

AAOMS TODAY



January / February 2018
VOLUME 16, ISSUE 1

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American Association of Oral and Maxillofacial Surgeons



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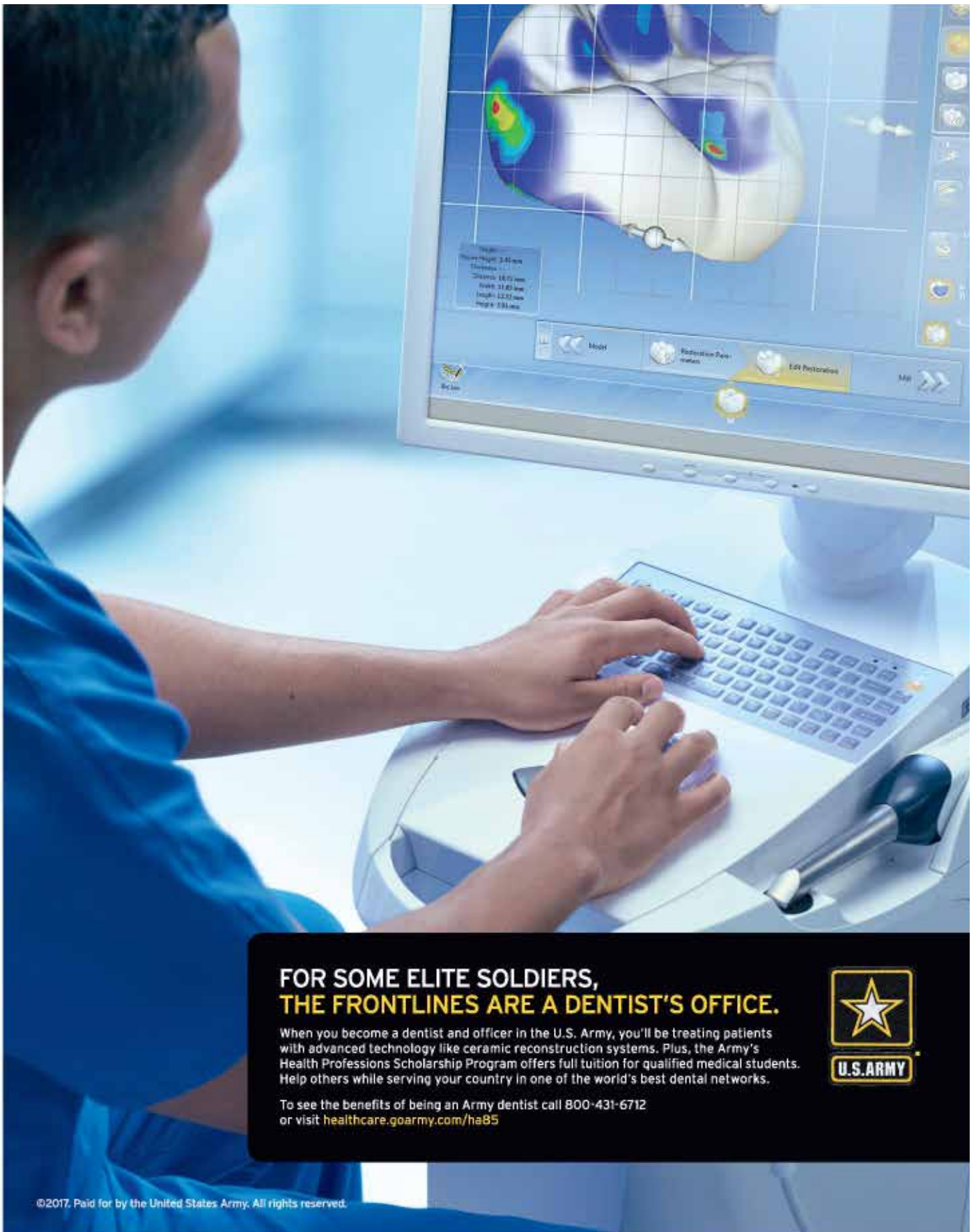
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The House of Delegates approved resolutions in October for stronger collaboration between AAOMS and the OMS Foundation. The alliance will benefit members and both organizations, supporters say.

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Henry Schein program supports volunteer efforts

Four doctors received grants to finance their missions.



Brett L. Ferguson, DDS, FACS
AAOMS President

“We have made great strides in every condition we treat – from oral cancer to cleft lip to TMJ pain and more. However, there is one aspect of our scope of practice that is potentially part of every procedure every day: the administration of anesthesia.”

IN MY VIEW

A century of anesthesia

As we begin 2018 – our Association’s 100th anniversary – we owe it to ourselves to take the time to look back, remember our origins and celebrate how far we have progressed as a specialty.

We have made great strides in every condition we treat – from oral cancer to cleft lip to TMJ pain and more.

However, there is one aspect of our scope of practice that is potentially part of every procedure every day: the administration of anesthesia. Can you imagine a time when surgeons did not have the choices and training we have today to make our patients comfortable?

- Oral and maxillofacial surgeons can thank a select group of pioneers for their work more than 100 years ago in the early days of dental anesthesia:
- Horace Wells – Credited by both the ADA and AMA for discovering anesthesia in the 1840s, Dr. Wells introduced the idea of using nitrous oxide to offer painless surgery to dental patients.
- Crawford W. Long, William T.G. Morton and Charles T. Jackson – These two dentists and a chemist friend helped harness the power of ether as an anesthetic in the 1840s.
- D. H. Goodwille, Edmund Andrews, Thomas W. Evans, S.S. White, Sir Frederick W. Hewitt, Charles K. Tether and E. I. McKesson and Jay A. Heidbrink – These early developers of anesthetic machines and their parts in the late 1800s and early 1900s helped to streamline the delivery of inhaled anesthetics.
- Harvey S. Cook and R.B. Waite – With Dr. Cook’s anesthetic cartridge delivery and Dr. Waite’s isotonic procaine solution in the 1920s, the two launched Cook-Waite Laboratories and began offering clinics to teach dentists to inject a local anesthetic solution.

Then Adrian O. Hubbell – widely regarded as the father of anesthesia for dental use – came along in the 1930s. He completed a two-year oral surgery program at the Mayo Clinic (studying with Dr. John Lundy) and then a year of general anesthesia training. During that year, Dr. Hubbell became excited about the potential of intravenous anesthesia for extraction procedures. At his request, chief resident Louis Austin removed Hubbell’s third molar while he was under IV sodium pentothal anesthesia. He reportedly got off the table after the procedure and walked out of the room.



behind us; work still ahead

With Hubbell's discovery, another anesthesia delivery option was available to OMSs. Since then, many new anesthetic drug therapies have debuted and others fallen out of favor.

Evolving issues

Office-based anesthesia continues to evolve in recent years. But the issues aren't as much about the delivery methods or the anesthetic itself – instead the focus is on guidelines, training and regulations. Patient safety, of course, is the No. 1 goal.

AAOMS continues to keep this issue top of mind. From now through 2020, one of the organization's four strategic objectives is to "preserve anesthesia" – meaning the protection of our OMS anesthesia delivery model, advancing standards and offering emergency preparedness training.

Dental office-based anesthesia has become a hot button issue in many state legislatures and at regulatory board meetings, and there is every reason to believe other jurisdictions may consider the issue in the future. Rest assured, AAOMS is developing new opportunities and enhancing existing programs to provide you and your staff with the tools you need to demonstrate the value of OMS office-based anesthesia.

The Committee on Anesthesia (CAN) is working to develop multi-pronged strategies focusing on new simulation trainings and regular mock drills, enhancing our Office Anesthesia Evaluation program and anesthesia assistants training, and residency and continuing education.

Simulation trainings

To ensure OMSs can seamlessly and quickly manage any unexpected airway emergencies, a simulation course is being developed that consists of three modules:

- Basic Emergency Airway Management (BEAM)
- Office-Based Crisis Management (OBCM)
- Office-Based Sedation Training

Phase 1, the BEAM module, focuses on critical airway management skills needed for handling potential office-based emergencies. The simulation course allows AAOMS members to practice and master critical techniques for

administering and monitoring office-based anesthesia. Its state-of-the-art technology not only assures every participant experiences the same simulated events but also has his/her performance automatically evaluated and areas of additional training identified.

Phase 2, the Office-Based Crisis Management module, was piloted in November and offers a new approach to simulation education for the OMS anesthesia team model. Both BEAM and OBCM will be available to the membership in 2018.

Committee on Anesthesia

The Committee on Anesthesia has been diligently working on a variety of projects on this important issue, including an Anesthesia Update program offered at the AAOMS Annual Meeting in San Francisco. This widely attended preconference session provided updates on patient safety in the office-based setting, covering topics such as specific techniques, airway management and updates on the evaluation and assessment of patients with conditions requiring specific sedation procedures.

CAN also is working to standardize the OAE form and revise the important *Office Anesthesia Evaluation Manual*, with the following additions:

- Emergency scenarios for the anesthesia team to use as drills.
- Chapters on considerations for the geriatric patient and patients using illicit drugs.
- Enhancements to the pediatric patient chapter.
- A chapter on training OAE evaluators.
- Medical illustrations as reference materials.

The ninth edition will be published this year to ensure inclusion of recent changes in ACLS requirements, simulation and methods of standardizing the evaluation process.

Anesthesia training

Anesthesia training for the next generation – our OMS residents – is vital. Current OMS residency includes five months of dedicated anesthesia training serving as an

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anesthesia resident treating both adult and pediatric patients. In addition, after that dedicated anesthesia time, residents continue to receive training in their clinics in all aspects of outpatient anesthesia care.

Each training program's ambulatory anesthetic experience must include administration of general anesthesia/deep sedation for OMS procedures to children as well as the adolescent, adult and geriatric populations, including the demonstration of competency in airway management.

The AAOMS Board, Committee on Education and Training (CET) and the OMS Faculty Section thoroughly reviewed the OMS accreditation standards at its March, September and October 2017 meetings. The proposed changes include revisions to the anesthesia and medicine clinical experience in regards to the management of children and geriatrics.

In addition, the proposed revisions include updating the language relative to the duration of educational experiences from five months to 32 weeks. The proposed revisions will be considered by the OMS Residency Review Committee at its January 2018 meeting.

Special Committee on the Culture of Anesthesia Safety

The AAOMS Board also established a Special Committee on the Culture of Anesthesia Safety, which focused on the development of effective strategies for the future of anesthesia in the specialty, with an emphasis on enhancing the OMS anesthesia team model.

Some of the factors contributing to a culture of anesthesia safety in the OMS have been identified as: residency education, continuing education, trained anesthesia assistants, office anesthesia evaluation and regular mock drills.

Members of the committee, through the various roles in which they serve – including OMSNIC, CET, CAN, DAANCE, JOMS, etc. – were asked to identify important factors in the effort to strengthen the OMS model of anesthesia as well as provide an example to others of our commitment to a culture of safety.

Anesthesia Patient Safety Conference

AAOMS convened its first-ever Anesthesia Patient Safety Conference last April. Dental sedation in both ambulatory and office settings was covered, with panel discussions and question-and-answer sessions.

The invitation-only event included not only AAOMS members but individuals from state dental boards and state OMS societies as well as allied organizations such as the ADA, the American Society of Anesthesiology, and the American Academy of Periodontology, the American Academy of Pediatric Dentistry and the American Dental Society of Anesthesiology.

The conference addressed various topics, including identification of at-risk patients before surgery, techniques for anesthesia administration and monitoring, emergency preparedness, and the importance of simulation training for team members. An anesthetic emergencies session revealed the top 10 causes of morbidity and mortality in office-based anesthesia. An emergency preparedness session went over drills, checklists, communication, crash carts and defibrillators.

The future

The AAOMS Board is aware the OMS anesthesia team model has been criticized by some, with motivation ranging from a genuine lack of knowledge about this time-proven approach to economics and perceived competition.

I assure you our commitment to the OMS anesthesia team model has never been stronger. Our support for you and your patients will never waiver, and we will continue to advocate our belief that anesthesia education, training and experience must be rigorous, thorough and measurable at every level and for every provider.

Faced with a key strategic objective to preserve our model, AAOMS leadership is taking its responsibility seriously and addressing the issue at every opportunity. ■



AAOMS is developing a three-module course focusing on office-based anesthesia.



Daniel M. Laskin, DDS, MS
AAOMS Today Editor

Welcome to the redesigned AAOMS Today

An informed membership is the key to maintaining a strong and active organization. AAOMS came to this realization a long time ago.

At that time, however, there was no email or social media for rapid distribution of important information. Therefore, the best way to send new information quickly to the membership was via a newsletter.

Although this adequately served its purpose for many years, snail mail no longer is the quickest way, and the internet is now the method of choice for AAOMS to quickly communicate with the membership. Thus, the typical newsletter has become redundant.

However, there is still a need for the membership to receive detailed information about more general items of interest such as ongoing initiatives, activities of the Board of Trustees, the financial aspects of the organization, and coding information and practice management matters.

Coming to this realization, the Board of Trustees approved the redesigned publication. Welcome to the new *AAOMS Today*!

The first things you will notice are a more attractive, updated look that follows the latest magazine design trends and a new cover design that better identifies our organization.

By modifying the page size to match that of the *Journal of Oral and Maxillofacial Surgery*, advertisers will no longer have to resize their ads for publication in *AAOMS Today*. This should increase our advertising revenue.

Other changes include:

- A standard table of contents so readers will know at a glance what the issue contains.

- Background color-coding and use of icons to create a continuity of standard features from issue to issue.
- The use of more photographs, graphics and graphic elements.
- A redesign of the Classified Ads section to make them much easier to read.

For a membership-based organization, effectively communicating with its members is absolutely essential.

Simply put, it is not likely to continue to grow and fulfill its purpose unless there is transparency and members feel engaged with the organization. This new design of *AAOMS Today* will continue to carry on that tradition. ■



The newly redesigned AAOMS Today features more art, a more traditional magazine cover and more in-depth stories.



Coming under the AAOMS umbrella

*Strategic Alliance brings OMS
Foundation, Association together*

Since it was founded in 1959, the OMS Foundation has provided more than \$14 million to support research and fellowships to advance the specialty.

Overall, the non-profit has been “a very successful professional organization,” said 2015-16 Foundation chair Thomas B. Dodson, DMD, MPH, FACS.

Still, Dr. Dodson and other supporters wondered how the Foundation could be even more prosperous.

“From a big picture, we were doing just fine,” Dr. Dodson said. “The challenge we have had as members of the Board of Directors of the Foundation for years is this sense there’s this huge untapped potential within members to be able to raise lots and lots of money compared to how we were doing.”

Pair of epiphanies

In the summer of 2016, the Foundation’s Board of Directors and the AAOMS Board of Trustees had two “epiphanies,” Dr. Dodson recalled: the Foundation needed a development officer whose primary responsibility would be to raise funds, and both the Foundation and AAOMS could benefit from a stronger collaboration.

Small working groups from the Foundation and AAOMS met to discuss opportunities to share resources from both organizations to benefit members and support the specialty. In October – about a year and a half after the initial discussions – the Foundation officially moved under the umbrella of its parent organization. Supporters hope the Strategic Alliance will result in greater support for the Foundation’s mission of investing in education and research.

“The collaboration will eliminate redundancies in administrative functions and committee work, while tapping into AAOMS resources and expertise,” said Foundation Chair Kathy A. Banks, DMD. “The Boards of both organizations agree these changes will position the Foundation for greater success in the future with the ultimate goal to enhance support from AAOMS members and industry sponsors in the interest of funding important research and education.”

Setting goals

At the June 2016 joint AAOMS-OMS Foundation Board meeting, the organizations agreed to form small working groups to explore ways to improve the Foundation. The groups convened several times through conference calls and an in-person meeting.

The groups identified four goals:

- Maintaining the Foundation’s strengths to ensure research remains a priority.
- Hiring a development director to increase fundraising.
- Improving credibility with the membership.
- Working to guarantee efficiency and effectiveness in staffing resources.

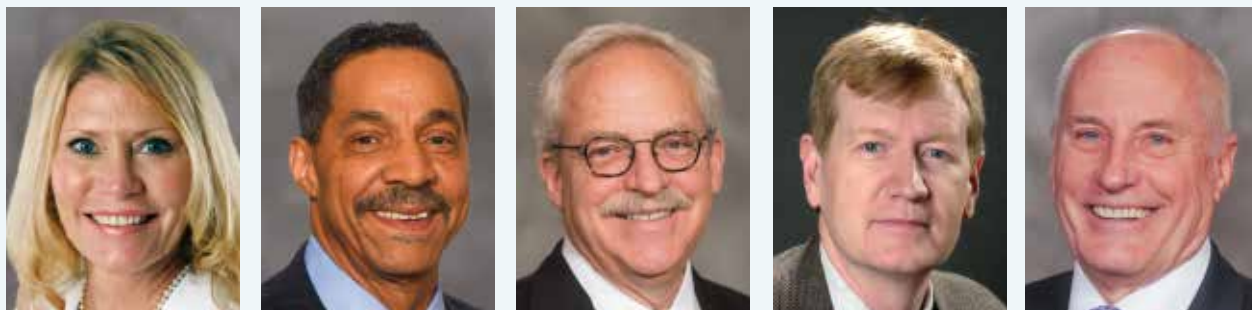
The groups looked at other successful healthcare foundations to review the optimal board structure for an association and its foundation.

“We found our relationship with our parent organization was a little atypical,” Dr. Dodson said. “Most professional organizations, the foundation is a more integrated component of the parent organization.”

Dr. Dodson and 2015-16 AAOMS President Louis K. Rafetto, DMD, were part of the discussions about the Strategic Alliance while Dr. Dodson served on the Foundation’s small working group and Dr. Rafetto was on the Association’s small working group. The two are now members of the Foundation Board’s special Transition Committee in 2017-18. Other members of the Foundation small working group were Drs. Banks and Eric T. Geist, Foundation Vice Chair; and Mr. William C. Passolt, a Foundation Director. The AAOMS small working group also included Drs. Douglas W. Fain, AAOMS Immediate Past President; Victor L. Nannini, AAOMS Vice President; and AAOMS/Foundation Treasurer J. David Johnson Jr.

Dr. Rafetto said three commonalities were identified during the research about healthcare foundations: a close alliance

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From left: OMS Foundation Chair Kathy A. Banks, AAOMS President Brett L. Ferguson, AAOMS Immediate Past President Douglas W. Fain, 2015-16 OMS Foundation Chair Thomas B. Dodson and 2015-16 AAOMS President Louis K. Rafetto.

continued from previous page

between the foundation and its parent organization, a dedicated fundraiser and development department, and attention to recognizing and thanking donors.

“The group also felt it was important to listen to the needs and perspectives of the grassroots membership,” Dr. Rafetto said. “This allowed the group to focus efforts on creating a structure and a culture that would embody these values and traits.”

According to the review by the working groups, the most effective board structures involve at least one of two elements – the parent organization appoints most of the Foundation’s board or most of the parent and charitable organization boards overlap.

The AAOMS and Foundation boards discussed proposed restructuring and reached an agreement.

During the 2017 AAOMS Annual Meeting in October in San Francisco, the House of Delegates adopted resolutions for stronger collaboration between the Association and Foundation. The new Foundation Board met for the first time in November and agreed the Strategic Alliance will initially focus on improved donor recognition and outreach. Also, some committees have been consolidated to ensure unified messages from both organizations.

“In the end, the specialty will benefit because of the better connection between the Foundation and those who donate and because of the Foundation’s ability to support

meaningful educational opportunities and research that will lead to enhanced patient outcomes for the practicing oral and maxillofacial surgeon,” Dr. Rafetto said.

Restructuring and other changes

The Strategic Alliance has resulted in restructuring and consolidation. The Foundation Board can have seven to nine directors after previously having 12 directors. The AAOMS Treasurer is appointed the Foundation Treasurer, and the AAOMS President-Elect appoints two AAOMS Board members to the Foundation Board. In addition, the AAOMS Board now approves all Foundation Directors.

“There’s a greater opportunity to have better communication between the two organizations,” Dr. Dodson said. “With more Trustees on the Board of Directors of the Foundation, the ability to share information and messaging between the two Boards should be enhanced considerably.”

