

Remarks of the 2017-2018 President

First Session of the House of Delegates
 Monday, Oct. 8, 2018



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Mr. Speaker, fellow officers, trustees, delegates, alternates, past presidents, colleagues, guests and friends – welcome to Chicago and the 100th Annual Meeting, Scientific Sessions and Exhibition of the American Association of Oral and Maxillofacial Surgeons.

It is a privilege to stand before you this morning at this historic centennial Annual Meeting and report on the activities of your Association during the past year. I have been sincerely honored to serve in this role, see our specialty grow, and make advancements on many important projects.

One of my proudest moments during the past year was the day news arrived from the American College of Surgeons that it had approved not only the creation of an OMS Advisory Council but also an OMS seat on the College’s Board of Governors. It was just two years ago when the College welcomed the first class of single-degree OMSs as Fellows. That change expanded our footprint in the area of medicine – informing our medical colleagues about what we do and the acceptance of the oral and maxillofacial surgery paradigm. With our own Advisory Council and a Governor’s seat, we now have an even greater voice and impact in the world’s largest surgical organization.

As an organization, my number one focus this past year was anesthesia. This issue is of paramount importance to me – and to AAOMS – as we work to preserve the anesthesia model as the typical oral and maxillofacial surgeon performs it today. How can we do that? It can only happen through a multi-tiered approach.

First is data reporting. The recently launched Dental Anesthesia Incident Reporting System – called DAIRS for short – collects and analyzes anonymous information similar to what is required for state-mandated morbidity and mortality reports, including information on the patient, procedure, facility and staff. Submissions are converted into aggregate, de-identified data that will be crucial for patient safety and advocacy efforts. DAIRS is available at no cost on the AAOMS.org website. When an anesthesia incident occurs in your office, be sure to report the details in DAIRS.

While DAIRS is maintained by AAOMS, it’s administered through our clinical data registry partner OMSQOR. Between DAIRS and OMSQOR, we have two programs that will lead us into the next century. The data will tell regulators and legislators what we do, how we do it and what kind of outcomes we get. With our collected data, we can better substantiate our profession’s delivery of healthcare services and continue the full scope practice of oral and maxillofacial surgery.

Next is the launch of our new National Simulation Program. This three-module program allows you to practice and master techniques and evaluate your preparedness for office anesthesia emergencies. This standardized program ensures everyone experiences the same simulated events, with state-of-the-art technology automatically evaluating the performance of all participants and identifying areas for additional training. The four-hour Basic Emergency Airway Management – or BEAM – module offers OMSs instruction and simulation on the oxygen tank, bag-mask ventilation,

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laryngeal mask airway scenarios, Airtraq and pediatric emergencies. Everyone here should plan to take this course in the coming year. I attended this BEAM module and found it to be exceptional. It was lively and difficult, and each of us identified a skillset that needed to be expanded for personal growth in the delivery of anesthesia. Every member should take advantage of BEAM training, not only for themselves but for their patients.

Also, look for the ninth edition of our *Office Anesthesia Evaluation Manual* being published this fall. This latest version includes new emergency drill scenarios for the anesthesia team as well as new information on considerations for both geriatric and pediatric patients and patients using illicit drugs.

And in April, we're planning our second Anesthesia Patient Safety Conference – this one focused on our pediatric patients. We have a full day of speakers – all discussing the safe and efficient administration of pediatric ambulatory anesthesia and highlighting current protocols that will promote practice models that provide and sustain the culture of safety.

On this important anesthesia issue, I do believe we also have to look at strategic partnerships – at individual associations such as the American Society of Anesthesiologists, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics. If we can collaborate with these three entities, it will enhance our ability to be able to continue to deliver a safe anesthetic experience to our patient cohort; that is our job and our responsibility.

In the advocacy arena, our attention this past year was focused on our four legislative priorities: coverage for treatment of congenital anomalies, expanding the use of FSAs and HSAs, student loan reform and permanently repealing the Medical Device Tax. We heard good news just last month on the congenital anomalies issue when bipartisan legislation called the Ensuring Lasting Smiles Act was introduced in both houses. If it passes, families would have health insurance coverage for medically necessary treatments related to birth defects. This bill only came to be through the hard work of our Committee on Government Affairs, our fellows at large and AAOMS staff. We also saw success with our other issues: the permanent repeal of the Independent Physician Advisory Panel, known as IPAB; and FSA and HSA reform and Medical Device Tax repeal both passed the House. They now await action in the Senate.

AAOMS also was the key to reversing a new Guardian insurance policy that required claims for third molars with associated IV sedation or general anesthesia to be reviewed for medical necessity. Not only did Guardian reverse the policy, but it automatically reprocessed denied claims retroactive to April. This advocacy for appropriate policies helps all of us.

