AAOMP partners in “Kids’ Healthy Mouths” campaign

*Kids’ Healthy Mouths*, a national multimedia effort to educate parents about the importance of a healthy mouth, was launched in early August. AAOMP is a partner in this public service campaign developed with the Ad Council and the Partnership for Healthy Mouths, Healthy Lives. Through simple, low-cost preventative strategies, parents are being encouraged to modify their kids’ behaviors and keep their mouths healthy.

Visit [www.2min2x.org](http://www.2min2x.org) to see the public website developed by the Ad Council, including videos that stress how a healthy mouth can be reached by brushing for two minutes, twice a day. The campaign website also includes resources for dentists’ use. AAOMP Members can use this initiative as a talking point with referring dentists, reinforcing a message of partnership in treatment planning.
The long, hot summer is finally over, and now everyone returns to their busy schedules. Along with all of our daily responsibilities we are distracted by the Presidential campaign, the results of which will most definitely affect the changes taking place in the delivery of healthcare in our country. This year, and for at least the next several years, there will be major adjustments in the administration and structure of the health care system in the United States. If the Affordable Care Act (ACA) is fully implemented, the formation of Accountable Care Organizations (ACOs) will accelerate. Medicare offers financial incentives for physicians, hospitals and other health care providers to team up into ACOs that will work together as one organization to deliver health care to large numbers of patients. According to officials from the American Association of Oral and Maxillofacial Surgeons, their members are already joining ACOs. Those oral surgeons who join an ACO may be expected, or compelled to send their oral biopsies to the hospital lab belonging to the member hospital of the ACO. This development can have a serious negative impact on oral pathology laboratories.

If instead, Congress repeals all or part of the ACA, the health care delivery system will be thrust into turmoil resulting in unpredictable impact on our specialty. The officers of the Academy are closely monitoring any developments in this area and will keep our membership informed about anything of significance to our specialty.

Medicare has released the final rule regarding Provider Enrollment and PECOS. The final rule is structured so that if an OMFP is sent a clinical patient who is covered by Medicare, and the referring provider is not enrolled in Medicare, the OMFP will be reimbursed for their service. But, if that same not enrolled provider sends a biopsy to a lab, the lab will not be reimbursed, since the final rule states that providers referring specimens to clinical laboratories must be enrolled in Medicare for the lab to be reimbursed. Any one dentist who enrolls with the new form 855O, which is designed specifically for providers who have no intention of ever billing Medicare, cannot legally perform a biopsy since that is a Medicare billable procedure. If they do perform a biopsy, the lab they submit it to will be reimbursed by Medicare for their services, but the clinician would be in violation of the intention of their registration via form 855O. It therefore seems in our best interest to encourage all dentists and dental specialists to avoid form 855O and either enroll in PECOS or formally opt-out of Medicare.

Later in the year, John Kalmar, John Hellstein and I will be meeting with the President and Executive Director of the ADA. The ramifications of the formation of ACOs will be one of the topics we will discuss with them. Other topics include the quality of care concern created when dentists and dental specialists are forced to send their biopsies to labs that do not have a qualified oral pathologist on staff and the ADA’s participation in the implementation of ICD-10 codes and SNODENT.

This year for the first time, in an attempt to interact with dental students and draw their attention to our specialty as a possible career choice, and to educate them about how oral pathologists can help improve the quality of care of their patients, the Academy will have an exhibition booth at the American Student Dental Association meeting in Chicago on November 2. Drs. Steve Vincent and John Hellstein will be at the booth to answer any questions that students may have about the specialty of Oral and Maxillofacial Pathology.

The Academy continues to participate with the Dental Quality Alliance with our representative Maria Fornatora continuing to do an excellent job. In addition the Academy continues to participate in the Dental Specialties Group meeting and to attend the CODA meeting. In addition to me, these meetings were attended by John Kalmar, John Hellstein and Janet Svazas.

As I hope most of you are already aware, our Academy, in cooperation with the other dental specialty groups, the Ad Council and the Partnership for Healthy Mouths, Healthy Lives helped launch the Kids’ Healthy Mouths campaign, which started in August. The campaign is a groundbreaking multimedia effort that aims to educate parents and caregivers about the importance of a healthy mouth and motivate them to modify their children’s behaviors through simple, low-cost, preventive strategies.

