

PAGE 6

Wisconsin's dentists and OMSs amend their state's definition of dentistry—but not without careful planning and negotiating.

PAGE 10

AAOMS's online CE library continues to grow.

PAGE 18

AAOMS provides a checklist to help your practice accommodate patients insured under an Affordable Care Act exchange/marketplace.



TODAY

JULY/AUGUST 2014
VOLUME 12, ISSUE 4

A publication of the American Association of Oral and Maxillofacial Surgeons

ROAAOMS At 20

Originally envisioned as a way to facilitate resident communication and expose them to the workings of AAOMS, the Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS) now paints itself in much broader strokes.

As Heraclitus of Ephesus noted as far back as 470 BC, the only thing that is constant is change, but when Dr. Daniel Lew became president of AAOMS in 1994, he felt that both the organization and the specialty were in the midst of a particularly turbulent period. In 1988, residency programs were officially expanded from three to four years, based on the fact that more than 50% of programs had already changed to four years without an accreditation requirement and some had extended to six years. The six-year, five-year and other residency models altered the way young OMSs would prepare and train to join the specialty.

As chair of the OMS program at the University of Iowa, Dr. Lew was particularly attuned to the academic side of the specialty. He noticed that



The 2013–2014 ROAAOMS Executive Committee. Front row (left to right): J. Marshall Green, III, DDS, Committee Liaison Representative; Andrew M. Read-Fuller, DDS, Vice President; Jacob G. Yetzer, DDS, MD, President; Payam Afzali, DDS, MD, Immediate Past President; Paul Covelto, DDS, District I Representative. Back row (left to right): Armando Retana, DDS, District III Representative; Brian C. Paterson, DMD, Committee Liaison Representative; Daniel A. Hammer, DDS, District II Representative; S. Matthew Davis, DDS, MD, Committee Liaison Representative; Gregory D. White, DDS, District IV Representative. Not pictured: Kristia L. Roquette, DDS, District V Representative; Kenneth R. Brown, DDS, District VI Representative

most of these changes were evolving from the faculty and training programs, not the residents themselves.

“The residents had no voice,” he recalls. “They had no means of directly impacting the changes by communicating with each other and

with the faculty. There was no input from the resident corps. It was a missing source of help, to have resident input, and it affected the residents. We needed to tell them, “This is what is happening, this is how it will affect you.”

continued on page 22

Submit 2015 Speaker Applications by August 31, 2014

AAOMS is inviting OMSs with clinical, practice management or staff development-related expertise to submit a speaker application and present an educational program at the AAOMS 97th Annual Meeting in Washington, DC, Sept. 28-Oct. 3, 2015. The annual meeting offers 5 clinical course formats: case studies; hands-on, interactive courses; innovative technique programs; point/counterpoint; and refresher courses. Clinical courses should address those areas of practice that comprise the AAOMS Parameters of Care. Presenters are also needed for practice management and professional allied staff courses. These are designed for all members of the practice team—from OMSs and surgical assistants, to practice managers and administrative staff. Visit aaoms.org/speakers to apply. **1**

In This Issue

AAOMS President's Column	2
Coding Corner	14
Treasurer's Account	26
Practice Management Matters	30
Calendar	44



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Eric T. Geist, DDS, AAOMS President

IN MY VIEW

AAOMS Salutes ROAAOMS on its 20th Anniversary

The Resident Organization of the AAOMS (ROAAOMS) celebrates its 20th anniversary in 2014. In this issue of AAOMS Today, former and current ROAAOMS members who have played a pivotal role in the organization's two decades of service, recall its history and many achievements. I would like to use this column, however, to discuss AAOMS's supportive role in the evolution of the Resident Organization.

In its brief life span, ROAAOMS has matured to become a vital force for the specialty's future. Our resident members quickly grasped the opportunities presented them and, emulating AAOMS, developed an election process and a strategic plan, complete with goals and objectives. They interact with ABOMS and OMSNIC, two entities that will play important roles in their future. AAOMS is also pleased that a growing number of residents attend the Day on the Hill event each year, and OMSPAC has established two special resident contribution levels to further encourage their advocacy involvement.

ROAAOMS members have reinvigorated the OMS presence in the dental schools, a presence that had become overshadowed by other dental specialties that do not have oral and maxillofacial surgery's hospital-based training, which limited the

specialty's dental school visibility. For almost 10 years, OMS residents have gone into every ADA-accredited dental school, telling the specialty's story and forging relationships with the dental students who will one day be their referral sources or their fellow oral and maxillofacial surgeons. They are actively involved in the American Student Dental Association (ASDA), serving on councils, presenting educational programs and assisting in the development of the ASDA Postdoctoral Guide for Oral and Maxillofacial Surgery.

ROAAOMS's OMS Reference Guide, now in its third edition, has become a valued publication in many OMS offices that rely on it for fast, accurate information in both its print and ebook versions. A version of the Guide was also adapted by the International Association of OMS for its members.

The brainchild of AAOMS Past President Dr. Daniel Lew, ROAAOMS was formally established in 1994, as a means of providing OMS residents with a forum to discuss areas of mutual interest and concern, and to give input into association programs. In October of that year, AAOMS, ITI Straumann USA, Treloar & Heisel, W.B. Saunders and Walter Lorenz Surgical, Inc. jointly funded the attendance of one resident from each OMS training program at

“Our resident organization represents a brilliant idea that has surpassed the goals of its founders and forged a future that is limited only by the residents’ imagination.”

the first resident organization meeting, convened during the AAOMS Annual Meeting in Denver, CO.

The following year, two resident delegates were granted access to district caucus sessions and seats on the floor of the AAOMS House of Delegates. While they did not have the right to debate issues, present motions or vote,

“In 1997, the AAOMS Bylaws were amended to formally add a ‘Resident Member’ classification.”

ROAAOMS representatives could submit resolutions to the AAOMS Board of Trustees. The board, at its discretion, could in turn forward these resolutions to the House of Delegates. Speaking privileges for ROAAOMS delegates in the House would follow in 2002.

In 1997, the AAOMS *Bylaws* were amended to formally add a “Resident Member” classification. ROAAOMS annual dues were set at \$20, but these were waived if the resident purchased a subscription to the *Journal of Oral and Maxillofacial Surgery* at a discounted member/fellow subscription rate. After some consideration, dues for resident members were rescinded the following year.

Although the life of an OMS resident primarily revolves around education and training, AAOMS has always

believed that the educational and networking opportunities afforded by the association’s annual meetings and dental implant conferences are valuable to the development of an oral and maxillofacial surgeon. Therefore, the association agreed to waive the general meeting registration fees for these two conferences. Further, there is no charge for residents to participate in limited attendance clinics/courses if space is available 15 minutes prior to start time.

In keeping with the vertical membership requirement adopted by AAOMS in 1991, the 2004 AAOMS House of Delegates passed a resolution requiring that all state OMS societies establish a resident member category in their bylaws by 2006. Mirroring the AAOMS *Bylaws*, residents were allowed to begin their state society membership application process during their senior year of training.

In 2005, the Committee on Governmental Affairs was the first of AAOMS’s standing committees to amend its composition to include a resident member. Today, residents sit on eight AAOMS committees and the OMSPAC Board of Directors.

Four years later in 2009, a resolution was submitted to the House of Delegates to give voting rights to the two resident members seated in the House. The resolution generated a great deal of discussion and debate during the reference committee hearing. Those opposing adoption argued that since AAOMS members were unable

to hold office or vote in the House, it would be unfair to grant voting rights to OMSs in training ahead of these long-established association participants. Other arguments against the resolution held that granting residents voting rights put the cart before the horse, since the members of the resident organization were not yet knowledgeable enough about the workings of their specialty organization and the issues facing it to wield voting authority. The resolution was rejected.

But, in 2013, the time was right and the two ROAAOMS delegates were granted limited voting privileges. They may now debate and vote on the resolutions presented to the House, but may not participate in the elections of AAOMS officers and trustees, ABOMS directors or district caucus officers.

It has been extremely gratifying to watch ROAAOMS coalesce and progress. Our resident organization represents a brilliant idea that has surpassed the goals of its founders and forged a future that is limited only by the residents’ imagination. If their next 20 years are as successful as the first, our specialty’s future is indeed a bright one. ①

AAOMS Presents Two Symposia at AADR Meeting


Two symposia, developed by the AAOMS Committee on Research Planning and Technology Assessment, were presented at the American Association for Dental Research (AADR) annual meeting in April. Symposia topics were “Benign Tumors of the Jaws: Paradigm Shifts in Research and Management” and “Antiresorptive-related Osteonecrosis of the Jaws: Current Clinical Concepts and Research Advances.”

The session on benign tumors demonstrated the expertise that OMSs have in this area of research. Dr. Eric Carlson presented on “Management of Fibro-osseous Lesions—Background and Contemporary Surgical Management” and Dr. Anh Le presented on “Epigenetic Regulation of Benign Tumor Stem Cell in Ossifying Fibroma.”

In the second symposium, Dr. Tara Aghaloo presented on “Overview of ARONJ: Dental Perspective.” She informed the audience that having discovered causal relationships between ONJ and additional medications, AAOMS now refers to the condition as medication-related osteonecrosis of the jaw (MRONJ) in order to be more accurate and more inclusive. She also referenced and publicized the recently released AAOMS position paper on MRONJ. Her presentation highlighted OMSs as the leading experts for the diagnosis, treatment and research of MRONJ.

Osteonecrosis of the jaws (ONJ) is a devastating complication of potent antiresorptive medications utilized for benign and malignant disorders of bone metabolism. Bisphosphonate-related ONJ (BRONJ) was first identified in 2003 and 2004, and its prevalence is

reported to be between 0.8-12%. Thus far, many hypotheses exist in an attempt to explain ONJ pathophysiology, including osteoclastic inhibition of bone resorption, inhibition of angiogenesis, constant microtrauma from chewing, bacterial infection or biofilm, soft tissue toxicity, genetic predisposition, vitamin D insufficiency, dysregulation of innate immunity, suppression of adaptive immunity, and inflammation. Difficulty with determining the pathophysiology makes treatment of ONJ challenging. From conservative therapy to jaw resection, multiple treatment modalities have been advocated. The AADR Research Symposium served as an update on the most current clinical and research advances in the field.

The AAOMS position paper on MRONJ is available for download at aaoms.org. 

HEALTH IT BYTES

Highlighting health information technology (health IT) issues affecting OMS practices




■ Several industry groups, including the Electronic Health Record (EHR) Association and the American Medical Association, have spoken out against the voluntary 2015 EHR certification under meaningful use. These groups consider the requirements overly rigid and not focused on ensuring interoperable and usable systems. According to an AMA analysis of the most recent CMS data on meaningful use, approximately 20% of eligible professionals have dropped out of the program.

■ The percentage of physicians who have switched from paper to electronic

health records (EHRs) varies greatly among states, according to a recent survey by the Centers for Disease Control and Prevention (CDC). In North Dakota, for example, 83% of physicians are said to have adopted the technology, while in New Jersey the percentage is much lower at 21%. Although the paper does not explain the disparity, it does note that the Medicare or Medicaid EHR Incentive Programs are driving the change.

■ The American Health Information Management Association (AHIMA) has issued a policy statement warning stakeholders about the risky practice

of copying and pasting information within an EHR. While this practice does save time, the paper warns that “misuse of this functionality has the potential to result in or contribute to several overarching challenges, with implications for the quality and safety of patient care, medical-legal integrity of the health record, and fraud and abuse allegations.” Recently, the federal government has taken an interest in the use of copying and pasting in health records, which is leading to greater scrutiny of the records. 

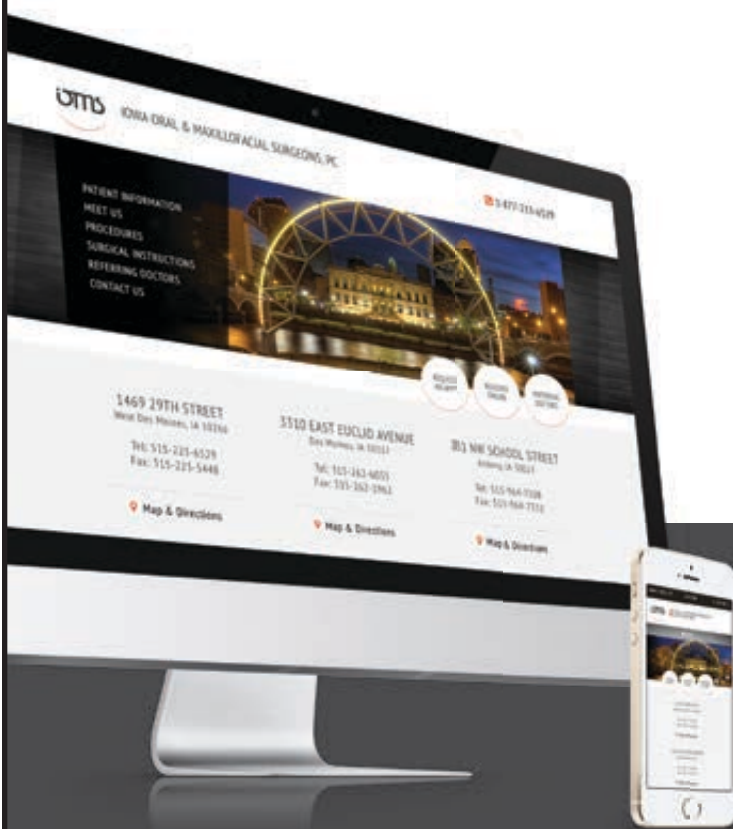


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CAPITOL CONNECTION



Legislative Success in Wisconsin Serves as Model for Other States

In 2008 when the Wisconsin Dental Association (WDA) and the Wisconsin Society of Oral and Maxillofacial Surgeons (WSOMS) first considered amending the state’s definition of dentistry, they knew an arduous road lay ahead that would require years of negotiations before success could be realized. Their hard work and patience paid off in the end as a revised definition was adopted earlier this year.

One of the most important aspects of the Dental Practice Act, a state’s definition of dentistry is the basis of the scope of practice for dental practitioners, including oral and maxillofacial surgeons. If it is too specific, it hinders the adoption of new techniques and technologies; too broad and it fails to encompass the full training of dental practitioners and may not prevent inadequately qualified individuals from practice in the field.

Prior to the enactment of the revised definition, Wisconsin already had an in-depth definition of dentistry that provided for the full scope of dental services. It, however, had not been updated for decades and featured a laundry list of specific procedures that dentists were allowed to perform, several of which were outdated.

Timothy B. Durtsche, DDS, an oral and maxillofacial surgeon and immediate past president of the WDA, noted, “The WDA looked at this issue for many years and had a task force with many members of the WDA and the WSOMS working on this issue. Until recently, we felt it was not the time to open the Dental Practice Act and so we held off.”

When a new attorney joined the Wisconsin Dental Examining Board and led the board to a 2008 ruling that dentists could not provide smoking cessation guidance or prescriptions, and after years of working to educate the individual on the appropriateness of this type of care, dentists knew the time was right to open the Dental Practice Act.

For this reason in 1997, the ADA House of Delegates adopted a definition of dentistry that provided enough specificity to encompass the scope of dental training but remained broad enough to provide for future development of the profession. Since that time, just under half of the states have incorporated this definition into their Dental Practice Acts.



Standing from left to right: Dr. Timothy Durtsche, WDA immediate past president from LaCrosse, WI; Dr. Paul Levine, WDA president-elect of Brown Deer, WI; Dr. Julio Rodriguez, WDA president from Brodhead, WI; Mara Brooks, WDA director of Government Services. Seated: Wisconsin Gov. Scott Walker (R).

The WDA took the lead and collaborated with state Rep. John Jagler (R-Watertown) and state Sen. Paul Farrow (R-Pewaukee) to draft legislation. For more than six months, the WDA worked with the legislative drafter, the staffer at the state legislature who actually writes the bill language, to ensure the revised definition fit within current state law and also met the goals of the WDA and WSOMS. After months of education and negotiations back and forth on verbiage and syntax, a bill was drafted by July 2013.

Dental leaders next sought the input of possible opposition bodies, including the Wisconsin Medical Society (WMS), prior to introducing the bill. It was important to create an environment with as little hostility as possible, to allow the bill a chance for enactment.


“We looked at the issue very strategically and worked hard to prove to our potential opponents that this wasn’t a “turf grab,” but was really about updating an outdated practice act and trying to get them to view the situation from our point of view,” said Mara Brooks, Director of Government Services at the WDA.

During a meeting of the interested parties, representatives from the WDA and WSOMS discussed the training and education of OMSs and, in particular, how OMSs train beside otolaryngologists and plastic surgeons in their residency programs. The WMS voiced concern about “rogue dentists” operating outside their scope should the revised definition be adopted. The WDA and WSOMS quickly quelled this fear by noting that, as with physicians, dentists are expected to practice according to their training and expertise or be subject to reprimand by their licensing board.

Engaging in this open discussion and education process was critical. Because of the dialogue, the WMS agreed to remain neutral on the bill prior to introduction. “I think if we had faced opposition from the Wisconsin Medical Society or other healthcare provider groups, we would have had a much harder fight on our hands,” said Brooks.

