



WINTER 2009



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JAWS Society 2010 Dues Renewal Deadline: 1/30/2010

It's that time of year – new budgets, new goals and time to renew your JAWS Society dues for 2010. You should have received an email reminder as well as a reminder in the regular mail. Please submit your 2010 dues as soon as possible but no later than January 30, 2010. The Board of the JAWS Society uses this revenue to maintain the administrative functions of this association and to prepare for our Annual Meeting in South Carolina in March, 2010.

I continue to receive value from my membership. I enjoy being able to contact a network of my peers to ask questions and help me solve problems. We do not have to manage our practices by ourselves because we have our fellow JAWS members who can lend a sympathetic ear or provide expertise.

I look forward to seeing all of you at the Annual Meeting!

Respectfully submitted,
Monique Corcoran, FACMPE
Vice President, JAWS Society



Happy Holidays!

Treasury's Report As of 12/10/2009



Account Balance: \$2,300.91
No outstanding invoices at this time.

Thank you, once again, for your ongoing support of the JAWS Society. Our organization continues to thrive because of you. The Board remains dedicated in providing the best continuing education sessions and in improving our organization for the betterment of the Administrators/Managers we serve.

Yet again, we are embarking on another successful year and are counting on your help to make all our endeavors possible. Together we can accomplish a great deal.

Please take a moment to renew your membership. Also, don't forget to register for our Spring Conference.

Happy Holidays to all!
Phyllis Langley, Treasurer

A Quick Reminder for Computer Office Systems

We have had calls from doctors who found after their computer system crashed that there wasn't a system to back up the files every night. Whether the providing and installing company didn't include the system, or the system was included but wasn't working correctly, this can result in a disastrous situation. Clinical, financial, and insurance information can be lost and potentially not be retrieved.

One can only imagine the potential disastrous consequences of such a situation. While this would be disruptive to any office, those who are paperless could be affected in countless ways. Ensure that your systems are backed up every night (some back up more frequently), and that your processes for making sure that the backed up data is properly secured. If the data is stored off-site, it is a good idea to review your systems that provide for its transmission to the site, be it electronic or hand delivery.



Since losing data can affect so many aspects of an oral surgery practice, it is imperative that the proper systems are in place to ensure its safe storage. Take a minute to review your systems to make sure this crucial piece of the system is in place. *Used with permission. OMSNIC Monitor, June 2009, Vol. 20, No. 3, www.dds4dds.com*

2010 JAWS SPRING CONFERENCE

Wild Dunes Resort | Charleston, SC

March 29th – 30th



2010 JAWS Spring Conference

March 29th-30th | Wild Dunes Resort
5757 Palm Boulevard
Isle of Palms, SC 29451

This year's conference presents great opportunities for networking, educating, sharing thoughts and ideas between OMS Administrators. We have dynamic speakers and programs designed to boost the effectiveness of the OMS Administrator regardless of practice size. Make sure you register early. Space is limited!

Topics

- Prescription Fraud (*Managing Controlled substances*)
- Enhancing Internal Financial Controls/Improving Practice Security
- Risk Management and Malpractice for the OMS practice
- Customer Service: *What Makes Your Practice Stand Out?*

Registration Fees

Conference registration fee includes all programs, breakfast, lunch Monday and Tuesday, and dinner on Monday.

JAWS Members: \$375 Before February 19th, \$400 Thereafter

Non-member Firms: \$450

Fill out and return the registration form or contact Gary Shaw at gshaw@association-resources.com for assistance.

Accommodations

Wild Dunes Resort gives you access to everything. Beach, golf, great dining. You can do as much or as little as you like, every day at this beautiful South Carolina resort.

Uncomplicated activities. Easy living. Just breathe deeply and take in the vistas, the palm trees, the sparkling waves. The beautiful, historic city of Charleston is just 30 minutes away from the resort with its storied gardens and modern galleries, world class restaurants and beloved bars.

Resort Reservation Information

Call the resort directly at 800.845.8880 to make your reservations and reference the JAWS Society and Group Code 3G790Q.

Be sure to reference the Group Code to obtain our special rate of \$169 per night (single or double) guaranteed thru February 19th. The resort is offering the same room rate for up to two nights before and two nights after the conference (this offer is available only at the time your initial reservation is made).



Another Aspect of Communication

By Debra K. Udey, Vice President, Risk Management

Two studies have recently been published that highlight the importance of communication. One study from Johns Hopkins University suggested that one in four patients feel their doctors sometimes expose them to unnecessary risks. A second study from Texas A&M University showed that in patients with osteoarthritis severe enough to warrant total knee replacement, nearly 20% of the time the patient and physician disagreed on whether or not the doctor had recommended replacement surgery.

Not surprisingly, media reports of medical errors and influence by the drug industry have increased patients' distrust. Add decreasing "face" time with patients to more of them researching their own medical issues, and you have a more skeptical and inquisitive patient population that makes good communication all the more important.

When patients have preconceived ideas about what doctors should treat and how they should treat it, they may be perturbed at doctors for not listening. Even though doctors do a good job of explaining a clinical condition, how they want to treat it and why, some patients may not be satisfied. They may feel that the doctor is recommending something that they don't need, that they don't want, or that they think is too risky.