Finally, Janet is currently working, in conjunction with members of the AAOM to arrange a joint meeting between our organizations for 2015.

I hope everyone has a healthy and successful rest of the year. I am looking forward to seeing everyone at our Annual Meeting in June 2013 in Portland Oregon. Please feel free to contact me about any issues you think warrant action regarding our specialty.
How to Prepare for Documentation Changes and Improvements with ICD-10

By Centers for Medicare & Medicaid Services

Although this update focuses on physician clinical practices, the information below can be useful for Oral Pathology Laboratories to prepare for the transition to ICD-10.

Although the final rule on the proposed ICD-10 deadline change has not been published yet, it is important to continue planning for the transition. ICD-10 will require an increased granularity and specificity in documentation of patient encounters. This change will mean that providers and payers need to adjust how they document patient visits but will create more detailed data that can be used to improve patient care. More specific code sets can also assist providers avoid delays in reimbursement payments by identifying why certain claims are being rejected or denied by payers.

You will need to prepare for these changes in clinical documentation by taking certain steps:

1. **Inventory Systems and Identify Discrepancies**: You should review your systems that currently use ICD-9 in order to identify areas in your revenue cycle, reimbursement rates, health information management, electronic medical records, and clinical systems that will eventually use ICD-10. These systems will be affected by the increased specificity of documentation as well as the increase in number of codes used in ICD-10. Your systems inventory will need to evaluate any potential gaps in clinical conditions or work flow processes that could be affected by increased documentation. Once you have identified any discrepancies, you can update and modify your systems and processes prior to transitioning to the new code sets. This will save your organization time by finding incomplete or non-specific data and ensuring that they do not cause a delay with coding and billing when you finalize implementing ICD-10.

2. **Evaluate Current Software Systems**: As you conduct your systems inventory, you may realize that some of your systems have become out-of-date or are redundant. You will need to determine if it is more cost-effective and efficient to upgrade these systems or centralize and replace them before ICD-10 implementation.

3. **Train and Educate Staff**: Your organization should identify staff members, from providers to coders, who currently use ICD-9 codes. Staff who will now be using ICD-10 will need training to become familiar with the increased documentation standards necessary with the new code sets. Training will help staff members become comfortable with both the heightened specificity and increased number of code sets that they will be using frequently.

4. **Test the Documentation Process**: Finally, your organization will need to test each stage of the new documentation process in a trial setting. Staff members should simulate a typical patient encounter in its entirety to ensure that data is being documented thoroughly and consistently. This will also help identify any areas that still require improvement in the coding process.

Jim Sciubba featured at Gorlin Conference for residents

By Mike Rohrer

The sixth Gorlin Conference was held at the University of Minnesota in Minneapolis October 18-20, 2012. Approximately 50 residents from every oral pathology program in the United States and Canada registered. The Visiting Gorlin Professor for this year was Dr. James Sciubba. The conference, for which all costs for the residents including travel are covered, has several purposes. The main purpose is to form networks and friendships among the residents at the beginning of their training to strengthen the specialty of oral pathology. The maintenance of the memory of Bob Gorlin within the academy is a primary goal. Also, the residents are able to spend several days with prominent oral pathologists and geneticists with whom they would not normally come in contact early in their career.
WESTOP

WESTOP 2012 will be held in Hawaii from October 28 to 30 at the Sheraton Kona Resort and Spa. Tom Morton, Professor Emeritus of the University of Washington, now a resident of Kailua-Kona, is the meeting’s host.

This beautiful resort is located on the Island of Hawaii at Keauhou Bay, which crowns an ancient lava flow cascading into the waters along the Kona coast. Keauhou Bay is famous for nightly visits of manta rays and is home for several snorkeling and diving adventures as well as outrigger canoeing, kayaking and paddle boarding. The resort is two miles south of Kahalu’u Beach Park, one of the finest and safest snorkel beaches on the island. It is located seven miles south of the village of Kailua-Kona and one mile south of the Keauhou Shopping Center. A shuttle travels throughout the day along Ali’i Drive to Kailua village and the shopping center. The Sheraton has just completed a $20 million renovation and is ready to provide the WESTOP participants with its warmest alohas.