Once all the parties agreed to the language, the bill was introduced in the respective chambers of the state legislature where it proceeded with little to no opposition. This swift action was directly due to a lack of opposition. Everyone’s efforts paid off as Gov. Scott Walker (R) ultimately signed the legislation on April 23, 2014.

continued on page 8



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Capitol Connection

Continued from page 7

Other states looking to enact the ADA Definition of Dentistry, or any other legislation, can gain valuable tips from Wisconsin's experiences. Ms. Brooks advises states to "really focus on working with the potential opponents on the front end and seek, at the very least, their neutrality on the proposal prior to rolling a bill out for introduction. The less controversy, the better. If legislators sniff a turf battle, it can get ugly and costly."

Dr. Durtsche also noted, "The support of the state dental association can't be overemphasized. OMS is a small part of dentistry and it is because of our united voice on this issue that we were able to persevere and succeed."

If your state is seeking to move legislation during its upcoming session, please contact AAOMS Governmental Affairs for advice or assistance during the process.

FEDERAL ISSUES

■ Since the last edition of the *AAOMS Today*, AAOMS signed onto a coalition comment letter to the Drug Enforcement Agency (DEA) on the issue of rescheduling hydrocodone-containing drug products from Schedule III (C-III) to Schedule II (C-II).

■ On May 1, the CMS clarified that providers and insurers will have to put in place the controversial ICD-10 coding system for billing by October 1, 2015. Medicare physician payment legislation recently signed into law by President Obama delayed ICD-10 to at least that date while leaving it to CMS to decide when it would begin.

■ During her confirmation hearing on May 14 in front of the Senate Finance Committee, Sylvia Matthews Burwell, who has been tapped to replace Kathleen Sebelius as head of the Department of HHS, committed to working on a permanent replacement for the broken Sustainable Growth Rate (SGR) and Medicare reimbursement system this year.

■ On June 5, the Senate voted to approve Sylvia Burwell as the next secretary of the Department of Health and Human Services.

STATE ISSUES


■ The bulk of state legislatures have concluded their business for the 2013-2014 legislative cycle, and several new laws will take effect in the coming months. Be sure to check with your state society and state dental association for any new provisions with which you must comply.

■ Maine Governor Paul R. LePage (R) recently signed legislation (LD 1230) that establishes the dental hygiene therapist. Despite strong opposition from dental providers in the state, the legislation passed the legislature after months of debate during which legislators cited an apparent dental provider shortage. In order to gain support from lawmakers, and the Governor's approval, language was included in the final bill requiring dental hygiene therapists to work under the direct supervision of dentists. Prior versions of the bill allowed these individuals to practice remotely. Within the scope of practice as stated in the bill, dental hygiene therapists will be able to, among other procedures, administer local anesthesia and nitrous oxide analgesia, perform suturing, extract primary teeth, and perform nonsurgical extractions of periodontally diseased permanent

teeth when authorized in advance by the supervising dentist. Maine follows Alaska and Minnesota to become the third state with a dental mid-level provider.

■ Don't forget to remain involved with your state legislative efforts. Stay engaged with your state's dental association by serving on a committee or attending its legislative conference. Consider serving on your state's board of dentistry or on a task force. Involvement in all of these arenas will help ensure the future of the specialty.

OMSPAC

■ As of April, OMSPAC raised \$534,084 in contributions from AAOMS members. Additionally, OMSPAC has contributed \$300,500 to federal candidates as of May 30, 2014. For additional information on contribution totals, or for a list of candidates to whom OMSPAC has contributed, please visit www.omspac.org. 

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CONTINUING EDUCATION, MEETINGS AND EXHIBITS

2014 Annual Meeting News

REGISTER FOR TWO NEW CLINICAL MODULES

If you haven't yet registered for one or both of the meeting's new clinical modules, there is still time to do so. The modules run from 8:00 am to 3:00 pm and include plenary sessions, breakout sessions, oral abstracts and "how I do it" presentations.

The Dental Implant Module, on Thursday, September 11, will concentrate on methods to immediately provisionalize the patient after implant placement. The speakers will reinforce their presentations and techniques with evidence-based data.

The Orthognathic Surgery Module on Friday, September 12, will highlight 3D, computer-based treatment planning of orthognathic procedures and other alternative treatment planning.

Required pre-reading materials for both modules will be posted online at www.aaoms.org/amprogram14 in August.

Tickets are not required for these module programs but please indicate your intention to attend on your

meeting registration form. Space is available on a first-come, first-served basis.

Questions can be directed to the AAOMS Continuing Education Department at conteducate@aaoms.org

CIG PRE-READING

Learn 'n Fly! Two Clinical Interest Groups (CIGs) will offer pre-meeting reading materials to enhance the onsite learning experience. If you plan to attend either the CIG on TMJ or the CIG on Neurologic Disorders educational programs, take advantage of this opportunity to brush up on the subject matter before you leave for Hawaii, or while on the flight to the islands. The session reading materials will be available in early August as a download through the annual meeting page of the AAOMS Web site.

EXHIBITION UPDATES

On Thursday, the exhibition's opening day, enjoy a complimentary lunch from 11:30 am to 1:00 pm in the exhibit hall. Cash food service will also be available on Friday.

In addition, beverage breaks are scheduled Thursday-Saturday mornings between 8:30 and 9:00 am.

New! Get your fill of the latest technology options and usage tips

from on-site experts at the exhibit hall's Tech Bar. You will be able to ask the experts specific questions at any time during regular exhibition hours, or book one-on-one appointments to discuss such topics as:

- Tips and tricks on how to use mobile devices and apps
- Emerging tech solutions
- Practical and real-time applications of best practices
- How-to's on everything from creating a Twitter handle to creating a paperless work environment

Bring your tablets, smart phones and questions on how to use shortcuts, fun and must-have apps, and more!

Another new event, the **DC Dash**, will take place Saturday morning just for OMSs. AAOMS members will receive a DC Dash playing card as they enter the exhibit hall on Saturday morning. By visiting your favorite or new exhibitor you will obtain stickers and will be eligible for a fantastic grand prize drawing for the 2015 Annual Meeting in Washington, DC, compliments of AAOMS.

In addition, the Exhibit Excursion game is back this year for residents and professional allied staff. Once their

continued on page 12



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CE & ME

Continued from page 10

game cards are filled with the requisite number of exhibitor stickers, they will be entered in special daily drawings.

POSTERS/E-POSTERS

Over 300 poster boards will be on display Thursday–Saturday in the Exhibit Hall, with a Meet-the-Authors Session on Thursday from 9:00 am to 11:00 am.

E-posters will also be available online before, during and after the meeting. The electronic versions of posters may be accessed from any device with an Internet connection and also provide an easy way to search for topics or authors as you visit the poster boards in the exhibit hall. E-posters will be available online beginning in September. Visit www.aaoms.org/posters for more details.

DIC 2014 Registration Opens August 15

The 2014 AAOMS Dental Implant Conference will convene December 4–6, in Chicago, IL. Visit www.aaoms.org/DIC to view the program. Four new pre-conference courses will be offered this year:

- Complications
- The Changing Landscape of Bone Grafting for Implant Therapy
- Esthetics and Implant Therapy: What are the real issues?
- HANDS ON: Soft Tissue Grafting and Periodontal Procedures for Oral Surgeons

The Latest in Online CE Offerings

NEW ONLINE FACIAL COSMETIC PROGRAM

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On Thursday, August 7, Dr. Robert Bosack will present a

webinar on “When Should You Say No? Peri-anesthetic Evaluation for Office-based Surgery” from 5:00 to 7:00 pm. For complete details and to register, visit aaoms.org/ceonline. This anesthesia webinar is worth two hours of CDE/CME credits.

Two new facial cosmetic programs given by Dr. Elie Ferneini have been added to the AAOMS online CE library. Entitled “An Overview of Soft Tissue Fillers in Facial Rejuvenation” and “An Overview of Neuromodulators in Facial Rejuvenation,” each is worth one CDE/CME credit. These courses and more can be accessed from aaoms.org/ceonline.

OMSKU V Update

If you haven't investigated OMSKU V yet, here is what some of your colleagues are saying about their experience:



“Well organized, didactic and easy to follow, the application works outstanding, and is very up-to-date, great review for new graduates as well as for experienced professionals....”

“I enjoyed the Anesthesia chapter and will definitely recommend it to any of my colleagues. You can learn at your own pace and in the comfort of your home.”

The chapter on TMJ is now available through www.aaoms.org/omsku. This new chapter features 15 sections and offers 10 CDE/CME credits. Editor Kamal Busaidy, BDS, FDS, RCS (Eng), who led the efforts on this chapter over the past year, has compiled numerous works and videos written and created solely for OMSKU V, as well as some outstanding previously published material.

Look for the next chapter on the History of Oral and Maxillofacial Surgery to be available shortly. Check out other available OMSKU V chapters at www.aaoms.org/omsku.

Florida Dept. of Health CE Update

The Florida Department of Health, Division of Medical Quality Assurance has announced it will now verify a practitioner's continuing education record in the electronic tracking system at the time of renewal.

To learn more about CE/CME@Renewal, please visit www.FLHealthSource.com. ①

Nominees for ABOMS Director

One of three nominees will be elected a director of the American Board of Oral and Maxillofacial Surgery during the first session of the 2014 AAOMS House of Delegates on Monday, September 8, in Honolulu. The nominees are:

LARRY L. CUNNINGHAM, DDS, MD

Lexington, KY

Dr. Cunningham received his dental degree from the University of Texas Health Science Center at San Antonio and his medical degree from University of Texas Southwestern Medical Center. He completed his OMS residency at Parkland Health and Hospital System in Dallas.

A former recipient of the AAOMS/OMSF Faculty Educator Development Award, Dr. Cunningham has been on the faculty of the University of

Kentucky for 13 years, where he is residency director and division chief.

VINCENT J. PERCIACCANTE, DDS

Peachtree City, GA

Dr. Perciaccante received his dental degree from New York University College of Dentistry and completed his OMS residency at Emory University School of Medicine in Atlanta. He completed a fellowship in facial esthetic surgery in 2002.

Dr. Perciaccante is in private practice and holds a part-time faculty appointment as an adjunct associate professor at the Emory University School of Medicine.



Larry L. Cunningham, DDS, MD



Vincent J. Perciaccante, DDS



Sanford Ratner, DDS

SANFORD RATNER, DDS

Santa Ana, CA

Dr. Ratner received his dental degree from Northwestern University Dental School and completed his OMS residency at Long Beach VA Hospital/University of California at Irvine.

Dr. Ratner maintains a full-scope private practice. ①




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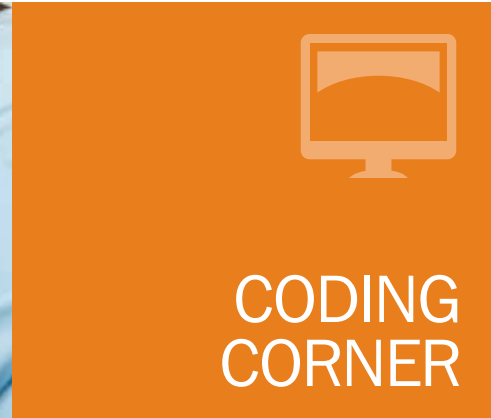


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Medicare Payment Patch and ICD-10 Delay

Congress has spent more than a year working on bipartisan legislation to repeal the Sustainable Growth Rate (SGR) formula and lay the foundation for a higher performing Medicare system. Proposed SGR repeal bills have called for replacing the current fee-for-service Medicare payment system with a system that reimburses based on quality performance and/or participation in one of multiple alternative payment models such as an Accountable Care Organization (ACO) or bundled payments for episodes of care. Before Congress could reach agreement, President Obama signed H.R. 4302, Protecting Access to Medicare Act of 2014. This bill applies a 12-month patch that extends the current 0.5 % update through the end of the year and freezes payment rates for the first three months of 2015. The payment patch also includes:

- Imaging quality provisions backed by the American College of Radiology that will require providers to consult physician-developed appropriateness criteria when prescribing advanced

medical imaging procedures for Medicare patients;

- Extends the enforcement delay of the Centers for Medicare & Medicaid Services' "two-midnight" rule; and
- Extends implementation of ICD-10 to no earlier than October 1, 2015.

While ICD-10 implementation is delayed, it is inevitable. Therefore ICD-10 preparations should not be delayed. AAOMS members and their staff should take advantage of the extra time to thoroughly plan for the transition by learning ICD-10, practicing ICD-10 coding, testing claim submission with payers and working with software vendors to assure they will be compliant when ICD-10 does take effect. Phasing in specific activities and engaging in staff training well in advance will help mitigate any loss of productivity or revenue that may occur during the transition.

UPCOMING AAOMS ICD-10 AND BEYOND THE BASICS CODING WORKSHOPS

Honolulu, HI (in conjunction with the AAOMS Annual Meeting)

- September 10, 2014. ICD-10-CM Coding Workshop

- September 11-12, 2014. Beyond the Basics Coding Workshop

Las Vegas, NV

- November 8, 2014. ICD-10-CM Coding Workshop
- November 9-10, 2014. Beyond the Basics Coding Workshop

Coding Q&A

Question: I was called to the hospital to treat a Medicare patient who had been admitted through the emergency department. I have opted out of Medicare. How will I be reimbursed for the procedure?

Answer: If you have formally opted out of Medicare, you would not be able to submit a claim to Medicare unless the treatment meets Medicare's definition of emergency/urgent care.

Medicare defines emergency care services as "any outpatient hospital emergency services that are necessary to prevent death or serious impairment of health and, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services." Urgent care services are
continued on page 16



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Coding Corner

Continued from page 14

defined as those “furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.”

When doctors treat a patient in the hospital on an emergency basis they can submit a claim to Medicare with the GJ (“opt-out” physician or practitioner emergency or urgent care service) modifier.

In this situation the patient has been admitted to the hospital through the emergency department, which can change the patient’s status from “emergency/urgent” to “inpatient.” In the event the treatment that was provided does not meet Medicare’s definition of emergency/urgent care, you will be able to provide the patient with a private contract before services are rendered.

Note: If you are contracted with the hospital you may need to verify your contract and/or hospital policies before

having a patient sign a private contract. Some hospitals do not allow contracted physicians to privately contract with patients if they are opted-out of Medicare.

If the services meet Medicare’s definition of emergency/urgent care services you may not charge the patient more than a nonparticipating doctor would be permitted to charge and must submit a claim to Medicare on the patient’s behalf. Again, when the beneficiary has not signed a private contract with the doctor Medicare will cover only items or services furnished in emergency or urgent situations.

Question: My office recently purchased a cone beam CT machine with which we are taking Panorex images. Would I report the procedure using a Panorex or a cone beam code?

Answer: It will depend on whether the image is 2D or 3D. Some cone beam machines may have Ipan software or Tru-pan software installed. Ipan does not have 3D capability; those images would be billed as a Panorex because they are 2D images. Tru-pan images are 3D. Coding should be according to the type of images produced and not the machine used to produce them. ①

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.

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Oral-Maxillofacial Surgery Full-Time Faculty Position University of Minnesota School of Dentistry

The University of Minnesota School of Dentistry seeks candidates for a full-time tenured, or tenure eligible, Associate or Full Professor faculty position to lead the Division of Oral and Maxillofacial Surgery.

This person must be an experienced surgeon with a dedication and commitment to providing full scope quality care and service to patients, and be able to work with faculty, staff and students to provide a positive environment in which to accomplish this goal. The ideal candidate will be capable of developing a synergistic and collaborative team, creating and achieving a vision for the future of the Division of Oral and Maxillofacial Surgery (OMS), and committed to teaching and developing our predoctoral students and OMS residents. Receipt of a DDS, DMD or equivalent degree, eligibility for licensure to practice dentistry in Minnesota, have completed an accredited advanced education training program in oral and maxillofacial surgery (U.S. or U.S. equivalent) and American Board of Oral and Maxillofacial Surgery Certified are required qualifications. Experience providing patient care and supervision in an academic setting as well as a demonstrated history of quality clinical and didactic teaching with predoctoral students and/or OMS residents or fellows are highly preferred.

The position will remain open until filled. Applications must be submitted through the University of Minnesota’s online employment system, accessed (requisition number 185282) at <https://employment.umn.edu>. Or cut and paste this link into your browser:
employment.umn.edu/applicants/Central?quickFind=112378

Please attach your curriculum vitae, letter of interest including brief summary of clinical, teaching and scholarly activities, and names and addresses of three references to the online application.

Online application is required. For questions, please contact Ms. Denise Thorson, Executive Assistant, Department of Developmental and Surgical Sciences, 7-194 Moos Tower, 515 Delaware Street, SE, Minneapolis, MN 55455 by mail, by telephone at (612)626-0903, or via email at thors351@umn.edu.



Daniel M. Laskin, DDS, MS, Editor

EDITOR'S CORNER



Do You Really Understand Me?

A recent study by the Institute of Medicine indicates that nearly half the adults in the United States have problems understanding what doctors tell them about their condition, the instructions regarding medications they need to take, and other things that they need to do to heal themselves. Those who have such problems with health literacy include senior citizens, immigrants with limited understanding of English, people from different cultures, and those with limited education or cognitive impairment. Therefore, when you ask patients if they understand what you have told them and they answer “yes,” it doesn’t always mean that they do, for they are often hesitant to tell the truth. It is important that you and your staff make every effort to recognize those patients who may be hiding their inability to clearly understand the information that is being provided as early as possible.

Among the possible indicators that a patient has a language comprehension problem are incomplete or inaccurate registration forms, frequently missed appointments, poor compliance with medication regimens, and lack of follow-through with referrals for laboratory tests or imaging. Studies

have shown that among such patients 26% do not understand when their next appointment is scheduled, 42% do not understand the instruction “take medication on an empty stomach,” and up to 78% misinterpret warnings on prescription labels. Among the things that can be done

“Making sure our explanations and instructions are clear may take a little more time, but it is time well spent.”

to help these patients is to have the person handling registration ask every patient if they need assistance in filling out the forms and to provide it if they do. Excessively long forms can also be a problem and they need to be reviewed to see if all the information requested is really essential. If your practice has many multilingual patients, it is also helpful to have forms in different languages. Finally, instruction forms provided to patients need to be short, easy to read and written in simple language. A recent study that tested oral surgery patients’ ability to select the correct definition for such terms as hemorrhage, hematoma, flap, cellulitis and dry socket found that

72% incorrectly identified hemorrhage as a local accumulation of blood in the tissues, while 64% incorrectly chose active bleeding from a tooth socket as the definition of a hematoma. Only 46% knew that a dry socket represented delayed healing after tooth removal, 72% incorrectly chose “gum around a tooth” as the definition of a flap, and 56% incorrectly selected “a small abscess” to define a cellulitis.

To help patients understand what they are being told, we need to speak slowly, avoid medical terms and medical jargon, and use drawings, photographs, models, etc. in explaining surgical procedures. Making sure our explanations and instructions are clear may take a little more time, but it is time well spent in preventing misunderstanding and in improving patient care and treatment outcomes. ①



MEMBERSHIP MINUTE



AAOMS Career Line—Your Source for Practice Opportunities and Employer Discounts

The AAOMS 96th Annual Meeting Scientific Sessions and Exhibitions is traditionally a time when thousands of oral and maxillofacial surgeons from across the nation gather to advance the field through educational programs and advocacy. It is also a time when OMS professionals seek to network among their colleagues to progress their careers.

The official online job board for oral and maxillofacial surgeons, AAOMS Career Line, makes it easy for candidates and employers to connect all year long, but it's the weeks surrounding the annual meeting when the career center experiences a flurry of job seeking and hiring activity.

To help you navigate the OMS job market, AAOMS is now offering a 20% discount off all your job postings or banner ad packages to the AAOMS Career Line from August 13–September 13!

Employers: It's easy to establish your organization's brand and footprint in the minds of OMS candidates using the AAOMS Career Line:

- Exposure to hundreds of qualified OMS candidates,

including access to a deep resume database.

- Personal customer support to help you organize job posts and hiring strategies.

Job Seekers: Access the largest collection of OMS practice opportunities from employers of all types and sizes for free:

- Search over 125 job listings from today's top employers.
- Sign up for Job Alerts, which notify you about new postings that match your search criteria.
- Access to career advice, news articles, and eNewsletters to keep you current with industry trends.

HOW DO I GET THE DISCOUNTS?

Call 888/884-8242 with the promotional code AAOMS2014 to receive 20% off all employer job or banner ad postings to the AAOMS Career Line from August 13 to September 13!

Visit healthcareers.com/aaoms to learn more!



HEALTH POLICY PERSPECTIVES

Affordable Care Act: Implementation Checklist

Healthcare coverage offered through the Affordable Care Act's (ACA) health insurance exchanges, also referred to as marketplaces, became effective January 1, 2014. The ACA exchanges allow patients who do not currently have employer-provided healthcare coverage to compare and purchase their health insurance coverage to fit their needs and budget. Oral and maxillofacial surgeons must know if the carriers with which they contract are now part of an ACA insurance marketplace and if their patients are insured through one of these plans. Having this information will help identify patients' out-of-pocket expenses. AAOMS has developed the checklist on the facing page to help OMS offices accommodate this new patient population. For more information on the insurance marketplaces visit www.healthcare.gov.

Affordable Care Act Checklist



1. Confirm if you are participating with ACA exchange/marketplace products and verify coverage.

- Verify with the state which insurance carriers are involved in the insurance exchange/marketplace.
- Review provider contracts with those carriers involved in the marketplace.
 - Were you automatically enrolled into the marketplace due to an all-products clause in your existing contract with the insurance carrier?
 - Check the fee schedules of those carriers included in the marketplace with which you are contracted. What a plan covers and what it reimburses within and without the marketplace may differ. Plans offered through the exchange/marketplace may reimburse according to a different fee schedule and offer only what is required by the ACA in order to keep in-exchange premiums lower.
 - If you were not auto-enrolled, but are interested in becoming a participating provider with a plan offered through your state exchange/marketplace, keep in mind some exchange/marketplace plans are offering limited provider networks in an attempt to keep premiums low. In such states, providers and hospitals may be released from their provider contracts without cause.



2. Verify the type of insurance and the current eligibility status of each patient.

- Ask patients what type of medical/dental insurance they carry:
 - Are they insured by their state insurance exchange/marketplace?
 - Are they insured by their employer?
 - Do they have indemnity insurance or have they purchased benefits independently?
- If the patient is insured through the insurance exchange/marketplace, determine what type of dental plan the patient has from the following:
 - **Embedded Dental Coverage:** the dental benefits are included within the medical policy. Medical plans with an embedded dental plan typically have one deductible and a combined maximum out-of-pocket, so the dental benefits may not kick in until the medical deductible has been met.

- **Bundled Dental Coverage:** dental benefits are considered a separate plan with a separate deductible, but sold with a medical plan.

- **Stand-alone Dental Coverage:** These are dental benefits that can be purchased separately from the patient's medical insurance.

- Establish a formal office policy to discuss all per-visit expenses that are the responsibility of your patients, including coinsurance, copayments, and deductibles.
 - Many insurance plans included within the exchange/marketplace have high deductibles, which should be explained to each patient to prepare them for their financial obligations.
- Train office staff to communicate with patients regarding your state's insurance exchange/marketplace, their coverage, and their responsibility when they schedule their appointment.



3. Familiarize yourself with the Essential Health Benefits (EHBs) in your state.

- All health plans within the insurance exchange/marketplace must offer the core EHBs, including physician visits, hospital and emergency services, maternity and newborn care, mental health and substance abuse treatment, prescription drugs, rehabilitative services and devices, laboratory services, preventive and wellness services, and pediatric services including vision and dental care. Note: there is no defined list of covered OMS procedures and coverage is handled on a state-by-state basis.
- The scope of pediatric dental benefits that exchange/marketplace plans in any given state are required to cover is modeled after benefits provided via the Federal Employee Dental and Vision Insurance Plan (FEDVIP) or the state's Children's Health Insurance Program (CHIP). A full list of each state's chosen EHB model may be found at <https://www.statereforum.org/analyses/state-progress-on-essential-health-benefits>.
- Compare your state's exchange/marketplace coverage and costs. This information can typically be found on your state's marketplace Web site through specific comparison tools.

continued on next page

Affordable Care Act Checklist *Continued*

4. Consider complying with the HIPAA operating rules that went into effect March 31, 2013. Doing so may provide you real-time access to patient eligibility and benefits.

- The Committee on Operating Rules for Information Exchange (CORE) created the operating rules with the intent of giving providers access to eligibility and benefits information to any patient or health plan before or at the time of service.
- Determine a patient's eligibility and financial responsibility while they are still in the office in order to accept payment at the time of service.
- For more information on the HIPAA CORE operating rules, speak with your software vendor.

5. Establish a policy relating to coordination of the patient's benefits if they present with more than one insurance plan.

- Do not assume that either the dental or medical plan is always primary.
- Always verify benefits with all presented insurance carriers to confirm which is considered the primary carrier and which is secondary.
 - The handling of your contractual obligations remains the same regardless if the patient is insured through the marketplace or an employer plan.
- Check out AAOMS's full summary on coordinating your patients' benefits on the AAOMS Web site at aaoms.org.

6. Stay abreast of Medicare and Medicaid program enhancements stemming from the ACA.

- The Physician Quality Reporting System (PQRS) program:
 - A Medicare incentive program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. The ACA continues to apply penalties for not reporting quality performance measures on 2014 claims. A full summary along with a list of OMS-related quality measures can be found on the AAOMS Web site.

- The AAOMS partnered with CECity to offer the **PQRSwizard**, a fast, convenient, and cost-effective online tool to help collect and report quality measure data for the Centers for Medicare & Medicaid Services (CMS) PQRS incentive payment program.

- The ACA now allows states the option to expand Medicaid to all individuals under 65 who have incomes up to 133% of the federal poverty level based on a modified adjusted gross income.
 - If you are a Medicaid provider, you may begin to see an increase in Medicaid patients within your practice.

7. Institute a mandatory compliance program within your practice. Those practices without a compliance program in place will no longer be able to enroll or participate in Medicare or Medicaid programs.

- Section 6401 of the ACA, requires all Medicare/Medicaid providers, regardless of size, to maintain a mandatory compliance program within their practice(s).
- Until the Office of the Inspector General (OIG) releases final guidance, the AAOMS recommends following the OIG's Voluntary Compliance Plan specifically for Individual and Small Group Physicians, which is comprised of seven steps to assist providers in preventing the submission of erroneous claims or engaging in unlawful conduct involving Federal healthcare programs.

8. Make sure you are aware of how your state exchange/marketplace affects you as an employer. OMS's can review the document found on the Governmental Affairs page of the AAOMS Web site, "A summary of the Health Insurance Marketplace and its impact on your practice."

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ROAAOMS

Continued from page 1

Dr. Lew had also observed that, in those pre-Internet days, residents had very few opportunities to learn about the specialty beyond their individual programs. “The programs functioned in isolation,” he says. “Some were superb and some were mediocre. Residents who were being trained in mediocre programs had no way of knowing what superb programs were like except by attending meetings and speaking to their co-residents.”

And so, in his inaugural address, Dr. Lew announced his intention to form ROAAOMS, the resident organization of AAOMS. It would provide a way for residents to communicate with one another and with the practicing doctors in AAOMS, to share their concerns about the state of their individual programs, and to understand the state of the specialty and where it was going.

There would be benefits for the parent organization as well. As Dr. Brian Alpert, former chair of the AAOMS Committee on Residency Education and Training, puts it, “young people

are not joiners. It was a splendid idea to bring people into the fold before they got away.” As members of ROAAOMS, residents would already be aware of the benefits of joining AAOMS before they even completed their training.

Twenty years later, ROAAOMS continues to grow and thrive. Thanks to the initiative of its leaders, many of whom have, as Dr. Alpert predicted, gone on to play an active role in the AAOMS itself, it has expanded from a forum for residents to share their opinions and concerns about their education to an opportunity for them to contribute to their specialty even before they enter practice. “It’s one of the more successful things AAOMS has done in the last 20 years,” he says.

After announcing his idea for a residency organization, Dr. Lew deputized Dr. Alpert and then AAOMS Associate Executive Director for Professional Affairs Randi Andresen to make it a reality.

In order to build a membership base, AAOMS invited two representatives from every residency program—Brian Alpert recalls there were 105 at the time—to attend the annual meeting

that October in Denver. In his talk, Dr. Alpert outlined the plan for the resident organization and emphasized to the residents that AAOMS was their organization, too, with a goal of helping them with their education and in finding their place in practice. Those initial members were encouraged to go back to their programs and spread the word to their fellow residents.

From the start, ROAAOMS attracted residents who were interested in participating in the specialty. One of the first of those was Erik Belinfante. “We quickly realized that the best way to represent our fellow residents was through direct communication with the AAOMS Board of Trustees. The officers and trustees I spoke with felt we were worthy of being heard, and they listened. By sitting in on board meetings and expressing my opinions, I believe I was able to make the board aware of concerns that were voiced to me by residents from around the country.”

In 1997, ROAAOMS members were granted two non-voting seats in the AAOMS House of Delegates. “I was interested in unity among the specialties and in getting to know the programs and residents,” says Dr. Dan Hendrichsen, who became a ROAAOMS delegate in 2002 and ROAAOMS president the following year. “I was exposed to political and administrative issues within the specialty. People who become involved in ROAAOMS start to get a grasp on matters facing residents nationwide. It’s a glimpse into the future, the topics that are important, the things that will be worked out in the near future to benefit the specialty and help us provide the kind of care we were being trained to deliver.”

With ROAAOMS leaders taking such an active role in both AAOMS and the profession as a whole, it’s probably not surprising that ROAAOMS members

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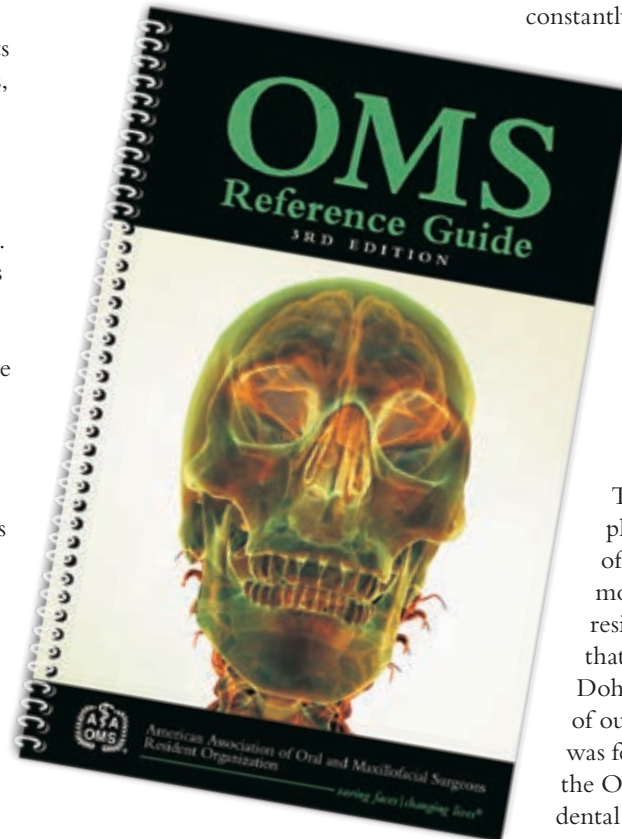
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pursued the right to vote in the House of Delegates. The first group of residents requested voting rights in the late 1990s, soon after they got speaking rights; but the House of Delegates felt it was too soon. Hendrichsen understands the apprehension on the part of AAOMS leaders. “I can see it both ways,” he says. “Residents aren’t facing the same things as OMSs who are in private practice or teaching in universities. They’re not as informed as someone who is living those issues.”

By 2013 opinions had changed and the 2013 House of Delegates approved a resolution granting limited voting rights to the two ROAAOMS delegates in the house. They will not vote in the election of AAOMS officers and trustees, ABOMS directors and district caucus officers. They will, however, have open access and participation rights to all district caucuses held in the summer and at the annual meeting.

Although they would not be granted voting rights until 2013, the residents did not hesitate to make their voices heard. “By the time I got involved in 2006,” remembers Dr. Todd Reuter, “there was a steep trajectory in increasing resident participation in AAOMS committees on the district level. The residents were eager to be involved, and the forward-thinking committee chairs loved our input.”

Residents quickly established ROAAOMS as the specialty’s ambassador to their dental peers. ROAAOMS members began taking the initiative to start new programs. Dr. Belinfante remembers, “I spoke to members of the American Student Dental Association (ASDA) and ADA Committee on the New Dentist. I wrote articles for student dental journals.” They began working with the ASDA to raise awareness and interest in the OMS specialty among dental students. Dan Henrichsen, who did his residency at the



The popular ROAAOMS guide is in its 3rd edition.

University of Oklahoma, remembers traveling to dental schools throughout the Great Plains to give presentations. ROAAOMS representatives developed a national “lunch-and-learn” program, and took an annual survey to gauge its members’ needs and concerns. “I think ROAAOMS’s efforts have helped a fair number of undergraduate dental students discover OMS, and we have given them a realistic expectation of the resident life,” says Belinfante.

As the organization matured, residents sought ways to formalize ROAAOMS’s role within the specialty. Dr. Michael Doherty is credited with playing an integral part in the development of a ROAAOMS strategic plan and operating guidelines. Dr. Doherty stresses the importance and the impact of the strategic plan, “In any organization such as ROAAOMS in which the leadership

constantly changes it is imperative to have a strategic plan in place to guide the new executive committee. While revisions have occurred, the intent of the document has changed little. The approval of the strategic plan allowed ROAAOMS to become an active organization and to be recognized as a value to AAOMS in the promotion and growth of our specialty.”