OMS Foundation staff restructuring and additional resources from AAOMS are intended to help the Foundation reach its goals for research, education and development. The AAOMS divisions of operations and business, communications and publications, and advanced education and professional affairs will provide additional support to the Foundation.

“The result is a ‘new’ Foundation that is more streamlined and one with enhanced access to the resources of AAOMS,”

Dr. Rafetto said. "For example, the Foundation now more fully engages the talents of the AAOMS communications department in the effort to spread its message of the value of education and research."

For committee consolidation, Foundation representatives were added to the AAOMS Committee on Public and Professional Communication (to enhance and streamline Foundation messaging), the Committee on Research Planning and Technology Assessment (to serve as a conduit for research projects potentially supported by the Foundation) and the Committee on Education and Training (to review applications for Foundation fellowship funding).

To address the need for a development director, one was hired in August. Previously, one Foundation staff member was responsible for overseeing the Foundation's operations and fundraising efforts. The new structure features an associate executive director who oversees the Foundation operations while the new associate executive director of development focuses on fundraising.

Other changes include Foundation staff members becoming AAOMS employees.

'Closer together'

"The Strategic Alliance brings AAOMS and the OMS Foundation closer together – sharing valuable resources between the two organizations, eliminating redundancies

and ultimately strengthening the Foundation's mission to invest in vital opportunities in research, patient care and education," said AAOMS President Brett L. Ferguson, DDS, FACS.

The sharing of resources between the two organizations could lower administrative costs, resulting in greater impact from donations to the Foundation, Dr. Dodson said. Dr. Rafetto echoed that idea.

"With the new organizational changes in place, members should feel confident that their donated dollars will be spent more efficiently than was possible in the past," Dr. Rafetto said. "I also expect that members will feel recognized and appreciated for the sacrifices they make in the form of the dollars they donate.

"In the end, the Foundation should be well-positioned to build on its legacy that includes having supported research grants such as the Third Molar Clinical Trials, fellowships, student training awards, FEDA awards, and CSIOMS and resident travel scholarships."

Dr. Dodson also hopes the Strategic Alliance will result in greater awareness of the Foundation.

"All members know what AAOMS is – the members variably know what the Foundation is," he said. "This way, they're much more aligned organizations, so we would think the Foundation would be on the members' radar more frequently." ■

OMS Foundation welcomes new leaders, recognizes retiring board members

With the Strategic Alliance between the OMS Foundation and AAOMS underway, the Foundation's 2017-18 Board of Directors was installed during its November meeting.

Board officers are Chair Dr. Kathy Banks, Vice Chair Dr. Eric T. Geist and AAOMS/Foundation Treasurer Dr. J. David Johnson Jr.

Foundation Directors are Dr. Karen E. Crowley, Mr. William C. Passolt, Dr. W. Frederick Stephens and Dr. Thomas P. Williams. Completing the Foundation Board are AAOMS Vice President Dr. Victor L. Nannini and Immediate Past

President Dr. Douglas W. Fain. Dr. Stephanie Zastrow is the ROAAOMS liaison.

As members of the Board's special Transition Committee in 2017-18, former AAOMS President Dr. Louis K. Rafetto and former Foundation Chair Dr. Thomas B. Dodson will help guide the transition.

The Foundation's retiring Board directors – Drs. J. David Allen, Ira D. Cheifetz, William J. Nelson, Anthony M. Spina and Andrew Read-Fuller – were active participants in the development of the Strategic Alliance.



Kathy A. Banks, DMD
OMS Foundation Chair

A new year: Charting a new trajectory

The OMS Foundation begins the new year with a renewed sense of purpose and a new Strategic Alliance with AAOMS.

This Strategic Alliance facilitates crucial resource-sharing and administrative support from AAOMS, freeing OMS Foundation staff to focus on development, stewardship, donor outreach and communications.

These are the lifeblood of the Foundation and will direct our efforts moving forward.

Sharing information

As a first step, the inclusion of more Foundation news in AAOMS publications will support a better understanding of our mission and the impact of our work on our specialty and practice.

In future issues, we will introduce some of our research grant and faculty award winners, Clinical Surgery Fellows and scholarship recipients. Each of these groups is invested in making a difference at fundamental levels, and the stories they will share are inspiring.

We also plan to recount how Foundation-supported research and education have led to the development of safer, more effective patient care by enhancing our surgical techniques through transforming our knowledge of materials, technology and disease.

Some of this research was funded five, 10 and even 20 years ago by Foundation donors – practitioners who recognized

ongoing research is critical to keeping our specialty at the forefront of the surgical arm of dentistry.



'Research defines a specialty'

My friend and colleague Dr. Thomas Dodson – who has served as Chair, Director and tireless champion of

the OMS Foundation – believes “research defines a specialty by determining its trajectory. Without it, a specialty stands still. In its absence, a specialty becomes extinct.”

The OMS Foundation Board agrees.

*We don't want to stand still.
We want to determine our own
'trajectory.'*

We don't want to stand still. We want to determine our own “trajectory” – the path of OMS discovery and advancements that engages more members along the way to be investors in this greater cause.

We promise these investors that provide us with financial support – hopefully all of you someday – that we appreciate the confidence you entrust to us as we move forward together with AAOMS to achieve our mission and vision.

We are looking forward to a bright future for the OMS Foundation and our specialty.

I am looking forward to sharing our progress with you in the year ahead. ■



Develop leadership skills at expanded workshop

The Emerging OMS Leaders Workshop has expanded from a half-day course in 2015 to a two-day program featuring six sessions that will explore leadership styles and delve into how courage, wisdom and knowledge impact being a leader.

Open to AAOMS fellows and members and residents, the workshop will bring together approximately 75 attendees interested in developing their skills and pursuing a larger leadership role in the specialty March 3 and 4 in Rosemont, Ill.

The curriculum, which will include formal assessments, will cover a wide range of leadership topics. At its conclusion, workshop participants should be able to:

- Describe the “experiential model” of leadership learning and its advantages compared to the formula-based model.
- Explain how courage is one of the most visible virtues in leadership and how it reflects on the individual.
- Analyze how perseverance relates to other virtues, such as courage, justice and wisdom.
- Differentiate how wisdom relates to humility, honesty, perseverance and courage.
- Compare knowledge and wisdom, and how knowledge contributes to wisdom.
- Understand the meaning of a virtuous leader.

The speakers include N. Karl Haden, PhD, president and CEO of the Academy for Academic Leadership (AAL); Felicia Tucker-Lively, PhD, AAL’s director of professional development; and Michael Silveus, DDS, MS, AAL vice president. Atlanta-based AAL helps businesses, associations and other institutions with professional development.

The workshop’s first day will focus on self-leadership and development. At the first session, participants will examine leadership styles and how others may observe them and react. This session will refer to the MBTI Step II Interpretive Report, which addresses crucial aspects of personality and behavior in facets such as communication, problem-solving and interpersonal relations. All attendees will receive Dr. Haden’s book, *The 9 Virtues of Exceptional Leaders: Unlocking Your Leadership Potential*, and undergo a self-assessment for leadership development.

Another session on the first day will cover time management and life balance. Participants will learn about issues in the history of ethics and moral psychology relating to contentment and balance, and they will discuss habits for a balanced life.

Emerging OMS Leaders Workshop

What: Developing leadership skills

When: March 3 and 4

Where: DoubleTree in Rosemont, Ill.

Who: Open to AAOMS fellows, members and residents

Questions? Email mallaire@aaoms.org



The workshop speakers are (clockwise from top left) Michael Silveus, DDS, MS, Academy for Academic Leadership (AAL) vice president; Felicia Tucker-Lively, PhD, AAL’s director of professional development; and N. Karl Haden, PhD, president and CEO of AAL.

During the second day, participants will use the Thomas-Kilmann Conflict Mode Instrument to identify their preferred way of approaching conflict and alternatives for preventing counterproductive confrontations. Strategies and tactics for managing common disagreements for academic leaders also will be addressed.

In another session, participants will learn about their personal responses to change and apply lessons for managing change. The final session will explore emotionally intelligent leadership and discuss strategies for confronting and controlling emotions.

“The Emerging OMS Leaders workshop is an outstanding opportunity for OMSs to strengthen their leadership skills to help advance the specialty and learn from other leaders,” said AAOMS President Brett L. Ferguson, DDS, FACS.

Registration is \$500 and includes the workshop, Dr. Haden’s book, breakfast, lunch and an evening cocktail reception. ■

AAOMS develops 3-year Strategic Plan to guide

With the beginning of a new year, AAOMS is unveiling a three-year Strategic Plan that will help guide all Association decisions, programs and activities through 2020.

The Board of Trustees developed the multi-layered plan that identifies four priority goals and objectives after meeting with a consultant, brainstorming in small groups and discussing the plan at several meetings.

Through the plan development process, AAOMS's mission statement was slightly revised, now stating: "Assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members."

The Association's vision and core values remain consistent. The vision states AAOMS members:

- Practice at the highest level of quality and professionalism.
- Have made a demonstrable difference in the lives of their patients and communities.
- Are professionally fulfilled and satisfied.

The core values are:

- Oral and maxillofacial surgeons are uniquely qualified to care for patients that require surgery of the face, mouth and jaw.
- Patients deserve the highest quality care.
- Oral and maxillofacial surgeons are committed to the highest standards of ethics and professionalism.
- Membership in AAOMS is an honor and privilege.

The Strategic Plan's four goals and their priority objectives address anesthesia, membership engagement, advancement of the specialty, and the future of healthcare. The goals are:

■ Preserve and advance the OMS delivery of anesthesia.

- a. Aggressively preserve the OMS anesthesia delivery model.
- b. Advance anesthesia standards.
- c. Deliver emergency preparedness training for the anesthesia team.
- d. Promote practice models that provide effective and efficient care.

"AAOMS is developing new opportunities and enhancing existing programs to provide you and your staff with the tools you need to demonstrate the value of OMS office-based

anesthesia," AAOMS President Brett L. Ferguson, DDS, FACS, said during his inaugural address in October at the 2017 AAOMS Annual Meeting in San Francisco, Calif.

■ Increase member value and engagement – Align benefits and value to the membership.

- a. Deliver premier communications and educational offerings.
- b. Increase and align member benefits and value to a growing diverse membership and their practice models.
- c. Provide and promote leadership development.
- d. Strengthen national and state liaison affiliations.
- e. Strengthen and leverage public awareness of the specialty through the Informational Campaign.

"AAOMS is prioritizing the delivery of premier educational offerings, and we'll work to align our member benefits to a growing diverse membership and your practice models," Dr. Ferguson said. "Strengthening our networking, collaborations and affiliations will be a priority."

■ Advance the specialty of oral and maxillofacial surgery – Unify OMS around the AAOMS mission.

- a. Develop and promote practice models that provide quality, safe, effective and efficient care.
- b. Pursue strategies for fair payment and practice sustainability to ensure patients' access to care.
- c. Achieve meaningful advocacy at the state and federal levels.

"As an organization, we can never stop working at the federal and state levels so we can achieve meaningful advocacy," Dr. Ferguson said. "As our bipartisan political action committee, OMSPAC tirelessly represents and promotes the interests of OMSs at the federal level. You, as individual members, are encouraged to join in advocacy efforts at the grassroots level. That means writing letters, visiting with your legislators at their home offices or the capital, and even volunteering as a local resource or on a campaign committee."

■ Influence healthcare transformation – Position OMS to thrive in future environments.

- a. Launch and leverage OMSQOR®, the database registry intended to accurately measure the continuum of care from initial patient contact through treatment and follow-up.

programs, activities



- b. Establish the value of OMS as an integral element of the healthcare system.
- c. Host a leadership summit by 2021.
- d. Convene an OMS 2030 Vision Summit to focus on AAOMS's future.

"When OMSQOR® launches next year, I urge you to participate as the data it collects will provide the information we need when we meet with federal and state agencies, legislators, third-party payers and other groups," Dr. Ferguson said.

"These data are crucial to the future of our specialty in the areas of anesthesia, third molar extractions, practice expense benchmarks and payment reform.

"Influencing healthcare transformation also means establishing the value of OMS as an integral element of the healthcare system. To that end, AAOMS is committed to exploring all avenues related to specialty recognition."

To implement these goals during the next three years, AAOMS will work with various domains, including:

- **Advocacy:** Advocate at federal and state levels and form strategic alliances.
- **Education:** Set standards of excellence in education and training for AAOMS fellows, members and their staff as well as OMS residents.
- **Research:** Catalyze advances in the specialty of OMS and promote scholarships.
- **Practice:** Advance and optimize the practice of AAOMS members.
- **Communications:** Promote the brand, mission, vision and values of AAOMS.

"Many times through the years, this organization has forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare," Dr. Ferguson said. "We acknowledge and treasure our almost-100-year history that saw us evolve from a fledgling specialty of exodontists to the premier dental surgical specialty we are today." ■

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Survey: Campaign making an impact

The fifth annual AAOMS consumer survey is revealing significant increases in the overall effectiveness of the Informational Campaign.

In one key area, the percentage of consumers who saw or heard advertising or promotions on the importance of consulting an OMS has more than doubled. The jump to 14 percent in 2017 – up from 7 percent in 2016 and 4 percent in 2015 – can be attributed to a variety of AAOMS initiatives:

■ **Digital marketing** – An increased emphasis in 2017 was placed on Google AdWords, Bing Ads and national display networks. These digital ads are generating thousands of clicks every week to the MyOMS.org website. Each month, almost 2,000 of these prospective patients then search for an OMS in their area and click on a member's profile.

■ **WebMD** – AAOMS launched a five-page microsite on this health and wellness website last summer. The OMS-specific content includes a "What is an OMS?" overview page and condition/treatment pages focusing on third molars, dental implants, OSA and oral, head and neck cancer. WebMD also

features AAOMS digital ads on other relevant web pages. This new microsite generates about 20 percent of the monthly referral traffic to MyOMS.org.

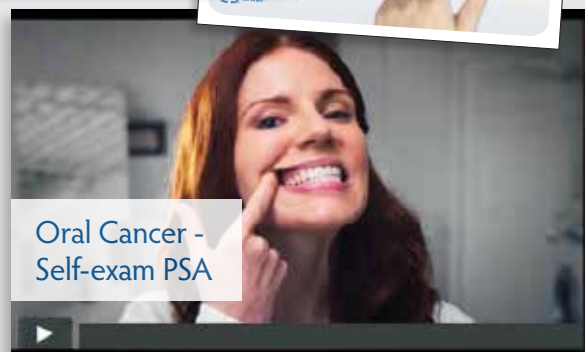
■ **Public service announcements** – The OSA and two oral cancer PSA videos continue to play on TV stations around the country. To date, the PSAs have played more than 75,000 times with a broadcast audience impression of more than 421 million. The equivalent dollar value for these broadcasts tops \$10 million.

■ **Oral Health insert in USA Today** – AAOMS's lone national consumer-facing print ad appeared last March in an Oral Health supplement inserted into the USA Today newspaper in major markets. The full-page ad and accompanying editorial article focusing on wisdom teeth management had a circulation of 750,000 readers.

■ **Social media** – Using engaging posts, AAOMS continues to grow its consumer-facing social media presence on Facebook, Twitter and Instagram. All three accounts saw double-digit percentage growth in 2017.

continued on next page

Through public service announcements, videos, website content, digital marketing and other vehicles, the AAOMS Informational Campaign explains the expertise of oral and maxillofacial surgeons.



Value of the campaign

Another set of key findings in the 2017 survey demonstrates the value of AAOMS campaign efforts. After seeing ads or promotions:

- 73 percent said they are more likely to choose an OMS for their treatment.
- 37 percent visited MyOMS.org.
- 83 percent of those website visitors used the Find a Surgeon feature.

"The Informational Campaign is making a difference for our specialty," said AAOMS President Brett L. Ferguson, DDS, FACS. "Each year, we are seeing positive trends. It is important we continue our national efforts. The Board thanks the members for the continued special assessment funding because it is keeping us relevant in what can only be called a crowded 'healthcare marketplace.'"

"The best decision we made last year was taking management of the campaign in-house. Not only did we free up funding for enhanced or new initiatives, but we are better able to control the short- and long-term strategies and project management details. The annual consumer survey also provides direction for guiding campaign tactics."

New questions were added to the consumer survey in 2017 to focus on decision-making factors, preferred professionals and the importance of AAOMS membership in four segments: mothers of teens regarding third molars; young adults regarding third molars; baby boomers regarding dental implants; and those who suffer from sleep apnea or their partners. Following are highlights from these data.

Referrals No. 1 influencer

Each consumer segment was asked the three most important factors influencing its choice of professional.

The No. 1 answer in four of five segments was: "The professional was referred to you by another medical or dental profession." Only young adults did not rank this factor as their first choice, instead selecting, "The professional is 'in-network' on your/your family's insurance coverage."

AAOMS membership important?

Each consumer segment was asked how important is it to know its choice of surgeon is an AAOMS member. The percentage ranking membership as "extremely" or "very" important were:

- Mothers of teens regarding third molars: 71 percent
- Young adults regarding third molars: 56 percent
- Baby boomers regarding dental implants: 83 percent
- Sleep apnea patients or their partners: 86 percent

Oral cancer/HPV link

For the second straight year, awareness of the HPV-oral cancer linkage increased in the broader consumer base. Awareness has increased most among mothers of teens. Overall, nearly 60 percent of respondents have seen or read information recently about the linkage.

Regarding oral cancer self-exams, a significantly higher percentage of respondents (29 percent) say they know how to conduct an oral self-examination. The largest increase is among mothers of teens.

In 2017, 19 percent of respondents stated they would see an OMS for oral cancer treatments – up from 6 percent in 2016. This jump represented the most significant percentage increase in familiarity among all procedures.

Continuing a trend

AAOMS launched the Informational Campaign to educate the public and dental professionals about OMS training, skills, experience and expertise.

Since 2013, annual surveys have shown the campaign is impacting the public's perception of oral and maxillofacial surgeons.

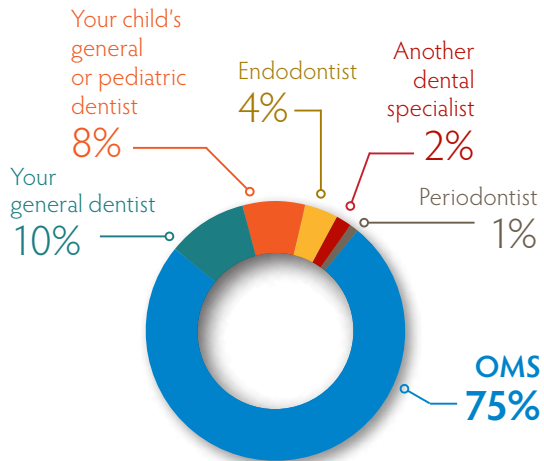
These latest survey results indicate that the campaign has been effectively sharing information about the specialty, and that the public is learning about the benefits of OMS care. ■



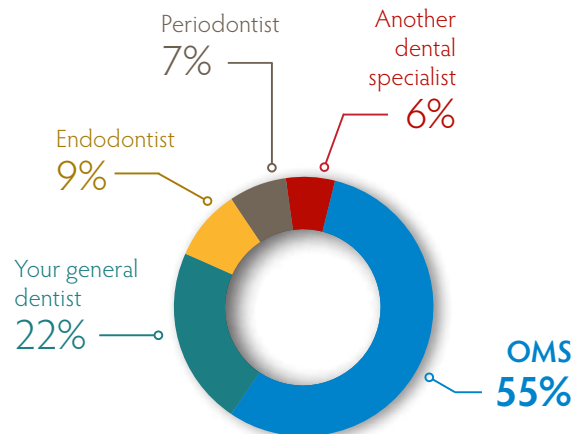
Consumers reveal their preferred provider for treatments

Each of the four consumer segments was asked if they were making the decision today, who would they most likely choose for the procedure. These results will help guide future campaign tactical decisions.

