AAOMS TODAY

100th ANNIVERSARY

March/April 2018
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American Association of Oral and Maxillofacial Surgeons

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AAOMS TODAY

March / April 2018 Volume 16, Issue 2

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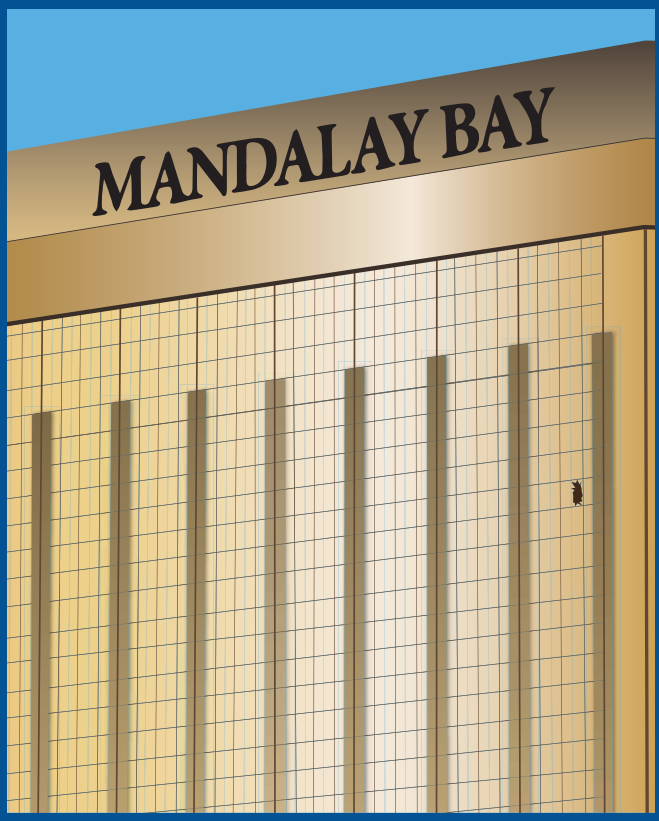


Heeding the call

OMSs recall helping victims of the Las Vegas shooting

"I thought, 'Oh my God, this is a war zone.'" – Dr. Katherine Keeley

Brett L. Ferguson, DDS, FACS
AAOMS President

"Joining ACS is an opportunity to be a part of a large organization that provides countless resources."

Sharing the many benefits

One of the most significant awards I have received in my lifetime was gaining Fellowship to the American College of Surgeons in October 2016.

The pomp and circumstance of being inducted with 1,400 other surgeons from across the world is a moment I will never forget. I was a member of the first class of single-degree oral and maxillofacial surgeons who were welcomed as Fellows of the College.

Being inducted into the College means meeting the highest principles of surgery. Founded in 1913 and with 80,000 members worldwide, ACS is the largest surgical organization in the world. The College raises the standards and improves the quality of care for all surgical patients.

After my name and the names of others who have earned Fellowship, you see the letters "FACS." They signify a surgeon's education, training, professional qualifications, surgical competence and ethical conduct have all undergone a demanding assessment and are consistent with the College's high standards.

If you are not already an ACS Fellow, I hope you consider applying, especially now that the College is accepting single-degree OMSs. AAOMS assists candidates with their applications, ensuring strong candidateship.

Gaining numbers

Currently, nearly 500 Fellows belong to the OMS section of ACS, an impressive number considering that figure was about one-third of its size five years ago. Last October, 58 OMSs – including 24 single-degree OMSs – were inducted into the College. In 2016, my induction year, 85 OMSs were admitted – making up the largest group of oral surgeons inducted to date. It was a historic year for the College and AAOMS.

Every year, our group in the College grows. We are building robust numbers, and the College and other specialties have recognized what we bring to the table relative to our surgical education and our expertise.

We can contribute and help strengthen ACS and take part in interdisciplinary collaboration. We can share our expert knowledge about trauma, cancer, sleep apnea and a wealth of other topics. Our members have already contributed to sessions at the College's educational events.

# of American College of Surgeons Fellowship

Joining ACS impacts our specialty both short term and long term. We can continue spreading the word about OMS expertise and increase our visibility. Long term, we have the ability to affiliate with a prestigious surgical organization, aiding us in the education of future surgical residents.

Regarding political ramifications, aligning ourselves with surgeons nationwide will allow us to potentially attain more valuable resources for our patients and stronger research strategies so we can deliver more effective treatment outcomes.

In addition, by applying to ACS, we can ensure our surgeons are practicing the broadest scope of the specialty, including providing care in the hospital setting. We want to ensure our scope is expansive.

A wealth of benefits

Joining ACS is an opportunity to be a part of a large organization that provides countless resources.

The College promotes continuing medical education programs, including the Clinical Congress, which is ACS's annual scientific meeting and one of the largest medical gatherings. The meeting offers about 300 sessions, catering to every surgical specialist.

ACS's Committee on Trauma aims to enhance the care of patients who are injured or critically ill, and it administers training courses, urges hospitals to improve their trauma care and supports a program for trauma centers for voluntary verification/consultation.

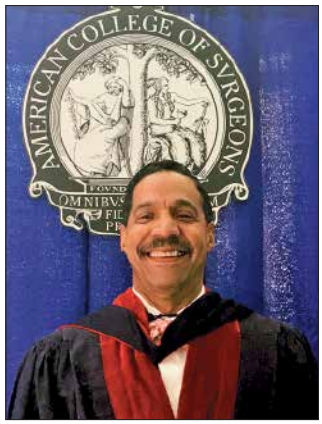
The College also offers opportunity for advocacy. Its Division of Advocacy and Health Policy monitors legislative and regulatory issues impacting surgery and develops policy. ACS is the voice of surgeons in politics. It has its own PAC, just as AAOMS has OMSPAC. With potential changes in healthcare, our surgical colleagues can be truly valuable resources.

ACS also provides its Surgical Education and Self-Assessment Program and produces a magazine, a journal and 300 other publications.

With the College's numerous benefits, being part of this organization has certainly fueled my passion for lifelong learning.

AAOMS helps with applications

ACS waived the dual-degree requirement for Fellowship more than three years ago. Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver while dual-degree OMSs must apply to ACS through its website.



Dr. Ferguson was inducted into ACS in 2016.

Unfortunately, once ACS has rejected an application, the candidate can never reapply. Thus, AAOMS's role in the preliminary application process for single-degree OMSs is valuable in avoiding disqualification.

The Association helps our members with the application process by vetting single-degree candidates, allowing them to fix discrepancies or deficiencies – such as strengthening their case log – without mitigating their chance for successfully navigating the ACS credentialing process. This support mechanism allows us to advance our best qualified candidates for consideration.

Single-degree OMSs who are interested in applying for the waiver should submit materials to acsfellowship@aaoms.org by Aug. 18. For more information on application materials and the process, see page 53.

Applicants undergo a thorough but worthwhile process. If an applicant qualifies for a waiver, he or she must submit two additional letters of recommendation to ACS and meet its deadline in December. Applicants can then advance to an interview with a local ACS committee in the spring and undergo an ACS Board of Regents review for the final decision.

Please remember acceptance of a waiver does not guarantee Fellowship. Instead, it offers the opportunity to apply for Fellowship during the standard application cycle.

To benefit from the many advantages of Fellowship, please consider applying to ACS. AAOMS is here to help with the process. ■

Heeding the call

OMSs recall Las Vegas shooting ordeal

(Top) A scan shows patient Natalie Grumet's injuries from the shooting. Credit: Dr. Nicholls. (Bottom) Grumet in the hospital with her husband Jason after the shooting. Credit: Grumet

Steven Saxe, DMD, remembers seeing a trail of blood stretch from the emergency room entrance, down the hallways and into exam rooms.

A gunman in a high-rise hotel suite on the Las Vegas Strip had opened fire on a crowd of 22,000 gathered for a country music concert on Sunday, Oct. 1, 2017.

The suspect fired more than 1,000 rounds from the 32nd floor of Mandalay Bay Resort and Casino, killing 58 and injuring more than 500. He died of a self-inflicted gunshot wound.

As dozens of victims of the Las Vegas shooting arrived at Sunrise Hospital and Medical Center, Dr. Saxe heeded the call to treat patients. He performed five surgeries within two days, later recalling the juncture as the most difficult time of his 25-year career.

Victims, some carried in pickup trucks, were transported to nearby hospitals. Several AAOMS members were among the hundreds of healthcare personnel who treated victims of the deadliest mass shooting in modern U.S. history.

Three of those doctors – Drs. Saxe, Katherine Keeley and David Nicholls – shared their accounts with *AAOMS Today*. In their own words, they recalled what prepared them for the tragedy, their emotions, the support they received from colleagues and outsiders, and the progress of their patients.

"There is no way to truly prepare emotionally for what I encountered, as these were the most difficult two days of my 25-year career, dealing with the families of mostly young, beautiful women being disfigured for life by a crazed gunman." – Dr. Steven Saxe

Dr. Saxe: 'A trail of blood'

As the trauma center nearest to the Las Vegas Strip, Sunrise Hospital treated approximately 200 patients from the shooting. More than 100 doctors and other healthcare personnel cared for the victims. One of the doctors was Dr. Saxe.

An AAOMS member since 1992 and a member of the Association's State Advocacy Network, Dr. Saxe practices in Las Vegas at Advance Oral and Maxillofacial Surgery. He is president of the Nevada Society of Oral and Maxillofacial Surgeons.

Can you describe the day?

"That day, Oct. 1, I now refer to as hell week.

"I woke up 5 a.m. as usual with a dozen texts on my phone asking if I was OK. I was not sure what had taken place or why my very close friends across the country were texting me. I turned on the TV and became aware of the tragedy. It was just the luck of the draw it was my week to be on call beginning at 7 a.m. That day, I saw seven patients, all women.

"I believe the hospital saw more than 200 people total. Some expired Oct. 1, and they were brought by EMS/ambulance,

continued on next page

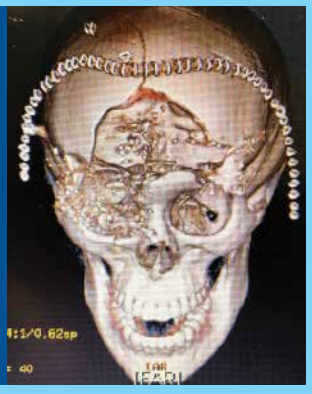
and many were placed in the back of pickup trucks. There was a trail of blood leading from the emergency room entrance down the halls to the exam rooms. One of the exam rooms was being utilized as a makeshift morgue.

"The most difficult part was having to discuss the surgery with the families in the ICUs, where I found up to 20 crying family members crammed around the bed in the room for each patient I encountered. I spent about an hour or more in each room reviewing the procedures and answering their many detailed questions. It was very emotional. My eyes welled up with tears putting myself in their shoes, having to explain how their beautiful daughter, wife, sister, mother and, in one case, grandmother will require multiple surgical interventions before they would be made whole.

"I had my fellow OMSs in my community reach out to me to see if I needed any help. I even had an OMS from Boston who had a similar experience from the bombing reach out to me that morning. Also, Congresswoman Dina Titus (D-Nev.) personally thanked me when she was visiting the victims."

Can you describe the extent of the wounds/surgeries you saw?

"The extent of the injuries was pretty much all the same. The entrance wound was a small hole that exited with great destruction of the contralateral angle of the mandible and large soft-tissue avulsions. The injuries were pretty straightforward. It was just the volume of patients that was a bit overwhelming.



A scan shows a patient's injuries. Credit: Dr. Saxe

"On a regular basis, I see gunshot wounds to the face. But most of the gunshot wounds I have encountered are people who did not have families to discuss the extent of injuries and details of my surgical interventions and post-operative course as they were themselves unconscious criminals handcuffed to their gurney or they had self-inflicted wounds in a drug-induced coma, most without family.

"The hospitals were very accommodating. I didn't have to wait for an operating room or an anesthesiologist. One of the seven who I was called to see was a lucky 19-year-old girl who had an entrance wound just above the zygomatic arch with the bullet traveling below her orbital floor through her sinuses and out her contralateral nostril. That was the easiest case, as I gave her sinus precaution instructions, antibiotics and placed a bandage on the entrance wound and sent her home.

Medical staff at Sunrise Hospital and Medical Center addressed the media after the shooting. Credit: Sunrise Hospital

"The worst case was a young girl who was stabilized and lost her eye and avulsed the majority of her frontal bone and sinus. She was transferred to Johns Hopkins for intense neurosurgical intervention.

"The patients were all shot from above with the angle of trajectory with the bullet entrance toward the top of their head, far above the exit wound on the opposite side."

How did your training/experience prepare you?

"There is no way to truly prepare emotionally for what I encountered, as these were the most difficult two days of my 25-year career, dealing with the families of mostly young, beautiful women being disfigured for life by a crazed gunman.

"Additionally, I was being accosted by the media each day walking into the hospital because I was wearing a white coat, trying to do rounds on my patients each day. The remaining days of the week, I came in wearing jeans and a T-shirt to avoid the media.

"I believe my community was prepared by having intense, county-wide crisis training and an excellent caring staff at our hospitals in Las Vegas."

People would thank you in the hallways and elevators. It made you glad you were involved in the care of these patients and made you wish you could do even more. – *Dr. Katherine Keeley*

Dr. Keeley: 'Tears to my eyes'

A member of the AAOMS Committee on Membership who chaired Reference Committee B at the 2017 House of Delegates, Katherine Keeley, DDS, MD, practices in Henderson, Nev. She has been an AAOMS member since 2001 and a five-time Delegate for Nevada. She serves as Vice Chief Medical Officer at Sunrise Hospital.

The day of the shooting, Dr. Keeley was on call at the Level I (University Medical Center of Southern Nevada) and Level 2 (Sunrise Hospital) trauma centers, operating at UMC for about 9 1/2 hours and finishing four on-call cases. With upcoming trips, she wanted to complete as much work as possible before going off call at 7 a.m. the next day.

Tired, she left the hospital at about 9:30 p.m. She was at home when she heard about the shooting.

While she was texting shortly before 11 p.m., a friend told her about an active shooter on the strip. Dr. Keeley performed one surgery as a result of the shooting.

How did you mentally and physically prepare?

"I was exhausted when I got home (from work before the shooting). I got a text from the plating rep who had been in a case with me earlier that day saying she had to leave an event to help a surgeon at an area hospital plate a facial fracture. I turned on the TV and saw a local reporter trying to get information on what was happening. He found a few people walking by and a young man leaving the event without a shirt and blood on his chest. He described seeing people dead, and he had used his shirt to place it over one of the deceased's head. He also described helping put people in the back of pickup trucks.

"At that point, I thought, 'Oh my God, this is a war zone. I am exhausted and have nothing in the tank if I get called in to operate emergently. I better get some rest so that when I am called, I will be able to function.' At this time, according to the news reports, the number dead was two with around 20 injured. I knew it was likely more. I woke up again a few hours later with a patient consult from UMC. The patient was stabilized, and they wanted me to consult in the morning. The number dead now was about 20 with hundreds injured. My next call was a few hours later with a patient consult from Sunrise. The number dead was now around 50 with many hundreds more injured.

"I got another call about an hour later from UMC telling me my 5 p.m. Monday elective case was canceled. Both hospitals canceled all elective cases until the acute cases from the shooting were completed.

"Then came all the texts and calls from family and friends in other parts of the country to see if I was OK. I got enough sleep to function on Monday but was very shook up over the events that had transpired. I was not required to come in emergently in either patient consult. Actually, the ORs were busy with life-saving craniotomies and thoracotomies Sunday night into Monday, and there would not have been an opportunity to operate emergently."

Can you describe the extent of the wounds/surgeries you saw?

"The UMC case was a gunshot wound that entered through the forehead and went down through the right orbit area and lodged medial to the mandibular ramus. There was some loss of bone in the area but no through-and-through fracture involving the mandible. The forehead and right orbit needed reconstruction, and I was consulted along with the plastic surgery service. The patient was scheduled after I left town, and I was not involved in the operation to repair the injuries.

"The patient at Sunrise was a young female with a gunshot wound through the right mandibular ramus, causing comminuted fractures of the ramus and part of the body.

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Trauma surgeons at Sunrise Hospital and Medical Center gathered for a group photo. Credit: Sunrise Hospital

"The proximal ramus/condyle unit was displaced superiorly by the temporalis muscle. There were teeth fragments in the soft tissue, and damage involving 31 and 32. No. 30 was intact."

How did your training/experience prepare you?

"Unfortunately, Las Vegas sees a fair number of gunshot wounds, both from assault and self-inflicted wounds. From my many years on call, I have had the opportunity to treat these injuries. I also had training and experience in my residency program at Massachusetts General Hospital. I remember one night I was on call that two gunshot wounds to the face came in moments apart."

Any recommendations for other OMSs who might face this type of situation?

"You will be pleasantly surprised by how many people are there to support you. Walking through the hallways of the hospital, I would see people from restaurants bringing in food and leaving it for families of the victims and the doctors and nurses. I was offered food multiple times for the same meal by different people that whole week. People would thank you in the hallways and elevators. It made you glad you were involved in the care of these patients and made you wish you could do even more."

Do you have other stories to tell/scenes to describe?

"I was most impressed by the hospitals and their organization for this disaster. I understand at Sunrise, physicians were going out to the cars and trucks to immediately triage the patients. With patients arriving faster than the admission process, a sharpie marker was used to write on extremities that needed to be imaged. The radiologist would then write the result on the extremity. If patients had evidence of penetrating chest trauma, they were automatically intubated and had a chest tube placed. With such a great volume, they ran out of chest tubes and ventilators, so they had to modify and substitute endotracheal tubes for chest tubes. They were able to 'splice' one ventilator to work on two patients.

"I saw my patient at Sunrise on Monday and knew I wanted to operate on Tuesday. The OR actually called my office to ask me what time I preferred to do my case. The hospital supported us in any way that it could. The hospital and community response to this tragedy is what I think is the most remarkable, and that feeling of community support is what I take with me from this whole event.

"Both of my patients were females from California. One was orally intubated, and they knew I wanted a nasal tube or trach to best complete her operation. Understandably, the family really wanted to avoid a trach. I had a cooperative anesthesiologist and, surprisingly, we were able to switch the tube from oral to nasal on the first try despite all the swelling.

"When I went out to see the family after the case, there were 30 or so of them there. If you could see the reaction after I told them we did not have to do a trach, they were so grateful and thanking God for their prayers answered. It brought tears to my eyes to see that. It's so rare to have trauma patients with such supportive families. Unfortunately, I usually do not have to walk out to talk to family after working on trauma patients."

(The patient is) very interested in chronicling it and helping other people who are traumatized. She's inspiring to all of us who are trying to help her. – Dr. David Nicholls

Dr. Nicholls: 'Quite inspirational'

David Nicholls, DDS, an AAOMS member since 1990, treated a shooting victim in California several days after the incident. A round struck the patient on the left side of her face, and after she was taken to an area hospital, she underwent a tracheostomy to secure her airway. She had highly comminuted left mandibular fractures with associated metal fragments.

Las Vegas OMSs saw the patient emergently and placed her in maxillomandibular fixation for initial stabilization of her injury. She also underwent an initial soft-tissue closure of the facial wound. When the patient was stable enough to transfer her care to her home in Orange County, Calif., she was sent to Mission Hospital in Mission Viejo.

Dr. Nicholls practices with Orange County Centers for Oral Surgery and Dental Implants about an hour south of Los Angeles. The practice services facial trauma patients at the Level 2 trauma center at Mission Hospital.

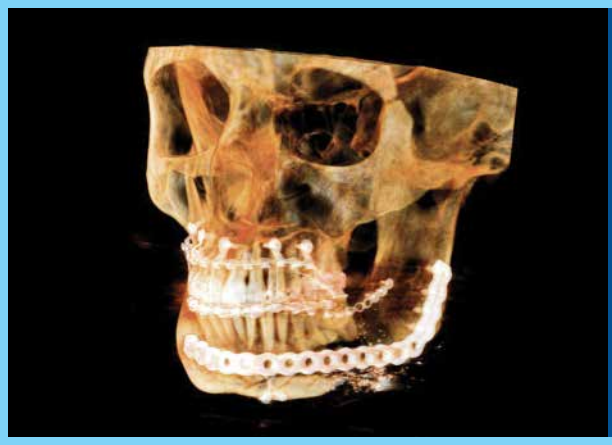
Dr. Nicholls was on call that week and saw the patient in consult Oct. 5. For about five hours, Drs. Nicholls and Jeffrey Caputo operated on the patient the next day with the assistance of plastic surgeons, who managed the soft-tissue wound.

Have you been through a similar experience before?

"Our oral surgery group has provided trauma services to a Level 2 trauma center for nearly 40 years. We have multiple members of the group. Everybody who comes into our group makes a commitment to do facial trauma, and we rotate taking call at local hospitals. We're in a suburban area of Los Angeles, so we don't see a lot of inner-city type violence, but we do get an occasional severe injury and an occasional gunshot wound. When we get a gunshot wound, it's something we've seen before and we've all had training in managing, so we're comfortable for the most part with the things that come to our hospital."

What advice would you give other OMSs who might be in a similar situation?

"Many people would agree taking trauma calls is in an integral part of oral surgery practice. We believe that when you go in for a trauma, it keeps your skillset sharp. You encounter situations you might not ordinarily encounter when you're in elective surgery, so if you learn to manage these situations, it overall makes you a better clinician. We believe that to the extent possible, if you are going to be in private practice in oral surgery, you take trauma call of some kind because it's good for you professionally. It's good for the profession, and it's a way to give back to your local community because many of these people have no insurance."



A scan shows the repairs to the patient's jaw from the shooting. Credit: Dr. Nicholls

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How did your training/experience prepare you?

"We take trauma call regularly. We see a variety of mechanisms of injury. Most of our trauma patients are motor vehicle accidents, mechanical falls or assault. Occasionally, we see projectile injuries, not just bullets, but other things that go flying and hit people in the face. We're comfortable treating those. We see ourselves as the hard-tissue specialists with respect to the midface and mandible, and our plastic surgery colleagues are better than we are at managing soft-tissue defects and the subsequent soft-tissue reconstruction, so many of these types of cases are jointly managed by OMS and plastic surgery in our hospital."

What lessons were learned?

"There's a certain amount of good that can be done by taking out wisdom teeth and doing implants, but to be able to help somebody who is badly injured feels good, so we believe it's an important part of practice."

How is the patient doing? What future procedures will she have to undergo?

"Our patient is currently doing well. She has been released from maxillomandibular fixation. She's on a mechanical soft diet. Her fractures have healed to date. She's starting to chew. Her gastrostomy tube is out. Her trach is out. She's been posting all her treatment and she has photos of scans and wires and pictures with her doctors. She's very interested in chronicling it and helping other people who are traumatized. She's inspiring to all of us who are trying to help her.

"We anticipate in about six months from the time of the original injury, she will undergo a bone grafting procedure, whereby we will remove the reconstruction plate and use

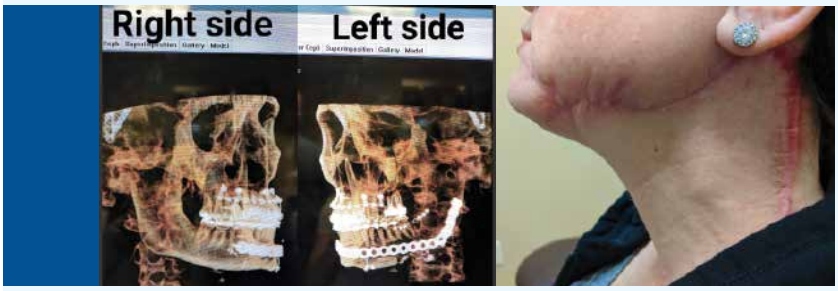
Patient grateful for doctor's care after shooting, understands

Natalie Grumet looked at the sky as gunshots rang out. Was the noise fireworks or part of the country music show? Then it felt as if her face caught fire and someone punched her at the same time.

Grumet continued to hear gunfire and realized a shooting was underway. She crouched to the ground and tried to call her husband, but blood covered her phone, disabling the touch screen. Scared and in pain, Grumet became separated from her friends in the chaos, but a stranger handed over her shirt so Grumet could press it to her head. She was shot in the left side of her face.

"I kept thinking about my husband and getting to him, and if I wanted to get to him, I knew I had to stay calm," said Grumet, a 37-year-old ultrasound technician from Dana Point, Calif. "That's what helped me stay conscious and able to make good decisions in such a horrible situation."

Grumet and other victims of the Oct. 1 shooting fled to the nearby Tropicana Las Vegas, where she met an orthopedic surgeon and his wife, a nurse. The couple helped triage victims and clean out Grumet's wound and stabilize her airway before an ambulance arrived. She lost one-third of her blood.



Natalie Grumet has shared photos of her treatment on Facebook following the shooting. Credit: Grumet

Dr. Steven Saxe treated Grumet emergently in Las Vegas before she flew home. At Mission Hospital in Mission Viejo, Calif., Dr. David Nicholls and his team have conducted three surgeries on Grumet as of late January, including cleaning out shrapnel and bone fragments, resetting bones and placing three titanium plates to stabilize her jaw and chin.

"He's always made me feel so safe and well taken care of," Grumet said of Dr. Nicholls. "He would always take the time with my family

From left: Drs. David Nicholls, David Cummings, Brady Nielsen, Jeffrey Caputo, Robert Wheeler and Edward Balasanian from Orange County Centers for Oral Surgery and Dental Implants. Credit: Orange County Centers for Oral Surgery and Dental Implants

a custom titanium mesh filled with her own bone marrow and perhaps bone morphogenetic protein to reconstruct the defect. That's probably the only other procedure that she is going to need from our group.

"She's currently getting the teeth on that side of the mandible root canaled in preparation for the bone graft and she's doing quite well. So, it's really quite inspirational." ■

a long road to recovery remains ahead

to go over every detail. When I was on a ventilator, he took the time to go into a room with my husband and go over my images step-by-step, explaining everything that had been done, the trauma to my face, jaw and chin, what his overall plan was."

With limited feeling in the lower half of her face and restricted movement of her lower left lip, Grumet said she will undergo at least two more procedures – including nerve repair and a bone graft – as she completes a two-year recovery. Grumet said Dr. Nicholls has helped her understand the long road ahead.

(Left) Natalie Grumet surrounded by medical staff, including Dr. David Nicholls. (Right) Grumet stands with the issue of the California Journal of Oral and Maxillofacial Surgery *in which she was featured. Credit: Grumet*

"There was a naïve part of me. You hear a lot of times they take the bullet out and sew you back up and you go on your way," she said. "He had the empathy and compassion to understand how hard it is for a patient who has never been through something so traumatic to really grasp that. There was a point he held my hand. I cried because you realize life is not going to be the same."

Grumet attended the concert with eight friends roughly 10 years after she overcame breast cancer. She credits her family, friends and doctors for her strength. A GoFundMe account was established to help pay for her medical bills, and she shares her journey on a Facebook page, "I am a Warrior – Natalie Grumet."

"The doctors are the heroes, and they deserve so much praise for what they've done for us," she said. ■

Annual Meetings through the years

100th Annual Meeting to honor history

The centennial celebration of the AAOMS Annual Meeting will take place in Chicago, Ill. – where it all began in 1918.

The Oct. 8-13 event is designed for everyone engaged in the specialty's past and present – practitioners, faculty, residents and professional allied staff.

Attendees from across the country and the world will unite to explore innovations that have taken place over the last 100 years, and discuss the latest industry trends, best practices and healthcare transformations that will guide the specialty into the future.

With a theme of "Safety and Innovation for the Next Century," the comprehensive educational program and exhibition is set to feature advances in clinical research, procedures and practice, including numerous opportunities to earn continuing education credits. This year's program extends through Saturday afternoon with team-based education sessions.

For more information about the Annual Meeting and to view the full meeting schedule, visit AAOMS.org/Chicago.

Celebrating 100 years

In 1918, 29 doctors got together to hold the first-ever meeting of the American Society of Exodontists – the organization that later evolved into AAOMS. One hundred years later, more than 4,000 attendees will gather to commemorate the past and explore new applications to achieve greater patient care and surgical outcomes while heightening the specialty's reputation and solidifying its future.

Sessions and exhibits highlighting AAOMS's history include:

- **100 years of AAOMS** – The one-time-only course on Oct. 10 will cover the entire history of the specialty. The course will discuss the evolution from exodontists to oral and maxillofacial surgeons while examining how the OMS scope of practice has grown over the last century.
- **History Museum** – The Exhibit Hall will unveil a commemorative history museum that will feature artifacts and displays related to oral and maxillofacial surgery.
- **Keepsake items** – A variety of items will be offered during the Annual Meeting. Attendees will receive a keepsake lapel pin honoring the centennial. Items also will be available for purchase in the Exhibit Hall.
- **History book** – Photographs taken during the Annual Meeting will be included in the centennial history book that is celebrating the evolution of the specialty.
- **Centennial time capsule** – Attendees can bring OMS-related letters and photographs for inclusion in the commemorative time capsule.
- **Centennial banner** – Attendees can sign the banner, which will be included in the centennial time capsule.

Unveiling clinical education tracks

This year's Annual Meeting clinical education is made up of a series of nine tracks. Each track includes a large plenary session during which renowned speakers will lead attendees through the latest evidence-based research. The plenary session will then split into five repeating breakout sessions. These interactive breakouts will allow for greater engagement on the topic as well as the opportunity for questions and answers. Also part of the new track layout are the abstract sessions dedicated to each clinical track topic.

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AAOMS President Brett L. Ferguson invites members to attend the 100th AAOMS Annual Meeting in October in Chicago.

Tracks are based on the OMS scope of practice and divided into cosmetic and orthognathic surgery, anesthesia, pediatrics and cleft, dental implants, dentoalveolar, head and neck oncology, reconstruction, temporomandibular jaw, and trauma.

This new platform allows attendees to choose from the various tracks and breakout sessions based on their personal clinical interests. Whether an attendee is a novice surgeon or a veteran OMS, these tracks will allow for a wide breadth of education, and the breakout sessions will provide greater depth on each topic.

Preconference to examine anesthesia

The popular Preconference on Office-based Anesthesia program will examine the past, present and future of anesthesia relating to OMS. The program will present historical highlights as well as major medical advancements regarding patient care, treatment planning, pain management and emergency management. The future of outpatient anesthesia for the OMS office and team-based approach also will be addressed.

Participants will receive information on the AAOMS Office Anesthesia Simulation Program, a three-part program designed to help OMSs and their staff prepare for office emergencies. A live demonstration of the Basic Emergency Airway Management (BEAM) course will be shown. This course will soon be available to members.

100th

Housing rates available

Housing rates are available exclusively for AAOMS attendees. Reservations can be made by visiting AAOMS.org/AMHousing.

Note: AAOMS is the only official housing agent for the Annual Meeting. While resellers may offer housing services, they are not endorsed by or affiliated with AAOMS, and entering into financial arrangements with such entities may have costly consequences.

Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), will give the keynote address.

Colin Powell to give keynote address

Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), will deliver the meeting's keynote address, "Leadership: Taking Charge," on Oct. 10.

During four presidential administrations, Powell held senior military and diplomatic positions – he was President Ronald Reagan's National Security Advisor and chairman of the Joint Chiefs of Staff for Presidents George H.W. Bush and Bill Clinton and, under President George W. Bush, the 65th Secretary of State. Powell oversaw 28 crises, including Operation Desert Storm. He also served in the U.S. Army for 35 years, reaching the rank of Four-Star General.

Sessions to focus on practice management

Rounding out the educational curriculum are an array of practice management courses that address the day-to-day operations of the OMS practice:

- **Day Pass** – The popular Day Pass features numerous options for those interested in developing their practice. Attendees pay a flat fee for a full day of courses to discover the opportunities and challenges unique to the OMS practice.
- **Anesthesia Assistants Skills Lab** – The lab on Oct. 12 or 13 will provide OMS assistants with hands-on clinical training to aid OMSs with anesthesia administration. Participants will rotate through stations that include airway

Attendees can learn from vendors in the Exhibit Hall (left) and educational sessions (right).

management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code.

■ **Beyond the Basics Coding Workshop** – All OMSs and their coding staff are encouraged to attend the Beyond the Basics Coding Workshop, held in conjunction with the Annual Meeting. This two-day workshop allows for greater engagement in the topic of coding and billing to teach OMSs how to more efficiently run their practices.

Products to fill Exhibit Hall

The Exhibit Hall will be open for 2 1/2 days, beginning Oct. 11. Attendees will have full access to an exhibition of the most advanced equipment, products and services specific to the specialty. Additional highlights include:

■ **Member Pavilion** – The Member Pavilion will expand on the numerous benefits of AAOMS membership. Members can view resources for residents and new OMSs, order educational and clinical products for OMS practices, learn about state and federal political activity related to the OMS specialty, and access the AAOMS Career Line for opportunities.

■ **AAOMS Learning Hub** – This year, the Hub will feature Meet the Experts. Each day, an OMS legend will be available to speak with attendees one-on-one and answer questions.

■ **AAOMS Social Media Bar** – Members can learn more about the reach of the AAOMS Informational Campaign, which informs the public about OMSs' expertise, and how to further their own social media presence.

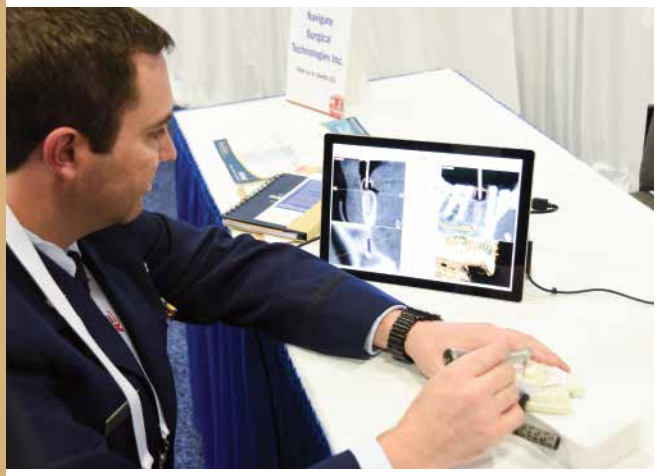
100th

Register early and save

Be sure to take advantage of the early bird discounts, a 2019 registration offer and other reduced rates:

- AAOMS members and fellows can save $200 off the onsite general registration cost by registering before July 2. Save $100 by registering before Aug. 1.
- Get $100 off 2019 Annual Meeting. Those who register for the centennial meeting within the first 100 days that registration is open will receive $100 off the 2019 Annual Meeting in Boston, Mass.
- ***New!*** AAOMS Allied Staff members and allied staff of AAOMS members are eligible for early bird discounts. Save $100 if registered by July 2 or $50 before Aug. 1.
- ***New!*** Retired fellows and members receive a reduced registration rate.

Registration is now open at AAOMS.org/Chicago.



Attendees can gain knowledge from the Learning Hub (left) and from networking (right).

■ **Exhibit Excursion and Boston Bound** – Qualifying participants can try their hand at Exhibit Hall games to win prizes. AAOMS fellows and members can play the Boston Bound game for a chance at a VIP package to the 2019 Annual Meeting in Boston, Mass. OMS residents and allied staff can win valuable prizes by visiting exhibitors during the Exhibit Excursion game.

■ **Corporate Forums and Product Theaters** – As an exhibitor-hosted program, Corporate Forums provide attendees the opportunity to learn how the latest technologies and services can benefit OMS practices. Product Theaters allow attendees to learn more about specific exhibitor products.

While these programs are free to all Annual Meeting registrants, space is limited. Reservations can be made when registering online or on the meeting registration form.

Celebrate with colleagues

The Annual Meeting offers a series of events to spotlight accomplishments, enhance networking and celebrate the successes of the last 100 years.

■ **Dedication, Opening Ceremony and Awards Presentation** – OMS innovators and colleagues will be honored at this annual event on Oct. 10. The meeting's Welcome Reception will follow the ceremony.

■ **Allied Staff Member Reception** – All AAOMS allied staff members are invited to attend the private, hour-long gathering on Oct. 11.

The President's Event will take place at the Art Institute of Chicago.

■ **President's Event** – AAOMS President Dr. Brett Ferguson and his wife, Rita, will be celebrated at the annual AAOMS President's Event on Oct. 12 at the Art Institute of Chicago. This event, held at one of the largest art museums in the country, will feature live music, food and famous works of art.

■ **Reunions** – Attendees are invited to participate in two centennial reunions. Gathering points will be set up for OMSs to connect with colleagues from the same graduation year and same state.

For more details about the Annual Meeting, visit **AAOMS.org/Chicago.** ■

Cadaver workshops provide critical training

By Faisal A. Quereshy, DDS, MD, FACS

During the 2016 AAOMS Annual Meeting, I spearheaded the Cosmetic Live Facial Injection Workshop, where top surgeons performed live cosmetic demos on patients.

I was excited to then move into the Cosmetic Facial Surgery Hands-on Cadaver Workshop for the 2017 Annual Meeting. This was one of many cadaver-based courses I have led, but the first with AAOMS.

In fact, this is the first cadaver workshop I have seen AAOMS put on during my time as an AAOMS member, and I am thrilled to not only have been part of it, but to know AAOMS is incorporating this important form of training into its CE program.

During this session, Drs. Joseph Niamtu, L. Angelo Cuzalina, Tirbod Fattahi and I led 24 attendees through brow lifts, blepharoplasty, facial implants, rhinoplasties and more. Beginning each section with presentation and discussion, we then performed the technique on the specimens.

The fact the workshop sold out shows just how important hands-on training is for AAOMS members. I believe we gave attendees an excellent experience – from the reasonable member registration fee to the quality of the education, specimens and lab.

With four faculty, we were able to focus on each attendee and directly provide feedback and assistance.

I look forward to this year's hands-on cadaver workshop at the 2018 AAOMS Annual Meeting. We have added content based on feedback from last year's session. ■

Dr. Quereshy is Associate Professor (tenure) and Residency Director OMFS at Case Western Reserve University School of Dental Medicine.

Dr. Faisal Quereshy (far right) led the Cosmetic Live Facial Injection Workshop during the 2017 AAOMS Annual Meeting.

100th

Cadaver workshop will cover full day at 2018 AAOMS Annual Meeting

The cadaver workshop, "Upper Facial Rejuvenation," on Oct. 10 at the 2018 AAOMS Annual Meeting in Chicago will focus on the anatomical principles and surgical procedures required for rejuvenation of the facial region. The full-day workshop will be held at Rush University's cadaver lab.

The program also will feature an in-depth anatomical discussion of the facial area as well as surgical instruction on cadaver specimens. Topics will include brow lifts, upper and lower blepharoplasty, midfacial lifting, facial augmentation (chin implant) and cervicofacial rhytidectomy.

Speakers will include Drs. Faisal A. Quereshy, DDS, MD, FACS; Angelo Cuzalina, DDS, MD; and Joseph Niamtu, DMD.

Registration is open at AAOMS.org/Chicago.

2017 a banner year for Informational Campaign:

AAOMS saw substantial growth in every facet of the Informational Campaign in 2017 – from digital advertising clicks to social media to website page views and more.

The favorable year-end metrics reports were a result of the decision last spring to take management of the Informational Campaign in-house to provide better control over the messaging, strategies and individual projects.

"The Board of Trustees is pleased to see positive gains in every area we measure," said AAOMS President Brett. L. Ferguson, DDS, FACS. "Because of the continued special assessment funding, we are able to support a robust Informational Campaign that is making a difference in the public perception of the OMS specialty."

Measuring effectiveness

Since the campaign launched in 2014, AAOMS has conducted annual surveys to measure consumer awareness of the specialty and the treatments offered by OMSs. While the survey results have shown gains, AAOMS decided the tactics should be further analyzed to gauge their effectiveness and help guide decisions so the campaign can make an even stronger impact.

A metrics dashboard was established and comprehensive data gathered in the following categories:

Digital marketing – In 2016, digital marketing focused solely on Google AdWords. In 2017, this cost-effective method to reach prospective patients was expanded to include Bing/Yahoo ads and national display networks.

Google AdWords are those sponsored online advertising results that display brief copy when users type in search terms on Google. In 2016, impressions – the number of people who saw the ad – totaled 1.75 million. That number jumped to 4.89 million in 2017, a 179 percent increase. The number of people who clicked on the AAOMS ads was three times higher – 166,000 in 2017 compared to 45,000 in 2016.

Bing/Yahoo ads are similar to Google AdWords, – except they display only when using Bing and Yahoo search engines. Users of these search engines tend to be older and wealthier and make up about one-third of searches conducted on PCs. The Informational Campaign expanded into this network in mid-2017, logging 1.77 million impressions and 61,000 clicks.

Using national display networks, the Informational Campaign's rich media ads can appear on more than 2 million websites with pay-per-clicks driving traffic to MyOMS.org. This campaign tactic – added in the third quarter of 2017 – generated almost 62 million impressions and 110,000 clicks.

MyOMS.org website – The consumer-facing website saw tremendous growth in 2017 as a result of the enhanced digital campaign. The website had 657,000 page views in 2017, compared to 403,000 in 2016 – a 63 percent increase.

Another enhancement to the home page was replacing the stock art female image with photos of the patients/actors who appear in the campaign's informational videos. These images are featured on a "carousel" of home page graphics so visitors to the site see a different face every time they visit. The home page totaled 197,000 page views in 2017, up from 80,000 in 2016.

Public service announcements – AAOMS's three PSAs continue to be aired on TV stations across the country, with almost 39,000 broadcasts in 2017, compared to 24,500 in 2016. To date, more than 77,000 broadcasts have reached an audience of 437 million. The equivalent ad dollar value for the three spots exceeds $10 million. Two of the PSAs focus on oral cancer – one on how to do an oral self-exam and one on the link between HPV and oral cancer. The third PSA focuses on obstructive sleep apnea.

Goal conversions – To further measure the campaign's success, snippets of code were added to MyOMS.org web pages to track visitors' specific actions. These actions include:

- Clicks on the "Find a Surgeon" icons.
- Clicks on the search button after users fill out geographic or name search criteria.
- Clicks on a surgeon's name on the "Find a Surgeon" results page.

This change to Google Analytics – made after taking the campaign management in-house – is helping gauge its digital effectiveness and guide marketing strategies. In the second half of 2017, almost 32,000 goal conversions were recorded.

WebMD – With a switch to the website's new Branded Destination microsite, AAOMS has five OMS-specific web pages: What is an OMS?; wisdom teeth management; dental

Metrics show significant improvements

implant surgery; oral, head and neck cancer; and obstructive sleep apnea. Each page features informational content, videos and digital ads that direct viewers to MyOMS.org.

The initiative launched mid-year in 2017, but in five months generated more than 50,000 page views, 1.4 million ad impressions, 4,000 clicks to microsite pages from Facebook. The initiative is responsible for 20 percent of the monthly referral traffic to MyOMS.org.

Videos – The Informational Campaign educational videos available on YouTube and Vimeo were viewed more than 194,000 times in 2017 – up from 179,000 in 2016. These videos, sent on a USB drive to members last year and available for download on AAOMS.org at any time, focus on dental implants, wisdom teeth, OSA, oral cancer, anesthesia, corrective jaw surgery and more.

Social media – The campaign's Facebook, Twitter, Instagram and Pinterest accounts all registered growth in terms of the number of likes, followers or views. The AAOMS Facebook page had 17,761 likes at year's end – a 14 percent increase since 2016. The AAOMS Twitter account had 4,571 followers – an 18 percent jump since 2016.

Media relations – As a new campaign tactic to raise the profile of the specialty, AAOMS focused on expanding the number and reach of its press releases. In 2017, 24 press releases were distributed, compared to 14 in 2016 and six in 2015. The 24 press releases in 2017 garnered 4,448 pickups, 62,593 views and a potential audience of 2.33 billion.

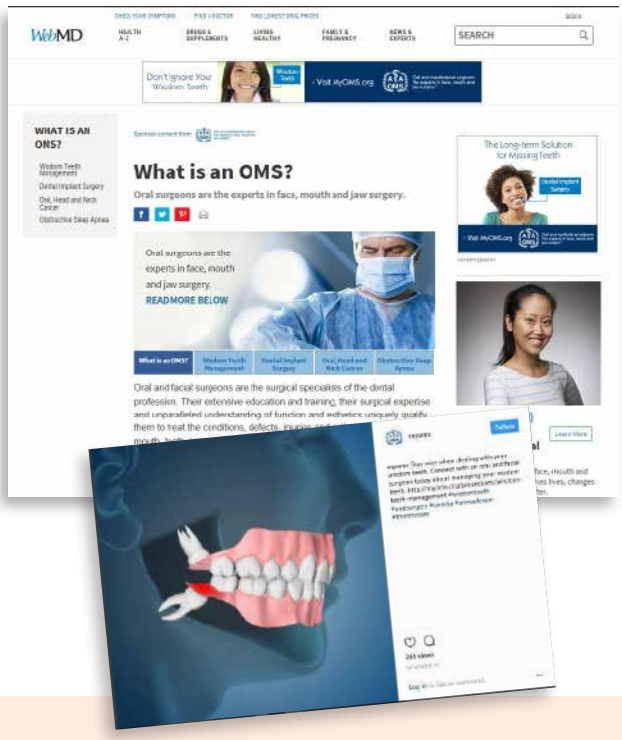
Awards – The AAOMS Informational Campaign garnered 24 awards in nine national and international competitions in 2017 for its overall campaign (in surgical services, healthcare association, public relations, communications/marketing, digital branding, and health and medical categories), website, videos and public service announcements.

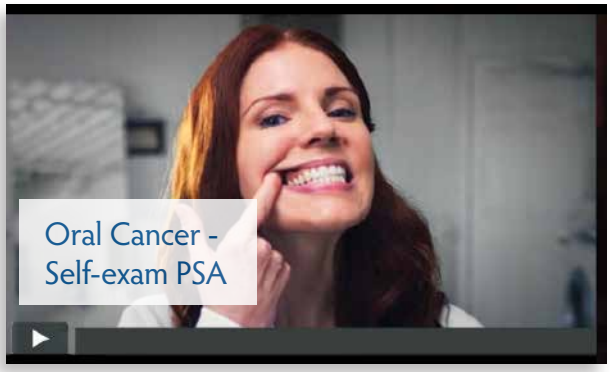
"Analyzing these metrics over time, we will be able to see which tactics are better connecting with consumers," said Dr. Ferguson. "AAOMS will be able to make informed decisions about the direction of every facet of the campaign and effectively focus our resources."

continued on next page

AAOMS is sharing information on WebMD about the specialty; wisdom teeth management; dental implant surgery; oral, head and neck cancer; and obstructive sleep apnea.

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





Tracking dental students/hygienists tactics

Besides the consumer-facing component, the Informational Campaign in 2016 added two new audiences for its messaging – dental students and dental hygienists.

- **Dental students** – The goal of this initiative is to inform dental students of the OMS specialty – either as a choice for them to pursue or to build the awareness of OMSs as a specialty to which they can refer patients.

For two years, AAOMS has featured advertisements in the Future Dentist Edition of the ADA Morning Huddle, a daily

What's new for the Informational Campaign in 2018?

Plans are in the works for even more enhancements to the AAOMS Informational Campaign in 2018. Among the strategies:

- **Radio PSAs** – With the vast return-on-investment of public service announcements, AAOMS decided to convert two of the television PSAs into radio PSAs and distribute them to radio stations across the country.
- **Airport PSAs** – When airports do not sell one of their sign advertisement locations in terminals, they fill the spot with a public service announcement. AAOMS has created PSA signage with wisdom teeth messaging and will be distributing the signs to select airports across the country.
- **TV PSAs** – After multiple inquiries from TV station producers looking for shorter videos, the three current PSAs were edited to 30 seconds and 15 seconds and are being distributed.
- **Patient videos** – New videos will be produced in 2018 that will featuring patients who have undergone the various treatments explained on MyOMS.org. The videos will appear on the website, with press releases, in social media and will be available for members to download and use on their practice websites.
- **Search engine optimization** – To aid the digital component of the campaign, work is being done to optimize the MyOMS.org website.
- **MyOMS.org expanded content** – More information about each of the conditions and treatments will be added to the website. This initiative will help prospective patients find answers to their questions.
- **YouTube preroll** – Sets of videos are being produced that will appear on YouTube before viewers can watch their intended video. This low-cost digital marketing strategy will help AAOMS reach even more consumers.

bulletin of the latest news compiled into an email format. The total impressions rose in 2017 to 2.24 million, up from 1.59 million in 2016. The click rate did drop slightly in 2017 (to 0.03 percent from 0.05 percent), and AAOMS is changing the ad in 2018 to generate more interest in the campaign.

In 2017, AAOMS began reaching dental students on the American Student Dental Association website (55,500 impressions; 49 clicks) and in the ASDA's Contour magazine (circulation 20,300).

Starting in 2018, two supplements produced by the *Journal of Oral and Maxillofacial Surgery* – one a suture manual and one focusing on dental implants – will be distributed to second- and third-year dental students, respectively, for the next several years. These supplements help introduce the specialty to dental students as well as reinforce the OMS expertise in these areas.

■ **Dental hygienists** – The goal of this initiative is to inform hygienists of the roles and procedures performed by OMSs, with the intent to build familiarity with the dental implant surgical process, asymptomatic third molars and the link between HPV and oral cancer.

In 2017, AAOMS expanded its reach to the dental hygienist audience by featuring digital banner ads on the websites of the American Dental Hygienists' Association (ADHA) and the *Journal of Dental Hygiene*. Those ads direct hygienists to visit MyOMS.org to learn more information about why OMSs are the surgical specialists to whom they should refer their patients. AAOMS also runs ads in the ADHA Access magazine published several times a year. The sets of three ads generated almost 177,000 impressions and 185 clicks in 2017. ■

How to get involved in the campaign

Members are encouraged to join in AAOMS initiatives to strengthen the reach of the Informational Campaign. Each of these options is available at *no cost* to members:

- Download and use the procedure-specific campaign videos on the practice's website. The videos were provided on a USB drive included in the September/October *AAOMS Today*. They also can be downloaded from the Member Center on AAOMS.org/InfoCampaign.
- Display the AAOMS member logo on the practice's website. The artwork is sent digitally upon member request to rberry@aaoms.org.
- Link the practice website to AAOMS by placing the "web graphic" image included on the USB drive on the member website and "point" it to MyOMS.org. This graphic can promote the campaign to both patients and referring dentists.
- Set up all the practice's social media accounts so they are "liking" or "following" the campaign's social media accounts. Members can get ideas of what to post and help extend the campaign reach at the same time.
- Stop by the Social Media Bar in the Exhibit Hall at the 2018 AAOMS Annual Meeting in Chicago to learn how to implement materials from the Informational Campaign directly into a practice.

Other ways to get involved in the campaign include:

- Purchase branded Patient Information Pamphlets and Patient Education Guides on any of the OMS treatment areas. Visit AAOMSstore.com.
- Upgrade the member's website profile on MyOMS.org. This MyOMS Profile service – offered through PBHS Inc. – provides a personalized microsite as an option to the generic surgeon listing in the Find-a-Surgeon directory. Visit MyOMSProfile.com.

AAOMS co-sponsors April awareness campaigns

Each April, AAOMS co-sponsors month-long national observations that promote oral health and safety to the public.

National Facial Protection Month

Throughout April, AAOMS promotes the "Save Face" campaign. This campaign urges parents, caregivers and coaches to encourage the use of safety equipment to prevent sports-related injuries to the face and mouth.

Fellows and members are invited to contribute to the campaign by advocating in their practices and communities for the use of helmets and mouth guards.

A variety of customizable tools are available to members in the Member Center of the AAOMS website. Members can access posters and fliers to disseminate to area school districts and news releases to send to news outlets as well as a variety of social media messages and shareable web images directing the public to MyOMS.org/SaveFace. Special discounts on related products are available at AAOMSstore.com.

Four co-sponsors are joining AAOMS in spreading the word about National Facial Protection Month: the Academy for Sports Dentistry, AAO, AAPD and ADA. Together, these organizations set out to better educate the public about the potential risks and vulnerabilities of the face, mouth and jaw during athletic activities and the safety measures that can protect those who participate in sports.

During National Facial Protection Month, the use of safety equipment is encouraged.

Oral Cancer Awareness Month

AAOMS members are encouraged to support Oral Cancer Awareness Month by offering free oral cancer screenings throughout April. This annual observation provides OMSs an opportunity to educate the public about the causes, symptoms and treatments for oral, head and neck cancer. Free screenings also help draw national media attention to the importance of screenings and early detection.

Members are urged to offer free oral cancer screenings during Oral Cancer Awareness Month.

In addition, the Head and Neck Cancer Alliance has designated April 8 to 15 as Oral, Head and Neck Cancer Awareness Week. This annual event encourages practitioners, cancer patients and survivors, and other interested individuals or groups to promote and support head and neck cancer awareness through the use of news releases, public service announcements, free cancer screenings, cancer survivor banquets, walkathons and other community-based activities.

Downloadable resources can be found on AAOMS.org in the Member Center. Materials include an oral cancer infographic, two public service announcement videos, social media messages and shareable web images. The AAOMSstore.com includes a discounted patient information pamphlet on head, neck and oral cancer for use in OMS offices or during community events.

MyOMS.org has details for patients on the role of an OMS role in treating facial injuries and oral, head and neck cancer as well as information on all areas of practice.

For more information, visit MyOMS.org/SaveFace and MyOMS.org/OralCancerAwareness. ■

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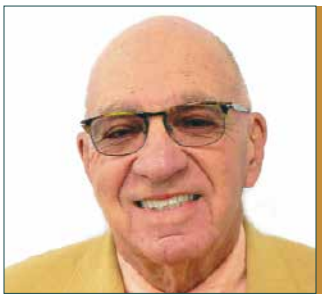
Honoring 100 years of AAOMS: Former President

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 specialty's evolution, advancements and future.*



Michael C. Matzkin, DDS
1991-92 AAOMS President

Michael C. Matzkin, DDS, of Boston, Mass., was AAOMS President in 1991-92. A member of the AAOMS Special Committee on the Centennial, he was an AAOMS Trustee from 1986 to 1989 after serving 10 years as a Delegate. From 1994 to 1996, he was Chair of the OMS Foundation.

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

A Scope and diversity. When I became a member, there were no more than 10 to 15 women OMSs. Scope was limited to and practically ended with facial trauma. Surgery for the prognathic jaw was in its infancy. Office general anesthesia was basically nitrous oxide and/or Brevital.

Today, we see positive growth in the number of female OMSs, and Dr. Brett Ferguson, current President, is the first but still the only minority who has risen through the chairs. If one looks at the current makeup of the House of Delegates from the podium, at least one sees females, African-Americans, Asians and other minorities. We are progressing but still have a lot of catching up to do to shed our white, male makeup.

Scope is dramatically different. In my day, you chose to apply to a residency program that performed loads of fractures or had a variety of pathology. That and extractions were the blood and guts of oral surgery practice. Today, the choice for residents is vastly different since there are double-degree programs, the opportunity to do implants, cosmetic surgery, cancer surgery and cleft palate surgery. In 'old days,' as soon as you started practice, you joined a hospital staff and took trauma call. That was the way to grow your practice and, for the academics, where we refined our basic and new procedures. Today, lifestyle choices influence the new OMS to confine themselves to office-based practices and not participate on the hospital staff.

The best incentive today to make us more attuned to hospital staffing and call is the opportunity to become a fellow of the American College of Surgeons, which in my opinion is the neatest advance in our specialty in the last 25 years. It closes the gap between single-degree and double-degree oral surgeons and enhances our status with our medical surgical colleagues as well as gives us an additional distinction from other dental specialties.

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

A As part of the AAOMS History Committee for many years, I was constantly reminded of the words engraved in the National Archives in Washington that read: 'The past is prologue. Always remember the past.'

The average young oral surgeon has no idea how hard it was for AAOMS over the years to gain the status it has. It took the hard work of a lot of people for the specialty to become accepted by The Joint Commission, to be able to do our own history and physicals. The specialty was the pioneer of both office anesthesia and sedation. It behooves everybody to spend some time reading about the founders of the specialty and how the specialty made the kind of progress it did and how important hospital affiliation was to research and office anesthesia to advance our specialty.

remembers creation of insurance company

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

A There will be multiple, for example: stem cell research leading to replacement of teeth and bones, genetic modification of oral diseases and defects, intrauterine surgery and exciting advances in X-ray and imaging.

When you go in to meet and treat your patient today, new technology and the use of social media are going to make the practice less prone to error and risk and a boon to patient care.

It's mind-boggling how quickly everything changes today. Doing fractures and orthognathic surgery when I started involved using wires to align the jaws together – something such as titanium plates, mini plates or screws were unheard of.

Now you have 3D images to show you where the fracture is and how to align it. You can do it as part of your preplanning prior to the surgery and instantly transfer that to the patient on the table.

Q What is needed in the specialty more than ever?

A The specialty must re-emphasize our base as is spelled out in the *Parameters of Care*, and we must stop the eroding of our basic core procedures, such as third molars and implants, by the other dental specialties. We must continue to be welcoming to women and minorities, and we must always continue to participate in all aspects of organized dentistry.

Q Other memories you would like to share?

A One of my fondest and strangest memories is the off-site Board meeting on Captiva Island, Fla., in 1987. The meeting was called to order at 8:30 a.m. and did not adjourn until after 1 a.m. the following day. This was without a doubt the longest Board meeting in AAOMS history.

The specialty was facing a real crisis with respect to malpractice premiums. The one company that was probably insuring the bulk of the oral surgeons had raised premium prices over the last three years almost 200 percent. Headquarters was hearing from members that they were going to have to go bare because they could no longer afford the premiums.

The Board began to look at multiple options. The one we felt was going to be the best for AAOMS was to start our own mutual insurance company. Regulations had just changed, and the Risk Retention Group (RRG) law had just been passed.

We had several obvious problems. One was to form a RRG company like that, but we were going to have to commit about $2 million to make sure it would be approved by the state of Illinois. We contacted a consultant we had spoken to previously who was still in Chicago. We asked if he could fly down to Florida that afternoon so we could meet. He agreed.

We discussed the pros and cons of doing business with him with regard to the RRG. Some Board members felt committing this kind of dollars to an insurance company and not being guaranteed anybody was going to drop their current malpractice and join our own was too great a risk.

The Board meeting went from 8:30 through lunch. We had to call our wives or significant others and say, 'You're on your own. We'll see you at supper time.' At 5 p.m., we all had to call them again and say, 'We'll probably see you at breakfast.'

The consultant arrived around 6 p.m. We met with him until midnight. At that time, a vote was taken to commit to forming our own RRG. Having our own insurance company would allow us to offer malpractice premiums at a much more reasonable rate than we were paying.

The rest was history. AAOMS Mutual was formed, became AAOMS Insurance Company and eventually OMSNIC, which has prospered and served the members of AAOMS and the specialty well. ■

Clinical trials course to provide mentorship

First, he was the student. Now, he's the teacher.

Gary Bouloux, DDS, MD, MDSc, FRACDS, FACS, first attended the AAOMS Clinical Trials Methods Course in 2008, when he helped develop a research project about TMJ dysfunction.

His idea eventually led to a multicenter, double-blinded, randomized clinical trial and two papers published in the *Journal of Oral and Maxillofacial Surgery*.

Since he attended the course, Dr. Bouloux has served as a group leader, sharing the lessons he learned. He will once again be a mentor for the topic of TMJ dysfunction and facial pain this year.

"It's very important for me to give back to the specialty," Dr. Bouloux said.

The free course being held from May 9 to 11 in Rosemont, Ill., will provide an overview of research methodology and clinical trial design. Attendees – including residents, fellows, faculty and private practitioners – will develop clinical trial proposals that can be submitted to funding organizations. Topics will include protocol design, hypothesis testing, data collection, statistical analysis and patient recruitment.

"If you have a genuine interest in research within oral and maxillofacial surgery, this course provides an excellent didactic and practical foundation to develop the skillset to be able to pull it off," Dr. Bouloux said. "There's nowhere else to get this sort of education, other than the American College of Surgeons."

Led by course directors Sean P. Edwards, DDS, MD, and Michael Miloro, DMD, MD, FACS, the course will focus on the Phase 3 trial, which compares the results of taking a new treatment to the results of taking a standard treatment.

Other group leaders are Joseph Cillo Jr., DMD, MPH, PhD, FACS, for dentoalveolar/anesthesia; Jasjit Dillon, DDS, MD, BDS, FDSRCS, for pathology/reconstruction; and Michael Markiewicz, DDS, MD, MPH, for craniofacial trauma/orthognathic/facial deformities. Participants will break into groups and design a clinical trial with statistical methods, a budget, potential funding sources and a publication plan. The faculty will evaluate each group's design.

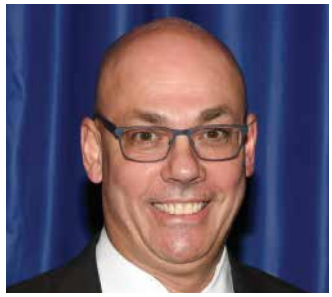
AAOMS Clinical Trials Methods Course

When: May 9 to 11

Where: Hilton in Rosemont, Ill.

Who: Open at no cost to current AAOMS residents, fellows, faculty, private practitioners and some dental students

AAOMS.org/ClinicalTrials



Dr. Bouloux

Offered every other year since 2008, the course was previously held at the University of Michigan. CDE credits will be available.

"It's an excellent starting point because it shows how you can start with a simple idea and translate it into funding and a clinical trial, get results and ultimately change the way we take care of patients," Dr. Bouloux said.

In 2008, Dr. Bouloux's group aimed to compare the use of a steroid injection to a lubricant injection in patients who underwent arthrocentesis. The project developed as the group received feedback from the faculty section at the 2008 AAOMS Annual Meeting, FDA and OMS Foundation. Nearly nine years later, the study – "Is Hyaluronic Acid or Corticosteroid Superior to Lactated Ringer Solution in the Short Term for Improving Function and Quality of Life After Arthrocentesis?" – was published in two parts in *JOMS* in January 2017. Other study researchers were Drs. Joli Chou, Deepak Krishnan, Tara Aghaloo, Nora Kahenasa, Julie Ann Smith and Helen Giannakopoulos. Dr. Bouloux received the Foundation's Research Recognition Award in 2017.

"If I had to repeat the whole process, it would be a lot quicker because of the things I learned at the course, the subsequent courses and going through my experience of having to do the grant writing to FDA submission," Dr. Bouloux said. "The course is a great opportunity." ■

HEALTH IT BYTES

Cybersecurity – In the HHS Office for Civil Rights (OCR) December newsletter, the agency provided several steps all providers and their staff should take while out of the office to protect their systems. Recommendations include bringing your own power adapters and cords, continuing to install security updates and patches, changing passwords, removing encrypted or sensitive information and avoiding public Wi-Fi. Providers also are reminded HIPAA rules and requirements apply even outside the office and on personal devices that may contain protected health information. The OCR website provides guidance on the HIPAA Security Rule as well as guidance on specific cybersecurity topics.

Texting – In a memo to state survey agencies, CMS indicates texting patient orders is prohibited regardless of the platform utilized. Providers are allowed, however, to message patient information through a secure platform that is encrypted and in compliance with HIPAA regulations. The memo notes computerized provider order entry (CPOE) is the preferred method of order entry by a provider. ■

Kathy A. Banks, DMD
OMS Foundation Chair

2018 campaign offers golden giving opportunity

It is difficult to remember the last time our specialty had so many reasons to celebrate.

The OMS Foundation Board of Directors is pleased to offer best wishes to AAOMS on its centennial, congratulations to the *Journal of Oral and Maxillofacial Surgery* on its 75th year in print and gratitude to the OMS Foundation Alliance for 25 years of advocacy and support of our mission.

With so many milestones on the 2018 calendar, it is natural to look back at all we have accomplished and offer congratulations all around. But this historic year offers another important opportunity: the chance to shape our future as a specialty and ensure the Foundation is able to continue to support research and educational programs so they remain a hallmark of our Association in the next 100 years.

To that end, the Foundation is offering a once-in-a-century recognition opportunity to its donors who make a gift during AAOMS's centennial year.

The Foundation's 2018 Annual Fund campaign – "Celebrating our Past, Envisioning our Future" – offers the opportunity for members to become a permanent part of AAOMS history by having their name inscribed on a shimmering gold, silver or bronze leaf of an AAOMS Centennial Tree. The tree is slated for permanent display at AAOMS headquarters, and a companion digital display will travel to OMS meetings in 2018 and 2019.

Donations can be made at $10,000 for a gold leaf; $5,000 for a silver leaf; or $2,500 for a bronze leaf. Payments made in 2018 on existing pledge commitments count toward Centennial Tree recognition, and gifts larger than $10,000 will be recognized on plaques accompanying the permanent display.

The Foundation hopes to raise $1 million by Dec. 31 and engrave all 400 leaves of the Centennial Tree with the names of practitioners, researchers, faculty members and friends who can proudly include "investor in our specialty's future" on their list of personal accomplishments.

Annual Fund campaign donors can be recognized on the Centennial Tree.

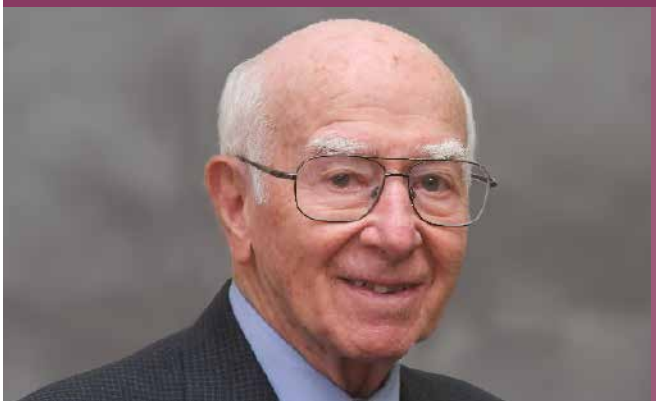
To ensure a strong start to this campaign, OMSNIC has committed to matching 100 percent of donations made before April 30 up to $100,000.

The positive energy surrounding this campaign is palpable, and we have heard from many of our loyal donors with promises to give in 2018. However, it will take more than the support of our loyal donors to reach $1 million. It will require support from those who have never donated and those who donate only through their AAOMS dues statement.

It will require support from you. This is our opportunity to make this milestone year historic in its own right, with a record-breaking show of support for the Foundation whose research and educational programs keep our specialty at the forefront of the surgical arm of dentistry.

AAOMS has devoted substantial resources to educating the public about the unique qualifications of oral and maxillofacial surgeons, but our specialty lags behind our competition when it comes to investing in research.

This is our opportunity to choose the trajectory for AAOMS's second 100 years. Let's make the most of it! It is time to close that gap and make 2018 memorable for our commitment to the future. We all have benefited from the Foundation's programs generously funded by our predecessors. ■



Daniel M. Laskin, DDS, MS
AAOMS Today *Editor*

Nocebo effects in practice: Turning good to bad

We are all aware of the positive aspects of the placebo effect and the influence a proper doctor-patient relationship can have on the successful management of patients, but we are often less conscious of the adverse nocebo effect and the manner in which it can diminish our therapeutic efforts.

The latter occurs when the specific positive effects of the treatment or intervention we use are lowered by a patient's negative expectations or anticipations.

There are numerous ways in which such negativity can arise in patients. It often starts with the informed consent process.

As part of this procedure, we obviously need to tell patients about the possible adverse effects or complications that can occur during the operation as well as postoperatively.

> *It is evident nocebo effects can have a considerable influence on the successful outcomes in clinical practice.*

Although we are ethically bound to do this, it is important to counterbalance this information with greater emphasis on the positive aspects and benefits of the operation.

Another frequent way in which the nocebo effect occurs is a result of errors we make in providing information to patients about painful procedures.

Do you tell patients to whom you are about to give a local anesthetic that it will numb the area and they will be comfortable and pain-free during the operation, or do you explain to them the injection will feel like a bee sting and this is the worst part of the procedure?

Studies have shown patients who receive pain-related information that is framed positively report significantly less pain than those who were informed about the same procedure in a negative manner.

The nocebo effect also can have a significant influence on the effectiveness of medications. This is particularly true in regard to pain medications.

An understanding of this phenomenon is especially important with the current campaign to reduce the overprescribing of potent opiate analgesics. In deciding what to prescribe for a patient, one not only needs to consider the amount of anticipated postoperative pain but also what has been the patient's previous experience with analgesic drugs.

Patients who previously have had inadequate pain control with a given analgesic may now find it even less effective due to the nocebo effect.

Moreover, those who have previously had a good effect with a particular analgesic may have an even more unfavorable response when the current procedure produces greater pain than the previous one and the medication is not as effective.

The occurrence of side effects to medications also can be influenced by the nocebo effect.

Studies have shown patients in the placebo wing of a clinical trial, when all subjects are informed of the possible adverse reactions, often have as many or more side effects as the therapy group. This suggests one needs to use good judgment in deciding which side effects of a drug should be related to the patient.

It is evident nocebo effects can have a considerable influence on the successful outcomes in clinical practice. It is therefore important to put great emphasis on the positive aspects of any therapeutic measure and avoid overemphasizing the negative aspects.

Otherwise, we may find inferior results are a self-fulfilling prophecy. ■

Registration open for Day on the Hill

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

The event will begin with a "Tips for Conducting Congressional Visits" session geared toward newcomers followed by a reception and dinner on April 17.

The following day will begin with a breakfast and morning program, featuring discussion of priority legislative issues, after which attendees will proceed to their congressional visits on Capitol Hill.

All events will be held at the Renaissance Washington, D.C., Downtown Hotel.

Register at AAOMS.org/DayontheHill. The cutoff date for the AAOMS housing block is March 16.

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

No political or advocacy experience is necessary. First-time attendees are welcome and will be adequately prepared for Congressional meetings.

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

Items in Medicare Fee Schedule affect OMSs

There are a few highlights OMSs may want to keep in mind in the final 2018 Medicare Physician Fee Schedule issued by CMS:

■ **E/M guidelines** – CMS has announced it is time to better align Evaluation and Management (E/M) coding with the current practice of medicine, including technological changes and especially electronic health records. In 2018, CMS will begin a multi-year effort to revamp the E/M guidelines.

There are currently two versions used, 1995 and 1997, both of which require three key components to select the appropriate level of E/M services:

- History of Present Illness (History)
- Physical Examination (Exam)
- Medical Decision Making (MDM)

CMS notes an increase in electronic health records may have changed the character of extended patient histories since the E/M guidelines were written. Comments received by stakeholders support CMS's revision of the E/M guidelines, especially with respect to the history and exam components. CMS is expected to release further information on this initiative in 2018.

■ **Potentially misvalued codes** – CMS will continue to identify and evaluate potentially misvalued codes. Misvalued codes can be undervalued or overvalued.

On the radar for 2018 are the relative values for low-volume/frequency procedures, emergency department visits and traditional X-ray imaging services.

■ **Certain payment rates** – The payment rate for services furnished by certain off-campus hospital outpatient provider-based departments will drop from 50 percent of the Outpatient Prospective Payment System (OPPS) payment rate to 40 percent of the OPPS rate.

CMS believes this adjustment will encourage fairer competition between hospitals and physician practices by promoting greater payment alignment.

■ **Patient relationship codes** – Under the direction of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), CMS has issued an operational list of patient relationship categories (HCPCS modifiers) that are required to be reported on claims to identify the provider-patient relationship.

Proposed patient-relationship HCPCS modifiers and categories

HCPCS modifier	Patient-relationship categories
X1	Continuous/broad services
X2	Continuous/focused services
X3	Episodic/broad services
X4	Episodic/focused services
X5	Only as ordered by another clinician

For the time being, the use of these HCPCS modifiers may be voluntarily reported by clinicians beginning Jan. 1. CMS anticipates there will be a learning curve with respect to the use of these modifiers and will work with clinicians to ensure their proper use.

CMS notes CPT codes will be used to replace these HCPCS modifiers, and they are expected in 2019. CMS released a document defining the patient relationship categories and modifiers at www.CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/CMS-Patient-Relationship-Categories-and-Codes.pdf.

■ **Appropriate use criteria** – CMS is further delaying implementation of the all parts of the appropriate use criteria (AUC) program until Jan. 1, 2020.

The year 2020 will be considered an educational and operations testing year, meaning physicians would be required to start using AUCs and reporting this information on their claims.

However, practitioners will not be penalized for using these codes incorrectly. ■

Selling clinical dental scrap a complex process

By Dave Weinberg
Owner, Scientific Metals
ASI Approved Program

With gold and palladium prices still at historic highs, your dental scrap is worth more than ever.

That's right – that old jar tucked away in the back with old crowns and bridges is probably worth a lot more than you thought.

The perceived lack of complexity associated with old crowns and the notion the value of these crowns can be easily determined without professional smelting and assaying has opened the door to various options, such as in-office cash payments from independent brokers and refinery sales reps.

Indeed, the convenience of having someone stop by the office and immediately reimburse you with cash seems attractive on several levels. Even having a refinery rep stop by to pick up the scrap, weigh the scrap, package and send off the scrap with the promise of a check in the mail in the near future also may seem convenient and expedient. However, both of these options come at a steep cost.

In-office cash payments will cost you

In the past, when the majority of clinical dental scrap was yellow gold with an approximate assay of 65 percent gold, or 16-karat, visually estimating the value of the crowns was a reasonably accepted practice. During this time, brokers or middlemen would drive around visiting offices and offer cash on the spot for the scrap. The broker would weigh the gold crown and be able to confidently estimate the value, knowing the yellow gold was in the 16-karat range.

However, the industry has seen dramatic changes in the metal composition of clinical scrap. Specifically, the dental industry has seen the emergence of porcelain fused to metal crowns and the steady move away from high noble alloys to more noble white alloys, such as palladium, and non-precious metals, such as nickel and chromium – the latter of which having made the in-office purchase of scrap a much more formidable task. Additionally, the increasing volatility of the precious metals markets only complicates the task for spot buyers.

As a result of these factors, clinical scrap must be valued with professional melting, sampling and assaying.

Put most simply, without melting and assaying the material, the broker can only visually estimate the scrap value based on how much yellow and white metals are present. Questions that muddy the water include: "Is this yellow crown 62 percent gold or 38 percent gold?" and "Is this white metal palladium at $1,000 per ounce?" and "Is it non-precious and worthless nickel or chromium?"

Clinical scrap from oral and maxillofacial surgery offices presents another layer of uncertainty and complexity to the equation. This is because the presence of large amounts of tooth structure make weighing the scrap rather trivial as a large percentage of the total weight is not metal.

In order to account for the uncertainty of the metal content and the uncertainty of the net weight excluding the tooth, etc., the cash offer usually is *very* conservative. Dental offices and oral and maxillofacial surgery offices are leaving substantial money on the table.

It has been reported OMS offices may be receiving as little as 40 percent of the full value for their scrap. Dental offices are otherwise at the financial mercy of the broker, who may not come to the dentist's aid in the event any issue or dispute arises with regard to the dentist's scrap if the package is lost or does not get delivered to the refinery for any reason.

In sum, the only way to determine the composition of your metals is to have your lot melted and assayed for all four precious metals: gold, palladium, platinum and silver. We strongly believe the convenience of selling your office scrap for cash on the spot is not worth the accompanying risks. There is undoubtedly a superior way in every regard – a full professional melt and assay with a reputable refiner.

What to look for in a refiner

So with all of that said, what should one look for in a refiner? Here are insights on the basic elements a professional and reputable refiner must possess in order to be trusted with your precious metal scrap and the critical difference between merely being reimbursed for your scrap and being accurately and fairly reimbursed.

continued on next page

■ **Shipping** – Reputable refiners should offer:

- Free shipping using an expedited shipping service such as FedEx or UPS.
- Transit insurance in case of loss and damage.
- Free shipping containers.
- Low or no minimum lot charges.

■ **Receiving and documentation** – Reputable refiners should:

- Provide email or telephonic confirmation the package has been received.
- Photograph, document and log the customer scrap lot in to the company system.
- Provide the customer with a time frame on settlement.

■ **Processing** – Reputable refiners should:

- Be able to melt and assay the scrap lot at the same premise.
- Have the proper specifications of furnaces required to melt all the precious metals, including palladium and platinum, which have higher melting temperatures.
- Have the knowledge and expertise needed to ensure a homogeneous melt using copper and other techniques.

■ **Assaying** – Reputable refiners should:

- Employ multiple methods of analysis that may include fire and chemical analysis, Inductive Coupled Plasma Spectrometry, Atomic Absorption Spectroscopy and X-Ray fluorescence.
- Be able to use non-destructive techniques that maintain the integrity of certain items.
- Be able to use either a pin sample or drillings for analysis.

■ **Settlement and reporting** – Reputable refiners should:

- Pay on all four precious metals: gold, platinum, palladium and silver.
- Include a refining report detailing how much scrap was received and how much of each element was recovered.
- Have a designated employee willing and able to answer any questions about the settlement and detail all the fees and charges.
- Offer flexible methods of payment, including check or bullion options.

Finally, a refiner should maintain the integrity of your processed metal until you have approved the settlement.

Refiners should only consolidate your scrap with other lots after your lot has been professionally sampled and assayed, and you have approved the settlement. You should be apprised at the outset what your options are if you do not approve or if you dispute the settlement. At your request, the refiner should have no issues with re-melting or re-sampling your lot.

And most importantly, the refiner should allow your material (processed or unprocessed) to be returned to you at no charge should you wish. In short, your material should be intact and not compromised until you consent to the settlement.

Three tips to maximize your scrap return

■ **Trust and reputation** – By far, the No. 1 consideration in deciding which refiner to use is the trust factor. Unlike jewelry scrap, which has a stamp indicating the purity level, dental scrap is different in that the value of the material is unknown until after it is melted and assayed. This leaves room for error and, frankly, dishonesty.

That's why it's so important to work with a company you trust. Dental offices should ask their colleagues about their experiences with a particular refiner and look for genuine testimonials on the company's website. It is important testimonials be authenticated and contain other indicia of reliability.

Furthermore, just like when researching a hotel or restaurant, look for a refiner that has more than what may appear to be a few cherry-picked testimonials and instead look for specifics. The devil is in the details, as the saying goes. Yes, a general positive review can be informative and somewhat helpful, but specific details detailing why the refiner adds some value is even better.

■ **Business model of the refiner** – In reality, no matter how well-intentioned a company is, it will not and cannot be

competitive if the business model and company structure are inefficient.

By way of analogy, we saw retail establishments fail to compete with Walmart's lean business model and pricing strategies, and now we see the ever-growing dominance of Amazon as a result of its efficiencies and business model. The same principles apply to refining companies.

Like Amazon, look for a refining company that is well-positioned and streamlined to deliver the highest and most accurate reimbursement. Some companies will have more overhead and expenses than others and therefore may be incentivized to charge more in fees. The metal has a finite and hardened value not subject to interpretation. It is your job to find the company that is best able to accurately determine the value of your scrap in the most efficient and economical way.

How does one go about determining how efficient a refiner is? Some issues to consider:

- How many sales reps are involved and being compensated from your transaction?
- What percentage of your scrap return goes to sales commissions?
- Implications of extra sales reps? Recently, some dental supply companies have partnered with gold refining companies to offer scrap refining services. While this certainly provides an element of convenience, you must consider the implications of having an extra sales rep involved on your scrap return.

■ **Fees** – Solely relying on which company promotes the lowest refining fees may be the single biggest mistake a dental office can make. Avoid "blue sky" or teaser rates that seem too low, and try not to get preoccupied with the subtle differences in yields and rate fee between refiners. Avoid time-sensitive promotions offering a cash bonus to send in scrap before a set date, and think twice about the unsolicited calls from gold buyers who tell you they will be in your area during the next week and offering a bonus if they can stop by the office.

Yes, in a perfect world where transparency and honesty were not issues, one could afford to solely choose a refiner based on fees, and cash bonuses would certainly be a nice addition on top of your accurate scrap return – not subtracted from your scrap return. But we do not live in that universe.

What matters most is what you get back after accounting for all fees, and the focus should always be on the net bottom-line return. Would you rather get charged 10 percent on a scrap value assessed at $1,000, or get charged 5 percent on the same scrap lot but only assessed at $600?

In this example, your net return is $900 in the first option, but only $570 in the second option – even though the fees were lower under the second option. Trust can only develop with consistent experience over time.

In short, it's time to stop selling the scrap at huge discounts for cash on the spot, and think twice before sending it to a refiner whose jar arrives unsolicited at your office most often.

It is time to ask questions, do your research and see which company is trusted and best-positioned to process and sample your scrap in the most economical and efficient way.

The bottom line is with gold and palladium prices at high levels, it's time dental offices shift away from viewing the scrap money as a small afterthought and start approaching it with the same due diligence one would undertake with any other financial consideration. ■

This is number 160 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.

Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery®

AAOMS.org/Events

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Designed for OMSs, practice managers, implant coordinators, surgical assistants and coding professionals

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Learn specific strategies to improve the public's perception of your practice, including how to institute multitier implant marketing systems to grow the practice.

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Photo: Gregory D. Segraves, DDS and Heath H. Evans, DDS, oral and maxillofacial surgeons at Eastern Oklahoma Oral & Maxillofacial Surgery, Broken Arrow and Owasso, Oklahoma

Congress, states kick off new year with action;

Already a few months into the new year, