed the Ethics Survey. AAO staff will collect orthodontic programs' ethics curricula.

Future Meetings

COE at AAO Head Office in St. Louis, Missouri: Monday, October 25, 2010

COE at ADEA in San Diego, California: Sunday, March 13 – Monday, March 14, 2011

Council on Communications Report

Dr. Devek Frech

Our council is responsible for creating and improving communications between the AAO, the AAO members, and the public. All materials produced are reviewed by the Board of Trustees and AAO legal counsel prior to being released. The council met July 24-25th, and on December 4-5th, 2009. I would welcome any ideas or suggestions that you might have regarding this council. Bob Varner from the Pacific Coast Society of Orthodontists serves as the trustee liaison this year. We appreciate Bob's insight and dedication to our council and our profession.

Public Awareness Campaign

The new goal of the public awareness campaign is to increase AAO member's market share. The public relations program and the advertising campaign have been more thoroughly integrated with the public relations (PR) program taking precedence. This change will maximize the value of the dollars spent on the campaign. The 19-month integrated campaign launched in November 2009 and goes through May 2011. Our new tag line is “Our expertise will make you smile.”

Our “Ask your dentist for a referral” will help consumers learn the difference between their dentist and an orthodontist.

PR activities include Emmitt Smith and his wife Pat as our spokesperson in sports safety with our “Play It Safe” campaign. There will be a “Grin and Share It” Facebook game based on the puzzle advertising campaign concept February 2010. “Virtual Smiles” campaign via a micro site on braces.org starts May 2010. “Braces Brigade” campaign starts summer 2010 to encourage orthodontic patients and their parents to blog and vlog on braces.org about their experiences and share AAO messaging through their social networks.

“Style 'n Smile” back to school fashion show, negotiating with celebrity mom Jennie Garth as the spokesperson. Advertising support planned is a Jennie puzzle ad in People magazine. Jennie will do interviews and appear in TV public service announcements.

Classroom Smiles, expands the AAO's media partnership with Scholastic to include parent and educator outreach, in school signage and classroom curriculum around the topic of healthy smiles and orthodontic care in October 2010.

The sports safety campaign is negotiating with Mia Hamm to be the spokesperson in Jan-Feb 2011.

Social Media spots include Facebook braces fan page and Twitter. Traditional media will continue to have press releases and stories that correspond with the AAO message. Fourteen U.S. and five Canadian publications will have our ads. See the February 22nd edition of Time magazine for our full-page ad with a 1/3 opposing page. XM/Sirius satellite radio (November 2009 to May 2010) ads are in place. Online display ads on sites such as Martha Stewart, SheKnows, Facebook, Scholastic, Disney, AOL from November 2009 to May 2011.

Marketing material is available to AAO members for print, radio, online advertising, and TV. Review the New Advertising / Marketing Online Toolkit posted on AAOinfo.org— “My Practice” section, Marketing subsection. The kit also includes info on media relations, key messages/talking points. Materials now in development will explain how to establish and utilize social media such as Twitter and Face book as well as promotional activities.

AAO Foundation Report

Dr. Terry Duncan

It was a pleasure to welcome Dr. Jeff Thompson to the AAOF Board as the next director from the SWSO. Jeff will be a terrific asset to the Foundation.

In earlier reports to the SWSO BOD, I have shared the timetable for the Foundation’s Long Range Strategic Planning that began with a new “branding logo” at the Annual Session in Boston. The first tier to be applied was to contact each Constituent’s leadership to make them aware of the new fund raising statement: **Continued Commitment to the Specialty®**.

The next tier to be addressed will be PLANNED GIVING and we discussed six action steps to be taken at this level of supporting the Foundation.

A significant funding project, through Planning and Awards Review Committee (PARC), has been ongoing for several years which has to do with the archiving and saving the numerous untreated growth studies that

currently reside in different parts of the country and are slowly deteriorating. As you can imagine this activity presents a considerable challenge to fund. A plan to achieve this funding over a specific amount of time has been discussed recently. Jeff Thompson and I presented these suggestions to the Board at the ad interim meeting last month.

The PARC met in February to judge those proposals submitted for 2010 funding. There were 10 proposals accepted for funding as Fellowship Awards for Junior Faculty. Each of these awards carries a value of \$15,000 to the recipient.

Dr. James Gallagher (Rocky Mountain Society of Orthodontists) will assume the Presidency of the Foundation at the close of the Annual Session in Washington, D.C.

Dr. Nick Barone (Northeast Society of Orthodontists) was elected President-elect.

Mr. Brandon Collier will serve a second term as Public Director.

Dr. Rolf Behrents (Midwest Society of Orthodontists) was elected to receive the 2011 Jarabak Award.

Dr. James Gjerset was elected to receive the 2011 Blair Award.

The Salzman Lecturer for the 2011 Annual Session in Chicago will be Dr. Tiziano Baccetti of Italy.

The Foundation is once again sponsoring a Gala during the Annual Session in Washington, D.C. This will be the third such celebration in the past 10 years. The venue is the Library of Congress. It is highly unusual for this location to be made available to outside functions. The evening will promote the Legacy Collection. Reservations can be made through the Annual Session registration process.

There were some rumors that Dr. Fred Garrett was perhaps thinking of ending his position as National Campaign Chairman for the Foundation. However, after much arm-twisting, cajoling and intimidation, Dr. Garrett has agreed to stay on as the National Chair. All kidding aside, no one individual has promoted the Foundation more than Fred and his passion for its mission is one of the main reasons for the success of the Foundation.