The Sheraton has established a website for reservations for WESTOP. Guests can access the site to learn more about the event and to book, modify, or cancel a reservation. WESTOP (OR copy and paste the following link into a web browser):
https://www.starwoodmeeting.com/StarGroupsWeb/res?id=1209121262&key=EAFC0

The rooms at the Sheraton will be $109 for partial ocean view and $119 for ocean view. Buffet breakfast is included with the room rate. The rates are available for 4 days before through 4 days after the meeting.

Registration will be $240 (spouses: $80; residents: $100), payable to WESTOP and sent to Jerry Bouquot, the WESTOP Secretary/Treasurer, or brought to the meeting. Please contact Jerry if you plan to attend so that we can plan for the meeting room and refreshments.

Dr. J. E. Bouquot, Professor & Chair
Department of Diagnostic & Biomedical Sciences, Room 5460
University of Texas School of Dentistry at Houston
7500 Cambridge Street, Houston, TX 77054
Phone: 713-468-4420
Fax: 713-468-4416
Jerry.Bouquot@uth.tmc.edu or bouquot@aol.com

The meeting schedule is as follows:

Sunday evening, Oct. 28: Welcoming Reception

Monday AM, Oct. 29:
Seminars: "HPV in head and neck cancers, a contemporary understanding." Speaker: Richard Jordan DDS PhD FRC Path, Professor of Oral Pathology, Pathology & Radiation Oncology, Director, RTOG Biospecimen Resource, University of California San Francisco.
Seminars: "Adverse effects of tobacco, betel and areca on Pacific Islanders - the predicament of oral changes." Speaker: Lee Buenconsejo-Lum, MD, FAAFP, PI, Pacific Regional Central Cancer Registry, Co-PI, Pacific Regional Comprehensive Cancer Control Program.

Tuesday AM, Oct 30:
Working seminar: "WESTOP teaching case exchange." Speaker: All participants.

** 3 hours of ADA CE credit each day for a total of 6 hours.
This year’s annual meeting of the Eastern Society of Teachers of Oral Pathology (ESTOP) was held at the Boston Marriott Copley Place in Boston, Massachusetts from September 7-9, 2012. There were 73 attendees registered, representing 20 different states across the U.S. as well as three foreign countries. The meeting was planned and hosted by Mark Lerman and the Department of Oral Medicine, Infection, and Immunity at the Harvard School of Dental Medicine.

Breaking from the traditional format of one guest speaker on Saturday morning, this year’s program included three pathologists, all appointed at the Massachusetts General Hospital, presenting on lymphoid disorders. Dr. Nancy Lee Harris opened the session with “The WHO Lymphoma Classification: What’s New?” and offered an overview of her work with the World Health Organization. She was followed by Dr. Lawrence Zukerberg, whose presentation was entitled “Practical Problems in the Diagnosis of Lymphoid Hyperplasia and Lymphoma in the Head and Neck.” Saturday’s program concluded with Dr. Vikram Deshpande’s discussion of a more recently described disorder, “IgG4-Related Disease: The New Kid on the Block.” As always, Sunday morning’s case exchange included well-documented examples of both common and rare conditions to enhance the teaching files of those in attendance. Well over 100 clinico-pathologic cases were presented in total.

The 2013 annual meeting will be held in the Woodlands, Texas, approximately 30 miles north of Houston. Details will be announced by Dr. John Kacher as they become available.

Medicare has released a "Revised" version of the Final Rule regarding Provider Enrollment. Copy and paste the link below to go to the document.