Another issue that has stayed top of mind for AAOMS – and I'm sure for each of you – is the opioid crisis. Our second annual opioid survey this spring revealed encouraging results, including that 85 percent of us prescribe less than a three-day supply of opioids for third molar cases. Two years ago, 91 percent of us reported we do not refill an opioid prescription for our third molar patients; this year, that number jumped to 97 percent. These results show legislators and regulatory officials that we are mindful of the opioid epidemic and that we're taking steps to reduce our opioid prescribing.

I'm also excited today to tell you about enhancements to our national Informational Campaign. The biggest change – and one that many members sought – is replacing the word 'facial' with 'maxillofacial' when describing the specialty and AAOMS members. Two national surveys showed that consumers did not recognize or connect with the term 'oral and facial surgeon.' So moving forward, the Informational Campaign will call us 'oral and maxillofacial surgeons' and 'OMSs.'

Because the campaign has seen its largest return-on-investment for its television public service announcements, the current set of PSA videos were edited, repackaged and sent to TV stations across the country. Those videos have now been played to a broadcast audience of 676 million at an equivalent ad dollar value of almost \$17 million. The audio tracks from those videos also were edited, packaged and sent to radio stations around the country, where they are racking up similar impressive totals.

To take advantage of the vast digital landscape, we also created and launched YouTube preroll videos – you know... the ones where you have to watch at least a few seconds before you can skip them to watch the video you really want to see. These animated explainer videos – focusing on third molars, dental implants and 'What is an OMS' – have generated more than 600,000 impressions since August and many of the viewers are watching all the way through to the end and then clicking through to the MyOMS.org website!

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Those videos, by the way – like all the materials produced for the Informational Campaign – are available for members to download at no cost from AAOMS.org for use on your websites or social media accounts.

I would like to take a moment to acknowledge another milestone we are celebrating – the 75th anniversary of our journal, the *Journal of Oral and Maxillofacial Surgery*. A former editor of that journal who served as AAOMS president in 1977 and has been editor of what-is-now-called *AAOMS Today* since 1965 – Dr. Daniel M. Laskin – was recently named as the recipient of the ADA Council on Communications and AADEJ’s 2018 Distinguished Dental Editor Award. Thank you for your many contributions over the years, Dr. Laskin.

You might remember that last year at this time, the House voted to bring the OMS Foundation under the AAOMS umbrella. That strategic alliance has resulted in streamlined work processes, changes to the composition and size of the Foundation’s Board of Directors as well as changes to some of its committees. New Bylaws and a new strategic plan also were created and approved. The result? An improved financial strength and visibility, enhanced donor communications, a centennial tree campaign that honors the AAOMS’s anniversary and development of a new GIVE program that provides stipends to residents to travel internationally with OMS teams to deliver healthcare to underserved populations.

All year long, AAOMS has been busy hosting successful meetings, conferences and courses.

The Dental Implant Conference celebrated its 25th anniversary and offered a simulcast registration option for the first time.

About 100 members met with about 130 congressional representatives during the 18th annual Day on the Hill.

About 75 OMSs – with 30 of them residents – attended the Clinical Trials Methods Course to learn research basics and then put their skills into action by developing designs for randomized controlled trials. The proposals will be presented at 3:30 Friday in room W184 b-c at the convention center.

Regional and state society representatives attended a leadership conference to discuss advocacy efforts, state activities and member engagement.

Members honed their leadership skills at the Emerging OMS Leaders Workshop, a two-day interactive session to help develop future leaders of our organization.

Residents learned about the non-clinical aspects of their futures at the Resident Transitions into Practice Conference. They are provided the essential non-clinical information for life in private practice versus academic versus corporate practice.

OMSs and allied staff attended a variety of practice management and coding courses and participated in online learning opportunities.

That brings us to today – the start of our centennial celebration. On Wednesday, please plan to attend the “100 years of AAOMS” session, the Keynote Lecture by former Secretary of State Colin Powell, our Opening Ceremony and finally our Welcome Reception.

During the meeting, be sure to visit the AAOMS History Museum just outside the exhibit hall, and connect or reconnect with colleagues at our mini-reunions in the exhibit hall each day. And of course, the clinical, spotlight and practice management sessions will be packed with pearls.

I especially want to thank all of you for your tremendous support and efforts during this memorable year. It has been one of my life’s highlights. I could not have done this without the unwavering support of the AAOMS Officers and Trustees and the tireless work of the AAOMS Executive Director and staff. You, our members, have a truly outstanding professional organization working for you every day.

I am so honored, and so proud, to have served as your president during this centennial year. My thanks to all of you for being here to celebrate this momentous occasion.



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