Their goal for the strategic plan was to parallel the goals of AAOMS, but make the plan more specific to those interested in residency training and the doctors that were in training. “Also,” Dr. Doherty adds, “based on several of our dental school experiences, it was felt that the interaction between the OMS community and the dental student community needed improvement—not only to recruit OMS residents but to educate the future referral base of the specialty.” And so, Goal 4, which deals with enhancing the relationship between OMS residents and predoctoral students, was written as a road map to achieve this goal.

Starting in 2009, ROAAOMS began presenting the “Disasters from the Masters” program at the AAOMS annual meeting, bringing in experts to talk about problems they’ve had during surgery and how they solved them. “It’s a very entertaining and enlightening session,” says Reuter, who helped organize the first program. “I go to it myself,” adds Alpert.

Perhaps the greatest contribution ROAAOMS has made in recent years, however, is the *OMS Reference Guide*, a pocket-sized guide to the practical aspects of the job. Work began during Dr. Hendrichsen’s ROAAOMS presidency in 2005; it took three years

continued on page 24



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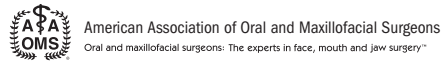
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AAOMS 96th Annual Meeting: **Honolulu**
aaoms.org/hawaii



ROAAOMS

Continued from page 23

of sustained work to produce the first edition.

“The manual talks about labs and paperwork and how to work people up for surgery,” explains Hendrichsen. “It talks about how to write notes, how to deliver anesthesia, how to manage a medical emergency and differential diagnoses. They don’t cover oral and maxillofacial surgery on this level in dental school.”

“It’s something you can reference while delivering care, not just studying for a test,” adds Dr. Todd Brandt, who took over work on the manual in 2006.

The manual represented a great pooling of knowledge from members of ROAAOMS. Dr. Brandt estimates that at least 30 residents were working on it at any given time, all on a strictly volunteer basis. During 2006, the year he was chief resident of his program, he remembers going to work an hour early every day so he could edit the manual before rounds. “It just kept pouring in,” he says. “It was kind of exciting to see how much work we compiled in the end. It was a very successful publication for AAOMS. It was a vision we had. We were willing to put in the work so every resident and dental student could carry it in their pocket during rounds.”

The manual is now in its third edition—Dr. Reuter recalls spending a feverish 48 hours in a hotel room in Chicago during his year as ROAAOMS president, adding text and making revisions—and ROAAOMS leaders plan

to keep updating it every two or three years. The International Association of OMS also developed a version of the manual for a global audience.

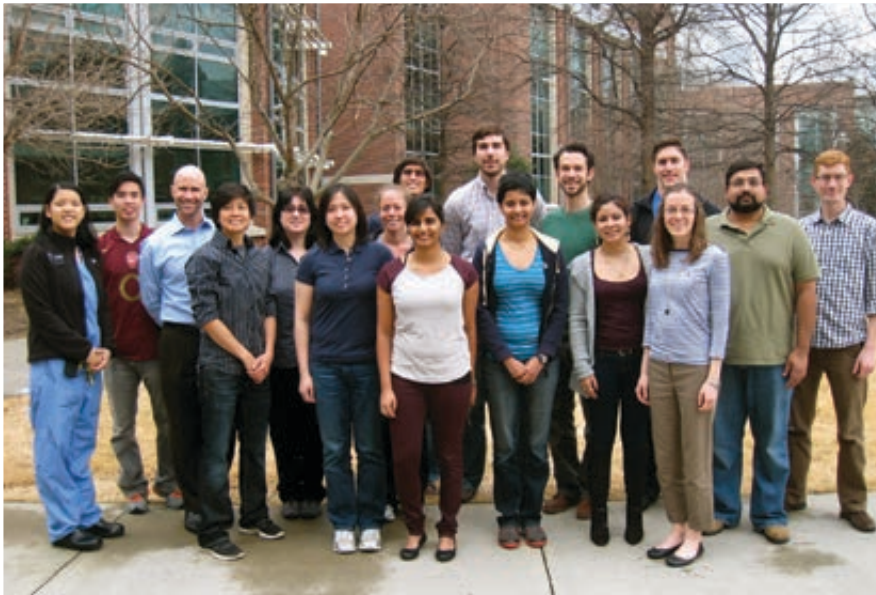
What next for ROAAOMS? Dr. Belinfante has definite ideas. “I think ROAAOMS is a great organization that helps our profession. The group works toward public awareness, educating dental students, and working with the other dental specialties. Education and communication are very important for our relatively small yet highly specialized group/specialty. I hope ROAAOMS is around as long as the specialty exists.” ①

OMS FOUNDATION NEWS

Scholarship Spurs OMS Career Trajectory

A few years ago Lisa Tran, DDS, MD, saw an opportunity and took a chance. In 2009, she learned about the AAOMS/OMSF/IAOMS Young Investigators' Day and Research Summit, and in particular, the scholarships the OMSF provides for residents to attend. Although she

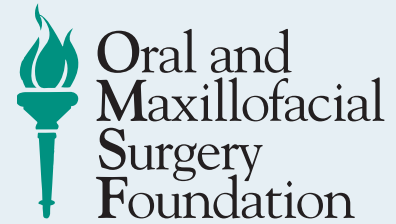
The OMSF awarded Dr. Tran one of the scholarships, and the experience has greatly influenced the trajectory of her education. She did indeed pursue oral and maxillofacial surgery training and research is an integral component of her residency at Emory University School of Medicine.



This research team from Emory University, led by Principal Investigator Lisa Tran, DDS, MD and Co-PI Steven Roser, DMD, MD, received a 2014 OMSF Research Support Grant for their project "BMP Delivery Strategies for Treating Bone Defects in Pediatric Patients."

was interested in attending, she didn't think she could apply for a scholarship because she was a dental student. Knowing her interest in research and her inclination toward a career in academic oral and maxillofacial surgery, Dr. Vivek Shetty, professor of oral and maxillofacial surgery at the UCLA School of Dentistry, encouraged her to apply anyway.

"At the 2009 AAOMS Young Investigators' Day/Research Summit, I had the opportunity to hear and meet prominent OMS research leaders who exuded passion for their work and the desire to advance the field," Dr. Tran said. "Their excitement for research was contagious and drove me to pursue my research interests in residency."



Leading the specialty through support of research and education

Dr. Tran and her research team were awarded an OMSF Research Support Grant in 2014 for the project "BMP Delivery Strategies for Treating Bone Defects in Pediatric Patients."

"Our project is focused on determining the safest and most effective levels of bone morphogenetic protein (BMP) delivery to regenerate bone. Presently, there is no data available on appropriate BMP doses in patients. We hope to develop advanced spatiotemporal delivery strategies that use lower and therefore potentially safer doses of BMP to effectively regenerate large bone defects resulting from injury, tumor resection, or congenital deformity," explained Dr. Tran.

Research has been a part of Dr. Tran's life since her teen years. In high school she worked in the Pollen Lab at California Institute of Technology (Caltech), investigating asthma and allergies. As an undergraduate student at Caltech, her research work included projects in developing HIV drug cocktails and cloning regulatory T cells. Her research continued at the UCLA School of Dentistry with projects on the effect of ionizing radiation on bone marrow.

continued on page 26

OMSF

Continued from page 25

“We are proud that the OMSF has been a part of Dr. Tran’s education since dental school,” said Dr. Daniel J. Daley, Jr., DDS, MS, OMSF chairman. “It is exciting to be part of the continuum of a future leader’s career.”

Dr. Tran credits three mentors for inspiring her: Drs. Alan Felsenfeld, Steven Roser, and Gary Bouloux each shared a love for oral and maxillofacial surgery, acted as role models, and encouraged her research. Her mentors instilled the importance of research on the future of the OMS specialty. Current clinical practices are based on basic science research; advances in OMS have their roots in the basic science research that the OMSF supports.

“Innovation occurs with basic science research when it is aimed to lower costs, make improvements, provide more consistent results, and yield better outcomes for patients. In addition to experience, continued basic scientific research provides the foundation for quality and consistent patient care,” said Dr. Tran. ①



Brett L. Ferguson, DDS, Treasurer

TREASURER’S ACCOUNT



AAOMS Headquarters Building an Investment in the Specialty’s Future

For almost 30 years the AAOMS headquarters building at 9700 West Bryn Mawr Avenue in Rosemont, Illinois has been home base to the more than 9,000 oral and maxillofacial surgeons in the United States. It is where our 60 full-time staff members work daily on our behalf to develop the educational programs and practice management services we and our staff rely upon, monitor the state and federal initiatives that affect the specialty, and support the key areas of the OMS scope of practice. It is also the hub of the specialty where our standing and special committees gather to fulfill their charges, and where the Board of Trustees meets throughout the year to conduct association business. In addition to the AAOMS, our headquarters is also home to the OMS Foundation and two other organizations that lease space on the second floor of the building. Their lease payments provide significant non-dues revenue to our association.

The AAOMS headquarters building was completed in 1979 and served as the international headquarters for the Hyatt hotel chain until AAOMS purchased the building in 1986. The two-story building consists of approximately 43,000 square feet,

and is located on slightly over three landscaped acres of property just east of O’Hare airport in Rosemont, Illinois.

Discussions related to the purchase of a headquarters building began in the 1970s, but it wasn’t until 1984 that the House of Delegates approved the purchase. Members were assessed \$135 annually for four years to provide monies for a down payment on the property. Following the evaluation of many sites, the current building was purchased at the end of 1986 for \$4.45 million. A cash deposit of slightly over \$2 million, including over \$1.5 million in special building fund assessments of the membership, was made with debt covering the remainder of the



Signage at the property’s entrance

purchase price. Additional building improvements costing about \$750,000 were completed before staff moved into the building. In October 1987, the AAOMS headquarters office formally relocated from the ADA building in downtown Chicago to the new home in Rosemont. The mortgage note on the building was ultimately paid off in 1993, when the association initiated a line of credit that was not collateralized by the building. The line of credit was retired in 1998.

From 1987 through 2000, there were no major renovations to the building other than normal maintenance and improvements to tenant space associated with new leases. In 2000, the Walter Lorenz Memorial Library was opened on the first floor of the building in recognition of the contributions and support provided to the specialty by Mr. Lorenz during his lifetime.

In 2004, AAOMS's second floor tenant relocated to acquire additional space, leaving more than 20,000 square feet of space unoccupied in what had become a very soft commercial real estate market. The demise of several large technology companies coupled with several brand new high-rise buildings in the O'Hare area led to a surplus of available rental space, with very few tenant prospects. The credit market meltdown in late 2008 only made the situation worse.

In the summer of 2004, Banco Popular, a Puerto Rico-based banking institution, expressed interest in purchasing the AAOMS headquarters property. Given the location and its importance to the implementation of their plans, they offered an above-market price for the property. Financial projections associated with the offer were presented to the AAOMS House of Delegates in 2005. After some deliberation, the House decided that the benefits of ownership, the location

of the AAOMS property (close to O'Hare airport and many hotels), and the ability to control the association's destiny outweighed Banco Popular's attractive financial offer.

Following the House's decision, the Board of Trustees initiated a plan to renovate the first floor of the building to better serve the membership now and in the future. The redesign



The headquarters office atrium provides a comfortable waiting area for guests.

included fewer but more efficiently designed private offices and an increased number of workstations, with a new floor plan that efficiently used the existing space while emphasizing functionality, work productivity and esthetics. In the end, the natural lighting, reconfigured office space, technologically enhanced meeting rooms and contemporary design combined to provide a totally new environment with room for future growth. As a bonus, the improvements we made to the entryway, the atrium and the exterior of the building further enhanced the appeal of the second floor space to prospective tenants. When the project concluded in August 2007, the association had spent approximately \$2.5 million from reserves.

Despite prevailing economic woes, AAOMS's redesigned headquarters was instrumental in the negotiation of a 15-year lease with the American Academy of Physical Medicine and Rehabilitation (AAPMR), a healthcare association relocating from downtown Chicago. With a start date of December 1, 2009, that lease covered approximately 80% of the rentable space on the second floor, guaranteeing

a steady stream of non-dues income until the end of 2024. The AAPMR also had the contractual right to expand into the remaining vacant space on the second floor at the end of 2016.

Although many proposals were issued to prospective clients in the years 2009-2013 for the remaining vacant space on the second floor, it wasn't until

the fourth quarter of last year that a deal was consummated. Ewald Consulting, an association management firm headquartered in Minnesota, was seeking to expand their Chicago operations. AAOMS negotiated with the AAPMR to extend their right of expansion from late 2016 to 2019, which in turn allowed our association to enter into a five-year lease with Ewald. Ewald has the right to renew its lease in 2019 subject to the qualification that AAPMR does not exercise its right to expand at that time.

The leasing of all rental space on the second floor, together with the renovation of the entire first floor space in 2007, ensures that the headquarters building will continue to serve the needs of the AAOMS membership for many years to come. ①

Use a “Bucket Strategy” to Reduce Investment Fear

By Jeffrey E. Wherry, CFP, ChFC
Managing Director
T&H Financial Group

Investing can be hard. Boston-based DALBAR Inc. publishes an annual study that measures inflows and outflows of mutual funds. Their findings suggest investors have lagged the market by about 4% over the last 20 years.¹ Why? Because they tend to sell when the market hits a low and get back in after the market has recovered, in contrast to the idea of “buy low, sell high.”

Modern theory teaches to create an investment portfolio aligned with your long-term financial horizon and then let it ride through market ups and downs. However, this is a really tough theory to hold to through tortuous bear markets like the ones seen in 2002 and 2008/09, especially for older investors who might be nearing or at retirement. If that

person panics and liquidates investments during a downturn, he or she risks earning a lower return than they might need to fuel spending in later years.

However, dusting off an old idea might help solve this problem. Employing a “bucket approach” to your investment accounts may provide the confidence needed to stay invested during poor market cycles. This approach was recently outlined in a research paper published in the *Investments & Wealth Monitor*, a journal of the Investment Managers Consultants Association.² The concept was culled from research conducted in 1958 by Nobel Laureate, James Tobin.

The authors suggest parceling your investment portfolio into several distinct buckets based upon the time horizon for need and portfolio risk. For instance, a person at retirement might establish a

bucket approach in this manner:

Bucket #1: Money that will be spent in the next 10 years should be invested in a conservative bucket such as a 30/70% stock to bond ratio.

Bucket #2: Investments earmarked for spending starting in 10 years and lasting through year 20 would be invested in a more moderate portfolio, which might be in the range of 50/50% stock to bond.

Bucket #3: Investments for spending needs starting in 20 or more years could be invested in a growth type portfolio that might be along the lines of 70/30% stock to bond.

The total asset mix of the three combined portfolios might actually

continued on page 30

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The Ohio State University www.osu.edu

THE OHIO STATE UNIVERSITY Faculty, Oral and Maxillofacial Surgery



The Ohio State University College of Dentistry, Division of Oral and Maxillofacial Surgery and Dental Anesthesiology is seeking an oral and maxillofacial surgeon, to join the full time faculty as an Assistant or Associate Professor. This is a clinical track position with emphasis on teaching.

The Ohio State University College of Dentistry is the third largest public dental school in the United States, and it is the only public dental school in Ohio. The college is divided into eight divisions or academic units. All major ADA-recognized dental specialties are represented. The primary area of responsibility of this faculty position will be contributing to the didactic and clinical instruction in the Oral and Maxillofacial Surgery program.

The candidate must be board certified, an active candidate for certification, or currently enrolled in a residency or fellowship, and must be eligible for licensure in Ohio. Responsibilities include pre-doctoral and resident teaching with emphasis in the area of oral and maxillofacial surgery resident education and participating in the school's intramural practice. The Division enjoys excellent working relationships with the Divisions of Orthodontics and Prosthodontics/Implants. Interdisciplinary treatment opportunities are widely available. The Ohio State University Hospital is a Level 1 Trauma Center and is an important referral site from throughout the State of Ohio.

This opportunity will become available June 30, 2015. Evaluation of applications will begin immediately and continue until the position is filled. Salary and academic rank are commensurate with qualifications. Applicants should provide a personal statement delineating qualifications and career goals, and will submit a curriculum vitae with three professional references. Application materials or inquires should be sent electronically to Dr. Peter Larsen, Chair at Larsen.5@osu.edu. To build a diverse workforce, The Ohio State University encourages applications from individuals with disabilities, minorities, veterans and women.

For more information about the college, the division and this position, visit <http://www.dent.osu.edu>.

The Ohio State University is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation or identity, national origin, disability status, or protected veteran status.

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Optum™ Order the 2014 Coding Guide for OMS, purchase other essential practice resources and enroll in a powerful online coding program – EncoderPro.com – all at a discount to AAOMS members. Visit OptumCoding.com or call 800/464-3649, option 1, for details.

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PRACTICE MANAGEMENT MATTERS

Q&A

Question: How can we know if our office sterilizer is working properly?

Answer: It is important to read the sterilizer's gauges and monitor it for the proper temperature. You must also monitor autoclaves and chemical-vapor sterilizers for the proper pressure. OMS practice staff should wrap and seal instruments in packaging that changes color upon exposure to heat and/or other combinations of sterilizing conditions. Color-change indicators can help identify instrument packages that have been sterilized, eliminating the chance that a contaminated instrument could be selected to treat the next patient. Oral surgeons should regularly test their sterilizers by using a vial or envelope containing spores. This is

called biologic monitoring. To ensure that a sterilizer is working properly, commercially prepared, sealed spore strips/vials are subjected to a sterilization cycle and the spores are cultured to ensure they have been killed. Biologic monitoring, color-change indicators on instrument packets and monitoring sterilizer gauges and readouts are helpful in ensuring proper sterilization.

Question: Our practice launders its own material. Does OSHA or the CDC have specific guidelines for how we wash these items?

Answer: The CDC has developed parameters for laundering in a healthcare facility. As stated in its *Guidelines for Environmental Infection Control in Health-Care Facilities*, "Fabrics, textiles, and clothing used

in healthcare settings are disinfected during laundering and generally rendered free of vegetative pathogens (ie, hygienically clean), but they are not sterile. Laundering cycles consist of flush, main wash, bleaching, rinsing, and souring." Included in the CDC guidelines are epidemiology and general aspects of infection control, information regarding the collection, transport and sorting of contaminated textiles/fabrics, and specific parameters regarding what is entailed in a laundering cycle. There is also detailed information on special laundry situations, surgical gowns, drapes, disposable fabrics, antimicrobial articles, mattresses, pillows and beds. For more information, or to read the guide in its entirety, visit http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf.

Bucket Strategy

Continued from page 28

approximate a 60/40% stock to bond portfolio and, thus, have a comparable overall return and risk potential. However, by segregating investments by time and risk, your mental accounting of the three separate portfolios may result in a more rational approach to a bad market cycle. Though you may see a large drop in the growth bucket during a downturn, you will understand that bucket won't be touched for 20 years, which is plenty of time to recover. Furthermore, you have the security of the low risk bucket for near- and intermediate-term needs.

Though the bucket concept may be relatively new to individual investors, it's not uncommon in the institutional investment world. Insurance companies, pension funds and other organizations often utilize a bucket-like approach of matching current assets to future liabilities. Implementing a bucket approach for your investments may help you stay confident while navigating through the ongoing ups and downs of all market cycles.

The scenarios outlined here are merely simple illustrations of how this concept might be employed and not a recommendation. Investors will need to work with their advisor to tailor a bucket approach specific to their own individual situation based upon projected spending needs and personal risk tolerance. ①

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- 1 "2013 Quantitative Analysis of Investor Behavior", DALBAR, 3/26/2013
- 2 William D. Olinger III, CIMA and Benjamin Doty, CFA, "The Bucket Concept, an Old Idea for a New Market", *Investments & Wealth Monitor*, Top Three Asset Allocation Articles 2013, Investment Management Consultants Association, 2013

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Question: How do I properly dispose of patient records?

Answer: Record retention and proper disposal are mandated by federal and state laws. The HIPAA Privacy and Security Rule has set forth requirements for patient record disposal by covered entities to ensure the privacy of protected health information (PHI). This rule also pertains to the disposal of electronic PHI (ePHI) and the electronics/hardware on which it is stored. Procedures should be in place for removal of ePHI from electronic media before the media can be reused. All covered entities should train their staff on the disposal policies, as appropriate. While there is no required method of disposal, entities are not allowed to dispose of PHI in dumpsters or any other containers that are accessible by unauthorized individuals. Each entity is responsible for figuring out what disposal methods will reasonably protect their patients' PHI and develop policies and procedures to implement them. Examples of proper hard copy disposal methods may include shredding, professional incineration, or pulverizing. Electronic PHI can be cleared, purged, or destroyed completely. For more information on different disposal guidelines and methods, please visit the HIPAA Privacy and Security Rules FAQs about the disposal of PHI:

<http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/disposalfaqs.pdf>.

Also be sure to check for any state requirements by contacting your local dental board. **1**



NAMES IN THE NEWS

DR. HARDISON RECEIVES TDA FELLOWSHIP AWARD

Mark F. Hardison, DDS, Murfreesboro, recently received the Tennessee Dental Association (TDA) Fellowship Award during the 147th annual meeting of the TDA Music City Dental Conference in Nashville. The Fellowship Award is presented each year to Tennessee dentists who make noteworthy contributions of their time and talent toward professional progress and the public they serve. It is the TDA's highest award.



Mark F. Hardison, DDS

Dr. Hardison earned his dental degree from the University of Tennessee College of Dentistry, where he also completed his specialty certification in oral and maxillofacial surgery.

DR. SCHWARTZ ELECTED ADSA DIRECTOR

Paul J. Schwartz, DMD, was elected a director of the American Dental Society of Anesthesiology (ADSA) for 2014–2016 by the 2014 ADSA House of Delegates during its annual session in Palm Springs.

Dr. Schwartz has been in the private practice of oral and maxillofacial surgery in southern Maryland since 1987. He is a senior attending in the Department of Surgery at the Washington Hospital Center, where he is actively involved in the oral and maxillofacial surgery residency training program. He also serves as a clinical instructor in surgery and chief course instructor in ambulatory anesthesia.

DR. STRAUSS ELECTED ACOMS PRESIDENT

Robert A. Strauss, DDS, MD, professor of oral and maxillofacial surgery, Virginia Commonwealth University Schools of Dentistry and Medicine, and director of the residency training program, was elected the 22nd president of the American College of Oral and Maxillofacial Surgeons (ACOMS) at its Annual Scientific Conference in April. Steven A. Guttenberg, DDS, MD, who serves as chairman of the Training and Education Committee at the Washington Hospital Center, Washington, DC, was elected secretary. **1**

CLASSIFIEDS *July/August 2014*

Faculty Positions

CALIFORNIA:

The Division of Oral and Maxillofacial Surgery of the Ostrow School of Dentistry of USC seeks applicants for a full-time position as director of undergraduate oral and maxillofacial surgery. Consideration for the position at the rank of assistant or associate clinical professor of dentistry. Primary responsibilities will include clinical/didactic education of dental students at the Ostrow School of Dentistry of USC, as well as training of OMS residents. Applicants must have a dental degree and have completed advanced training in oral and maxillofacial surgery at an accredited institution. Candidates must be board certified by the ABOMS or actively seeking certification and must be eligible to obtain a dental license or OMS permit from the Dental Board of California. Salary and benefits will be commensurate with experience and training. USC is an equal opportunity employer. Women and minorities are encouraged to apply. Interested applicants should forward a current CV and letter of interest to: Mark M. Urata, MD, DDS, FACS, FAAP, Audrey Skirball Kenis Endowed Chair and chief, Division of Plastic and Reconstructive Surgery, Keck School of Medicine of USC; chair, Division of Oral and Maxillofacial Surgery, Ostrow School of Dentistry of USC; division head, Division of Plastic and Maxillofacial Surgery, Children's Hospital of Los Angeles; Ostrow School of Dentistry USC, 4650 W. Sunset Blvd. MS #96, Los Angeles, CA 90027; Phone: 323-361-4544; Fax: 323-361-4089 or e-mail: Dalia.Rosales@chla.usc.edu.

COLORADO:

The School of Dental Medicine at the University of Colorado is seeking a qualified individual to join our dynamic and innovative clinical team. The school is located on the beautiful Anschutz Medical Campus in a new, state-of-the-art facility. The campus is home to schools of medicine, pharmacy, nursing, public health and dental medicine, as well as a dynamic research community. The University of Colorado School of Dental Medicine seeks a full-time faculty member at the rank of assistant/associate professor in the Department of Surgical Dentistry. Major responsibilities of this position include didactic and clinical teaching, administration and participation in multi-disciplinary faculty practice. Minimum qualifications include a DDS/DMD or DDS/DMD and MD degree(s) from an accredited US dental school, completed residency training in oral and maxillofacial surgery and American board certification or active candidacy for certification. Applicants must be eligible for Colorado licensure. Experience in an academic, hospital or government institution with an understanding of clinical operations and practice is preferred. Salary and rank is commensurate with credentials and experience. The University of Colorado offers a full benefits package. The University of Colorado is committed to diversity and equality in education and employment. We encourage applications from qualified women, ethnic minorities and veterans. Interested individuals may submit applications electronically at www.jobsatcu.com refer to posting: F00911. Review will begin immediately and continue until the position

is filled. Any questions may be directed to ShielaOter@ucdenver.edu or call 303/724-2521.

DISTRICT OF COLUMBIA:

The Department of OMS at Howard University College of Dentistry is seeking applications for a full-time tenure track or clinical track position at the assistant/associate professor level. The applicant must have a DDS/DMD recognized by the Council on Dental Education of the American Dental Association and must have successfully completed advance training in oral and maxillofacial surgery at an accredited institution. Applicants must be eligible for licensure in the District of Columbia. Applicants must be board certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Responsibilities include didactic and clinical teaching in the predoctoral and postdoctoral program with some teaching responsibility for residents of the AEGD, GPR and pediatric programs. Independent research and scholarly activity are expected and collaboration with other faculty in both research and teaching is strongly encouraged. Academic rank and salary are commensurate with experience and qualifications. Send a letter of inquiry, curriculum vitae and names of three references to Dr. Andrea Bonnick, DDS, program director, Oral and Maxillofacial Surgery Training Program, Howard University Hospital, 2041 Georgia Ave., Suite 2066, Washington, DC 20060. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University.

Howard University is an equal opportunity employer and strongly encourages applicants from minorities and women.

DISTRICT OF COLUMBIA:

Howard University Hospital College of Dentistry is actively recruiting a director of residency training in the Department of Oral and Maxillofacial Surgery at Howard University College of Dentistry. This position is at the assistant or associate professor level. Candidates must have a DMD/DDS degree, be a diplomate of the American Board of Oral and Maxillofacial Surgery and be eligible for licensure in the District of Columbia. The college is affiliated with Howard University Hospital, one of the three Level 1 trauma centers in the diverse and metropolitan city of Washington, DC. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students and participate in professional collaboration and leadership development activities. Flexibility and commitment to program goals, office staff and faculty management, and high standards of ethical and professional conduct will be necessary characteristics of the right candidate. Salary and rank are commensurate with experience. Please send a letter of inquiry, curriculum vitae, and names of three references to Dr. Leo Rouse, dean, Howard University College of Dentistry, 600 W. Street, Washington, DC 20001. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University. Howard University is an equal opportunity

Reply to a classified ad in the following manner:

*AAOMS Classified Box
9700 W. Bryn Mawr Avenue
Rosemont, IL 60018-5701*

employer and strongly encourages applications from minorities and women.

GEORGIA:

The Division of Oral and Maxillofacial Surgery at the Emory University School of Medicine, is seeking applicants for a full-time faculty position at the assistant or associate professor level. The applicants must have a DDS/DMD recognized by the Council on Dental Education of the American Dental Association or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. An MD is desirable as is fellowship training in oncology and microvascular surgery. Applicants must be eligible for licensure in Georgia. Applicants must be board certified by the American Board of Oral and Maxillofacial Surgery or candidates for board certification. Responsibilities will include supervision of residents at Grady Memorial Hospital, a Level I Trauma Center, and at the Emory Healthcare faculty practice. Pursuit of scholarly activities will also be required. Salary and academic rank are to be commensurate with experience and qualifications. Please send a letter of intent, curriculum vitae, and the names of three references to: Steven Roser, DMD, MD, FACS, chief, Division of Oral and Maxillofacial Surgery, Department of Surgery, Emory University School of Medicine, 1365 Clifton Road NE, Building B, Suite 2300, Atlanta, Georgia 30322. Applications will be accepted until the position is filled. Emory University is an equal opportunity employer and

encourages applications from minorities and women.

GEORGIA:

Full-time position opening for chief of Oral Surgery at the Atlanta VA Medical Center in Atlanta, Georgia. This position is in affiliation with Emory University School of Medicine oral and maxillofacial surgery residency. Full-scope, fast-paced practice with teaching, clinical and operating room settings. Please apply online at www.usajobs.gov using the Vacancy Identification Number (VIN) 1142084. For questions, please contact Jacine Riddle, HR staffing & recruitment specialist at 404/321-6111 ext. 5180 or e-mail: Jacine.Riddle@va.gov.

ILLINOIS-CHICAGO:

The Department of Oral and Maxillofacial Surgery in the College of Dentistry at the University of Illinois at Chicago is seeking applications for a full-time, 12-month, tenure-track, faculty position at the rank of assistant professor or higher beginning July 1, 2014. Salary and rank will be commensurate with experience. Applicants must be board-certified/active candidates for certification and have a DDS or DMD degree from a CODA-accredited institution, preferably also an MD degree, and be eligible for licensure in Illinois. Completion of a full-scope oral and maxillofacial surgery residency program, with additional fellowship training, and advanced research experience are desirable. Responsibilities include resident and dental student training and education, participation in an intramural practice, professional service, and scholarly activity, including basic and clinical research. For full consideration, applicants should submit a letter of intent, a current curriculum

vitae, and the names of three professional references to <http://jobs.uic.edu/job-board/job-details?jobID=26920>. Inquiries regarding this position may be addressed to: Michael Miloro, DMD, MD, Search Committee chairperson, University of Illinois at Chicago, Department of Oral and Maxillofacial Surgery, College of Dentistry MC 835, 801 S. Paulina St., Chicago, IL 60612, Phone: 312/996-1052, e-mail: mmiloro@uic.edu. The University of Illinois is an Affirmative Action/Equal Opportunity Employer. The College encourages applications from minorities, women, and persons with disabilities.

ILLINOIS:

Southern Illinois University School of Dental Medicine is seeking applications for a full-time tenure or clinical-track position at the assistant/associate professor level in the Department of Applied Dental Medicine, section of Oral and Maxillofacial Surgery. Responsibilities include didactic and clinical teaching in the predoctoral program, with some teaching responsibilities for residents in the AEGD, periodontics and implant programs, and service to the university. For tenure-track appointments, independent research and scholarly activity are also expected. Collaboration with other faculty, both in research and teaching, is strongly encouraged. A DMD/DDS degree or equivalent, completed accredited oral and maxillofacial surgery residency, board certification or active candidate for certification are required. Previous teaching experience and/or a record of research accomplishment through publication and external funding are desirable. Applicants must be eligible

for licensure in Illinois. Academic rank and salary are commensurate with experience and qualifications. Opportunity for extramural private practice is available. SIU/SDM's suburban campus is located in the St. Louis metropolitan area. Send a letter of intent, curriculum vitae, and three letters of reference to Dr. Bruce Rotter, dean, Southern Illinois University, School of Dental Medicine, 2800 College Avenue, Alton, Illinois 62002. For further information, contact Dr. Dwight McLeod, chair, at dmcLeod@siue.edu. Review of applications will begin immediately and continue until the position is filled. SIU/SDM is an EOE/AA employer committed to diversity in education and employment. SIU/SDM is a state university – benefits under state-sponsored plans may not be available to holders of F-1 or J-1 visas.

MASSACHUSETTS:

The Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital and Harvard School of Dental Medicine is seeking an oral and maxillofacial surgeon board certified or active candidate for board certification to augment the department's clinical, educational and research programs. In addition to practicing the full-scope of oral and maxillofacial surgery, candidates must have an interest and expertise in temporomandibular joint surgery and reconstruction. The department has an active division of oral and maxillofacial pain. Academic rank and salary will be commensurate with the candidate's CV. Massachusetts General Hospital is an Affirmative Action/Equal

continued on next page

CLASSIFIEDS *July/Aug 2014 (continued)*

Opportunity Employer. We place a strong emphasis on the values of equality, diversity and compassion. Interested candidates should send a letter of interest, curriculum vitae and two letters of recommendation to: Leonard B. Kaban, DMD, MD, chief, Department of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114. E-mail: lkaban@partners.org.

NEW YORK:

A full-time OMS faculty position is available immediately at the North Shore-Long Island Jewish Health System. The oral and maxillofacial surgery residency program has 16 residents, 12 in an integrated six-year MD program and four in a four-year program. Major responsibilities include resident education and training as well as faculty practice. Experience in a broad scope of oral and maxillofacial surgery is necessary. The position requires a DDS/DMD degree and formal training in oral and maxillofacial surgery from an ADA-accredited program, as well as OMS board certification. A New York dental license is necessary. Candidates are eligible for an academic appointment in the Hofstra North Shore LJ School of Medicine. North Shore-LIJ Health System is an equal opportunity employer. Send curriculum vitae to: Ronald Burakoff, DMD, MPH, chairman, Department of Dental Medicine, 270-05 76th Avenue, New Hyde Park, NY 11040. E-mail: rburakoff@nshs.edu.

NEW YORK:

The University of Rochester Medical Center, Strong Memorial Hospital, Eastman Institute for Oral Health in Rochester, New York, is currently seeking outstanding

applicants for a full-time position at the rank of assistant/associate professor for the Division of Oral and Maxillofacial Surgery. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities with the University of Rochester Medical Center and the Rochester community. Requires a DDS/DMD degree from a CODA-accredited US or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for a NYS dental license and post-offer health assessment. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, management, senior leadership, governing agencies and others; must display initiative, a positive attitude, flexibility and commitment to network goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. Please forward a letter of intent, CV and contact information for three professional references to: Joseph J. Fantuzzo, DDS, MD, University of Rochester Medical Center, 601 Elmwood Ave., Box 705, Rochester, NY 14642 or e-mail: Joseph_Fantuzzo@urmc.rochester.edu.

NEW YORK:

With a strong commitment to raising the bar for health care in our community, Nassau University Medical Center is a Level I Trauma Center and a 530-bed teaching hospital affiliated with the North Shore/LIJ Health Care System and Stony Brook University. NUMC treats more than 80,000 emergency patients annually. We currently have an opportunity for a full-time, board certified or active candidate for certification oral and maxillofacial surgeon faculty position at the associate professor or full professor level with opportunity for advancement. Duties and responsibilities involve advanced training in oral and maxillofacial surgery and include: clinical supervision, operating room oversight, didactic oversight, research capabilities, participation in committee functions and administrative activities. We offer exceptional benefits including medical, dental, pension and much more! Apply today for a chance to be part of an exciting, fast-paced dynamic facility! Submit current curriculum vitae with reference information to: careers@numc.edu. An EOE m/f/d/v.

PENNSYLVANIA-PHILADELPHIA:

The Department of Oral and Maxillofacial Surgery and Pharmacology at the University of Pennsylvania School of Dental Medicine is seeking an oral and maxillofacial surgeon board certified or an active candidate for board certification for a full-time instructor. The position will be a joint recruitment by the University of Pennsylvania School of Dental Medicine and by the Philadelphia Veterans Affairs Medical Center. The successful applicant should have experience in the full-scope of oral and maxillofacial surgery. Responsibilities include provision of surgical

patient care as well as an instruction and supervision of dental students and surgery residents. Applicants must have an MD and a DMD/DDS or equivalent degree. A current unrestricted MD and DMD/DDS license to practice medicine/dentistry in a state, territory or commonwealth of the United States or in the District of Columbia is required. For further information regarding the above position, contact: Anh D. Le, DDS, PhD, professor and chair, Department of Oral and Maxillofacial Surgery, Penn Medicine, 3400 Spruce Street/5 White, Philadelphia, PA 19104 or e-mail: jennifer.ramirez@uphs.upenn.edu. Applicants must apply at PENN: <http://facultysearches.provost.upenn.edu/postings/224> for their application to be considered. The University of Pennsylvania and the PVAMC are equal opportunity, affirmative action employers. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of race, color, religion, sex, sexual orientation, gender identity, creed, national or ethnic origin, citizenship status, age, disability, veteran status, or any other characteristic protected by law.

TEXAS-HOUSTON:

The University of Texas Health Science Center at Houston - School of Dentistry invites applicants for one full-time (1.0 FTE) funded, non-tenured, clinical educator position at the assistant/associate professor level in the Department of Oral and Maxillofacial Surgery. Predoctoral educational experience is highly desirable. Responsibilities will include supervision of students and residents in both clinic and hospital settings. Participation in the department's intramural practice and pursuit of scholarly activities is strongly encouraged. The applicant

must have a dental degree recognized by the Commission on Dental Education of the American Dental Association, or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. A current license to practice dentistry or be eligible for licensure in Texas, and board certification or an active candidate for board certification in oral and maxillofacial surgery are required. Academic rank and salary are commensurate with qualifications and experience. The UTHSC at Houston is an equal opportunity employer, M/F/V/D and a non-smoking environment. Women, minorities, veterans and disabled are encouraged to apply. This is a security-sensitive position and subject to Texas Education Code #51.215. A background check will be required for the final candidate. Please submit letters of application, curriculum vitae and three letters of references to the UTHSC at Houston online job application site at: jobs.uth.tmc.edu/applicants/Central?quickFind=93461. Requisition #131290, Dr. James Wilson, vice chairman, Faculty Search Committee, The University of Texas Health Science Center at Houston—School of Dentistry, 7500 Cambridge St., Suite 6510, Houston, TX 77054.

Fellowship Non-Coda Accredited

FLORIDA:

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. This one-year fellowship is in a private practice environment in Tampa, Florida and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial f

ellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment coordination. Applicant must have a Florida medical or dental license and malpractice insurance. Foreign graduates are not eligible. This fellowship is only offered to graduates with a degree in dentistry and surgery. Please e-mail CV to ricalde@verizon.net. For more information on the Florida Craniofacial Institute, visit www.floridacranoio.com.

MARYLAND/DISTRICT OF COLUMBIA:

A one-year postgraduate fellowship in orthognathic surgery is offered to recent graduates of accredited OMS programs. The fellowship is sponsored by: Posnick Center for Facial Plastic Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the State of Maryland and the District of Columbia. A clinical appointment in the Department of Otolaryngology/Head and Neck Surgery at Georgetown University Hospital will be obtained. The philosophy of the fellowship is to enhance skills in: facial esthetic analysis; assessment of head and neck functions, including the upper airway; the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentofacial deformities, the airway, and secondary cleft lip and palate issues. Each patient is followed through their initial consultation, further evaluation, collaborative treatment, immediate preoperative workup, operation, postoperative care and long-term follow-up. The

fellow will be Dr. Posnick's right-hand person, evaluating and managing the patient through all phases of care. There will be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Jeffrey C. Posnick, DMD, MD, e-mail: jposnick@drposnick.com or phone: 301/986-9475.

MISSOURI-ST. LOUIS:

Oral and maxillofacial fellowship 2015-2016. Sponsored by: The Oral Facial Surgery Institute (www.ofsinstitute.com). Accredited by: Department of Graduate Medical Education at Mercy. This advanced accredited opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial cosmetic, reconstructive, orthognathic, and TMJ surgery, facial trauma and complex dental implantology. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to: Dr. Michael W. Noble, chairman and director of oral and maxillofacial surgery, Attention: Scott E. Graham, MA, CMPE, FAADOM administrator, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone: 314/251-6725, fax: 314/251-6726, e-mail: scott@ofsinstitute.com. or visit our Web site at www.ofsinstitute.com.

TEXAS:

Postgraduate fellowship in orthognathic and TMJ surgery offered to recent graduate from accredited OMS program. Expand your skills while working with an accomplished surgeon. Exposure to all aspects of OMS practice is included. Contact Dr. Sinn at 817/225-3223 or e-mail: dpsinnoms@gmail.com.

Positions Available

ARKANSAS:

Arkansas Dentistry and Braces has an immediate opening for a full-time oral surgeon to see patients four days a week. This is a great opportunity for someone who wants to learn and be at the forefront of an expanding organization. Compensation will start at \$400,000 per year with five weeks of vacation. We will take care of the licensure process for qualified candidates, and funds for moving expenses are available. E-mail cover letter and resume to: Lloyd@bracesbyburris.com.

CALIFORNIA:

Multiple OMS opportunities currently available throughout California. Full- and part-time positions. Interested parties please contact Scott Price at Brady Price & Associates at 925/935-0890 or e-mail CV to scottp_brady@sbcglobal.net.

CALIFORNIA:

Stockton oral surgery and implantology practice is seeking an OMS for a full-time position leading to partnership in Stockton, CA. Excellent salary with bonus incentive plus benefits. Interested parties send CV to e-mail: esmththms@yahoo.com.

continued on next page



CLASSIFIEDS *July/Aug 2014 (continued)*

CALIFORNIA:

Unique position in much sought after San Francisco. Depending on your needs, a part- or full-time position is available. If wanted, this can lead to partnership for the right individual. Excellent hospitals available with flexible full-scope of practice in a strong referral base. If you are an ethical, long-term, team-oriented surgeon, willing to work hard and play hard in a growing modern private practice, send CV, salary requirements, and a brief cover letter of your goals to: oralsurgeon@gmail.com or AAOMS Classified Box A-4563.

CALIFORNIA:

Well-established, progressive, busy, solo OMS practice in San Francisco East Bay seeking to add a surgeon within next year. Candidates must be board certified or an active candidate for certification, trained in full-scope OMS with emphasis on third molar, dentoalveolar, implants. Opportunity for growth in orthognathic, TMJ and cosmetics exists. Practice located in area with small town atmosphere in urban environment. Easy access to mountains and ocean. Looking for associate leading to co-ownership. Reply by e-mail: info@albanyoms.com or fax: 519/526-5114.

CALIFORNIA-TAHOE:

Excellent opportunity to build a career where most come to play. Lake Tahoe practice seeking an ABOMS-certified or an active candidate for certification for associate leading to partnership. Must be personable, hardworking, and motivated to keep this two-office practice growing and thriving. Practice scope primarily dentoalveolar and implant based; occasional

trauma and hospital cases. Offices all digital with CBCT in both locations. Please e-mail inquiries to dan@tahoeoralsurgery.com.

COLORADO:

Well-established OMS practice in Denver/Aurora/Thornton area seeking a full-time OMS board certified or active candidate for certification. Excellent compensation and opportunity. Please send CV to oscad2010@yahoo.com.

COLORADO:

Interested in semi-retirement in Colorado? A full-scope, well-established solo OMS practice in Colorado Springs is looking for an experienced surgeon who would like to work two days a week. Come live at the base of Pikes Peak and have plenty of time to enjoy mountain activities while earning more income toward your retirement. E-mail CV to jbplatform@hotmail.com.

FLORIDA:

Excellent opportunity for an oral surgeon in sunny Sarasota. Premier full-scope practice seeking an OMS who is enthusiastic, hardworking, long-term and board certified or an active candidate for board certification. Practice emphasis on total joint replacements, orthognathic surgery, full facial reconstruction, full anesthesia, bone grafts and dental implants. Large majority of practice is fee-for-service. Florida licensure required and fellowship training preferred but not required. Salary, bonus program and benefits based on experience. Please e-mail CV to admin@sarasotaoralsurgery.com.

FLORIDA-EAST COAST-AVENTURA-MELBOURNE:

Oral surgeon needed for 35-year-old, multi-specialty and general group practice. Full gental dental partner part time. Modern, fully equipped, efficiently designed offices. Huge patient base assures excellent income. Please contact Dr. Feingold at 561/665-0991 or e-mail careers@dentaland.net.

FLORIDA-ORLANDO/DAYTONA BEACH/JACKSONVILLE/TAMPA REGION:

Join our 50-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$300,000/year. Contact Dr. Andy Greenberg at 407/772-5120 or drgreenberg@katsur.com. All contacts kept confidential. www.greenbergdental.com.

ILLINOIS-CHICAGO:

Excellent opportunity for an oral surgeon who is board certified or an active candidate for certification to join state-of-the-art multi-specialty practice in Chicago and southwest suburb. Established referral base and limitless growth potential. Please reply to AAOMS Classified Box A-4357.

ILLINOIS-CHICAGO:

North Side oral surgeon sought to work with established endodontist/periodontist practice. Two oral surgery operatories are equipped and fully supplied. Please send resume to: dentasped.care@gmail.com.

ILLINOIS-CHICAGO:

Oral surgeon needed for an established and growing multi-office, multi-specialty, state-of-the-art practice in Chicago and southwest suburbs. Large existing referral base, with great additional potential. Full-time position, guarantee a salary of \$350,000. This is a great

opportunity to provide oral surgery services to patients free from the administrative burdens of scheduling, management of the office, and management of an entire staff. Please reply to drsharma@atooth.com.

ILLINOIS:

Established and growing practice in northern Illinois seeking associate for full- and part-time position leading to partnership. Laser, I-cat, mostly fee-for-service. Guaranteed salary and benefit package. E-mail CV to: os1161732@aol.com.

ILLINOIS:

Twenty-five-year-old Chicago suburban two-doctor, two-office practice seeking an OMS board certified or an active candidate for certification to replace retiring senior partner January 2015. Primary scope is dentoalveolar, implant and office anesthesia. Trauma, orthognathic and TMJ surgery opportunities certainly available. Please reply with letter of interest and CV to blkoms@msn.com.

ILLINOIS:

Prominent oral and maxillofacial surgery practice in metropolitan Chicago area actively seeking an associate to replace retiring partner. Position available as of July 2015, but will consider an earlier start for 2014 grads. Our doctors practice the full-scope of oral and maxillofacial surgery with emphasis on dentoalveolar and implant surgery. Partnership for the right candidate. This is an excellent opportunity to join a high-quality, well-established surgical practice. Benefits include medical and malpractice insurance, society membership and hospital dues etc. This an equal partnership with long-term stability providing quality of life and a fulfilling career. Reply to AAOMS Classified Box A-4570.

ILLINOIS:

Fantastic opportunity. Well-established, state-of-the-art, multi-office group practice with loyal referral base. Suburban Chicago. Seeking associateship leading to early partnership in a full-scope practice affiliated with Level 1 trauma hospital/teaching possibilities. Please reply to AAOMS Classified Box A-4539.

INDIANA:

Multi-office OMS practice in Indiana seeking highly motivated 2015 or 2016 graduate for associate position leading to early partnership. Practice emphasis is dentoalveolar surgery, implants, bone grafting and anesthesia. Wide open opportunity to expand into other areas such as esthetic surgery. Light trauma call. Competitive salary and benefits. Reply to AAOMS Classified Box A-4565.

KANSAS:

Outstanding practice opportunity in southwestern Kansas that has been a large producer for the past 25+ years. The community draws from 4 states - several hundred thousand population within 100 miles. Seeking an OMS for either part-time associate for a transition buyer. Practice is extremely balanced with all aspects of surgery available. OMS doesn't have to reside in the area and one can easily fly from Denver or Dallas (1 hour flight occurs 2x/day). City is very well rounded and progressive with high-quality education, hospital and social facilities. I would be willing to remain with the practice for an extended time to facilitate transition. Very fairly priced for interested buyer. Contact Dr. L.F. Peede at 303/204-4756; e-mail: drpeede@drpeede.com.

KENTUCKY:

Established northern Kentucky (suburban Cincinnati) practice

seeking an OMS board certified or an active candidate for certification to replace retiring partner. Primary focus is dentoalveolar, implants and anesthesia but full-scope is available and encouraged. Send inquiry and CV to: ofsa@fuse.net.

KENTUCKY-LEXINGTON:

The Kentucky Center for Oral and Maxillofacial Surgery (KCOMS) in Lexington, Kentucky, is seeking an energetic oral surgeon board certified or an active candidate for certification to join our growing practice. The right candidate would work as an associate with the potential to become a partner in the practice. Our practice consists of four-offices in and around the Lexington area. KCOMS currently has five doctors that offer a complete range of routine, cosmetic and specialized services to include dental implants, extractions, TMJ, corrective jaw and oral surgery. We also participate on trauma call rotation at area hospitals. Lexington, Kentucky is a great place to live and raise a family and is known as the "Horse Capital of the World." With an abundance of colleges and universities in the area, it's not surprising that Lexington has one of the "Most Educated Workforces" in America. We offer an excellent compensation and benefits package to include a guaranteed base salary, bonus plan, 401K option, life insurance, paid vacation, medical/dental/vision plans, and malpractice insurance. Please contact Tim Smith if you are interested in this opportunity at 859/278-9376 or e-mail: timsmith@kentuckyoms.com.

MARYLAND:

Two-office, full-scope, well-established, high-end practice of 25 years with much more room to expand. Completely electronic with updated state-of-the-art equipment. Loyal

referral base/high collections and income. Looking for an energetic well-rounded individual with both good surgical and mature professional skills. Must be board certified or an active candidate for certification. Fast track associateship to partnership or purchase for the motivated individual. Planning retirement for smooth transition over the next 3-5 years. Reply to AAOMS Classified Box A-4533.

MARYLAND:

Spectacular opportunity to live in some of the most beautiful country the Mid-Atlantic region has to offer. Well-established, two-office practice in western Maryland and south central Pennsylvania, in continuous operation over 35 years. A short 75-minute drive to Baltimore/Washington areas but without the congestion. We have a full-scope practice. This is an excellent opportunity for an OMS board certified or an active candidate for board certification to establish a career. Associateship leading to partnership. E-mail: richard.ofs@myactv.net

MARYLAND:

Premier practice located on the beautiful Chesapeake Bay seeking an OMS who is board certified or an active candidate for certification to join us. We are a very successful multi-office practice and very well-established in our community. Practice is full scope and growing with emphasis on dentoalveolar, implants, grafting and orthognathics. Opportunity for associate or association leading to partnership. Area offers great lifestyle and recreational opportunities around the Chesapeake Bay with close proximity to Washington DC and Baltimore. Send CV to AAOMS Classified Box A-4569.

MARYLAND:

Excellent opportunity for an OMS board-certified or an active candidate for board certification in a multi-doctor, two-office practice just west of the Washington, DC/Baltimore area in Hagerstown, MD and Martinsburg, WV. Two modern, state-of-the-art facilities. Full-scope busy practice close to the amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities: hiking, cycling, skiing and golf. Competitive salary and benefit package will be offered to an energetic, enthusiastic, and motivated, well-trained individual. Send CV to fax: 304/274-9546, or e-mail: hnelson@omaxdocs.com.

MASSACHUSETTS:

Gentle Dental Partners of New England is looking for full- or part-time OMSs who are board certified or active candidates for board certification. The doctor will provide surgical services, including implants and sedation, in growing multispecialty group practices. Facilities are equipped and permitted for anesthesia (permit D). This can be a full-time career track or a great way to supplement down time in your practice. Our full-time surgeons earn over \$500,000 annually and a minimum of \$350,000 will be guaranteed for full time service. Please send CV and cover letter to: gdc@gentledental.com; or fax: 781/895-9995.

MASSACHUSETTS:

Thirty minutes to Cape Cod beaches and historic streets of Boston. Well-established, hospital-based, full-scope OMS practice seeking an OMS for full/part time. Call one week out of six. Excellent benefits and compensation. Send CV to jtheriault@omscare.com.

continued on next page



CLASSIFIEDS *July/Aug 2014 (continued)*

MICHIGAN:

Well-established solo practice in Kalamazoo, Michigan, seeking an oral and maxillofacial surgeon. State-of-the-art newly constructed practice, completely digital, 3D cone beam capabilities with a large referral base. Full-scope practice with emphasis on implantology and dentoalveolar surgery. Division I and Division III college town, with a great atmosphere. Two Level 1 trauma center hospitals within 10 miles of practice. E-mail resumes to: hamlinoralsurgery@yahoo.com.

MICHIGAN:

Well-established, very busy, full-scope OMS practice in southeast Michigan seeking an OMS ABOMS board certified or actively seeking certification for full-time employment. Reply to AAOMS Classified Box A-4552.

MICHIGAN:

Wonderful opportunity to join two OMSs nearing retirement in southwest Michigan. Full-scope of practice available. Great area to raise a family with the option of lake/country living and short drive to office. Reply by e-mail: teresabcoms@tds.net.

MINNESOTA:

Full-scope practice includes orthognathics, pathology, implants, cleft palate, light trauma. Defined partnership buy-in. Above average associate income with 6 weeks' vacation, medical, malpractice, CE/\$5,000. One of the country's most beautiful locations. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

NEVADA-LAS VEGAS:

OMS needed for busy, full-scope, oral surgery group practice in Las Vegas, Nevada. We have two full-time offices (one in Henderson, one in NW Las Vegas). Would you enjoy working in a team environment where camaraderie is high, ethics and quality of care are paramount, and the sun is always shining? Ideal candidate will have superb communication skills, enjoy marketing, have a great work ethic, and a willingness to deliver stellar patient service. Great opportunity to accelerate your career path. We've been told we provide the most dental implants west of the Mississippi. Trauma and ortho cases are seen here as well. Excellent salary/benefits package. Buy-in after first year (we are looking for someone who seeks partnership status). See our Web site at: nofslv for more information about our practice and surgeons. Call Gail at 702/360-8918 or e-mail: nofsgail@gmail.com for more information.

NEW HAMPSHIRE:

Well-established southern NH group practice seeking a motivated and caring oral surgeon to join our professional family for a 2-day per week position with excellent long-term potential. With a strong referral base, our multi-specialty group practice seeks a colleague with excellent communication and interpersonal skills to collaborate with us. Three years experience after residency and experience with pediatric sedation is required. Join us in a beautiful, spacious, modern facility to practice in the suburbs, close to the mountains, the seacoast, and Boston. Please send resume and confidential inquiry to: dmdsearch22@gmail.com.

NEW JERSEY-ESSEX/ MORRIS COUNTY:

Well-established, four-doctor OMS practice, strongly committed to quality patient care, seeking an OMS board certified or an active candidate for board certification for associateship leading to partnership. Three state-of-the-art offices with surgical suite and I-cat. Excellent referral base with strong growth potential. Competitive salary with benefits including health and malpractice insurance and pension plan. Please forward CV to AAOMS Classified Box A-4560.

NEW JERSEY:

Multi-office premier group practice of oral and maxillofacial surgery at southern New Jersey shore is seeking a motivated, bright, personable OMS board certified or an active candidate for certification. We are an aggressive full-scope practice with a loyal broad referral base. Our practice area offers the perfect environment for raising a family in proximity to metropolitan areas yet the advantage of being in a relaxed seashore community. A brand-new, large office facility affords the best of work environments. An excellent salary and incentive package with fringe benefits make this a unique opportunity for the right OMS looking for early partnership. Interested parties reply by e-mail: HarveyS320@aol.com.

NEW YORK:

Outstanding opportunity to join an innovative multi-location OMS practice in Manhattan. New York City is an excellent place to live/work with a vast array of cultural/ recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. Practice is office-based full-scope, dentoalveolar and implant surgery under general

anesthesia. High quality, high-tech digital office. Emergency room call and academic affiliations available. Competitive compensation and future partnership for ideal candidate. Will sponsor green card candidates. E-mail CV to: robert.bodey@mofsnyc.com or contact Robert Bodey at 212/567-5536.

NEW YORK- LONG ISLAND:

Excellent opportunity, multi-office OMS practice. Seeking an OMS who is board certified or an active candidate for certification for associateship leading to partnership. Reply to AAOMS Classified Box A-4487.

NEW YORK-LONG ISLAND:

Seeking energetic person to join a unique multi-doctor practice. Association leading to partnership for motivated, personable, and ethical OMS doctor. Our group is office/hospital-based and provides a full scope of oral and maxillofacial surgery, including cosmetic procedures. A full-time esthetician also provides nonsurgical cosmetic services in our medical spa. We offer an excellent salary plus a comprehensive benefit package that includes malpractice, health, life insurance, 401(k) and profit sharing. Reply to AAOMS Classified Box A-4442.

OHIO-NORTHERN:

Well-established, two-doctor practice in transition due to retirement of senior partner, seeking OMS who is board certified or an active candidate for certification to join practice. Newly built office, early partnership available. Please reply to AAOMS Classified Box A-4519.

PENNSYLVANIA:

OMS practice in SE Pennsylvania seeking a surgeon who is board certified or an active candidate for certification to associate then partner with two-doctor practice. Looking for quality, motivated person dedicated to compassionate patient care. Practice is located approximately 1.5 hours from Philadelphia, 2 hours from New York City and 3 hours from Washington, DC. Excellent location to live and raise children. Our practice offers quality benefits. Stipend and time for board preparation. Relocation expenses. Our two well-established offices are committed to excellent patient care. We enjoy privileges at a large community hospital/Level II Trauma Center and surgicenter. Please send letter of interest and CV to AAOMS Classified Box A-4536 to inquire about joining our team.

PENNSYLVANIA:

Quality, well-established, two-doctor, three-office practice located in a medium sized town in central Pennsylvania, 1.5 hour drive from Pittsburgh. One doctor planning to retire in 1-3 years. Practice healthy, stable area, very low crime rate. Trauma as desired. Great place to raise family, lots of opportunities for recreation and education. Fast commute times. Board certified or active candidate for certification. Please e-mail cover letter and CV to gos@atlanticbb.net.

PENNSYLVANIA:

Excellent opportunity in eastern Pennsylvania. Well-established OMS practice is seeking an OMS board certified or an active candidate for certification for associate who is personable and hardworking. We are a contemporary practice with a large referral base and a focus on dentoalveolar surgery, dental implants and anesthesia. There is ample opportunity for trauma and orthognathic surgery if one desires. Great

community with excellent schools and many cultural and recreational opportunities. Excellent financial package and benefits to start with early partnership potential. Please send CV to AAOMS Classified Box A-4567.

PENNSYLVANIA:

Seeking full-time oral surgeon for office-based practice in SE Pennsylvania. \$500K salary first year. Visit Padentalcareers.com/current-openings for more details.

TEXAS:

Opportunity to transition into a busy oral surgery practice with a multi-disciplined practice. Present oral surgeon is retiring. Practice is private fee-for-service. New I-cat (3D) in office. For information contact Paul Kennedy, DDS by e-mail: pkennedy@gte.net or call 361/960-6484.

TEXAS:

Established three-doctor, one office, OMS practice in southeast Houston seeking an associate leading to partnership. Senior doctor to retire after a transition period. Desire an ambitious and personable OMS who is completing training or recently trained. Must be board certified or an active candidate for board certification. Primary scope is dentoalveolar and implants. Trauma, orthognathic and TMJ surgery opportunities are available. Great location to raise a family with recreational and big city amenities nearby. Please reply to dbaosa@gmail.com.

TEXAS-HOUSTON:

Multi-office, multi-specialty group practice seeking a motivated and energetic OMS to work 1-4 days per month or more. Dentoalveolar, bone grafting and implant-focused procedures. This will instantly augment the income from your private practice without the expense of establishing

a satellite office. Please send letter of interest and CV to Surgeonrecruitment@surgicalsynergistics.com.

VERMONT:

Board certified surgeons offering unparalleled long-term career opportunity: associate to equal partnership, competitive guaranteed salary with benefits and a winning future. Full-scope practice includes orthognathics, pathology, trauma, TMJ, dentoalveolar surgery and implants. Honesty, high integrity and commitment to community are the key to this practice success. Listed as the "healthiest" city in the US by the CDC, Burlington, VT is 2 hours from Montreal, 3.5 hours from Boston and 3 hours from the Maine seacoast. State-of-the-art office includes I-Cat, electronic medical records, six full operatories and two rooms with vaporizers capable of delivering anesthesia for advanced procedures. All communications will remain confidential. Contact our practice manager at referral@cvoms.com or call 802/862-9196.

VIRGINIA:

OMS position open for immediate placement in the northern Virginia metropolitan area. The practice is located just thirty minutes outside downtown Washington, DC, providing a full-scope of oral surgery services in modern, state-of-the-art facilities. Excellent compensation and benefit package working for one of the premier dental companies on the east coast. E-mail resume to hr@nedentalmanagement.com or fax to 480/247-5901 Attn: OMS-NVOMSA.

VIRGINIA:

Well-established OMS practice in the historic, colonial capital of Williamsburg looking for an associate who would like to become a partner. This is a great college town with excellent medical facilities.

Transition period prior to partnership is negotiable. This is an enormous opportunity for the right person. Reply to paul.hartmann@omsp.com.

WASHINGTON:

Excellent opportunity to practice in beautiful Puget Sound and western Washington. Our state-of-the-art practice is currently seeking an OMS board certified or an active candidate for certification for an associateship position. Busy practice with multiple locations and high-tech equipment, including digital radiography, chartless system and cone beam CT. Please send resumes to jaehongdds@gmail.com or leave message at 206/234-4044.

WASHINGTON/IDAHO:

44 years strong, Willamette Dental Group (WDG), a pioneer in the industry focused on quality patient care with emphasis on evidence-based philosophy that is at the forefront of dentistry. WDG has a history of stability and growth in the Pacific Northwest with its many lifestyle advantages. Our multi-site group practice has an excellent opportunity for oral surgeons in Portland, OR, and Boise, ID. Oral surgeons enjoy freedom from administrative headaches as we provide all support services, benefits: medical, 401K, deferred compensation, CE, disability and malpractice insurance, paid vacation, professional leave, and more. We help defray costs of interviews, board exams, and moving expenses. Licensing just got easier! Visit our Web site at <http://www.williamettedental.com/careers>. Send resume to: Tiffany Brown, Dentist Talent Acquisition, Willamette Dental Group, call: 800/460-7644 ext. 810171; or e-mail: tbrown@williamettedental.com.

continued on next page



CLASSIFIEDS *July/Aug 2014 (continued)*

WEST VIRGINIA:

The Charleston Area Medical Center, Inc. (CAMC), located in Charleston, WV is seeking to employ an oral and maxillofacial surgeon to join three physicians in our Facial Surgery Center.

This position will include graduate level teaching of fellows and rotating residents in addition to running an active practice. Requirements are successful completion of an AAOMS accredited residency or its equivalent, medical degree highly desirable and fellowship training in pediatric or head and neck surgery preferred. The Facial Surgery Center is an ambulatory surgical center affiliated with CAMC that specialized in a broad scope of facial surgery procedures. The center has locations at CAMC's General and Women and Children's hospitals. The center's physicians are board certified by the American Board of Oral and Maxillofacial Surgeons and serve as the primary resource team for craniomaxillofacial deformities trauma for CAMC and Southern West Virginia. E-mail CV to carol.wamsley@camc.org.

WISCONSIN:

Excellent opportunity for an OMS to secure their financial and professional future. Very busy, two-doctor, two-office practice seeks a personable and energetic OMS with a strong work ethic for association leading to partnership. Senior partner looking to phase out over the next few years. The practice has an exceptionally large referral base that is implant-trained and oriented. Candidate must be well-trained in all phases of our specialty. Offices are located in beautiful southeast Wisconsin. If you enjoy golf, fishing, hunting or any of the wonderful activities that the outdoors has to offer

and also enjoy being close to the arts, please send resume with references to Dr. Guy Jensen, 464 S. Hickory St., Suite A, Fond du Lac, WI 54935 or fax CV to 920/923-0366.

WISCONSIN:

Exciting opportunity for an OMS board certified or an active candidate for certification, to join a well-established and collegial group of four oral and maxillofacial surgeons. Practice in a new state-of-the-art facility with the latest in dental and surgical technology. Competitive compensation and benefits with partnership track. BayCare Clinic is a successful and democratic multi-specialty group with 17 specialties. BayCare is a physician owned and operated system developed to promote and maintain the independent practice of medicine. Located in Green Bay, Wisconsin, a beautiful, safe, and family oriented "All-American City," known for its outstanding quality of life and superb education systems. Contact Lesley O'Connell at 877/269-9895, or e-mail: loconnell@baycare.net.

Miscellaneous

MAXSURGE HEALTHCARE SOLUTIONS:

Prompt claim filing, monthly statements and a systematic, comprehensive approach by MaxSurge's experienced billing/consulting team will yield the greatest possible ROI. New business assistance, staff training, other OMS-specific services 877/629-7874; e-mail: mwalbe@maxsurge.com or visit www.MaxSurge.net.

PRACTICE ADVISORY GROUP:

Whether your focus is on starting your own practice or relieving yourself of the management challenges of your existing practice, The Practice Advisory Group is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about The Practice Advisory Group, contact us today! Call Kathy at 405/615-3929 or Michele at 832/202-4770.

FACILITY SPACE FOR LEASE:

2,641 square foot Thornton, Colorado oral surgery office on the 120th corridor. Five operatories, lunch room, and more, plus some equipment. Ample on-site parking and building signage. Gary Giglio, CCIM, President, Augustin Companies, Inc. at 303/469-2020 or e-mail: ggiglio@ccim.net.

FACILITY SPACE FOR LEASE:

Beautiful dental office space available for lease in densely populated area, close to several general dentists. Modern design with lots of built-in cabinets. A must-see if starting/expanding your office. Save \$\$\$\$ on tenant improvement expenses! E-mail: millcreekofficespace@gmail.com.

OMS INTERNET DOMAINS:

Attract more implant patients. Oralsurgeons.com and Toothimplants.com are top level domain names that will deliver more patients to your practice. Be one of only two local OMS office Web sites displayed from each US congressional district of 700,000 potential patients. Visit www.oral surgeons.com and register today.

EQUIPMENT FOR SALE:

Welch Allen Monitor + 2 pulse oximeters; CIP ACSL-supplied equipment; GE panalipse; tube X-ray GE; Ceph Wehmer machine; two dental chairs; ten file cabinets (5-drawer); lab instruments and equipment; Pelton Crane lights; mobile compressor; hand Ppces (some new). Please call 203/222-1665. Best offer.

EQUIPMENT FOR SALE:

Casmed monitoring system-PPM3 with capnography, print out, and supplies. 2 1/2-year factory warranty. Recently purchased. Reply to AAOMS Classified Box M-100.

Practices For Sale

CALIFORNIA:

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. CA dental licensure by credentialing and financing available to qualified parties. Contact Brady Price & Associates, specializing in oral surgery practice sales via e-mail at scott_brady@sbcglobal.net or call Scott Price, 925/935-0890.

COLORADO:

Oral and maxillofacial surgery practice for sale. Established referrals! Collections \$700-750K, 26 hours per week. New modern digital office! Motivated seller. Call Susan at 303/973-2147 or e-mail: susan@sastransitions.com. SAS Dental Practice Brokers.

CONNECTICUT:

Well-established busy full-scope oral surgery practice in central Connecticut. Emphasis on dentoalveolar and implant surgery. State-of-the-art equipment including cone beam and paperless system. This practice has a good referral base close to a teaching hospital and an excellent support staff to assist buyer. Owner is willing to stay to assist transition. Reply to AAOMS Classified Box S-2275.

FLORIDA:

26-year OMS practice for sale on Florida west coast. \$1.5 million annual collections five days/week. 2,300 square feet newly renovated office. Top of the line equipment. Retiring doctor will stay on part-time if needed for transition. Reply to AAOMS Classified Box S-2277.

ILLINOIS:

Solo oral surgery practice for sale. Excellent location. Outstanding Net. Reply to AAOMS Classified Box S-2268.

KANSAS:

Outstanding practice opportunity in southwestern Kansas that has been a large producer for the past 25+ years. The community draws from 4 states—several hundred thousand population within 100 miles. Seeking an OMS for either part-time associate or a transition buyer. Practice is extremely balanced with all aspects of surgery available. OMS doesn't have to reside in the area and one can easily fly from Denver or Dallas (1 hour flight occurs 2x/day). City is very well rounded and

progressive with high-quality education, hospital and social facilities. I would be willing to remain with the practice for an extended time to facilitate transition. Very fairly priced for interested buyer. Contact Dr. L.F. Peede at 303/204-4756; e-mail: drpeede@drpeede.com or reply to AAOMS Classified Box S-2280.

KENTUCKY-OWENSBORO:

Well-established, office-based solo oral surgery practice in northwestern Kentucky on the beautiful Ohio River. Excellent location, staff, referral base, fee-for-service. Must sell due to illness. Outstanding opportunity for a lucky individual! Call 270/316-9451 for more details.

MARYLAND:

Successful, prime location, stable, two-office practice for sale. Substantial implant practice with implant study club. Main office shared with large orthodontic practice/two dentists. Win OMS Software and Cone beam Kodak 9300. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

MASSACHUSETTS:

Well-established oral surgery practice for sale. Practice the way you always wanted in an absolutely beautiful area. Send CV and cover letter to AAOMS Classified Box S-2273.

MICHIGAN:

Fee-for-service, little to no competition. Office-based/implants. Four surgery, two exam. Class A 4800 sq. ft. office being sold with practice. Turn-key over \$1.5M collections. Great location, stable economy. Win OMS Software. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

MICHIGAN:

Right practice, location and price in southwest Michigan. Well-established, solo oral surgeon retiring after 37 years. Practice, equipment and office with well-established referral base and excellent collections will provide a great opportunity. E-mail: zout1@aol.com or call 269/962-8505.

MISSOURI:

Retiring OMS - 40-year practice in southeast Missouri. Gross \$1.2M, 3.5 days/week. Satellite practice with potential to double. Two large office buildings with room for expansion of practice. Contact B.L. Ogborn, DDS at ogbornbl@netscape.net or 800/333-8179.

MISSOURI-ST. LOUIS:

State-of-the-art practice for sale. This is a modern digital office in a wonderful community. The practice produces \$1.5M on four days/week. Doctor also owns building, which is available for purchase. Reply to AAOMS Classified Box S-2278

NEW YORK-SUFFOLK COUNTY:

Oral surgery practice, grossing over \$1.7 million. The practitioner is ready to scale back by taking in a full-time partner or selling the entire practice. Remaining to work three days/week for five-years. Call 973/476-8660.

NORTH CAROLINA:

Practice for sale or transition in the Piedmont region of North Carolina. Owner is willing to work with buyer for two years to make the transition. Great location, superb hospitals nearby. Reply to drcrhl@hotmail.com.

NORTH CAROLINA:

35-year-old high-profile practice in Metro Charlotte for sale (transition possible). Walk to strong independent 400-bed

regional hospital with adjacent ambulatory surgicenter. Modern 2500 sq. ft. office with three operatories, large storage and conference rooms. \$1.0-1.2M collections last five years on 150 days/per year. Practice draws from 100 mile radius population 2.5 million. Excellent schools, churches, and recreational opportunities (90 minutes mtns; 3 hrs. to beaches, great hunting and fishing minutes away). 20 minutes from busy international airport, 30 minutes to downtown Charlotte without big-city pace. Current financials and projections proformas just ready. Reply to AAOMS Classified Box S-2265.

NORTH CAROLINA:

Well-established oral and maxillofacial surgery practice immediately available in the heart of Piedmont, North Carolina. Located next to I-85/40, in a high growth, wide referral base and a skilled, cohesive staff. Flexible transition, willing to discuss all options. Reply to AAOMS Classified Box S-2279.

OHIO:

Well-established solo practice, new office and equipment, SE Ohio/West Virginia panhandle. 35 minutes from Pittsburgh. Full-scope practice with great referral base. Willing to discuss all options for practice takeover and sale "Best kept secret." Reply to nlse10@comcast.net.

OHIO:

Established, successful, higher income, fee-for-service, no Medicaid. Above average, traditional full-scope, successful implant practice. Location is excellent and experiencing nice growth. Surgeon retiring, priced to sell, tremendous goodwill. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

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CLASSIFIEDS *July/Aug 2014 (continued)*

OREGON:

Wonderful OMS practice for sale in western Oregon's beautiful Willamette Valley. Very nice, spacious office in an excellent location with plenty of off-street parking. For additional information contact Randy Harrison at RandyH@practicesales.com.

PENNSYLVANIA:

37-year-old established practice in southern Delaware County. Area with high population density. Hospital across the street with opportunity to head dental/oms department. Turnkey operation. Loyal referral base with room to grow. Reply by e-mail: rb204E@aol.com.

TEXAS:

New to market, two Houston state-of-the-art practices for sale. Fee-for-service, modern, established and successful. Locations are prime for future growth. Can accommodate two surgeons. Practice and building. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

VIRGINIA:

Established, 21-year-old solo practice in a beautiful college town for purchase or associateship. Owner looking to retire. Large well-designed facility with room to grow, with modern well-maintained equipment including I-cat, digital radiography, laser, etc. Excellent opportunity to practice in a highly desirable community. Building and land also available for purchase. Reply to AAOMS Classified Box S-2263.

VIRGINIA:

Slightly Southern VA, successful, state-of-the-art CT guided implant technology/100% paperless/turn-key. Practice and building available/priced right. 3100 sq. ft. /4 large operatories. Hospital pays trauma call/bill out services. Potential rental income available. Call Marla 866/241-9003; e-mail: marlaspriggs@OMS-Exclusively.com; Web Page/National Job Board: www.OMS-Exclusively.com.

WASHINGTON:

Oral maxillofacial surgeon office is available in a large medical and dental complex in the central business area of Kent, Washington. This is an excellent opportunity for a start-up or a satellite office. E-mail: ctolas1@comcast.net.

Practice Transitions

OMS EXCLUSIVELY-ASSOCIATES, PARTNERSHIPS, PRACTICE SALES, RETIREMENT TRANSITION:

Specialist since 2006 in the recruitment of oral surgeons nationwide. Over 34 years OMS experience, we understand your business. Time to sell your practice, transition into retirement, add an associate/partner? We work with all residents, confidential and military surgeons. Practice sales/retirement transitions—we are not practice brokers, do not sign exclusive agreements, only charge a set fee, no risk. We have buyers/associates, tremendous success! We always have a booth at the AAOMS meeting. Call Marla at 866/241-9003; e-mail: marlaspriggs@oms-exclusively.com; Visit www.OMS-Exclusively.com.

PRACTICE TRANSITION:

If you are considering valuing-merging-arranging an associateship-selling-buying, contact a transition specialist. OMS-certified in all areas. Professional Practice Planners, 332 Fifth Ave., #213, McKeesport, PA 15132. E-mail: stanpoll@aol.com; Call 412/673-3144 (after normal hours, eastern).

PRACTICE TRANSITION:

Great opportunities available—Associateships leading to ownership in New Jersey, New York, Ohio, Florida, Illinois, Indiana, Pennsylvania. For immediate sale: Maine, New Jersey, Pennsylvania, Texas, and Florida. Well-established, active full-scope practice, excellent opportunities. E-mail: stanpoll@aol.com or Call: 412/673-3144.

PRACTICE TRANSITIONS:

Considering a practice sale or finding an associate to buy-in? Looking to associate or buy a practice? ADS is the leader in practice transitions with specialists and opportunities nationwide. ADStransitions.com/aaoms or 888/761-5973 ext. 6 or nancys@adstransitions.com. ADS-Practice Transitions Made Perfect™.

Classified Advertising Deadlines

(The issue to which the deadline applies is indicated in bold type)

September/October 2014 issue: July 14, 2014

November/December 2014 issue: September 15, 2014

January/February 2015 issue: November 10, 2014

CLASSIFIEDS

AAOMS Faculty/Fellowship Positions Available

Available Position (please check all that apply):

- Chairman
- Program Director
- Professor (Clinical or Research track)
- Associate Professor (Clinical or Research track)
- Assistant Professor (Clinical or Research track)
- Fellowship: CODA Accredited
 Non-CODA Accredited

OMS Training Program _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Contact Person _____

Contact Email _____

- This is not a confidential ad.
- This is a confidential ad. Please contact only the following members of my staff if you have questions:

Description/Requirements:

Faculty Ad Costs:

1-250 words: \$0 **251-290 words:** \$125 **291-330 words:** \$250 **331-370 words:** \$375

- Visa Mastercard

Card No. _____ Expiration Date _____

Signature _____

Check Enclosed Amount _____ Check# _____

For more information, contact Mary Allaire-Schnitzer at 847/678-6200, ext. 4315, or via e-mail at mallaire@aaoms.org and/or AAOMS Communications & Publications at 847/678-6200, ext. 4366, via e-mail at marilyn@aaoms.org or fax to 847/678-6279

- Please run my ad in the _____ issue(s) of AAOMS Today.
- Repeat my ad exactly as is from the _____ issue
- Repeat my ad from the _____ issue, making changes as indicated.
- Please run my ad on the AAOMS Career Line. (Staff will contact with cost.)

Classified Advertising Order Form

(This form may be photocopied.)

Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

- This is not a confidential ad.
- This is a confidential ad. Please contact only the following members of my staff if you have questions:

Please run my ad in the following issue(s) of AAOMS Today: (Indicate type of ad below)

- New Ad
 - Position Available Practice For Sale
 - Practice Transition Miscellaneous
 - Position Wanted **AAOMS Box Number Requested** (no add'l cost)

- Repeat Ad
 - Repeat my ad exactly as is from the _____ issue.
 - Repeat my ad from the _____ issue, but make changes as indicated.
 - My box # is _____.

Please Print or Type Your Ad in the Space Provided or Attach Separate Sheet:

**AAOMS
BOX #** _____

Classified ads appear in every issue of AAOMS Today. Ad costs are:

1-40 words: \$125 **41-80 words:** \$250 **81-120 words:** \$375 **121-160 words:** \$500

- Visa Mastercard

Card No./Expiration Date _____

Card Holder Name (Print) _____

Card Holder Signature _____

Credit Card Mailing Address (Print) _____

Check Enclosed Amount _____ Check# _____

Mail completed form and check to:
AAOMS Today Classified Ads,
Attn: Marilyn Kukla
9700 W. Bryn Mawr Ave.

Rosemont, IL 60018-5701
Or fax form to: 847/678-6279

Questions? Please contact Marilyn Kukla at 800/822-6637 ext. 4366, or e-mail: marilyn@aaoms.org.



9700 West Bryn Mawr Avenue
Rosemont, Illinois 60018-5701

PRST STD
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AAOMS CALENDAR



EDUCATIONAL OPPORTUNITIES

2014

SEPTEMBER 8-13

AAOMS 96th Annual Meeting, Scientific Sessions and Exhibition

in conjunction with the Japanese Society and Korean Association of Oral and Maxillofacial Surgeons
*Hawaii Convention Center
Hilton Hawaiian Village
Honolulu, HI*

SEPTEMBER 10

ICD-10-CM Coding Workshop

in conjunction with the AAOMS 96th Annual Meeting
*Hilton Hawaiian Village
Honolulu, HI*

SEPTEMBER 11-12

Beyond the Basics Coding Workshop

in conjunction with the AAOMS 96th Annual Meeting
*Hilton Hawaiian Village
Honolulu, HI*

NOVEMBER 8

ICD-10-CM Coding Workshop

*Four Seasons Hotel
Las Vegas
Las Vegas, NV*

NOVEMBER 9-10

Beyond the Basics Coding Workshop

*Four Seasons Hotel
Las Vegas
Las Vegas, NV*

DECEMBER 4-6

AAOMS Dental Implant Conference

*Sheraton Chicago Hotel & Towers
Chicago, IL*

REGIONAL & STATE SOCIETY MEETINGS

2014

AUGUST 2

Tennessee Society of OMS

*Summit Medical Center
Hermitage, TN*

AUGUST 15-17

Georgia Society of OMS

*Ritz-Carlton Lodge
Greensboro, GA*

NOVEMBER 5

Middle Atlantic Society of OMS

Ellicott City, MD

NOVEMBER 5

Connecticut Society of OMS Implant Symposium

*Waters Edge Resort
Westbrook, CT*

PRACTICE MANAGEMENT NOTES

Top Ten Personnel Manual Errors

Your office personnel manual is designed to help employees understand their work requirements and benefits. While it is not intended to be a legal document, it may end up having the force of an employment contract. Review your personnel manual now to eliminate these errors before they turn into costly legal problems.

Most doctors consider their personnel manual a low-key presentation of job requirements and benefits, not a legal document. Unfortunately, employment lawyers may find your manual a “gold mine” for pressing costly claims against your practice. Courts are now siding more often with employees, rather than employers, so now’s the time to review your manual and to eliminate these all-too-common errors.

1. PROMISING “PERMANENT” EMPLOYMENT

Many personnel manuals state that new hires will be on probationary status for the initial 90 days of employment, and upon successful completion of this term, employment will become “permanent.”

Many courts have ruled that this wording negates an employer’s right to fire an unsatisfactory employee “at will,” so avoid the phrase “permanent employment.”

2. NO “AT WILL” EMPLOYMENT DISCLAIMER

Doctors should eliminate any uncertainty by letting employees know that there is no contract between the employer and an employee, and that employment may be terminated “at will,” where permitted by state law. As such, either party may end the relationship at any time, for any reason, unless terminating the employee is for a bad (discriminatory) reason.

3. AVOID TERMINATION “FOR CAUSE”

Many personnel manuals provide that employees may be terminated only “for cause.” While doctors may interpret this to mean that they can fire employees if they have a good reason to do so, an employment lawyer may use these words to require you to prove that “cause” existed and, furthermore, that it was a good cause.

4. OUTLINING SPECIFIC BENEFITS

Specifically stating your employee benefits can be held against you if the practice later changes these arrangements. For example, promising specific types and levels of health insurance coverage and other benefits may come back to haunt you if the personnel manual is not updated in response to later benefit changes.

Accordingly, doctors should delete specific descriptions of benefits. Instead, the personnel manual should simply refer employees to the actual benefit plan documents. If doctors prefer describing their benefits, be sure to include the following protective language: “The material in this manual represents our summary of benefits at the time of publication. These benefits are subject to change at any time, and accordingly, employees are directed to review the summary plan description and/or insurance subscription agreements for full descriptions of each plan’s benefits and limits. If any provisions are inconsistent with this manual, the formal plan documents are controlling. We reserve the right to change or terminate any benefit plan at any time in accordance with the formal plan documents.”

5. FORBIDDING WAGE DISCUSSIONS

A common provision forbids employees from discussing their wages and salaries with each other. Unfortunately, employment lawyers believe that this violates the National Labor Relations Act (NLRA) allowing employees to organize in a workplace setting. Accordingly, if you have such a rule in your personnel manual, delete it.

6. FAILURE TO PROVIDE “EQUAL OPPORTUNITY EMPLOYER” INFORMATION

Doctors should make sure that their manual specifically provides that the practice will not discriminate in their hiring practices.

7. AVOID SPECIFIC PRE-FIRING PROCEDURES

Many personnel manuals set forth a specific set of progressive disciplinary steps if infractions occur. Courts have routinely held employers liable for “wrongful discharge” if those published steps were not followed. Likewise, language indicating that discharge will be only in response to certain types of behaviors (for cause) may make a termination illegal if you do not, or cannot, document that those specific behaviors occurred even if more egregious, but unlisted, behaviors did.

8. WITHHOLDING FINAL PAYCHECK

Some manuals threaten to hold an employee’s last paycheck hostage for any number of reasons. Unfortunately, most state laws require that the employee’s last paycheck be paid to them within a specific time limit, except in highly unusual circumstances. Most states do allow accrued vacation time to be forfeited under certain conditions (ie, failure to give a two week notice of termination, etc.), as long as those contingencies are expressly spelled out in the personnel manual.

9. REQUIRING BROADER COVERAGE

Many practices are exempt from certain federal and state employment laws due to their relatively small number of employees (eg, Family Medical Leave Act). However, if your personnel manual specifically provides that your practice will offer the benefits provided under those laws, you are bound to do so, even if you later elect to change your mind. Accordingly, we recommend deleting all references to specific federal or state benefits laws, since that may otherwise end up binding your practice.

10. FAILURE TO OBTAIN A SIGNED RECEIPT

Many practices provide a copy of the personnel manual to current and new employees without requiring a receipt. As a result, an employee may later claim she never received the manual and thus was unaware of its provisions. Accordingly, each employee should sign a notice acknowledging that she or he has received the personnel manual and has been told to read it. Moreover, we also recommend that each employee later sign a statement that she or he has read the manual and understands its provisions.

Employment laws vary significantly from state to state. Accordingly, your local attorney should also review your manual to assure that its contents do not create potential problems based on your state’s law. ①

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