The good news is that patients are less likely to demand that OMSs (as opposed to other types of specialists) prescribe a certain medication that is being pushed by television and print ads. However, they do still show up with preconceived notions of their problem.

Better communication and truly listening to the patients can help the situation. For instance, Mrs. Green comes to your office and tells you her symptoms. She eyes you, waiting for your diagnosis. But Mrs. Green thinks she already knows what is going on. She has a friend and a sister-in-law

with the same symptoms, she knows their diagnoses, and she's waiting to see what you have to say.

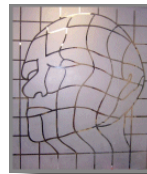
You listen to her symptoms and examine her. You then tell her what condition she has. Mrs. Green pauses, cocks her head, and stares at you as if you had just grown a third eye in the middle of your forehead. You either see the look but hurry on to advise of the next step, or you miss it because you are documenting the conversation (you get points for that, but only a few since you have just missed something). Since the "diagnosis" Mrs. Green thought she had is different than yours, she assumes you are wrong. She may choose not to proceed with the care, or go somewhere else to get the care.

Oops. Let's back up a bit and replay the scenario. You tell Mrs. Green what you diagnose, and you notice that she is looking at you strangely. You then say, "How does that fit in with what you were thinking?" Mrs. Green hesitates, and then says that she thought it was a different diagnosis. She may even be brave enough to tell you that her friend had the same symptoms, but had a different diagnosis. You will then need to explain why she has what she has. It will take a bit longer, but you will hopefully notice that your third eye has disappeared and you are now having a real conversation. She may ask another question or two, but taking the time to

consider her thoughts and feelings is a wonderful way to make her a part of the decision making process. Now that she understands why she has what you diagnosed, she will most probably be more inclined to proceed with the care and be more conscientious about following it.

The stronger the agreement between the doctor and patient on the diagnosis and treatment, the more satisfied the patient. That certainly played out in the study involving the benefits of knee replacement. You will probably notice it play out in your patients as well if you take the time to truly communicate with them.

Used with permission. OMSNIC Monitor, June 2009, Vol. 20, No. 3, www.dds4dds.com



Mission Statement

Promote the professional development of the Oral and Maxillofacial Surgery Administrator/Office Manager through peer interaction and educational programs.

Vision Statement

The JAWS Society, Inc. will provide its members the opportunity to belong to an organization recognized as the leading national authority on all aspects of Oral and Maxillofacial Surgery practice management.



Terri Bradley Management Consulting...
For comprehensive practice management consulting services geared specifically for the unique needs of the OMS office.



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Setting Reasonable Expectations

By Debra K. Udey, Vice President, Risk Management

In today's world of texts, twitters, and all manner of shortened speech (LOL, IMHO, BTW, etc.), it is sometimes hard to switch from those speech patterns to the more formal ones needed in the work world.

"Just a sec!" How many times have you used this to tell someone you'll be with them momentarily? This works well in personal speech, but not so well with patients. Using it with other staff members is fine, but then you need to remember to "turn it off" when talking with patients. Using "just a sec" is much too informal to use with patients. Using even "just a second" is actually not a good idea for patients overall.

When you say, "just a second," you set up an expectation that you are going to return to the patient (in live conversation or on the telephone) in a second. You may have every intention of doing just that. But the problem is that you have no control over whether you actually can get back to the patient in just a second.

If you tell someone that you will be back to them in just a second and place him or her on hold, what happens if two more telephone calls come in? Or the doctor asks you a question? Or a patient asks for something? Or a co-worker needs something right now? You get the idea. You intend to return to the patient immediately, but wind up answering the question, or getting the information needed, or whatever.

The problem is that the person on the phone has now waited much longer than the second that you promised. Waiting 30 seconds, or a minute, or even two minutes is not such a big deal. But having been promised a return in a "second," two minutes seems like a lifetime.

Taking "just a second" out of your "office" vocabulary is probably a good idea. You can replace it with "a moment." Moments vary in time, and if the moment is a second or a minute, the patient knows that it won't be just a second.

Another tactic is to tell the patient when they call how



It really doesn't take any more time to set up reasonable expectations, and most patients will respond well when you work with them in a more relaxed and effective manner.

many people you have on hold in front of them, and ask if they can hold. Be sure to wait for their response, and thank them. By doing this, you have put them on notice that you may not be back to them as quickly as you would like. The good thing in doing this is that you have set up an expectation you can meet. The patient knows that you have other calls to answer, and that it will take a "moment" for you to finish the other calls and get back to them. They are prepared to wait, and will likely not be upset if it takes you several minutes to get back to them.

Patients are willing to work with you and give you some slack. Having said that, it is important to realize that they are much more willing to do this when you set up a reasonable expectation. When you set up an expectation that you can't meet, it leads to frustration and sometimes anger on the part of patients, as well as frustration on your own part. If you know a second patient is calmly waiting for you, you can more effectively deal with



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the first patient, and concentrate on that interaction more fully. It may ease the pressure of having to deal with many patients at once, and make the overall interactions easier.

Your patients will appreciate it, and it may make your day much easier in the long run. It really doesn't take any more time to set up reasonable expectations, and most patients will respond well when you work with them in a more relaxed and effective manner.

*Used with permission.
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