This will be my last report to the SWSO as my term as Director will end at the conclusion of the Annual Session in May. It has been a sincere honor and pleasure to have been given the opportunity to serve in this position. I don't believe that I have ever served with a more dedicated group of professionals as those with whom I have shared the last eight years. Thank you for allowing me to be a part of this great organization. There is no doubt that you have chosen well in naming Jeff Thompson to represent the SWSO.

ANNOUNCEMENTS

ABO College of Diplomates Councilor Position Opening

The Southwest Society of Orthodontists is accepting applications for the position of Councilor for the College of Diplomates of the American Board of Orthodontics. This position will represent the SWSO on the "College" Board. This is a position that will lead from Junior Councilor to Senior Councilor over the first four years, then on to the officer position, and ending as the President of the College in your eighth year. Please send your CV to President Steven Robirds. The candidate selected will be expected to attend the college meeting this July in Maine.

Interested in Serving as AAO Trustee?

In the fall of 2011, the membership of SWSO will be charged with electing the next Trustee to the AAO Board of Trustees. This position has been filled since 2004 by Dr. Gayle Glenn of Dallas, Texas. While the sitting Trustees makes it seem easy, it is anything but.

The duties of the Trustee can be found in the AAO Bylaws. The commitment is daunting and includes the following meetings where preparation is required:

- AAO Annual Session with board meetings held before and after (minimum 10 days)
- Three additional board meetings in February, August, and November (~2-3 days each)
- Annual board planning session
- AAO Council meetings (usually 2 per year for 2 days each)
- AAO Professional Advocacy Conference (approximately 2-3 days)
- AAO Leadership Conference (held every other year; approximately 1-2 days)
- ADA meeting (minimum 5 days)
- SWSO Annual meeting (approximately 4 days)
- SWSO Ad-Interim board meeting (approximately 2 days)
- Other meetings (e.g. ADEA, ASDA, Dental Specialties Group, task forces, special committees)

In addition, there are numerous conference calls and daily emails requiring response.

As Gayle will tell you, “It is a part-time job. The AAO and SWSO have to become your hobby. You will meet many great leaders from around the country and have a role in shaping the future of our specialty.”

It is an eleven-year commitment from beginning Trustee through the officer positions to Past President. AAO Presidents from SWSO include Dr. Robert Gaylord in 1973, Dr. James Reynolds in 1982, Dr. William Stutts in 1990, Dr. Larson Keso in 1998, and Dr. Mel DeSoto in 2006. Dr. Gayle Glenn is slated to be AAO President in 2014.

If you are interested in serving as Trustee, contact Judy Salisbury at the SWSO Office at 812-923-2700 or Gayle Glenn at 214-520-2481 (home).

ABO Director Selection Process

Dr. Jeryl English currently serves as the SWSO’s representative on the ABO Board of Directors. Each Director is appointed to an eight-year term. Dr English is currently President – Elect and will become President of the ABO at the AAO annual session in May. Dr. English’s term as Director will end at the AAO annual session in May 2011.

Dr. English’s replacement will be nominated by the SWSO in December 2010, selected by the ABO in February 2011, approved by the AAO Board of Trustees in March 2011 and ultimately approved by the AAO House of Delegates at the AAO annual session in May 2011. The new Director will assume their responsibilities at the end of that AAO annual session.

The SWSO has the responsibility of nominating three or four SWSO, board certified members for consideration to replace Dr English as ABO Director. Therefore, at their annual session last November, the SWSO Board of Directors appointed an ABO Director Selection Committee. The Committee members are Mike Mizell, Jeff Thompson, Ken Dillehay, Mark Felton and Mike Reagan. This Committee is charged with presenting the ABO Director nominees to the ABO by December 2010.

The SWSO Director Selection Committee welcomes any SWSO, board certified member to apply for the position. All applications must be submitted electronically by September 1, 2010. The application should include a cover letter and current curriculum vitae. Please submit applications electronically to Mike Mizell at mlmizell@comcast.net.

Please be aware that the SWSO Selection Committee will review all applications and select a certain number of applicants to be interviewed during the SWSO annual session being held October 28 – 31, 2010 in Austin. The final nominees will be selected from those interviewed in Austin.

Notice of Member Death:

Dr. Glenn L. Hough, 75, of Pittsburg, KS, died on March 8, 2010. Dr. Hough was born July 11, 1934, in Kirby Texas. He attended Pittsburg State University, and graduated from University of Missouri Kansas City dental school, with his orthodontic specialty training in 1960. He began his orthodontic practice in Pittsburg, Kansas, in 1960, where he practiced until he retired in 2003.

Dr. Hough was a sportsman, an active hunter and fisherman, and an avid reader. He supported athletic programs in the community and at Pittsburg State University and enjoyed following the progress of local athletes. Dr. Hough was a member of the Masonic Lodge #187, Mirza Shrine, Roya Order of Jesters Court #95, the SWSO, ADA, and AAO. He also belonged to the First United Methodist Church and the Crestwood Country Club.

Dr. Hough is survived by his wife, Dee Hough, and three sons, Gary Hough and wife Ann, of Omaha, NE, Greg Hough and wife Shonee of Topeka, KS, and Gordon Hough of Advance, NC, as well as seven grandchildren and ten great-grandchildren. The family recommends memorial donations to the S.E.K. Humane Society, and/or the Pittsburg State University Athletic Scholarship Fund.