(SE1011 Revised) Edits on the Ordering/Referring Providers in Medicare Part B, DME and Part A HHA Claims (Change Requests 6417, 6421, 6696, and 6856)

http://www.ngsmedicare.com/wps/wcm/connect/6ac138804baca22fa519f5ca9c0e056c/SE1011+Revised.pdf?MOD=AJPERES&amp;CACHEID=6ac138804baca22fa519f5ca9c0e056c
Noteworthy

New Fellows
Jennifer Britt, San Antonio, TX
John Frazier, Penn Hills, PA
Anupama Grandhi, Thief River Falls, MN
Chaidan Intapa, Baltimore, MD
David Klingman, Beavercreek, OH
Brett Martin, Columbus, OH
Pavithra Pugalagiri, Dallas, TX
Khaleed Shaikhi, Amherst, NY
Yoko Ann Tsukada, Vancouver, BC
Hua-Hsing Amanda Yen, Jamaica Plain, MA

New Members
Soulafa Almazrooa, Quincy, MA
Atousa Aminzadah, Isiahan, IRAN
Rouba Assi, Dallas, TX
Andreia Bufalino, Piracicaba, BRAZIL
Maria Cuevas-Nunez, Cambridge, MA
Clayton Fisher, Ann Arbor, MI
Renjith George, Melaka, MALAYSIA
Firoz Iqbal, Westmead, NS
Jumana Jaradat, Pittsburgh, PA
James McCann, Derwood, MD
Anne McLean, Rio Rancho, NM
Reshma Menon, Everett, MA
Angela Ritchie, Great Neck, NY
Rajan Saini, Vancouver, BC
Erica Lynn Scheller, Dexter, MI
Maryam Taleghani, West Vancouver, BC
Carl Waltke, Montvale, NJ
Marielsa Weidanz, Abilene, TX
Stephanie Wetzel, Sunnyside, NY
Jessica Wollenberg, Rego Park, NY

New Emeritus Fellows
Gayle DeBoom, Lakewood, WA
Harold Hammond, Iowa City, IA
John Hicks, Fargo, ND
Bela Toth, Pearl, TX
Qingqing Liu, Vancouver, BC
Jeffrey Loberg, Alton, IL
Carla Matwijeczyk, Houston, TX
Sarah McDermott, Ann Arbor, MI
Tyler McDonald, Seattle, WA
Erin McGrath, Philadelphia, PA
Jennifer Mitchell, Morgantown, WV
Dena Mizrahi, Gainesville, FL
Radina Petkova, Dallas, TX*
Curtis Pino, Aurora, CO*
Jenna Richards, Louisville, KY
Charlene Rocha, San Francisco, CA
Kathleen Rock, Portland, OR
Raymond Santa-Cruz, Jackson, MS
Michelle Scholtz, Minneapolis, MN
Hossam Sharshar, Edmonton, AB
Pamela Shelling, Ft. Lauderdale, FL
Stephanie Stuck, Columbus, OH
James Tailfeathers, Saskatoon, SK
Nicole Thieler, New Orleans, LA
Tyler Toney, Richmond, VA
Jordan Tortorich, Memphis, TN
Rosie Tran, San Antonio, TX*
Emily Vanney, Chicago, IL
Kristie Vinson, Oklahoma City, OK*
Matthew Willis, Chapel Hill, NC
Aaron Yancoskie, New York, NY
* 2012 DSA New AAOMP Members

2012 Dental Student Award Winners
Anna Emily Abrahamian, Boston, MA
Suheily Aponte-Rodriguez, San Juan, PR
Britney Bare, Charleston, SC
Jordan Bauman, Baltimore, MD
Tarsha Blackman, Washington, DC
Chimere Callaway, Nashville, TN
Brian Carkner, Stony Brook, NY
William Chin, Cleveland, OH
Sarah Cox, Birmingham, AL
Trang Dang, Los Angeles, CA*
Ann. Downer, Augusta, GA
Michael Duvall, Loma Linda, CA
Eryn Ence, Las Vegas, NV
Christopher Fears, Newark, NJ
Jasmine Filion, Université Laval, QC*
Diane Fletcher, Farmington, CT
Kristen Frommeyer, Lexington, KY
Jordan Giguetti, Winnipeg, MB*
Marni Glick, Philadelphia, PA*
Seth Griffin, Detroit, MI
Eugene Han, San Francisco, CA
Phillip Harrison, Los Angeles, CA
Nicole Hinchy, Buffalo, NY
Cha Hur, New York, NY
Stephen Hutton, Mesa, AZ*
Olga Isyutina, Indianapolis, IN
Matthew Jacobsen, Omaha, NE
Alyssa John, Milwaukee, WI
Jasleen Kaur, Pittsburgh, PA
Morgan Kneib, Glendale, AZ
Jeff Kohlmeier, Kansas City, MO
Katrina Kontaxis, Montreal, QC*
Michelle Kornsbluth, Montreal, QC
Emily Lanzel, Iowa City, IA
Piper Larson, Lincoln, NE
Jong Jin Lee, Boston, MA

New Life Member
Johann Beck-Mannagetta, Salzburg, AUSTRIA

2012 Dental Student Travel Award Winner
Kevin Byrd, Ann Arbor, MI

Gorlin Award Winner
Christina McCord, Toronto, ON

Shafer Award Winner
David Klingman, Beavercreek, OH

Waldron Award Winner
Jill Kramer, Glen Oaks, NY
Remembrances of Bob Brannon: A Tribute to a Friend and Colleague

I first met Bob Brannon in the winter of 1976. I attended the annual AFIP oral pathology CE course and Bob was on staff at AFIP at the time. I still remember that Bob lectured on New Entities in Oral Pathology, primarily because he did such a great job of it. About a year and a half out of dental school at the time, I had never heard of the things Bob talked about, but after the lecture, I felt I had learned something valuable. Having a budding interest in oral pathology, I talked to Bob about it after his lecture, and he encouraged me to pursue that interest.

About a year and a half later, I started my residency and Bob became a mentor. We had daily unknown conferences at AFIP that Bob would run periodically. When Bob ran the conferences, we knew we were in for a grilling. He wouldn’t quit asking questions until we said “I don’t know.” When he wasn’t running the conferences, he would sit off to the side. We could hear him muttering, grumbling, sputtering and sighing as we proposed our diagnoses for the unknowns. Bob had very high expectations of us, even though we were only residents.

It was during my fellowship year at AFIP that Bob acquired a nickname that would stick with him for the rest of his life. We had periodic joint conferences with the ENT department. This particular time, it was ENT’s turn to present the cases and Vince Hyams was running the conference. Bob was sitting to the side as usual. He was already popping Tums for the persistent bouts of heartburn that we were convinced were due to his angst over the progress of the residents. The residents were the first to be put on the spot, and the cases were difficult, as usual. Bob could be heard by all, grumbling as each resident botched a case. He must have popped another Tums just before the last case. When the resident mangled the diagnosis again, Bob started muttering, but he must have choked on the Tums, because he coughed, and foamy saliva came spewing out. Vince Hyams, always quick with a retort, said, “You’d think he was a mad dog.” After that, Bob Achterberg started calling Bob “The Mad Dog,” and it stuck. Bob mellowed considerably (though not completely) after marrying Julie, and the “Mad” part of the nickname faded, but he was still referred to as “The Dog” by his friends.

In 1993, Bob became Chairman of the Department of Oral Pathology at AFIP and he was my boss for the next 2 years. He impressed me during that time with his leadership style. He largely left us alone to do our jobs, while doing what he could in the background (and in the face of the administrative bureaucracy) to improve the department. I got to know him quite well during that time as we worked together to organize and present CE programs. Bob had a dry sense of humor and a deadpan delivery that never failed to catch me off guard but always made me laugh out loud. When I left AFIP to move to Bethesda to be a mentor in the residency program, Bob took me aside and gave me the benefit of his experience when he was at Bethesda. His advice proved very beneficial.

I also had the opportunity to work with Bob for several years on the ABOMP. We would sit around the table grading exams, and occasionally I’d see a little of the Mad Dog peek out again. Bob would always wear his TCU hat. We’d be discussing how much credit to give to a candidate who hadn’t answered the question correctly, and various point values would be proposed. Sometimes it would come down to a vote of the Directors and the liberal faction would win out, giving more credit than Bob thought appropriate. He’d take off his hat and slap it down on the table, and you could hear him muttering and growling under his breath. As always, Bob had very high expectations of anyone who aspired to be Board certified.

I spoke with Bob by phone a few days before he passed away. Even though he knew he was dying, it seemed he was in good spirits. I guess he had reached the point of acceptance in the dying process, for he seemed at peace. I will miss him. Bob was the consummate oral pathologist. He had a passion for our specialty that burned bright and hot over the course of his entire career. It is a trait worthy of emulation by each of us. Hopefully Bob’s example will inspire others to continue the tradition of excellence that he held so dear. So here’s to you Bob, until we meet again at the rainbow bridge.

Harvey Kessler
New Sunday CE format at 2013 AAOMP Meeting

By Donald Cohen

Large meeting rooms and outstanding speakers have resulted in some changes in CE format for the 2013 meeting in Portland, OR.

On Saturday morning, the classic AAOMP Seminar (previously AFIP Seminar) will be held as usual. Dr. Gary Warnock, who is an alumnus of the AFIP and presently working at John’s Hopkins, will present the seminar. The head of Head and Neck Pathology at John’s Hopkins, Dr. William H. Westra, Dr Paul Schick, and other AFIP alumni will join him. This course will maintain the traditional case based format with slides scanned via Aperio.

Saturday afternoon will be reserved for the Symposium, Failures To Communicate or Opportunities to Cure? The Maxillofacial Surgeon/Pathologist Interface in our Time, by Leon A. Assael DMD. Dr. Assael is the former head of Oral and Maxillofacial Surgery at Oregon Health Sciences Center and is presently the Dean of the University of Minnesota College Of Dentistry.

Sunday’s CE format will be a bit different this year. Dr. John Hellstein, the immediate past education director, and the Council decided to hold a single open enrollment CE course in the morning and another one in the afternoon. These open enrollment programs will have capacity for all the meeting attendees. The decision to change the CE format was based on the availability of large seminar rooms in our Oregon hotel. In the past we had three limited-attendance CE courses on Sunday morning and again on Sunday afternoon.

On Sunday morning, John Hicks MD, DDS, MS, PhD Professor of Pathology, Department of Pathology at Baylor College of Medicine and Texas Children’s Hospital will present Pediatric Soft Tissue and Bone Neoplasms: From Bench Top to Molecular Diagnosis, Prognosis and Therapy.

On Sunday afternoon, the presentation will be Challenging Lesions and Infections of the Head and Neck Region: A Central American Experience. This will be taught by another one of our long standing members, Ramon Carlos DDS, staff member of the Pathology Department at Hospital Herrera Llerandi and Centro Clínico de Cabeza Y Cuello in Guatemala.

On Tuesday, we will have the Founder’s Seminar. Dr. Paul Freedman has asked Dr. Cynthia Magro, Professor of Pathology and Laboratory Medicine at Weill College of Medicine of Cornell University and the Director of Dermatopathology at Weill Medical College in Manhattan to present a Symposium on Dermatopathology. Her expertise is focused on pathology of lymphoid lesions of the skin, vesiculobullous lesions, vasculitis, pigmented lesions and the cutaneous manifestations of systemic disease.

We will continue this new format depending on the capacity of the lecture room in our next venues and your recommendations. It will be important for you as the consumers of this new CE product to let us know how you like the new format or if you would prefer to have more courses with limited attendance.

SAVE THE DATE

AAOMP meets in Portland, OR

June 14 - 19, 2013 • Hilton Portland and Executive Tower
$179 Single/Double • $149 Residents

SPEAKERS FOR 2013

Founders’ Memorial Seminar:
“Current concepts in the Dermatopathology of lymphoid lesions of the skin, vesiculobullous lesions, vasculitis, pigmented lesions and the cutaneous manifestations of systemic disease”
Dr. Cynthia Magro

Symposium: “Failures To Communicate or Opportunities to Cure? The Maxillofacial Surgeon/Pathologist Interface in our Time”
Dr. Leon Assael

Dr. Roman Carlos

AAOMP Seminar
Dr. Gary Warnock
Dr Paul Schick
Dr. William Westra

Fellowship Exam Date
June 14, 2013
Watch the website for more details
Mississippi Riverboat Dinner Cruise
Twins vs White Sox