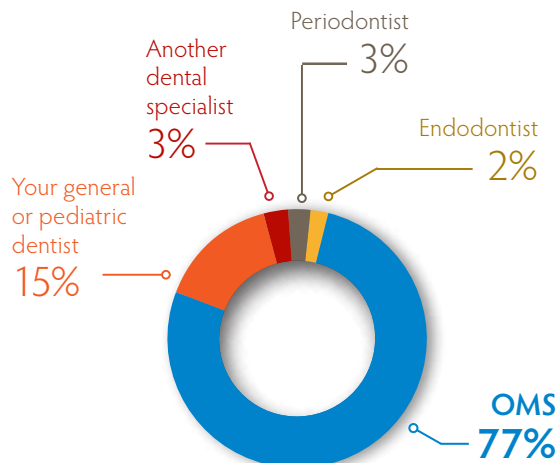
Mothers of teens for their child(ren)'s third molar removal



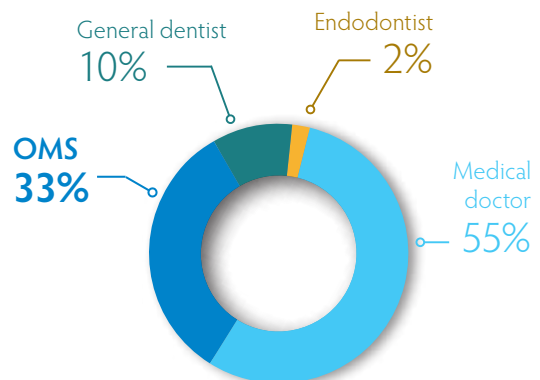
Baby boomers for their dental implants



Young adults for their third molar removal



Sleep apnea patients and their partners for their corrective jaw surgery



Honoring 100 years of AAOMS: Former President

In August 1918, 29 professionals convened at the Auditorium Hotel in Chicago, Ill. – marking the first meeting of what would eventually be called the American Association of Oral and Maxillofacial Surgeons. In celebration of AAOMS's centennial, AAOMS Today is featuring interviews with longtime members of the Association. They will share their thoughts on the evolution, advancements and future of the specialty.



Louis S. Belinfante,
DDS
1987-88 AAOMS
President

Louis S. Belinfante, DDS, of Cumming, Ga., has been an AAOMS fellow since 1971. He served as AAOMS Trustee from 1978 to 1981, Treasurer from 1982 to 1985 and was President in 1987-88, when the Association moved to its current Rosemont, Ill., headquarters. He has lectured on advanced orthognathic surgery and cosmetic surgery while accrediting ambulatory healthcare facilities. He is credited with helping direct the scope of the specialty toward cosmetic surgery. Dr. Belinfante practices with Atlanta Oral and Facial Surgery.

Q What has changed the most in the specialty in your lifetime?

A The scope of who we are and what we do has changed tremendously. For example, for orthognathic surgery, when I started in 1969, we usually only operated on mandibles and retro-positioned them. We hardly ever brought them forward. That changed with Hugo Obwegeser, a Swiss OMS. During World War II, there was a dearth of European orthodontists to aid oral surgeons for the corrective treatment of facial deformities. To achieve corrective goals, simultaneous two-jaw surgeries in lieu of the traditional one-jaw surgery were performed. After the war, Dr. Obwegeser came to the United States and presented his and some of his European colleagues' amazing operations with 'jaw-dropping' results at Walter Reed Army Medical Center. It changed who we were and what were capable of performing.

Bill Bell and Bar Levy at the University of Texas Southwestern Medical Center in 1972 performed angiographic animal revascularization studies to illustrate *why* these operations, on a biological basis, could succeed. That led to all kinds of other angiographic studies. We did upper jaws, lower jaws or both, all intra-orally. We started augmenting cheekbones, chins and other local anatomic sites. That gave us a strong foothold in the performance of treating multiple facial defects simultaneously.

We were called into the emergency rooms for treating facial trauma. We operated on the nose *per se*, above, below and lateral to the nose and around the orbits, zygomas and frontal bones. An odd concept started to emerge. Some began to wonder if we did those procedures with the confidence and acceptance of the professional emergency room staff, why couldn't we and why shouldn't we perform these procedures on our own, *de novo*? Why couldn't we do a rhinoplasty? A blepharoplasty? Or a rhytidectomy, liposuction, chemical peel or dermabrasion?

A movement began in about 1981 with the aid of cadaveric courses sponsored through AAOMS as adjuncts to our Annual Meetings. Then standalone courses began to emerge, where our members could perform cosmetic procedures under the guidance of other professionals.

Via the ADA, we changed the definition of our specialty to include the treatment of maxillofacial *defects*. When we started to perform these procedures, ABOMS started to query its candidates for board certification about the treatment of cosmetic deficits. These were great and exciting times for our specialty. These changes were made in a *deliberate, conscientiously orchestrated, orderly manner*.

In the early years, we made models of a dentition, placed them on an articulator and spent hours altering the occlusion to achieve the bite we felt best achieved our goals. Then we made acrylic splints and brought them into the operating

looks forward to 'exciting' advancements

room. Now the models can be occlusions obtained, splints fabricated, and it's all done via computer technology. We are doing many things we hadn't done before. It's changed the specialty in a spectacular way.

It was because of all these specialty changes a past president – Terry Slaughter from Salinas, Calif. – strongly felt our specialty name was not really indicative of our capabilities.

It took some political cajoling and arm-twisting, but we became the specialty of oral and maxillofacial surgery – and rightly so.

Q What should younger doctors know about the history of OMS?

A In the '50s and '60s, we couldn't do anything hardly at all in the operating room unless a staff physician was in attendance. Now they watch us do the procedures in a kind of wonderment. At times, other specialists will call us to help them, and when we get into the operating room they say, 'You do it. I'll watch you this time.' Even in the hospital, at least where I am, they don't refer to us as 'those dentists.' The term used is 'you are one of those *maxfac docs*.'

Q What kinds of advances will the specialty see in the next 100 years?

A We'll be doing things contemporaneously no one thought of, probably in great part formulated by electronics. Even in medicine, many patients are being treated through their genotypes. I can't even imagine what's coming down the pike. It is simply mind-boggling.

Q How exciting is it?

A It is so exciting to see. I work with younger OMSs. They get on the computer and do things I didn't even know were possible, and that's the way they are contemporaneously trained. They come to conclusions finer than my generalities. I have a son who is an oral surgeon. I have a sister a little over 91. She had bad maxillary teeth. He surgically removed them and placed implants and a conventional pre-fabricated temporary denture over the implants. He later converted the temporary denture into a fully loaded implant denture with no palatal coverage. It screws in, and when she smiles, it's like she has just taken off finished orthodontic appliances. She can

smell and taste better than if you have a palatal appliance for suction. Nobody would have thought that could be done just a few years ago.

Q What is needed in the specialty more than ever?

A A lot of the individuals being trained – it's not their fault – after a few years, stay in the office and take out teeth and do implants. Conceptually, it's difficult for them to leave the office and perform patient

treatment in a hospital milieu. They have the privileges but feel they can do more in the office relative to professional time and motion. Hopefully AAOMS can discuss how we can bring these young men and women back into hospitals.

Q Any other memories you would like to share?

A I've been fortunate enough to be in that era when huge specialty changes happened. One of the nicest things that happened to me when I was becoming AAOMS President was one of my truly good friends, Dr. Jack Kent – who recently retired as chair of the OMS department at LSU – was similarly becoming ABOMS President. We were able to work things out over the phone that at times had been problematic between the two boards.

The AAOMS Foundation was a rather small conceptual research entity. Dr. Philip Maloney, an AAOMS board member who became its President in 1986, had an idea the Foundation could be funded to a much greater degree. Through his insight, proposals and tenacity, the Foundation went through a metamorphosis from a relatively small number of funded research grants to a behemoth of hundreds of thousands of dollars to aid meaningful research projects. The outcomes are not only changing specialty treatment, but may even change the manner in which disease concepts are approached. Simply amazing! Where we will be in the next 100 years is totally unfathomable.

When I became a member of AAOMS, I saw in the flesh the giants of the '40s and '50s. Instruments and procedures were named after them. Next to my magnificently supportive family, it was the greatest thing that happened to me. I was certainly privileged to have been part of it. ■



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Be a part of the centennial meeting!



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The experts in face, mouth and jaw surgery®



Dental Implant Conference celebrates 25th year

More than 1,000 oral and maxillofacial surgeons, their staff and restorative dentists gathered at the Dental Implant Conference, which celebrated its 25th anniversary in December in Chicago.

Serving the entire dental implant team, the Dental Implant Conference featured more than 30 speakers who delivered presentations on topics ranging from the replacement of congenital missing teeth to the application of digital technology in a practice.

Seven sessions spanned the preconference schedule, and an internationally renowned faculty of experts delivered two full days of general sessions on topics such as state-of-the-art in 2017 and 100 years of AAOMS. In addition, more than 100 vendors displayed their products and services in the Exhibit Hall. The AAOMS Product Resource Center offered educational, regulatory compliance, practice management and marketing materials for practices.

Dental anesthesia and surgical assistants were able to refresh their anesthesia knowledge and skills through assistant-centered courses, including a hands-on, four-hour workshop and a two-day review course on such topics as methods of anesthesia administration, monitoring and emergency preparedness.

In celebration of the 25th anniversary, the Dental Implant Conference offered a live simulcast of the general sessions.

Recordings from the Dental Implant Conference will be available for purchase by late January at AAOMS.org/recordings. ■



(Above) More than 100 vendors showed off products and services in the Exhibit Hall. (Left) Attendees at the Dental Implant Conference had the opportunity to apply their hands-on skills.

Dental Implant Subcommittee earns award for developing educational sessions

The AAOMS Committee on Continuing Education and Professional Development's Subcommittee on Dental Implant Education received the Board of Trustees Special Citation Award during the Dental Implant Conference.

The subcommittee has created educational sessions on dental implants for the AAOMS Annual Meeting and the Dental Implant Conference for 25 years.

The subcommittee consists of Chair Michael S. Block, DMD; Bach T. Le, DDS, MD; Jay P. Malmquist, DMD; Richard J. Martin, DDS; Craig M. Misch, DDS, MDS; and Peter K. Moy, DMD.

Dr. Block has been chair of the subcommittee since its inception, and five members have been on the subcommittee for 10 years or more.



The Subcommittee on Dental Implant Education received the Board of Trustees Special Citation Award. Subcommittee members are (top row, from left) Drs. Jay P. Malmquist, Craig M. Misch, Bach T. Le and (bottom row, from left) Drs. Richard J. Martin, Chair Dr. Michael S. Block and Peter K. Moy.



Reflecting on importance of Day on the Hill



By David Fenton,
DDS, MD, FACS

As an early-career OMS and frequent attendee of AAOMS Day on the Hill, I would like to share my thoughts on why I find this advocacy event important in addressing issues faced by OMSs across the nation, and therefore, worth taking time out of my busy solo practice to attend.

More than 100 OMSs gather every year in Washington, D.C., to educate members of Congress about the specialty and discuss potential legislative solutions to some of the issues facing the specialty.

At the 2017 Day on the Hill, 115 OMSs met with more than 170 Congressional offices to request support for antitrust reform, expansion of FSAs and HSAs, medical malpractice reform and student loan repayment reform.

For those concerned about not knowing much about the political process, there is no need to worry. Attendees are briefed the day before going up to Capitol Hill on the general “do’s and don’ts” when meeting with members of Congress and their staff as well as on the legislative issues that will be discussed during their congressional meetings.

Although meeting with Congressional offices might seem intimidating, these sessions help adequately prepare you. OMSs from the same state or district will often group together for meetings, so first-timers have the opportunity to learn and team up with veterans, making the process much more comfortable.

Granted, meeting with your respective members of Congress at home is important. But having the chance to organize our movement – and create a more powerful voice in our nation’s capital – is our specialty’s most influential way to be heard by legislators and their Washington, D.C.-based staff who have a direct impact on the legislative process.

While at times it feels like legislation moves through Congress at a snail’s pace and the legislators are busy with other issues,

the specialty has achieved past victories as a direct result of Day on the Hill. In 2017, for example, we saw two of our priorities – antitrust reform and medical malpractice reform – pass the House.

Furthermore, I’ve learned it is vital to maintain our presence on Capitol Hill even when much legislation is not moving because other organizations – some of which have opposing positions on our issues – continue to meet with congressional offices year after year. Our absence would be detrimental to our specialty and our patients.

I’ve attended Day on the Hill for more than five years, with my first trip taking place in 2007 when I was still in residency. As an early-career OMS, I find that my demographic is underrepresented in comparison to that of later-career or retired OMSs.

I believe it’s important for residents and OMSs just beginning their careers to attend and be active in advocacy because some issues, such as student loan reform, are unique to us and we can advocate best for them. Each generation of OMSs faces different challenges, so it’s important each generation is represented in this impactful advocacy event.

I hope you will consider joining me for the 2018 Day on the Hill on April 17 and 18. ■

Dr. Fenton is Chair of the Connecticut OMSPAC and a member of the AAOMS Committee on Practice Management and Professional Staff Development.



Dr. Fenton (far right) at the 2015 AAOMS Day on the Hill with (from left) Drs. W. Mark Tucker, Warren Arrasmith and Daniel Saunders.



No advocacy experience necessary for Day on the Hill; register now

The 18th AAOMS Day on the Hill will be held April 17 and 18 in Washington, D.C.

The event will begin with the "Tips for Conducting Congressional Visits" session on April 17. This session is geared toward newcomers, but all are welcome.

A reception and dinner are scheduled for that evening, with a keynote speech from political analyst Charlie Cook. On April 18, the breakfast program will feature a "Discussion of Day on the Hill Legislative Issues." All events will be held at the Renaissance Washington, D.C., Downtown Hotel.

Complimentary airfare and one-night hotel accommodations to attend this program will be offered on a first-come, first-served basis to the first 30 AAOMS fellows or members who have not attended a Day on the Hill event within the past five years.

No political or advocacy experience is necessary. First-

time attendees are welcome and will be briefed for Congressional meetings.

Online registration is now open. Visit AAOMS.org/DayontheHill.



Day on the Hill

What: Advocate to members of Congress

When: April 17 and 18

Where: Renaissance in Washington, D.C.

Who: Open to AAOMS fellows, members and residents practicing in the United States

Questions? Contact Adam Walaszek at 800-822-6637, ext. 4392, or awalaszek@aaoms.org.

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- The exclusive AAOMS Allied Staff Members Group on LinkedIn offers the opportunity to network with colleagues from OMS practices across the country.



- Participation in the AAOMS Career Line, the official job board of AAOMS.

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**Applications received Jan. 1 to Sept. 30 pay \$40 for membership through the end of the calendar year. Applications received Oct. 1 to Dec. 31 pay \$55 for membership through the following calendar year. These rates apply only to new applicants. To reinstate a lapsed membership, please contact membership@aaoms.org or call 800-822-6637, ext. 4381.*



Download an application at AAOMS.org/AlliedStaff and become a member today!



State Advocates Forum: Preparing for issues



By Herbert D. Stith, DDS
*Chair, AAOMS
Committee on
Government Affairs*

It seems every year, our state societies must combat a new issue. Unlike federal issues, and due to shortened legislative cycles, state-based initiatives move quickly through the legislative and regulatory processes.

Anesthesia, insurance and scope of practice issues – all critical to OMS practices – are generally regulated at the state level, making activism in state government affairs just as important as engagement in federal issues. In addition, state legislatures have a tendency to notice issues from other states.

Suddenly, what passed in one state may suddenly pop up in the legislatures of five other states the following year. In order for the specialty to defend itself from such trends, our professional state lobbyists and advocates must be educated on these issues and be prepared before a bill is introduced in our state legislature.

In November, I participated in the 22nd Annual AAOMS State Advocates Forum – the Association’s annual state lobbyist conference – in Scottsdale, Ariz. Every year, the lobbyists and professional state advocates of the state OMS and dental societies gather to discuss issues currently affecting the states and those issues anticipated to be addressed in the future.

As chair of the AAOMS Committee on Government Affairs (CGA), this is the second time I have participated in this meeting, and I am always amazed at the sheer breadth of issues that affect our specialty and are addressed by our professional advocates.

“After attending this meeting every year for nearly a decade, I find a great sense of comradery as we continue to work toward the same goal: to help our members and their patients,” said Laura Givens, executive director of the Virginia Society of OMS. “I always come back home after the Forum with not only a wealth of information and ideas but also a reassurance of support.”

In total, 38 individuals from 27 states participated in the meeting, including myself, AAOMS President Dr. Brett L. Ferguson, President-Elect Dr. A. Thomas Indresano and AAOMS Trustee and CGA Liaison Dr. B.D. Tiner. All Forum participants must be approved by their respective state OMS society president to attend the meeting while representing the state society.

During the Forum, states shared information on what worked and did not work when addressing a particular issue, and they learned what they may face in the future. The knowledge gained in just two short half-day sessions is invaluable, but more important are the connections formed between state advocates.

Significant discussion occurred on the various pediatric anesthesia battles we have been facing over the past several years. Attendees also discussed their state’s experiences with specialty advertising challenges and efforts to combat prescription drug abuse.

“It is important to see what is being moved by other legislatures, because often what happens in one state will pop up in yours eventually, and being prepared for the challenges with facts and more information is key to being successful in defeating or advancing bills,” said Nick Kratz, lobbyist for the Pennsylvania Society of OMS.

All state OMS societies should consider sending a representative to this meeting. The 2018 AAOMS State Advocates Forum will be held Nov. 2-3 in Amelia Island, Fla. The invitation-only event has limited funding available for participants. For more information, contact AAOMS Government Affairs staff at 800-822-6637. ■

Boost your patient education



Patient Information Pamphlets and Patient Education Guides are designed to complement the AAOMS public website, MyOMS.org.



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Annual report preview: 2017 statistics

The OMSPAC Board of Directors would like to thank all AAOMS members who contributed to OMSPAC in 2017.

The Board is sharing the following statistics (based on operations as of Oct. 31) while preparing its 2017 Annual Report to be published in February.

The Board is concerned that competing interests in Washington are pushing agendas that could hurt OMS practices. Since 1971, OMSPAC has served as the specialty's first line of the defense as the only OMS organization able to work to elect federal candidates to Congress who understand the important role of OMSs and the issues facing the specialty.



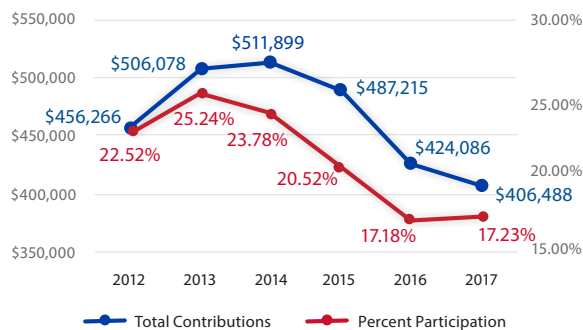
OMSPAC

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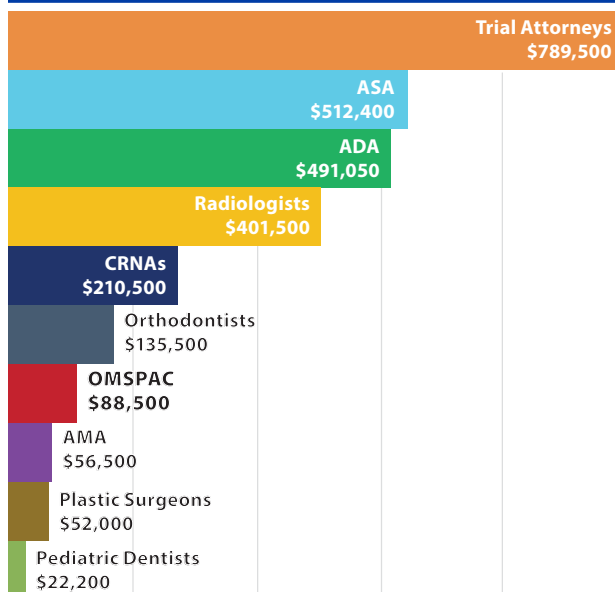
OMSPAC protects the specialty by helping to elect federal candidates who support oral and maxillofacial surgeons, the specialty and their patients.

For more information and to learn how to get involved, visit OMSPAC.org. ■

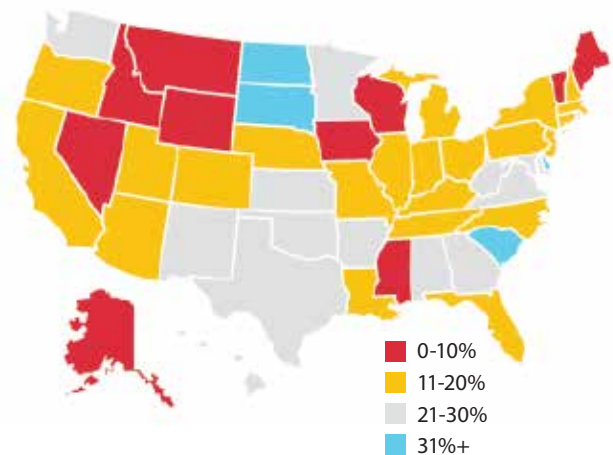
Annual Receipt & Participation Trends



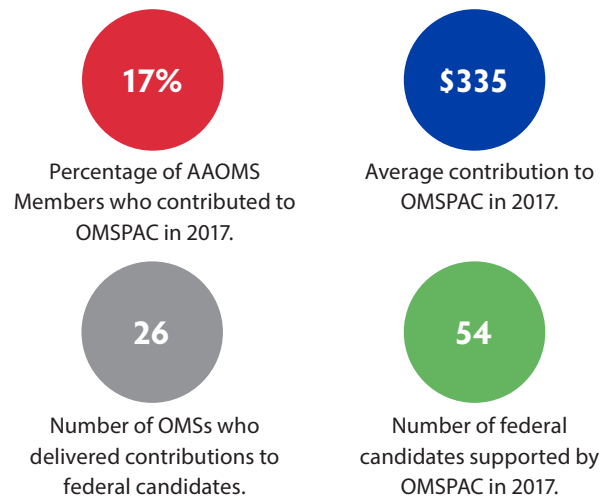
2017 Federal Candidate Contributions



2017 Participation by State



Facts about Contributions





A busy 2017 concludes with advocacy issues

With the start of a new year, the second session of the 115th Congress will begin, and most state legislatures will ramp up after a period of little to no activity in the last few months.

Following are some recent activities AAOMS has been engaged in as well as a few predictions on what Congress may attempt to tackle in 2018. The AAOMS Advocacy e-newsletter and the Advocacy Government Affairs pages of AAOMS.org provide additional information.

Federal activity

Congress worked to wrap up tax reform and FY 2018 appropriations as it moved into the New Year. Other items of note at press time:

■ **Tax Reform** – As Congress finalized the details of comprehensive tax reform, AAOMS submitted letters to House and Senate leadership – and later to House and Senate members tasked with working to reconcile the difference in the House- and Senate-passed bills – regarding requested student loan and small business-related provisions in proposed tax reform legislation as well as requesting the inclusion of a provision to repeal the medical device tax.

■ **Medical Device Tax Repeal** – U.S. Rep. Erik Paulsen (R-Minn.) introduced in December legislation to provide a temporary extension on the medical device excise moratorium after attempts earlier this year to repeal the device tax did not occur. The current two-year moratorium was set to expire on Dec. 31. AAOMS has an active campaign in support of repealing the Medical Device Tax.

■ **IPAB Repeal** – Members of the House voted in November to pass legislation (HR 849) introduced by U.S. Rep. Phil Roe (R-Tenn.) to repeal the Medicare Independent Payment

Advisory Board (IPAB). The bill drew in enough bipartisan support to pass the House by a margin of 307-111 and was sent to the Senate for review. AAOMS also submitted a letter to House leadership in support of the passage of HR 849 and maintains an active grassroots campaign on the issue.

■ **HHS Secretary Nominee** – President Donald Trump's nominee for Health and Human Services (HHS) Secretary, Alex Azar, was facing confirmation hearings in December. Azar previously served as General Counsel of HHS from 2001-05 and Deputy Secretary of HHS from 2005-07 under the Bush Administration. Afterward, he entered the private sector to work as Senior Vice President of Corporate Affairs and Communications under pharmaceutical company Eli Lilly and Company in 2007 and later assumed the role of President of Lilly USA, LLC from 2012-17. If confirmed, Azar will push for lower drug pricing, curbing the opioid epidemic and increasing the affordability of healthcare. Deputy Secretary for HHS Eric Hargan is currently serving as Acting HHS Secretary in the interim following the resignation of the previous HHS Secretary, Tom Price, MD.

■ **Opioid Abuse** – The President's Commission on Combating Drug Addiction and the Opioid Crisis released its final report and recommendations to the President. Notable recommendations include:

- Additional training for doctors who prescribe opioids.
- Allowing more emergency responders to administer overdose reversal drugs.
- Establishing a block grant funding system to states to enable flexibility in state spending.
- Penalties for insurers that dodge covering addiction treatment.



While the report does not request a specific dollar amount, it does request “sufficient funds” to curb the drug crisis. Additionally, the Commission recommends that the drug czar’s office be given the ability to review federal spending on the issue.

State activity

Until the end of the 2017 legislative session, anesthesia, opioid abuse and access to care remained hot topics in the states. States will continue to face these issues in 2018.

In February, AAOMS will publish the *State Issues Review* – a summary of 2017 legislative and regulatory activity affecting the specialty. Watch the President’s e-newsletter for notification and a link to read the publication online. The *State Issues Review* also will be available upon request by contacting the AAOMS Department of Government Affairs.

The 2018 legislative session has officially commenced. All state legislatures – with the exception of Montana, Nevada, North Dakota and Texas – will be meeting this year. By the end of January, more than 40 states will be in session. With more than 168,000 new bills expected to be introduced this year – and approximately 75,000 carried over from the 2017 session – legislatures will have their hands full. OMSs should remain engaged with their state OMS and dental societies as these proposals are considered and assist with grassroots advocacy when appropriate.

State-specific updates include:

■ **Iowa** – The state Dental Board finalized a rule amending the state’s anesthesia regulations. Under the revised provision, and among other changes, a pretracheal or precordial stethoscope is required to be maintained in an office where deep sedation or general anesthesia is being administered in addition to a capnograph. Also, capnography must be used on patients receiving moderate sedation. The new regulation took effect Jan. 10.

■ **Maine** – During the November election, the citizens of Maine voted via a ballot measure to expand Medicaid as provided by the ACA. Maine is the 33rd state to expand Medicaid, with 59 percent in support of the move. In the past five years, the state’s legislature voted to expand Medicaid, only for the measure to be vetoed by Gov. Paul LePage (R). LePage has taken steps to block implementation of the expansion.

OMSPAC update

■ As of October, OMSPAC raised \$406,488 in contributions from AAOMS members. Additionally, OMSPAC has contributed \$155,500 to federal candidates as of Nov. 30. For additional information on contribution totals or for a list of candidates OMSPAC has contributed to, visit OMSPAC.org. ■

What is OMSPAC Doing to
Protect the Specialty?

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Transition begins for new Medicare cards

Medicare providers should have received a letter from CMS with information about the transition to new Medicare cards for all Medicare beneficiaries that begins in April.

CMS is requiring Medicare beneficiaries' Social Security numbers (SSN) to be removed from all Medicare beneficiary ID cards in order to increase protection against fraud and identity theft. The SSN will be replaced with a Medicare Beneficiary Identifier (MBI).

The CMS letter provided guidance on how to use the Medicare contractors' secure portal so MBIs can be looked up starting in June for Medicare patients who do not have their new cards when they arrive for care.

While providers will have a 21-month transition period to use patients' SSN or the newly assigned MBI on claims, OMSs

are encouraged to begin using their Medicare patients' new Medicare card and MBI number as soon as they are presented.

To ensure readiness, OMSs should review their practice management systems, business processes and/or clearinghouses now to determine what changes are necessary to accommodate and use the new MBI. Those changes should be made and tested by April because those new to Medicare will be assigned only an MBI. Therefore, systems must be ready to accept the MBI by April.

For more information, visit [CMS.gov/Medicare/New-Medicare-Card/Providers/Providers.html](https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html). ■



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Inventory management: A need for practices

By Dr. Paul Bhatti
CEO of Sowingo

Most practices have EMR software to track patient appointment and billings, but most practices lack an inventory management software for their supplies and implants.

Despite supplies and implants encompassing more than 10 percent of overhead costs – potentially representing hundreds of thousands of dollars (a significant operating expense) – practices often struggle to manage this part of their operations effectively or efficiently.

Currently, paper or Excel is most the most common method to manage inventory in OMS practices. This antiquated method of inventory management leads to hours of manually counting and tracking supplies (a estimated cost of more than \$3,000 to \$5,000 per year), increased last-minute orders, expired goods sitting on practice shelves and lack of accountability of supply usage and over-ordering of supplies and implants (shelf-ware).

Everyone is aware private practices can be extremely busy with a never-ending list of things to do. Most of the time and energy should be focused on delivering excellent patient care. It was often thought that to get a true handle on inventory management, it would require a dedicated individual's full attention to better control inventory inefficiencies and ever-increasing supply costs.

However, with the advent of online technologies combined with implementing simple office inventory best practices, true solutions help deal with and take control of this difficult and expensive part of private practice.

As with most practices, the most trusted and dedicated staff are often asked to take on the responsibility of inventory management. However, supply management and operating costs tend to be only one of many tasks they must oversee. Despite their dedication and loyalty, it is rare this employee has the training or expertise to effectively manage hundreds of supplies needed to run an OMS practice.

Even if your employee becomes efficient after many years, surgeons are always concerned as to what would happen if that employee moves away or can no longer stay employed in the practice.

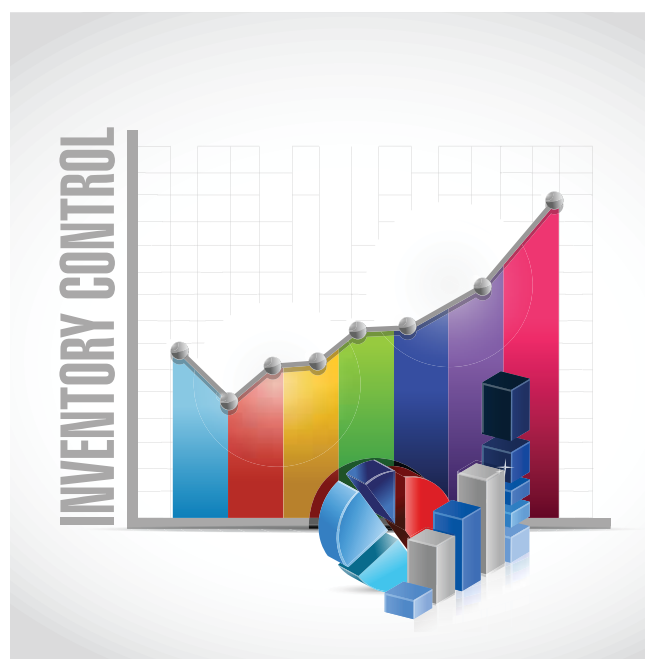
How would the next individual be trained to take on this complicated task? Should the key employee leave, rarely do you find a smooth and effective transition unless a software solution already was implemented.

This scenario reminds me of an office I consulted in 2016, when the new staff member responsible for ordering supplies purchased more than \$15,000 of goods without anyone realizing the office no longer used that product in the practice. Some of the product could not be returned, meaning it was impossible to recover the costs for the money spent.

With an effective software solution in your office, the concern for losing your key employee is dramatically reduced and ordering wrong supplies is far less likely.

As a compensatory mechanism to help alleviate the burden for supply and implant management, most practice staff also turn to a distributor representative for help. Having educated hundreds of offices on supply and implant management, I have witnessed dozens of times that relying on a supply company's representative to help the practice is a tricky proposition. This is especially true if

continued on next page



the salary of the supply representative is tied into his or hers sales commission. This type of compensation structure often incentivizes selling more supplies to a practice rather than fewer.

If automatic ordering also is implemented with a supply company, it becomes extremely difficult for a practice and the staff to monitor price fluctuations of products over time. I have witnessed price increases of more than 50 to 75 percent without any staff member or the doctor becoming aware of such changes. With inflation, we expect prices will rise over time, but without a computerized inventory management system that allows you to monitor the price of your supplies over time, you could be leaving yourself vulnerable to unexpected price increases and needless increased overhead.

Having a computerized inventory management system in your practice also allows you to monitor spending. It is typical an oral surgery practice can order products from more than 10 suppliers. Just think of the numerous implants suppliers, regenerative companies, sundry suppliers, drug suppliers and equipment suppliers your practice may buy from.

With so many different suppliers to work with and so much pricing to keep track of, it becomes a daunting task to keep track of where your money is going and how much you are spending. With available inventory management software, it is possible you can keep track of all your spending regardless of how many suppliers you may work with and the number of products your office may use.

It also should be mentioned that despite the best attempts of staff to monitor what they receive and supply companies to deliver what you ordered, it is common to see mistakes. Because supply companies may ship out products in batches (due to backordered items), it becomes difficult for staff to adequately monitor what was ordered versus what was actually delivered.

In one practice, we discovered more than \$2,000 of mistakes per month on inventory items that were delivered. Sometimes, not enough items were delivered and, in rare cases, too many supplies were delivered. Just imagine how many mistakes are made per year on items ordered.

Without an inventory management system in place, it is impossible to monitor shipments and reconcile what your office ordered is what your office is actually receiving.

Having an inventory management system that also tracks implants is crucial in today's OMS practice. As more surgeons place implants, it becomes imperative the office track how

many implants are placed month by month and year by year, which locations in the jaw(s) implants are being placed, documenting which lot numbers were used on which particular patient, track expiration dates of implants and document which doctor placed which particular implant.

An implant inventory management system will allow an office to track all these important variables. This becomes extremely helpful for your staff to track how many implants to order, what sizes of implants your office most often uses and, if a recall occurs, your office can quickly determine which patients may be affected.

To further illustrate the importance of an inventory management system, I have summarized the top five reasons why your private practice can no longer afford to operate without an online or computer-based Inventory Management System:

1. Cost control improves profitability

The reality is running a profitable practice means running a lean business. With increased competition and operating expenses, one cannot afford to miss the opportunity to save money on supplies. Using a computer-based inventory system immediately helps an office save by avoiding unused expired supplies and pricey last-minute orders.

Cloud-based inventory management software allows for tracking expiration dates and minimum quantity levels. Simply setting these inventory thresholds allows staff to effortlessly keep tabs on supplies while helping the practitioner run a leaner more profitable practice.

2. Time management improves production

One of the most daunting tasks to keeping accurate inventory is keeping count. We have identified that offices spend on average two to four hours a week just counting and organizing their supplies. These efforts consume valuable staff time and take away from revenue-generating activities, such as patient care.

Computerized inventory systems can reduce the amount of time staff spend on managing orders and managing inventory to less than 30 minutes per week. Why? Computerized inventory management systems allow for full inventory control from ordering the supplies to receiving inventory and ultimately tracking usage – all in real time. At anytime and anywhere, a computerized system can tell you how many



products have been used, how many are remaining and where everything is located.

3. Get what you pay for

The average dental practice orders from multiple vendors offering specific products and pricing. An office may order gloves from one sales representative and burs from another.

Having a good inventory management system allows you to understand what you ordered, how often it's ordered and the cost of items ordered. This information places the office firmly in control.

4. No more hidden piles of expired supplies

Keeping tabs on where supplies are stored is critical to a smooth operating practice. Offices are run by a team of professionals, but the reality is – despite best intentions – things go missing, supplies are “temporarily” moved and subsequently forgotten. Practices can end up with more supplies than required, or worse, a pile of expired inventory.

Most offices have one staff member dedicated to ordering

and managing the supplies. If this person goes on vacation or takes a sick day, the task of locating inventory – or just understanding the order cycle – is overwhelming.

The beauty of an online inventory management system is there is minimal confusion when looking for the right products required for a procedure. With a few clicks, all staff can easily search and locate any item, reducing confusion and the chance an office forgets about a stash of inventory.

5. Know your practice

For OMS practices, having a clear understanding of inventory usage provides an accurate picture of spending as it relates to production. This information provides key inventory insights, whether inventory is being used efficiently, whether it is being purchased at competitive prices and whether there is an overstock of supplies.

Nothing is more valuable than having real-time metrics. It enables a practice to understand its inventory status at a quick glance, helping keep inventory usage in line with office production. ■



This is number 159 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

All articles in Practice Management Notes are published only with the consent of the authors, who have expressly warranted that their works are original and do not violate copyright or trademark laws. AAOMS is not responsible for any violations of copyright/trademark law on the part of these authors.

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Created by the American Association of Oral and Maxillofacial Surgeons – the dental specialty known for its stringent member anesthesia evaluation program – DAANCE is a two-part CE program exclusively for dental anesthesia assistants employed by dental specialists holding an anesthesia permit.

Successful completion of the comprehensive self-study material and quizzes, and a standardized computer-based exam earns you:

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The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The American Association of Oral and Maxillofacial Surgeons designates this activity for 36 continuing education credits.

✓ Dental Anesthesia Assistant National Certification Examination lapel pin

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Program registration is available year-round. For program requirements and details, visit AAOMS.org/daance or call AAOMS at 800-822-6637.

***Program open to any assistant employed by a licensed dentist who holds required state anesthesia permit(s).**

A minimum of six (6) months employment as a dental anesthesia assistant is recommended prior to registering for the DAANCE program to maximize its benefit.



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Selling practices, hiring, designing websites

Q I am considering selling my practice. Who else should I involve in this process?

A First, you will want to reach out to your practice attorney. Attorneys are not only helpful in drafting buy-sell agreements and protecting you legally, they can help during negotiations and offer advice regarding deal strategy.

Attorneys also may be privy to other OMS practice deals and possess knowledge about what prices, terms and other provisions are customary.

Your accountant also can provide assistance in evaluating the tax ramifications and different tax outcomes of alternative sale structures.

As not all accountants are experienced in appraising OMS practices, you also may want to involve a consultant.

Practice consultants know the market for selling a practice, timing the sale and pricing.

They also may be able to perform a practice appraisal and be able to compare your practice to others in terms of finances, receivables, personnel, systems, operating efficiencies, etc.

You also can hire a broker who has experience and expertise with OMS practices.

This person knows what makes a practice attractive or unattractive to potential buyers and knows both the legal and business considerations of the sale.

For related information and resources, visit AAOMSstore.org.

Q Our practice is bringing on an associate. What are some considerations to make when determining starting salary?

A Years of experience, prior performance and a proven record of accomplishments are all important things to consider when determining the starting salary of an associate in your practice.

Also, take into account the practice's location. Different practices and different geographic areas will determine value to some extent.

Associate fringe benefits include health insurance, disability insurance or sick pay, life insurance, retirement plan and paid time off (PTO).

Business expenses for associates can include anything from malpractice insurance, hospital/facility staff fees, licenses, dues and subscriptions, continuing education and technology costs.

For related information and resources, visit AAOMSstore.org.

Q I want to revamp my practice's website and grow my patient base. What should I factor into the design process?

A Potential patients are looking for quality information about the procedures and services your practice offers.

Educating them with these details will familiarize them with your abilities.

Your website's design should be modern and user-friendly to those browsing its pages. The layout should be simple and easy to read.

Patients also may be interested in learning about the oral and maxillofacial surgeon and his or her staff.

Many OMSs utilize staff photos and biographies on their websites that can provide personality and reassure potential patients about who they can expect to see at an appointment.

In addition to these inviting design elements, advertise promotions and events, and make contact information readily available to those viewing the site.

Finally, ensure the content on your website is always current as well as compliant with Americans with Disabilities Act requirements.

The website developer you select should be well-versed in how to meet the standards set forth by the Web Content Accessibility Guidelines (WCAG 2.0), which aim to make websites accessible to those with disabilities.

For more information on WCAG 2.0, visit www.w3.org/WAI/intro/wcag.

For a listing of website design companies, visit AAOMSSuppliermarketplace.com. ■



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Bank of America Merchant Services

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Bank of America Practice Solutions

Practice financing – Whether you own a practice or are just getting started, Bank of America Practice Solutions can provide customized financial solutions for your short-term needs and long-term aspirations. AAOMS members receive a 50% reduction in loan administration fees. To learn more, call 800-497-6076 Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 7 p.m. Eastern time. Be sure to mention you are an AAOMS member.



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CPT, CDT codes support opioid-sparing protocol

OMs must demonstrate safe and competent opioid prescribing for acute and postoperative pain in their patients, according to an AAOMS white paper released last year.

The “Opioid Prescribing: Acute and Postoperative Pain Management” white paper also states that because prescribing protocols evolve over time, practitioners should stay informed of the latest public health trends – including possible alternatives to opioid pain treatment.

CDT and CPT codes are available to assist OMs and their staff with coding for non-opioid drug administration.

Q My office currently uses the long-acting local anesthetic drug Exparel (bupivacaine liposome injectable suspension) to manage acute postsurgical pain for patients who have had multiple full bony impacted teeth extracted. How do I code this?

A AAOMS has learned some insurance carriers may be reimbursing the use of Exparel for an exploratory period. Because currently there is not a specific code for this drug, it is suggested OMs report code D7999 and type Exparel and the volume of Exparel in the remarks box. Exparel is packaged with 10cc and 20cc single-dose vials.

Q Our office uses Decadron (dexamethasone) 4 mg and Toradol (ketorolac) 30 mg IV push at the end of a third molar extraction case. The administration of ketorolac and dexamethasone are not part of our deep-conscious sedation anesthetic technique. It is an integral part of our opioid-sparing post-operative pain protocol. Can we bill for the use of those drugs?

A Yes, you can bill for the drugs as well as the injections.

For medical, you may use the following CPT codes:

- 96374 – IV therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug.
- 96375 – Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure).

Level II HCPCS codes are used for supplies and medications provided to patients. Because Medicare and other insurers cover a variety of services, supplies and equipment not identified by CPT codes, the Level II HCPCS codes were established for submitting claims for these items.

The following are Level II HCPCS codes that may be used to claim the cost of the drugs used:

- J1185 – 15 mg Toradol x 2 units
- J1100 – 4 mg dexamethasone x 1 unit

The following CDT codes may be reported on dental claims:

- D9610 – therapeutic parenteral single drug administration. For example, single administration of an antibiotic, steroid or anti-inflammatory drug.
- D9612 – therapeutic parenteral multiple drug administration. For example, multiple or combination administration of an antibiotic, steroid or anti-inflammatory drug. ■



CDT and CPT codes can help OMs and their staff with coding for non-opioid drug administration.

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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Senior residents: AAOMS benefits available

To take advantage of the full array of AAOMS membership benefits, senior residents are encouraged to begin the application process for Candidate status prior to their graduation and when their resident membership expires.

Member benefits include:

- Discounts on all items in the AAOMS Product Catalog.
- Access to all programs and services offered by AAOMS and its for-profit subsidiary, AAOMS Services Inc. (ASI).
- Practice management resources and reduced registration for AAOMS coding and billing courses.
- Significantly reduced conference and meeting costs – and one free Annual Meeting registration once elected to membership.
- Assistance in gaining hospital privileges.
- Eligibility for malpractice insurance coverage through OMSNIC.
- Discounted subscription rate to the *Journal of Oral and Maxillofacial Surgery*.
- Access to *AAOMS Today*, an informational resource on all Association activities, including updates and articles on practice management, coding and reimbursement, and advocacy.

- Access to the AAOMS Career Line, an interactive employment resource accessible through the AAOMS website that offers assistance in finding opportunities to join a practice. ■

The screenshot displays the AAOMS website's 'BECOME A MEMBER' section. It features a navigation bar with links for Member Center, Practice Resources, Education & Research, Meetings & Events, Continuing Education, Advocacy & Government Affairs, Media, and News. The main heading is 'Join the Leaders in Oral and Maxillofacial Surgery'. Below this, a sidebar lists 'Eligibility, Qualifications & Fees', 'Membership Application Requirements', 'Online Application Status', and 'Apply Now'. The main content area is titled 'What your colleagues are helped by members of AAOMS, the professional association serving the interests of the orofacial maxillofacial surgery, includes including the many comprehensive benefits for which their membership includes:

- JOMS**: Discounted subscription rate to *Journal of Oral and Maxillofacial Surgery*, the official journal of OMS, professional, published monthly and online, comprehensive coverage of new techniques, research, developments and in practice cases in orofacial maxillofacial surgery.
- AAOMS Today**: An important informational resource on all association activities, including updates and articles on practice management, coding and reimbursement, and advocacy.
- AAOMS Career Line**: Access to the AAOMS Career Line, an interactive employment resource accessible through the AAOMS website that offers assistance in finding opportunities to join a practice, including your practice or being recruited for employment opportunities for practice.
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- Discounted registration for AAOMS**: Discounted registration for AAOMS, including education events, including the annual meeting, the annual and oral and maxillofacial surgery in the United States. Since 2014, new members receive one free meeting registration during the first three years of membership.
- AAOMS Today**: An important informational resource on all association activities, including updates and articles on practice management, coding and reimbursement, and advocacy.
- AAOMS Career Line**: Access to the AAOMS Career Line, an interactive employment resource accessible through the AAOMS website that offers assistance in finding opportunities to join a practice, including your practice or being recruited for employment opportunities for practice.

AAOMS Candidates eligible for graduated dues through 2021

When applying for AAOMS Candidate status before completing training, the first year of dues will be waived. The second year, one-third of the full fellow/member rate will be charged. The third year, two-thirds of the full dues level is billed. The full rate is due starting in the fourth year.

The graduated dues billing applies to only those membership candidates who will be practicing OMSs in the United States. Affiliate members automatically receive a substantial discount on their membership fees.

One of the requirements of membership is joining the state OMS society where the primary practice is held. This requirement is waived for active duty military members and those employed full-time in the veterans administration or public health services.

Those planning on entering a fellowship program post-residency can apply now for AAOMS membership so the discount can be extended until the dues period after the end of the fellowship program. A letter from the fellowship director detailing the program duration should be forwarded with the application for membership.

The application process is available online at AAOMS.org/membership. All application components also are available to download on AAOMS.org.

Questions? Call the Membership Services department at 800-822-6637 or email membership@aaoms.org. ■

MEMBERSHIP



New AAOMS Connect offers online community opportunities

AAOMS Connect is a new online community for AAOMS members. With an initial focus on Clinical Interest Groups (CIGs), AAOMS Connect offers a networking opportunity with discussion boards, private messaging, resources and more.

To access AAOMS Connect, visit AAOMS.org and log in to My Account. Under Membership and Participation, click AAOMS Connect, which will direct members to their personal Dashboard. On the right side under CIGs, click "Join Group."

As a member-only benefit, all requests to join must be approved before access is permitted.

Each CIG has its own discussion board located under Forum on the top navigation. The CIG boards will appear after access is approved. CIG activity is no longer limited to the AAOMS Annual Meeting – members can use AAOMS Connect to discuss and share ideas or meet new colleagues. AAOMS Connect will expand to other areas in the future.



CONTINUING EDUCATION



Claim credit for Dental Implant Conference by March 1

To evaluate sessions and claim CE credit for the Dental Implant Conference, visit AAOMS.org/MyCE and click the link for the 2017 Dental Implant Conference. To log in, enter your member/registration ID found on your badge and your last name. Enter the full eight-digit ID, including the leading zeros. The deadline to claim CE is March 1.

Questions? Contact the AAOMS Department of Continuing Education at 847-678-6200 or conteducate@aaoms.org.

INFORMATIONAL CAMPAIGN



Use materials from the Informational Campaign

The September/October AAOMS Today contained a USB drive including videos and other resources from the award-winning AAOMS Informational Campaign.

The videos describe conditions and procedures to better inform the public about OMSs' expertise and experience. Members can download these videos and share them on their practice website. The USB drive also includes a "web graphic" image that can be placed on member practice websites to link to MyOMS.org. This graphic can promote the campaign to patients and referring dentists.

The resources also are available in the Member Center on AAOMS.org.

PRACTICE MANAGEMENT



2018 practice management, staff development courses set

AAOMS is offering a variety of in-person practice management and professional staff development and coding courses in 2018 for OMSs, practice managers and assistants and coding staff. For information, visit AAOMS.org/OMSstaff.

The schedule includes:

■ **Anesthesia Assistants Review Course (AARC)** – Set for Feb. 24 and 25 at the Four Seasons Las Vegas in Las Vegas, this two-day course taught by OMSs covers material on basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring and emergency procedures. Attendees receive 12 hours of CDE credit.

■ **Educational Weekend** – Being held April 21 and 22 in Atlanta, assistants can attend their choice of three courses, including:

- Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME): Attendees will learn how to handle the emergencies they may encounter as OMS assistants. Attendees receive 12 hours of CDE credit.
- Practice Management Stand-Alone (PMSA) program: Dr. Jay C. Platt will present a one-day seminar – “The Thriving Implant Practice: The Role and Importance of Your Referral-Based Implant Marketing” – on specific strategies designed to improve the public’s perception of a practice, including how to institute multi-tier marketing systems to grow the practice. The duties

of the implant treatment coordinator also will be discussed. Dr. Platt is the Immediate Past Chair of the Committee on Practice Management and Professional Staff Development and is a frequent speaker at AAOMS Annual Meetings on the topic of implant practice marketing. Attendees receive six hours of CDE credit.

- Beyond the Basics Coding Workshop: Participants of this hands-on, intermediate-level workshop will learn about key healthcare reimbursement issues, the Correct Coding initiative, the Health Insurance Portability and Accountability Act, an overview of health reform, and fraud and abuse. Other topics include compliance through appropriate documentation for services provided and analysis of clinical case studies to code OMS-specific procedures.

■ **AAOMS Annual Meeting** – About 30 educational courses designed to address the needs of OMS practices will be offered in Chicago from Oct. 8 to 13. Topics include emergency preparedness, financial management, infection control, leadership, legal matters, practice building, OSHA and HIPAA requirements, practice organization and marketing. Assistants also can attend the Anesthesia Assistants Skills Lab (AASL) that features multiple stations on airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code. AASL attendees receive four hours of CDE credit.

CONTINUING EDUCATION



Opioid keynote lecture from AAOMS Annual Meeting available online

The recording of the 2017 Annual Meeting Keynote Lecture can be accessed at no charge in the CE on Demand Library for a limited time at AAOMS.org/CEonDemand. It offers one CDE/CME credit.

Andrew Kolodny, MD, of Waltham, Mass., presented “The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction” on Oct. 11 in San Francisco. He provided an overview of the prescription opioid and heroin crisis and

explained the relationship between opioid prescribing and the rising rates of morbidity and mortality associated with prescription opioids, heroin and fentanyl. He also discussed factors that led to the epidemic, including the roles of the pharmaceutical industry, healthcare providers, professional organizations and regulatory agencies. In addition, strategies to bring the epidemic under control were discussed.

ADVANCED EDUCATION



Clinical trials course available

The AAOMS Clinical Trials Methods Course will be held May 9 to 11 at the Hilton in Rosemont, Ill. Under the guidance of faculty – including course directors Sean P. Edwards, DDS, MD, FACS, FRCD(C) and Michael Miloro, DMD, MD, FACS – participants will practice designing and defending a study.

Offered every other year since 2008, the course is open on a first-come, first-served basis to residents, fellows, faculty, private practitioners and a limited number of dental students who have been accepted into an OMS residency program or are interested in attending an OMS residency program.

The free course will include lectures, breakout sessions and presentations, and it will address topics such as protocol, hypothesis testing and selection outcome measures. About 50 attendees are expected to participate, and CDE credits will be available.

For more information, email mallaire@aaoms.org.

ANNUAL MEETING

100th

Registration opens in February

Registration for the 100th AAOMS Annual Meeting is set to open in February. With the theme of “Safety and Innovation for the Next Century,” the Annual Meeting will be held Oct. 8 to 13 in Chicago. Those who register during the first 100 days that registration is open will get a \$100 discount off the 2019 AAOMS Annual Meeting general registration fee. Visit AAOMS.org/chicago.

The 2018 Annual Meeting will feature a new educational layout, including nine half-day tracks, each with a plenary session, five repeating breakouts and an oral abstract session. The tracks will focus on dental implants, anesthesia, pediatrics/clefts, cosmetics/orthognathics, trauma, dentoalveolar, head and neck, TMJ and reconstruction. An offsite cadaver course, education in the Exhibit Hall and team-based educational opportunities also will be available.

The application period for submitting oral abstracts and posters for the Annual Meeting will close March 25. Abstracts and posters will be accepted for the topics mirroring the new clinical tracks. Additional information is available at AAOMS.org/speakers.

PRACTICE MANAGEMENT



Members: Stay aware of email hacking, phishing scams

Unfortunately, many members have received phishing/spam emails claiming to be from AAOMS or the AAOMS President. Scammers use these emails to try to trick members into providing personal information. Please immediately delete fraudulent emails.

AAOMS is sharing the following guidance to help recognize fraudulent emails:

- Look at the sender’s email address. Some hackers use a company name similar to the real one, but may change a letter or use a zero instead of an “o.”
- Check the name at the end of the message. Does that person work at that company?
- See if the email uses the word “immediately” or has a warning about missing out on an opportunity.
- Review the text. Fraudulent emails often have generic greetings and/or incorrect spellings, punctuation and grammar.
- Check if the email was sent at an unusual time (such as 3 a.m.).
- Fraudulent emails often ask recipients to open an attachment or click on a link. The only type of file that is always safe to click on is a .txt file. Don’t click on a link or open an attachment if there is a suspicion the email is from a hacker.

MEMBERSHIP



OAE recertification due for some

Office Anesthesia Evaluation (OAE) recertification is due for all current members and fellows who last completed an OAE or exemption form in 2012 (or 2011 in Delaware and New Jersey).

Members of a state OMS society should contact their state society for information on scheduling the next evaluation. If grandfathered from state society membership and the OMS society in the state is unable to conduct an evaluation, the AAOMS Department of Professional Affairs should be contacted for assistance.

Members whose AAOMS records show they are due for evaluation will be sent an email in January. Information about exemption from the requirement also will be included. Note: Eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

Confirmations of successful completion of the re-evaluation are due to the AAOMS Membership Department no later than July 31. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

Questions about membership status? Contact the AAOMS Membership Department at membership@aaoms.org or call 800-822-6637.

ANNUAL MEETING

100th

Annual Meeting photos available

Photos from the 2017 AAOMS Annual Meeting are available for purchase on The Photo Group's website at thephotogroup.com.

The access code is aaomsgallery17. The gallery will be closed after Feb. 28.

RECOGNITION

Award nominations due Jan. 31

Every year, AAOMS honors members and fellows for their outstanding accomplishments in research, education, humanitarianism and other areas. These awards are presented during the Opening Ceremony of each AAOMS Annual Meeting. The Association always welcomes nominations for these awards.

Some of the honors include the Humanitarian Award, Committee Person of the Year and the William J. Gies Foundation Award to recognize educators in the specialty.

The deadline for nominations each year is Jan. 31. The Awards Nominating Committee reviews nominations from Association fellows and members.

More information about these awards, including nomination forms and previous winners, can be found by clicking on AAOMS Awards in the Member Center on AAOMS.org.

CODING



Coding Certificate Program provides coding, billing help

The AAOMS Coding Certificate Program (CCP) offers a coding and billing instruction series for OMSs and their staff unmatched in scope and detail.

This specialty-specific certificate program consists of three courses: Basic Coding, Beyond the Basics and OMS Billing. Basic Coding and OMS Billing are offered solely online, allowing for maximum flexibility and convenience. AAOMS members and staff who complete the program will be awarded a certificate of completion and lapel pin as proof of their knowledge of coding principles.

For more information, view frequently asked questions about the program on the AAOMS website at AAOMS.org/continuing-education/coding-and-billing-workshops.



Requirements for ACS Fellowship application materials outlined

The American College of Surgeons and AAOMS have forged a way for single-degree OMSs who meet eligibility criteria to apply for full Fellowship to ACS. AAOMS initially reviews all single-degree OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Before ACS waived the dual-degree requirement for Fellowship, the College's charter acknowledged only OMSs with an MD degree who had completed a general surgery year accredited by the Accreditation Council for Graduate Medical Education and obtained a full and unrestricted medical license.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver of standard application requirements for ACS Fellowship. (Dual-degree OMSs must continue to directly apply to ACS on its website.)

Applicants are reminded that acceptance of a waiver does not guarantee Fellowship in ACS. For more information about the waiver application, contact acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application.

After the deadline to apply for an ACS waiver, AAOMS conducts an internal vetting of applications before providing ACS with confirmation of an applicant's eligibility. If an applicant qualifies for a waiver, he or she must submit two additional letters of recommendation to ACS and meet the College's deadline for Fellowship application in December. At that time, all applications will be reviewed according to ACS's usual Fellowship evaluation procedures. Applicants can then move on to an in-person interview with a local ACS interview committee and undergo an ACS Board of Regents review for the final decision on Fellowship. If accepted, applicants are inducted the following October.

Those who are granted Fellowship can include FACS in their credentials and enjoy the advantages of full ACS Fellowship, including educational programs and products, discounts on courses and scholarships.

To apply as a single-degree OMS for Fellowship in the American College of Surgeons, submit the following materials to acsfellowship@aaoms.org by Aug. 18:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD degree. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS Fellows (who may be OMSs or otherwise). A directory of Fellows is at www.facs.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical log will be evaluated based on volume and scope. The surgical list should meet a specific criteria, available at AAOMS.org/member-enter/acsfellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

Note: Acceptance of a waiver does not guarantee Fellowship in ACS. Visit FACS.org/memberservices/benefits/fellows for additional information.



AAOMS Opportunities

2018

Feb. 16–17

Resident Transitions into Practice Conference

Hilton Rosemont/Chicago O'Hare
Rosemont, Ill.

Feb. 24–25

Anesthesia Assistants Review Course

Four Seasons Las Vegas
Las Vegas, Nev.

March 3–4

Emerging OMS Leaders Workshop

DoubleTree by Hilton O'Hare Rosemont
Rosemont, Ill.

April 17–18

Day on the Hill

Renaissance Washington, D.C., Downtown Hotel
Washington, D.C.

April 21

Practice Management Stand-Alone Meeting

Grand Hyatt Atlanta
Atlanta, Ga.

April 21–22

• Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office

Grand Hyatt Atlanta
Atlanta, Ga.

• Beyond the Basics Coding Workshop

Grand Hyatt Atlanta
Atlanta, Ga.

May 9–11

AAOMS Clinical Trials Methods Course

Hilton Rosemont/Chicago O'Hare
Rosemont, Ill.

Oct. 8–13

100th AAOMS Annual Meeting, Scientific Sessions and Exhibition

McCormick Place West
Hilton Chicago
Chicago, Ill.

Regional & State Society Meetings

2018

Jan. 27

TSOMS Winter Meeting

Summit Medical Center in Hermitage, Tenn.

Feb. 24

GSOMS Mid-Winter Meeting

Druid Hills Golf Club in Atlanta, Ga.

Feb. 24

CSOMS Winter Meeting

The Ritz-Carlton in Denver, Colo.

March 9–11

SCSOMS Annual Meeting

Embassy Suites in Greenville, S.C.

April 19–22

Combined Annual Meeting of the Southwest Society of OMS, Midwestern Chapter of OMS and the Texas Society of OMS

Carmel Valley Ranch in Carmel, Calif.

April 21

Ohio Society of OMS Annual Meeting: Best Practices

Embassy Suites in Dublin, Ohio

May 2

Middle Atlantic Society of OMS Spring Meeting

Turf Valley Resort in Ellicott City, Md.



J. David Johnson Jr., DDS
Treasurer

“The Board of Trustees believes the 2018 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the recently revised Strategic Plan.”

TREASURER'S ACCOUNT

2018 overview: A new

Financial results were still being finalized at press time, but I am happy to report we are anticipating positive financial results for 2017 that will exceed original budget expectations.

Strong investment returns, significant salary and benefits savings as well as revenue from unbudgeted life membership dues and Informational Campaign assessments are responsible for the positive variance.

The 2017 budget assumed life member dues would apply only to future members; the House of Delegates removed the grandfather clause for existing life members.

In November, the Board's Finance and Audit Committee met with the auditors to discuss the 2017 audit plan.

The audit fieldwork will take place in late March, and we will provide a report on the final numbers and results of the audit in a future column.

Looking at revenue

With a new year upon us, AAOMS's activities are guided by the 2018 operating budget the House of Delegates approved at the 2017 Annual Meeting in San Francisco.

This year's budget includes revenues of \$20.98 million and expenses of \$20.76 million, resulting in anticipated revenues over expenses of \$220,000.

The budget also includes revenue from the annual member assessment for the Informational Campaign approved at the 2016 House of Delegates and implemented in 2017 to begin a three-year term.

Without this assessment, the 2018 operating budget would have required the use of \$41,000 of Association reserves.

Membership dues continue to be the single largest revenue source, and with a budget of almost \$6.8 million, dues comprise approximately 32 percent of total revenue for 2018.

Other significant revenue generators include:

- AAOMS Annual Meeting – with revenues at \$4 million
- Member assessment – \$1.8 million
- Royalties – \$1.5 million (including OMSNIC royalties of \$600,000)
- *Journal of Oral and Maxillofacial Surgery* – \$1.3 million
- Dental Implant Conference – \$1.2 million



budget arrives with a new year

- Building operations – \$910,000
- Assistant programs – \$715,000
- Sales of publications and electronic products in the *AAOMS Product Catalog* – \$471,000
- Coding workshops – \$348,000

Examining expenses

On the expense side, \$3.4 million is budgeted to support the programs offered at the 2018 AAOMS Annual Meeting in Chicago.

Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – \$961,000
- Building operations – \$889,000
- Assistant programs – \$429,000
- Production and fulfillment costs of items sold in the *AAOMS Product Catalog* – \$359,000
- *JOMS* – \$296,000
- Coding workshops – \$226,000

Budgeted expenses also include \$5.2 million (representing 25 percent of total budgeted expenses) for program-related activities. These include:

- \$1.545 million for the Informational Campaign.
- \$1.1 million to support residency programs, including \$300,000 to fund Faculty Educator Development Awards. (The total projected funding of \$430,000 for 2018 FEDA awards also includes \$130,000 committed by OMS Foundation.)
- \$527,000 for communications and the Association's website.
- \$416,000 for coding and reimbursement initiatives.
- \$405,000 for representation at allied meetings (state and regional meetings, international meetings and meetings of affiliate organizations).
- \$335,000 for continuing education and professional development activities, including practice management and anesthesia.



- \$316,000 is allocated for support of the Association's advocacy activities in Washington, D.C., and at the state level.
- \$245,000 for ADA representation activities.
- \$175,000 for grants and awards.
- \$156,000 for research and professional affairs activities.

The approved operating expense budget also includes a \$300,000 contingency fund, which enables the Association to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The contingency fund was increased by \$100,000 in anticipation of possible future needs for funding related to anesthesia issues.

The Board of Trustees believes the 2018 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the recently revised Strategic Plan. ■

Henry Schein program supports volunteer efforts

For the third consecutive year, AAOMS and the Henry Schein Cares Foundation are helping support oral and maxillofacial surgeons' volunteerism through the Global Outreach Project grant program.

AAOMS and the Foundation presented \$2,500 grants to four doctors to fund their volunteer work in the United States or overseas. The program also offers each recipient \$2,000 in healthcare products from the Foundation, which aims to increase the delivery of healthcare services and information to at-risk and underserved communities.

The recipients are:

- **Joli Chou, DMD, MD, FACS**, of Philadelphia, Pa. – Dr. Chou will help provide oral and maxillofacial surgeries to patients and continuing education to healthcare providers during a two-week trip to Cameroon. She has received three grants from the program to fund trips with Mercy Ships.
- **William James Hall, DMD**, of Pittsburgh, Pa. – Dr. Hall and residents have performed oral surgery on more than 2,000 patients in Croix-des-Bouquets in Haiti for the last five years. With the Yahve-Jire Children's Foundation, he plans to use the grant to help fund a dental and medical clinic and supply it with products.
- **Gary R. Parker, DDS**, of Lindale, Texas – Dr. Parker will perform oral and maxillofacial surgery on patients from Cameroon. He has received a grant from the program for his humanitarian service with Mercy Ships each year since 2015.



Dr. Chou



Dr. Hall



Dr. Parker



Dr. Paxton

- **Mark C. Paxton, DDS**, of Spokane Valley, Wash. – Dr. Paxton is volunteering for the 28th year with Hearts In Motion. He will help provide cleft lip and palate surgical care and other surgical procedures to patients ranging from newborns to the elderly in Latin America. ■

CPC notice

Based on a careful review of the complete record of the case, the Commission on Professional Conduct on March 8, 2017, advised Dr. John Sunghoon Won of Cary, N.C., of its decision finding him in violation of Chapter V, Section A.1, Advisory Opinion A.1.01, Section A.2, Advisory Opinion B.2.00, Section F.1, Advisory Opinion F.2.00, Section H.1, and Advisory Opinions H.2.00 and H.2.03 of the Code of Professional Conduct. As a result of this finding, the Commission issued a letter of censure.

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Research team awarded NIH grant

Brian L. Schmidt, DDS, MD, PhD, is part of a research team that has received a two-year National Institutes of Health grant to identify biomarkers for tongue cancer.



Dr. Schmidt

Schmidt, professor in New York University's Department of Oral and Maxillofacial Surgery and director of the Bluestone Center for Clinical Research, and Donna Albertson, PhD, professor in the department and investigator at the Bluestone Center, are grant co-principal investigators. They are investigating the tongue microbiome with the objective of learning how to earlier diagnose aggressive cancers, regulate the microbiome and prevent or halt progression of oral cancer, according to a university press release.

The grant involves preclinical and clinical research. The investigators are using next-generation sequencing to profile the bacterial community and bioinformatics.

"The majority of oral cavity cancers occur on the tongue," Dr. Schmidt said in the press release. "We believe that the cancers develop through a multistep process involving progression through precancerous lesions, with increasing numbers of alterations in the genome."

The grant is approximately \$450,000 and runs through June 30, 2019.

ACPA names Dr. Costello president-elect



Dr. Costello

Bernard J. Costello, DMD, MD, FACS, of Pittsburgh, Pa., has been elected to serve as president-elect on the American Cleft Palate-Craniofacial Association's 2018 Board of Directors. He will begin his term on Jan. 1.

Dr. Costello is Professor, Senior Associate Dean and

Associate Dean for Faculty Affairs at the University of Pittsburgh School of Dental Medicine.

Osteo Science names clinician mentors

The Osteo Science Foundation's Clinical Observership Program is designed especially for residents interested in a private-practice experience.

The opportunity offers intensive, individualized training with leading practitioners in the field of oral, cranial and maxillofacial surgery. Residents will gain an opportunity to learn techniques from leaders in the field as well as practice management and have an opportunity to gain an experience in a private practice that supplements their residency training.

The following AAOMS members are participating in the Clinical Observership Program as clinician mentors:

- Edmond Bedrossian, DDS
- Michael S. Block, DMD
- Vincent DiFabio, DDS, MS
- Andrew C. Hartwig, DDS, PhD
- John J. Lytle, DDS, MD
- Craig M. Misch, DDS, MDS
- Anthony G. Sclar, DMD

Dr. Fernandes inducted into Royal College

Rui Fernandes, DMD, MD, FACS, has been honored with a fellowship ad hominem into The Royal College of Surgeons of Edinburgh. He also was asked to address the new diplomats of the College.



Dr. Fernandes

Dr. Fernandes is chief of head and neck surgery and associate professor in the departments of neurosurgery, orthopaedic surgery and oral and maxillofacial surgery and the Division of Surgical Oncology at the University of Florida College of Medicine – Jacksonville.

To submit member news, email strotto@aaoms.org.

HEALTH IT BYTES



■ **Cyber attacks** – The U.S. Department of Health and Human Services Office for Civil Rights (OCR) has attributed the increasing number of healthcare-related cyberattacks to lax security by healthcare organizations. So far, 221 major breaches have been reported under HIPAA-required notification, marking a 66 percent increase over all breaches reported in 2016. Providers are encouraged to review OCR's HIPAA Security Rule guidance website for more information on HIPAA-required actions and best practices.

■ **Electronic prescribing** – Effective Jan. 1, all prescriptions issued by providers for Schedule II-V controlled substances in Connecticut must be electronically prescribed. Connecticut is the fourth state to mandate electronic prescribing. Questions? Contact the Connecticut State Dental Commission at 860-509-7603, Option 4.



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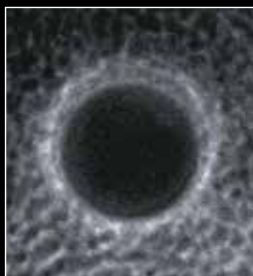
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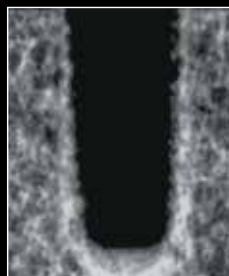
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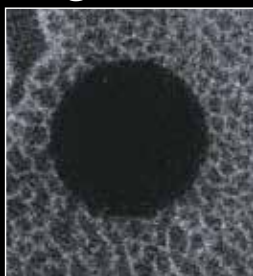


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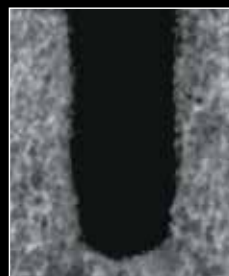


Osseodensification

Standard Drilling



Osteotomies Created with
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Traditional Extraction Drilling



Traditional Extraction Drilling



Versatility of Use



Universal



Preserve the Bone



Enhance the Host



Predictable Stability



Dual Mode Operation

Faculty Positions

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 12-month, tenure-track, faculty position at the rank of assistant professor. Salary and rank will be commensurate with experience. Applicants must be board-certified/active candidates for certification and have a CODA-accredited DDS or DMD degree, 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 in head and neck oncology/microvascular reconstruction, is preferred. 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 fullest consideration, applicants should submit a letter of intent, a current curriculum vitae, and the names of three professional references to jobs.uic.edu/job-board/job-details?jobID=47421 by Aug. 16, 2018. 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, email: 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. The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the Fair Credit Reporting Act.

Louisiana (New Orleans)

The Department of Oral and Maxillofacial Surgery at Louisiana State University Health Sciences Center New Orleans, School of Dentistry, is seeking qualified applicants for a full-time faculty position. This is a clinical or tenure-track position at the rank of assistant/associate professor. The salary is commensurate with training and experience. Major responsibilities include patient care, predoctoral education, clinical and didactic teaching of dental students and residents in the dental school primarily. The successful

candidate will have a commitment to an academic career that combines outstanding patient care with excellent teaching abilities. The LSU OMS Department in New Orleans is one of the busiest training programs and is regarded among the best. Required qualifications: DDS/DMD or equivalent degree, OMS board-certified or an active candidate for certification, and eligibility for licensure to practice in Louisiana. Applicants should submit via email a letter of intent, current curriculum vitae and three letters of reference to Michele Holmes at mjaco2@lsuhsc.edu. LSUHSC is an equal opportunity employer.

Massachusetts

Full-time Faculty Position/Bone Biologist at Massachusetts General Hospital. The Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital and Harvard School of Dental Medicine is seeking a bone biologist to augment the department's research efforts in the areas of bone biology, tissue engineering and rare jaw tumors. Existing grant support is preferred. The researcher would actively partake in all of the department's research initiatives, supervise dental and medical students as well as graduate and postgraduate students. Academic rank and salary will be commensurate with the candidate's qualifications. Massachusetts General Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Interested candidates should submit a letter of interest, curriculum vitae and two letters of interest to: Maria J. Troulis, DDS, MSc, FACS, Chief, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

Massachusetts

Full-time Faculty Researcher at Massachusetts General Hospital in the Department of Oral and Maxillofacial Surgery. The Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital is seeking an OMFS board-certified or active candidate for board certification who is a translational scientist to augment the department's research efforts in the areas of bone biology, tissue engineering and rare jaw tumors. In addition, the person would practice

full-scope oral and maxillofacial surgery (approximately 25 percent, depending on grant availability). Academic rank and salary will be commensurate with the candidate's qualifications. Massachusetts General Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Interested candidates should submit a letter of interest, curriculum vitae and two letters of interest to: Maria J. Troulis, DDS, MSc, FACS, Chief, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

Massachusetts

Full-time Fellow/Faculty Position at Massachusetts General Hospital in the Department of Oral and Maxillofacial Surgery. Seeking a board-certified/eligible Oral and Maxillofacial Surgeon 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 to learn or have expertise in temporomandibular joint surgery and reconstruction. The Department has an active Division of Orofacial Pain. Academic rank and salary will be commensurate with the candidate's CV. Massachusetts General Hospital is an Affirmative Action/Equal Opportunity Employer. We place a strong emphasis on the values of equality, diversity and compassion. Interested candidates should submit a letter of interest, curriculum vitae and two letters of interest to: Maria J. Troulis, DDS, MSc, FACS, Chief, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

Missouri (Kansas City)

The University of Missouri-Kansas City School of Dentistry is seeking to fill the position of department vice chair of Oral Surgery and Hospital Dentistry at the rank of associate professor/professor. The position is a 100 percent benefit eligible, full-time, non-tenure track position for 5 days per week. One day per week may be reserved for private practice, research, development and other school-related activities. Rank will be determined based on experience and credentials. This department is responsible for predoctoral and advanced education training for students, patient care, service



and research in oral surgery and hospital dentistry. Responsibilities of this position include predoctoral classroom and clinical instruction oversight and general oversight responsibility for the advanced education program in oral and maxillofacial surgery. A DDS or DMD with eligibility for Missouri licensure and board certification in oral and maxillofacial surgery is required. Specific position responsibilities include: leadership in oversight of the daily operations of the department including collaborative work with the advanced education program in OMS in the absence of the chair and as necessary to complete the work of the department; supervision of the activities of the department including scheduling, staffing responsibility, management of faculty workloads and assignment; accountability of department faculty and staff for advancing the goals of the department and the school of dentistry; decision-making regarding departmental goals and operations; development, articulation and support for a departmental culture of teamwork, responsibility, accountability for educating predoctoral students primarily; support of other departmental goals within that context, such as honors students, and advanced education student clinical supervision – all in the context of educating quality practitioners and caring for the patient; communication back to faculty and staff regarding important issues from the administrator's meeting; regular meetings with the dean to advance important departmental issues; participation in the monthly administrator's meeting; compliance with CODA standards, UMKC school and campus policies and the UM collected rules and regulations; and valuing diversity, appreciating for inclusion. UMKC is part of the University of Missouri, with excellent fringe benefits package, www.umkc.edu. Applicants should submit a letter of interest, a CV, names and contact information for three references in one document online to Dr. Pamela Overman, associate dean for Academic Affairs, UMKC School of Dentistry, at overmanp@umkc.edu. Equal opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, genetic information, disability status, protected veteran status of any other characteristic protected by law. All final candidates will be required to pass a criminal background check prior to beginning employment.

Missouri (St. Louis)

The Division of Oral and Maxillofacial Surgery at Mercy Medical Center in suburban St. Louis, Mo., is seeking applications for Director of the Oral and Maxillofacial Surgery Institute Educational Fellowship Program sponsored by the Oral Facial Surgery Institute and Mercy. Responsibilities include recruitment, selection and clinical supervision of the Fellowship Program candidates, as well as participation in a busy clinical private practice. The Directorship position affords a unique opportunity to develop a senior place within a large, highly successful and diversified group private practice, and to serve as a clinical mentor to a new generation of full-scope Oral and Maxillofacial Surgeons in a nationally recognized Fellowship Program. Candidates must be committed to the objectives and goals of the Fellowship and possess leadership and managerial skills. Candidates willing to complete the Fellowship and transition into this position are preferred. However, consideration will be commensurate with qualifications and experience. Candidates must be board-certified or active candidates for board certification. Position is available July 1, 2017. Interested candidates may submit a confidential letter of intent and CV to Oral Facial Surgery Institute Attn: Michael W. Noble, DMD, Chairman of the Division of Oral and Maxillofacial Surgery and/or Scott Graham, MHA, FAADOM, FACMPE, Chief Executive Officer, 621 South New Ballas Rd., Suite 16A, St. Louis, MO 63141; phone 314-251-6725; fax 314-251-6726; email mwnoble@aol.com or scott@ofsinstitute.com; www.ofsinstitute.com.

New York

Touro College of Dental Medicine invites applications for full-time (4-5 days/week) and part-time (1-3 days/week) academic or clinical track positions in Oral and Maxillofacial Surgery. Academic rank and salary are commensurate with education, experience and qualifications. The positions will be available December 1, 2017 and will remain open until filled. The Search Committee is especially interested in candidates who, through their clinical experience, research activity, academic teaching and/or community service, will contribute to the diversity and excellence of Touro's academic community. The College and University System are dedicated to the goal of building a culturally diverse and pluralistic faculty and staff committed

to teaching and working in a diverse environment, and strongly encourage applications from women, minorities, individuals with disabilities, and veterans. Touro College and University System is an equal opportunity/affirmative action employer. Responsibilities will include predoctoral preclinical didactic instruction, clinical supervision of patient care in the third and fourth year comprehensive care programs, administrative responsibilities, committee membership and scholarly activity. Requirements include a D.D.S./DMD from a CODA-accredited dental school or equivalent, Certificate of training from an ADA-accredited Oral and Maxillofacial Surgery program, ABOMS certification or eligibility, and previous teaching experience. The applicant must be eligible for licensure in New York State. For initial inquiries contact Dr. Howard Israel (drhowardisrael@yahoo.com) and/or Dr. Eric Wachs (eric.wachs@touro.edu). Applicants must submit a letter of intent, curriculum vitae and the names of three references to: Dean Ronnie Myers, Touro College of Dental Medicine, 19 Skyline Drive, Hawthorne, NY, 10532.

Pennsylvania

Full-time faculty position, Oral and Maxillofacial Surgery. Temple University Kornberg School of Dentistry is seeking applicants for a full-time Oral and Maxillofacial Surgeon in the clinical track for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. The major responsibilities of this position will include didactic and clinical teaching at the pre-doctoral levels for at least three days per week in addition to direct patient care at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD recognized by the Council on Dental Education of the American Dental Association and successfully completed advanced training in Oral and Maxillofacial Surgery at an accredited institution. Applicants must be eligible for licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Surgery or candidate for board certification. Expertise in pre-doctoral education and full-scope of Oral and Maxillofacial Surgery with emphasis on office anesthesia, Sleep Apnea and Orthognathic Surgery are highly desirable. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal

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Faculty Positions

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opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae, and three references to: Mehran Hossaini, DMD, mhossaini@temple.edu, Professor and Chair, Department of Oral and Maxillofacial Pathology, Medicine, Surgery, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140.

South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both pre-doctoral and post-doctoral programs of the department. 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 within the MUSC community. Requires a DDS/DMD degree from a CODA accredited U.S. 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 S.C. dental license and post-offer health assessment. 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. 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, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department 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. MUSC is an equal opportunity employer and encourages applications from minorities and women. Please forward a letter of intent, CV and contact information

for three professional references to: Martin B. Steed, DDS, Chair, Department of Oral and Maxillofacial Surgery, 173 Ashley Ave, BSB Room 453, MSC 507, Charleston, SC 29425. Email: steedma@muscc.edu.

Wisconsin (Milwaukee)

The Division of Oral and Maxillofacial Surgery at the Medical College of Wisconsin (MCW) invites applications for a full-time faculty position at the assistant/associate professor level. Join a busy clinical practice at a Level I trauma center in a great location! Responsibilities include resident education, faculty practice, on-call responsibilities, and scholarly pursuits. In addition to broad scope OMS, a robust TMJ practice has been built and is ready to be transitioned to a qualified surgeon. Teaching and research experience preferred. Applicants must be board-certified or actively seeking board certification, have a CODA-accepted DDS/DMD or equivalent, and be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers in Wisconsin. We have a long-standing reputation of providing outstanding medical and graduate education, conducting cutting-edge biomedical research, providing innovative and compassionate patient care, and improving the health of the communities we serve. We are an equal opportunity employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class. Please submit a letter of intent, CV and the names of three professional reference to Dr. Carolyn Brookes at cbrookes@mcw.edu. For additional inquiries, please contact Dr. Carolyn Brookes at cbrookes@mcw.edu or 414-805-5788.

Wisconsin (Milwaukee)

The Oral and Maxillofacial Surgery division at the Medical College of Wisconsin (MCW) seeks applications for a division chief at the associate or full professor level. Advance your career at a center with a vibrant OMS practice in a well-respected, accredited residency training program. Our practice is broad scope and part of a tertiary care center serving adult and pediatric populations. Affiliations include Froedtert Hospital and Children's Hospital of Wisconsin, both Level I trauma centers, and the Zablocki Veterans Administration Hospital. We seek a candidate with a strong vision to promote

divisional growth while upholding our tradition of excellence. Our ideal candidate demonstrates effective leadership and administrative skills and brings experience in resident education and research. Strong interpersonal skills are crucial to nurture and expand upon existing collaborations both within and beyond the rich MCW network. Applicants must be board-certified by and must be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers in Wisconsin. We have a long-standing reputation of providing outstanding medical and graduate education, conducting cutting-edge biomedical research, providing innovative and compassionate patient care, and improving the health of the communities we serve. We are an equal opportunity employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class. Please submit a letter of intent, CV and the names of three professional reference to Dr. Carolyn Brookes at cbrookes@mcw.edu. For additional inquiries, please contact Dr. Carolyn Brookes at cbrookes@mcw.edu or 414-805-5788.

Fellowships Non-CODA Accredited

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for the July 2019 as well as July 2020 positions. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship 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. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.



Florida

Miami Oral and Maxillofacial Surgery is sponsoring a fellowship in endoscopic maxillofacial surgery commencing July 1, 2018, and ending June 30, 2019. The preceptor of the fellowship is Joseph P. McCain, DMD, FACS, and the emphasis of the fellowship is on endoscopic maxillofacial surgery involving TMJ arthroscopy, sialoendoscopy, and endoscopic-assisted orthognathic and trauma surgery. The fellowship is pending CODA application submission. Upon completion of the fellowship, the candidates should be well versed in all forms of endoscopic maxillofacial surgery and be prepared to disseminate that information in educational venues and residency programs. Please direct all inquiries to: Joseph P. McCain, DMD, FACS, phone 305-595-1905; cell 305-586-3943 or email jmccain@miamioms.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, email jposnick@drposnick.com or phone 301-986-9475.

Massachusetts

OMFS Pediatric Clinical/Research Fellowship at Massachusetts General Hospital in the Department of Oral and Maxillofacial Surgery. We are pleased to announce a unique one-year fellowship that combines laboratory and clinical research in the Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital. The fellowship provides for 60% time dedicated to research and 40% on patient care with an emphasis on pediatric oral and maxillofacial surgery. Research is conducted at the MGH Oral and Maxillofacial Surgery Skeletal Biology Research Center and with a focus on skeletal molecular biology, wound healing, tissue regeneration and distraction osteogenesis. Patient care activity is at MGH for Children. Emphasis of both patient care and research in Pediatric OMFS. Fellows will be given a faculty appointment at the rank of Instructor and serve as attending surgeon on the Ward Service supervising residents and participating in the trauma on-call schedule. Interested candidates should submit a letter of interest, curriculum vitae and two letters of interest to: Zachary S. Peacock, DMD, MD, FACS, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

Massachusetts

OMFS Clinical Investigation Fellowship at Massachusetts General Hospital in the Department of Oral and Maxillofacial Surgery. The Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital and the Center for Applied Clinical Investigation is offering a one- to two-year post-doctoral fellowship in Clinical Investigation (with possible MPH at Harvard School of Public Health certificate). The goal of the fellowship is to learn the principles and practice of patient-oriented research in preparation for an academic career as a clinical researcher in oral and maxillofacial surgery. Interested candidates should submit a letter of interest, curriculum vitae and two letters of interest to: Meredith August, DMD, MD, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

Missouri (St. Louis)

2019-2020 oral and maxillofacial fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The 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 I 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, MHA, FACME, FAADOM, Chief Operating Officer, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email scott@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the US. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/ Surgeons of Canada, or ADA program. Apply at cosmeticsurgery.org or 312-265-3735.

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 10-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2018, through June 30, 2019. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery is located in Charlotte, N.C. CCOFS is

continued on next page

Fellowships Non-CODA

Accredited *continued from previous page*

a 12-surgeon practice over five offices in N.C. and two in S.C., each possessing OR facilities and accredited by the AAAHC. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Oct. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

Tennessee

One-year fellowship in oral and maxillofacial surgery. The University of Tennessee Medical Center in Knoxville is offering a one-year fellowship position in general oral and maxillofacial surgery at the PGY-5 or PGY-7 level from July 1, 2018 – June 30, 2019. The fellow will rotate amongst the faculty and provide surgical services for oral/head and neck pathology, maxillofacial trauma, dentofacial deformities, implant patients and other complex diagnoses. The fellow will work closely with the residents in the department of oral and maxillofacial surgery that sponsors 4-year and 6-year residency programs. Nationally recognized, the University of Tennessee Medical Center is a tertiary care referral center and recognizes six centers of excellence, including its cancer institute and level I trauma center. Knoxville is one of the top 10 best cities in which to live, according to Travel and Leisure magazine. Interested applicants should send a curriculum vitae and a letter of interest to Dr. Eric R. Carlson at ecarlson@utmck.edu.

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. All applicants must be eligible to receive a Texas dental license. Contact Dr. Sinn at 817-225-3223 or email dpsinnoms@gmail.com.

West Virginia

Charleston Area Medical Center and the Department of Surgery are pleased to offer a one-year post-residency fellowship in Pediatric Craniomaxillofacial Surgery

available July 1, 2019, to June 30, 2020. The post involves all aspects of surgical and multi-disciplinary management of children with congenital and acquired deformities. Primary participation in management of craniomaxillofacial trauma and reconstruction, orthognathic surgery, orofacial cancer, pathology, pediatric otolaryngology and cosmetic surgery is also provided. Approximately half of the time is spent caring for pediatric patients. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package including assistance with housing. Send inquiries to: Bruce B. Horswell, MD, DDS, MS, FACS, Director, and Paul Kloostra, MD, DDS, Co-director, FACES-CAMC, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email bruce.horswell@camc.org or paul.kloostra@camc.org or fax 304-388-2951.

Available Positions

Arizona

We are seeking a hardworking, energetic, board-certified (or active candidate) OMS with interpersonal skills to match exceptional clinical skills for association with our practice. This is an exceptional opportunity to join an established, busy, profitable, growing, OMFS practice in the greater Phoenix metro area. Excellent financial package and benefits available. Practice scope primarily dentoalveolar, bone grafting, implants and in-office anesthesia. Trauma, orthognathic and reconstructive pursuits available. Send your CV and cover letter to manager@southwestimplants.com.

California

Do you want to live in Fresno, Calif.? Do you want to practice with partners that truly care about you? Do you want to practice full-scope OMFS? Yes? Contact Allen Chien at 559-307-1525. Position available July 2018.

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 email cv@scott@bradyprice.net.

Colorado

Well-established, two-office OMS practice Greater Boulder Area, \$3.3M revenue, seeking an OMS board-certified or an active candidate for board certification. Potential for partnership. Colorado Dental/Medical license and Deep Sedation Permit preferred. Excellent financial package with productivity bonuses. 303-759-8425, frontdesk@adsprecise.com, www.adsprecise.com.

Florida (Orlando/Daytona/Jacksonville/Tampa/Ft. Lauderdale)

Join our 70-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

Georgia

Oral surgeon needed for large, multi-specialty, multi-location group practice in Atlanta suburbs. No managed care. Full- or part-time positions available. Contact Vicky Vorgensen at 770-446-8000, ext. 0003, or email vjorgensen@dentfirst.com. Visit us online at www.dentfirst.com.

Hawaii

Excellent opportunity for a board-certified OMS on Maui. Part-time associate needed for busy practice focused on dentoalveolar and implant surgery with some pathology. Paid hospital call an option if desired. Perfect for the OMS wanting a great semi-retirement lifestyle opportunity or for a retired military or academic surgeon. A Hawaii dental license is required and available only by ADEX exam. Please reply via email with letter of interest and CV to tgcarterdmd@mauioralsurgery.com.

Illinois

Excellent opportunity for a hardworking, personable OMS in northern Illinois. Fee-for-service with emphasis on implants, dentoalveolar surgery. Trauma, TMJ, and orthognathic surgery opportunities are available. Laser, I-cat, digital X-rays, and a wonderful team to work with. Salary plus incentives. Email CV to os1161732@aol.com.



Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to omaxdoc@gmail.com.

Illinois

Outstanding practice opportunity for associateship leading to partnership. Our practice encompasses several offices in the northern suburbs of Chicago. We practice the full scope of oral and maxillofacial surgery with emphasis on implants, dentoalveolar surgery and office anesthesia. All offices are equipped with 3D imaging. Benefits include medical insurance, retirement plan, continuing education, society memberships, paid vacations and malpractice insurance. This is a rare opportunity to join a large, growing practice and provide for a fulfilling career, enjoying an excellent quality of life. To apply, please contact AAOMS Box A-11801.

Illinois (Chicago)

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

Indiana

Multi-office OMS practice in Indiana seeking new or recent graduate for association with short partnership track. Practice emphasis is dentoalveolar surgery, implants, bone grafting, anesthesia, some orthognathic surgery. Full schedule from day one. Wide open opportunity to expand into other areas of interest. Trauma call optional. Competitive salary and benefits. Reply to AAOMS Classified Box A-11802.

Maryland

Immediate positions are available for associates leading to partnership in a highly successful, expanding, multi-location, full-

scope oral and maxillofacial surgery practice in Maryland/D.C./Virginia Metro area. Our team is looking for a bright, ambitious and caring individual. Our future partner must be proficient in all phases of OMS, including outpatient general anesthesia and dentoalveolar, implant, TM, orthognathic and cosmetic surgeries. Board-certified or an active candidate for board certification a must. We offer a highly competitive base salary, which includes production and a GENEROUS SIGNING BONUS and STUDENT LOAN REPAYMENT PROGRAM as well as a benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to Ms. Petersen at mdmosa20850@gmail.com.

Maryland

\$10,000 signing bonus. Very high-end, state-of-the-art, OMS practice is looking for an enthusiastic associate leading to partnership in our Frederick/Upper Montgomery County Maryland location, 45 minutes away from Washington, D.C., Baltimore and Gettysburg. Frederick is surrounded by beautiful mountain views, wineries and vibrant Main Street communities with unique specialty shops, galleries, museums and theatres. This area has enjoyed a 25% population increase in the last 10 years with a full 1/3 of the households having children under 18 years old and a median income of \$80,000 per year. This means tremendous growth potential for an already very successful practice in a community rich in history, culture, fine food, excellent schools and reasonably priced homes. This position, which would be a gateway to partnership with a minimal cash buy-in beginning after 18-24 months, is a rare opportunity for the right person. Our beautiful, 5,000 sq. ft. facility has state-of-the-art equipment and a highly trained staff. A fully-equipped, in-office OR allows for outpatient procedures including orthognathic surgery. If you are well-trained, BE/BC, outgoing and enthusiastic OMS, please consider this rare opportunity. We offer a highly competitive base salary, which includes production and signing bonuses as well as a generous benefit package (including malpractice and family health insurance). Contact Ms. Petersen at mdmosa20850@gmail.com.

Maryland

Scenic western Maryland and south central Pennsylvania. Looking for a BC/BE person to join a busy two office practice doing the full scope of oral surgery. Two new state-of-the-

art offices. Beautiful living just 75 minutes to Baltimore/Washington area. Competitive package will be offered to the right person. Email richard ofs@myactv.net.

Maryland

Well-established oral surgery, multi-office practice seeking a full-time OMS board-certified or an active candidate for board certification. Practice locations are in Annapolis and Southern Maryland. Partnership with buy-in and/or buy-out option can be negotiated. This is the perfect situation for someone who is settled into living in the D.C./Md. metro area. Please send CV to AAOMS Classified Box A-4590.

Maryland (Montgomery and Frederick County)

Excellent opportunity. Well-established, multi-office practice (over 30 years) with established referral patterns and well-known in our community. Profitable system in place. Practice has maintained continued growth. Long-term partner is retiring and available and willing to help with transition. Competitive compensation to start. Benefits (malpractice, CE and board reimbursement, family health insurance and more) provided. You will join a successful team atmosphere. Dentoalveolar and dental implants are readily available and you will have the autonomy to take your practice in whatever direction that interests you. Partnerships are encouraged for those who are motivated. Please email cover letter and CV to omsmaryland@gmail.com.

Maryland/West Virginia/Virginia/D.C. Metro

Excellent opportunity for a board-certified OMS or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/Virginia metro area in Frederick and Hagerstown, Md., and Martinsburg, W.Va. 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, motivated and well-trained individual. Send CV to fax 301-733-9600; email hnelson@omaxdocs.com or michele@omaxdocs.com.

Available Positions

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Massachusetts

Thriving oral surgery practice in New England. Solid, well-established practice nestled in a community family environment is immediately available for employment and/or partnership opportunity. Current collections are in excess of \$1,200,000 (single practitioner). The location is on a very busy thoroughfare, with excellent visibility and parking. The sizeable space has 3 operatories with professionally trained staff. Equipment and office software are state-of-the-art. Here most community members shop and visit their dental and medical providers locally, and generations of the same families have enjoyed the good schools and housing options in this area. Public transportation to and from Boston proper by bus and rail is excellent for those who wish to visit, live or work in Boston. The current owner has an extensive referral base and accepts only a limited number of instance plans. Immediate employment and ownership opportunities await you. You can choose to be city or suburb dweller, with or without family activities on your plate. At the same time, you will be financially successful and be a part of a community with a flavor and style all its own. Please contact Jo Ann Pulver at 773-255-8964 for further information or email pulverjo@aol.com.

Michigan

Long-established oral and maxillofacial surgery practice with four offices and four surgeons north/northwest of Detroit is seeking board-certified or active candidate for certification OMS associate with track to partnership. Our practice was established 47 years ago with a very strong referral base and excellent reputation in the community. We have a very busy practice with each office housing a CBCT scanner. Interested surgeons, please submit your CV to oralsurgeryoms@gmail.com.

Michigan

Well-established, solo practice in southwest Michigan looking for a motivated surgeon for associateship leading to partnership. Located in Kalamazoo, we are within an hour of Lake Michigan and home to both a Division I and Division III colleges. A Level-1 hospital and surgery center are within 5 miles of the office. The practice

has complete digital medical records as well as three-dimensional imaging. Send a CV and contact information to hamlinoralsurgery@hamlinoralsurgery.com or visit www.hamlinoralsurgery.com.

Michigan (Central)

Full-time opportunity for OMS in Mid-Michigan. Multi-Location. Share all hospital and clinical responsibilities. Outstanding compensation. Fast track partnership opportunity. Contact Robert Eberline, Peak Transitions at 888-477-7325 or roberte@peaktransitions.com

Minnesota

A well-established OMS practice in Minneapolis/St. Paul area is looking for a board-certified or active candidate to join our 3-doctor team serving 2 locations as an associate leading to partnership. We are a full-scope practice with a loyal referral base that is well respected in the area. The Twin Cities consistently ranks in the top places to live in the U.S. Please send letter of interest & CV to DrT@stpauloralsurgery.com or call ph. 651-645-6429.

Minnesota

Well-established group practice outside the Twin Cities metro area is seeking a personable, well-trained and motivated candidate for associateship leading to partnership. Board-certified or active candidate for certification required. Excellent opportunity for full-scope surgery, as well as a good family environment. Reply with CV to AAOMS Classified Box A-11003.

Missouri

Well-established oral surgery practice seeks an associate OMS who is board-certified or an active candidate for board certification. We are a full-scope, two-office private practice in a university setting. An appointment at Washington University School of Medicine will be given in the Department of Otolaryngology, Head and Neck Surgery. Our practice is very active in the teaching hospital. Procedures include tumor excision and reconstruction, TMJ arthroplasty and replacement, orthognathic surgery, dentoalveolar, dental implants, facial implants, trauma, and hard and soft tissue grafting. We are looking for an associate to participate in all of the above as well as take care of tertiary care patients, i.e.,

pre- and post-cardiac, liver, lung, stem cell transplants, LVAD patients, etc. Contact Allen Sclaroff, DDS, professor of otolaryngology and oral and maxillofacial surgery, Department of Otolaryngology, Head and Neck Surgery, Washington University School of Medicine, St. Louis, MO; phone 314-361-6006; email asclaroff@aol.com; or Michael Kurtz, practice administrator, at 314-402-3427 or email mkurtz@uomfs.com.

Missouri (St. Louis)

Outstanding opportunity for an Oral and Maxillofacial Surgeon to join a full-scope, hospital based, group private practice that also sponsors a nationally recognized, multi-focused Fellowship Training Program. The Oral Facial Surgery Institute is a professionally managed practice with an excellent reputation and a vast network of regional referrals rendering complex care to a large region of the Midwest. Our facilities include seven private practice offices in outstanding, closely surrounding communities. All of our surgeons work directly with our fellows in an academic/private practice environment. We pride ourselves in providing superb, comprehensive care to our patients. St. Louis is a delightful city with a small-town feel and an excellent community to raise a family. No buy-in necessary for the right person. For confidential consideration, interested individuals should send a letter of intent and CV to Oral Facial Surgery Institute Attn: Michael W. Noble, DMD, Chairman of the Division of Oral and Maxillofacial Surgery and/or Scott Graham, MHA, FAODM, FACMPE, Chief Executive Officer, 621 South New Ballas Rd., Suite 16A, St. Louis, MO 63141; phone 314-251-6725; fax 314-251-6726; email mwnoble@aol.com or scott@ofsinstitute.com; www.ofsinstitute.com.

New Hampshire

Four-year-old oral maxillofacial surgery office is seeking a second oral surgeon to take part in our growth. We are expanding from a single oral surgeon office to two surgeons to accommodate patient demand. Our practice is located in the beautiful Dartmouth/Lake Sunapee area of the Upper Connecticut River Valley, ideally situated between Hanover and Lebanon, N.H., nearby Norwich, Vt., and the Dartmouth Hitchcock Medical Center. Several general dentistry offices and a full complement of specialists give the area a group practice feeling. Be part of an exciting expanding medical business. Compensation will be based on experience in the form of



a stipend and percentage of production. Future ownership may be possible. rbailey@bayleyassociates.com / Bob Bailey at 603-643-6380.

New Jersey

PT Oral surgeon position available for well-respected and modern OMFS practice in N.N.J., approximately 40 minutes west of N.Y.C. Immediate opening with possibility for FT transition for the right individual. Production-based position. Email doctorjacobs@gmail.com if interested.

New Jersey

Well-established, multi-office premier group practice of OMS at the southern New Jersey shore is seeking a motivated, bright, personable OMS board-certified or an active candidate for board certification. We are an aggressive full-scope practice with a loyal, broad referral base. An excellent salary and incentive package with fringe benefits make this a unique opportunity for the right OMS looking for early partnership. Interested parties should reply by email to shorejaws@aol.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 and partnership if desired. 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 York

Established solo oral surgery office located in downtown Manhattan is seeking a part-time associate, either board-certified or eligible candidate, to join the practice. Our practice focuses heavily on dentoalveolar surgery implant surgery and office-based anesthesia. Everything is digital (OMS Vision) with cone beam CT. Ideal candidate should have excellent interpersonal skills with good patient care and ethics. Reply with CV to chiomfs@hotmail.com.

New York

Excellent opportunity for an oral surgeon board-certified or an active candidate for board certification to join our very successful multi-doctor, multi-office team. Established office more than 30 years in practice expanding and in need of the perfect candidate. This is an opportunity to fast track partnership. Recent retirement of a partner and near retirement of another. Please reply to AAOMS Classified Box A-4598.

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live / work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The Practice is office-based, full-scope dental alveolar and implant surgery under I.V. sedation and general anesthesia. The facilities and equipment are high-quality and digital. Emergency room call and academic affiliations are available. The Practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining State Licenses and US work permits (including sponsoring green card or U.S. Citizenship). Email CV to robert.bodey@mofsnyc.com or contact Robert Bodey at 347-590-9910.

New York (Long Island)

Seeking energetic person to join a unique multi-doctor practice. Association leading to partnership for motivated, personable, and ethical OMS. 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.

New York (Lower Hudson Valley)

Established, 64 year old practice looking for board-certified/active candidate for certification OMFS for full-time position leading to early partnership. Emphasis on dentoalveolar, office-based, implants. General anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Box A-11803.

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia. Orthognathic, reconstruction, cleft lip and palate, pathology, and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401K and profit sharing. Send resumes to dwhitacre@scomsa.com.

North Carolina

Excellent oral surgery opportunity in Greensboro, N.C. Well-established, two-doctor practice seeking an OMS who is board-certified or an active candidate for certification. Excellent financial package. Reply with letter of interest and CV to AAOMS Classified Box A-5005.

Ohio

Expanding Central Ohio OMS practice seeks board-certified or active candidate to join our well-respected full-scope practice with active hospital affiliations and oral surgery and facial trauma call. Our successful three-doctor, multi-location practice enjoys a strong referral base at each office location, contributing to our practice's continued growth and financial stability. We are proud of our ability to deliver the highest quality patient care and of our consistently high (over 99%) patient satisfaction survey results. We are seeking an associate who

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Available Positions

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shares the same commitment to quality patient care. Qualified candidates seeking a great lifestyle in one of the Midwest's fastest-growing cities, along with a competitive compensation and benefits package, including partnership potential, are encouraged to contact Sandy Apicella, Practice Manager at sandy@ofsac.com or at 614-457-9337.

Ottawa, Ontario

Oral & maxillofacial surgeon. Well-established oral surgery practice centrally located in our nation's capital seeking an oral & maxillofacial surgeon for an associate position interested in a transitional purchase. Also willing to sell outright and stay on as an associate. Compassion, excellent communication skills and a strong ethical conviction will ensure a good fit with our vision. The candidate must be eligible for licensure to practice as a specialist in oral and maxillofacial surgery in Ontario, including Fellowship in the Royal College of Dentists of Canada (RCDC). Please forward CV and inquiries to: laura-manager@rogers.com.

Pennsylvania

Well-established, full-service oral and maxillofacial surgery practice located in Central Pennsylvania with a very large concentration in bone grafting and implants offering an excellent opportunity for an enthusiastic, compassionate and ambitious board-certified candidate who puts patients first. The practice maintains three strategically located offices and is the leading oral surgery practice in Central Pennsylvania with an established referral base and continued growth. The practice utilizes state-of-the-art technology and full-time, certified anesthesiologists. Position offers excellent earning package, benefits, as well as practice ownership availability. If interested, please email a cover letter and your CV to admin@woodandmyers.com.

Pennsylvania

Well-established, highly respected, thriving, two-office OMS practice in southern Chester County seeking an energetic, personable, highly motivated, team-oriented oral surgeon. Our practice mission is to provide exceptional patient care in a comfortable

and safe manner with a well-trained staff and the most modern amenities. We are offering an associate position, which will transition into a partnership opportunity, with a competitive salary, malpractice, and health insurance, pension, continuing education compensation included. Our two state-of-the-art offices provide an excellent setting to provide full-scope OMS. Our offices are centrally located between New York, Philadelphia, and Washington, D.C. Chester County is an excellent place to establish a residence with school districts that are consistently ranked among the best in the nation. Reply to AAOMS Classified Box A-5001.

Virginia

Progressive OMS practice in coastal, southeastern Virginia seeking full-time or part-time Oral Surgeon. An excellent opportunity to join a multi-location practice without the administrative burdens of practice management. Motivated and personable associates please contact dr@myoralsurgeon.com.

Virginia

A position is available for a full-time OMS in a busy practice in the suburban region south of Richmond, Va. Our practice is modern and includes 3 office locations that are equipped to handle the entire range of office oral and maxillofacial surgery procedures. A partnership path is available and is encouraged as well as a path to become an owner of the real estate/buildings. We have a very nice hospital that is convenient to the three office locations. Submit inquiries to rjoneill@southsideofs.com.

Virginia

Busy solo doctor seeking a part-time associate. Ideal candidate will be board-certified or eligible. Practice has a focus on implants and 3rd molar extractions. We are located in suburban D.C. Flexible terms, please inquire at oralsurgery@gmail.com.

Virginia

Well-established oral maxillofacial and implant surgery practice with three locations is seeking an oral surgeon associate. Our practice has been serving northern Virginia community for the past 20 years with a

heavy emphasis on dentoalveolar surgery. We take extreme pride in providing excellent patient care by providing individualized and compassionate care to our valued patients. We offer a highly competitive salary, benefits and bonus structure. Partnership opportunity is available for the interested candidate. We are excited to bring on an associate who shares the same philosophy, is willing to work in a high-volume practice and is willing to fully engage in social and community events. Please email your resume to drnaimi@novaoms.com.

Wisconsin

Join a well-established group of four oral and maxillofacial surgeons with a built-in referral base and a geographic area of 500,000+ people. Practice in state-of-the-art facilities, we offer multiple offices that provide the latest in dental and surgical technology. We offer competitive compensation and generous benefits with either partnership track or associate surgeon options. Oral and Maxillofacial Surgeons BayCare Clinic is based in Green Bay, Wis., a beautiful, safe, and family-oriented city, known for its outstanding quality of life and superb education systems. Contact Pam Seidl at pseidl@baycare.net or 877-269-9895.

Wisconsin

Premier Oral and Maxillofacial Surgery is seeking a personable, energetic, and motivated oral surgeon board-certified or an active candidate for board certification to join a very established private practice. This four-surgeon practice provides a comprehensive scope of services. Locations include Janesville, Wis., Monroe, Wis., and Roscoe, Ill., near Madison, Milwaukee and Chicago. Visit www.PremierOralMaxSurgery.com. Strong referral base for over 25 years has contributed to continued growth and highly productive offices. Candidate must be well-trained in all phases of specialty. This high-quality, team-oriented practice offers a very competitive compensation and benefit package. Oral surgeons seeking a great lifestyle and secure career leading to an early partnership are encouraged to contact Dr. Jason Swantek at 608-756-8744 or jswantekdds@gmail.com.



West Virginia

An opportunity of a lifetime for an exceptional oral and maxillofacial surgeon. Mountain State Oral and Facial Surgeons is growing again! Mountains State Oral and Facial Surgeons is an innovative, state-of-the-art group practice based out of Charleston, W.V. We have six locations and are looking for an exceptiona, outgoing, energetic, board-certified / eligible candidate for certification. Our practice encompasses the full scope of oral and maxillofacial surgery, dental alveolar, orthognathic, trauma, implants, head and neck pathology, and facial cosmetic surgery. We offer a \$350,000 base salary with earning potential. Student loan reimbursement opportunities and continuing education. If interested or have any additional questions, please contact Jarod Zelaska 304-720-6672 or email jzelaska@mtstateoms.com.

Miscellaneous

OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners 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 OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

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 email at scott@bradyprice.net or call Scott Price, 925-935-0890.

Colorado

Metro Denver area, \$1.1M revenue, Price \$550K; Central Mountains, three ops, \$840K revenue, Price \$449K. Doctors retiring. 303-759-8425, frontdesk@adpprecise.com, www.adsprecise.com.



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Practices for Sale

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Colorado

Beautiful, newly remodeled, Oral and Maxillofacial Surgery practice for sale in Denver, Colo. Gross collections per year: ~\$1.1M in 2016. Projected cash flow to new owner after debt service: \$550,000. Overhead: 42%. 3 operators (room to expand and add 2-3 more surgical suites). For more detailed practice information, please contact Marie Chatterley at 303-249-0611 or marie@ctc-associates.com. A signed non-disclosure is required for more information.

Connecticut

OMS practice for sale with immediate or prolonged transition available. Practice needs some updating, but the purchase price allows the buyer to attain 100% financing, including potential updates. Overall area has potential for significant growth. Email dave@practiceevolutions.com for more information.

Florida

Palm Beach County. Well-established solo practice for sale in growing coastal community. 1,932-sq.-ft. in recently renovated, upscale medical building. Three surgical suites, one exam suite, and a dedicated consultation room. Primarily dentoalveolar, implants, and pathology, but great potential for development of orthognathic and/or facial cosmetic surgery. Please contact Dr. Stuart Auerbach, Licensed Real Estate Broker, Henry Schein Professional Practice Transitions, www.adsflorida.com; call 954-298-4575 or 800-262-4119.

Massachusetts

Established office-based practice for sale in the Boston area. Gross consistently in million-dollar range. Primarily dentoalveolar surgery and implants but potential for expansion. Reply to AAOMS Box S-18002.

New Jersey

This is an excellent opportunity to purchase a single owner, 30-year, well-established, successful fee-for-service/select insurance based practice located on the scenic central New Jersey Shore. The office equipment is in great condition and includes WinOMS office software, CO₂ laser, digital panoramic and periapical radiography and CBCT scanner. It is an ideal situation for a single practitioner with good opportunity for expansion. Owner also owns the real estate where the practice operates. There is a very nice, mixed commercial and residential building, with approximately 4,000 square feet available in a nice commercial/residential border area of the upscale borough. The building is also available for rent or sale. One of the greatest assets of this practice is the very desirable location. It is perfect for enjoying a relaxed lifestyle and raising a family, including excellent local schools. In addition, it is within 15 minutes of teaching and community hospitals, and about 60-80 minutes from the cultural advantages of both New York City and Philadelphia. It is also one minute away from a prestigious, private golf club and one minute from beautiful beaches, bay and river. Owner is planning on retiring winter of 2018-19 but available to aid transition. Please send inquiries to AAOMS Box S-11004.

Ohio

Successful practice is updated, modern and ready to transition. A full-scope OMS practice located 35 minutes from Pittsburgh in the lovely Ohio valley. Flexible transition. Gross receipts exceed national average. The practitioner is ready to scale back by taking in a full-time partner or selling the entire practice. Great referral base and great staff. Reply to nlse10@comcast.net.

North Carolina

OMS practice for sale with 2 locations is available for immediate transition. Practice needs some updating, but the purchase price allows the buyer to attain 100% financing, including potential updates. Overall area has potential for significant growth. Email dave@practiceevolutions.com.

Oklahoma

OMS practice for sale with 2 locations is available for immediate transition. Practice needs very little updating, but the purchase price allows the buyer to attain 100% financing, including potential updates. Overall area has potential for significant growth. Email dave@practiceevolutions.com.

Rhode Island

OMS practice for sale with immediate or prolonged transition available. Practice needs some updating, but the purchase price allows the buyer to attain 100% financing, including potential updates. Overall area has potential for significant growth. Email dave@practiceevolutions.com for more information.

Classified Advertising Deadlines

May/June 2018 issue: March 9, 2018

July/August 2018 issue: May 1, 2018

Sept/Oct 2018 issue: June 22, 2018

Nov/Dec 2018 issue: Sept. 3, 2018



Practice Transitions

OMS Exclusively-Associates, Partnerships, Practice Sales, Retirement Transition

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell, transition into retirement, add associate/partner? We have over 30 years in associate-to-partner and retirement transitions as well as practice sale experience. We work with all residents, confidential surgeons and military. We are not practice brokers, do not charge 10%, and do not sign exclusive agreements, no risk. We have buyers/associates, tremendous success! You have seen us at AAOMS/WE PROVIDE YOU PERSONALIZED SOLUTIONS. Web page/National OMS Job Board: www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

CHAIRPERSON

Department of Oral and Maxillofacial Surgery

The University at Buffalo, School of Dental Medicine invites applications for Chair of the Department of Oral and Maxillofacial Surgery. The Department of Oral and Maxillofacial Surgery is one of seven departments in the University at Buffalo, School of Dental Medicine. It is charged with providing education and training to predoctoral dental students and is responsible for the Oral and Maxillofacial Surgery Residency Program as well as providing instruction as needed to other clinical specialty programs. The School of Dental Medicine is located on the university's South Campus that is home to most of the other health professions schools comprising the Academic Health Center. The school is currently in the midst of a \$25 million dollar renovation of its preclinical and clinical facilities.

The Chair of Oral and Maxillofacial Surgery will be a departmental leader who will collaborate with other members of the School of Dental Medicine faculty, the University community and the teaching hospitals' staff. The incumbent will advocate and foster high quality academic, patient care, and research programs; encourage and value community outreach in dental care; support faculty success; build strong relationships with constituents; and grow philanthropy. The successful candidate will participate in the well-established clinical practice plan. Applicants must have a commitment to diversity and equal opportunity.

Candidates must have either a DDS or DMD degree from an ADA-accredited program, board certification by the American Board of Oral and Maxillofacial Surgery and significant experience in Oral and Maxillofacial Surgery and experience in an academic institution or hospital in training dental students and/or residents. The candidate must have or be eligible for a dental license in New York State. A record of scholarship and research support, with credentials appropriate for appointment at Associate Professor or Professor level is required.

An advanced degree including a MD or PhD degree, and a history of or current leadership in professional organizations is preferred.

Rank and salary will be commensurate with qualifications/experience. Minorities, women, veterans and individuals with disabilities are encouraged to apply. All candidates interested in the position are required to apply online and attach a cover letter, resume, and three references in UB Jobs (Posting).

Quicklink: <http://www.ubjobs.buffalo.edu/postings/11586>

UB Jobs Posting #: F1700162

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☐ **This is a confidential ad.**

Please contact only the following members of my staff if you have questions:

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1-250 words: \$0 251-290 words: \$125 291-330 words: \$250 331-370 words: \$375☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

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Ad type: ☐ AAOMS Box Number Requested (No add'l cost)

- ☐ Position Available
☐ Practice for Sale
☐ Position Wanted
☐ Practice Transitions
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Or email form to jwalker@aaoms.org

or fax to 847-678-6279

Please attach a copy of your ad text when returning this form.**Questions?**Please call 800-822-6637, ext. 4342, or email jwalker@aaoms.org.**Classified Advertising Deadlines**May/June 2018 issue: **March 9, 2018**July/August 2018 issue: **May 1, 2018**Sept/Oct 2018 issue: **June 22, 2018**Nov/Dec 2018 issue: **Sept. 3, 2018**

EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary

(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

EXPAREL has not been studied for use in patients younger than 18 years of age.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Using EXPAREL followed by other bupivacaine formulations has not been studied in clinical trials. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The ability of EXPAREL to achieve effective anesthesia has not been studied. Therefore, EXPAREL is not indicated for pre-incisional or pre-procedural loco-regional anesthetic techniques that require deep and complete sensory block in the area of administration.

ADVERSE REACTIONS

Clinical Trial Experience

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

DRUG INTERACTIONS

EXPAREL can be administered in the ready to use suspension or diluted to a concentration of up to 0.89 mg/mL (i.e., 1:14 dilution by volume) with normal (0.9%) saline or lactated Ringer's solution. EXPAREL must not be diluted with water or other hypotonic agents as it will result in disruption of the liposomal particles.

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the

U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its' metabolite, pipercolylxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL surgical site infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, these drugs should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Care should be taken in dose selection of EXPAREL.

OVERDOSAGE

In the clinical study program, maximum plasma concentration (C_{max}) values of approximately 34,000 ng/mL were reported and likely reflected inadvertent intravascular administration of EXPAREL or systemic absorption of EXPAREL at the surgical site. The plasma bupivacaine measurements did not discern between free and liposomal-bound bupivacaine making the clinical relevance of the reported values uncertain; however, no discernible adverse events or clinical sequelae were observed in these patients.

DOSAGE AND ADMINISTRATION

EXPAREL is intended for single-dose administration only.

The recommended dose of EXPAREL is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic
- Maximum dose of 266 mg (20 mL)

As general guidance in selecting the proper dosing for the planned surgical site, two examples of dosing are provided. One example of the recommended dose comes from a study in patients undergoing bunionectomy. A total of 8 mL (106 mg) was administered as 7 mL of EXPAREL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

Another example comes from a study of patients undergoing hemorrhoidectomy. A total of 20 mL (266 mg) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL

may follow the administration of lidocaine after a delay of 20 minutes or more.

- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Local infiltration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

CLINICAL STUDIES

The efficacy of EXPAREL was compared to placebo in two multicenter, randomized, double-blinded clinical trials. One trial evaluated the treatments in patients undergoing bunionectomy; the other trial evaluated the treatments in patients undergoing hemorrhoidectomy.

Study 1

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 106 mg (8 mL) EXPAREL in 193 patients undergoing bunionectomy. The mean age was 43 years (range 18 to 72).

Study medication was administered directly into the site at the conclusion of the surgery, prior to closure. There was an infiltration of 7 mL of EXPAREL into the tissues surrounding the osteotomy and 1 mL into the subcutaneous tissue.

Pain intensity was rated by the patients on a 0 to 10 numeric rating scale (NRS) out to 72 hours. Postoperatively, patients were allowed rescue medication (5 mg oxycodone/325 mg acetaminophen orally every 4 to 6 hours as needed) or, if that was insufficient within the first 24 hours, ketorolac (15 to 30 mg IV). The primary outcome measure was the area under the curve (AUC) of the NRS pain intensity scores (cumulative pain scores) collected over the first 24 hour period. There was a significant treatment effect for EXPAREL compared to placebo. EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours (p<0.001).

Study 2

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 266 mg (20 mL) EXPAREL in 189 patients undergoing hemorrhoidectomy. The mean age was 48 years (range 18 to 86).

Study medication was administered directly into the site (greater than or equal to 3 cm) at the conclusion of the surgery. Dilution of 20 mL of EXPAREL with 10 mL of saline, for a total of 30 mL, was divided into six 5 mL aliquots. A field block was performed by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers.

Pain intensity was rated by the patients on a 0 to 10 NRS at multiple time points up to 72 hours. Postoperatively, patients were allowed rescue medication (morphine sulfate 10 mg intramuscular every 4 hours as needed).

The primary outcome measure was the AUC of the NRS pain intensity scores (cumulative pain scores) collected over the first 72 hour period. There was a significant treatment effect for EXPAREL compared to placebo.

This resulted in a decrease in opioid consumption, the clinical benefit of which was not demonstrated.

Twenty-eight percent of patients treated with EXPAREL required no rescue medication at 72 hours compared to 10% treated with placebo. For those patients who did require rescue medication, the mean amount of morphine sulfate intramuscular injections used over 72 hours was 22 mg for patients treated with EXPAREL and 29 mg for patients treated with placebo.

The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and one hour for patients treated with placebo.

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Patent Numbers:

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Rx only

August 2016

CHANGE THE FACE OF POSTSURGICAL RECOVERY

Your patients are concerned about opioids. Based on a recent survey, **>75%** of oral surgery patients and caregivers would opt for non-opioid pain management if given the choice even at additional cost (n=1370).¹

Choose EXPAREL:
New data vs bupivacaine HCl from a total knee arthroplasty study*²

78% FEWER OPIOIDS

overall opioid consumption ($P<0.005$)

13.6% LESS PAIN

cumulative pain scores ($P<0.04$)

**10% OF PATIENTS WERE
OPIOID FREE WITH EXPAREL VS 0%
WITH BUPIVACAINE HCl ($P<0.01$)**

*Results from a Phase 4, double-blind, randomized controlled trial that compared the efficacy and safety of EXPAREL 266 mg (20 mL) (n=70) and bupivacaine HCl (n=69) in a total knee arthroplasty. Primary endpoints: area under the curve of visual analog scale pain intensity scores 12–48 hours postsurgery; total opioid consumption 0–48 hours postsurgery. Rescue opioids for pain were available upon patient request. Rates and types of adverse events were similar between treatment groups. The most common adverse events in the EXPAREL group were nausea, muscle spasms, and vomiting.

The clinical benefit of the decrease in opioid consumption has not been demonstrated.

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. In clinical trials, the most common adverse reactions (incidence $\geq 10\%$) following EXPAREL administration were nausea, constipation, and vomiting. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

Warnings and Precautions Specific to EXPAREL

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks, or intravascular or intra-articular use. Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesias. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Please see brief summary of Prescribing Information on adjacent page. Full Prescribing Information is also available at www.EXPAREL.com.

References: 1. McCormick S, Franco P. Patient attitudes toward opioids and nonopioid alternatives following third-molar extraction. Poster presented at: ACOMS 37th Annual Scientific Conference and Exhibition, May 2017; Vancouver, British Columbia. 2. Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial [published online ahead of print]. *J Arthroplasty*. doi:10.1016/j.arth.2017.07.024.

For more information, please visit www.EXPAREL.com or call 1-855-RX-EXPAREL (793-9727).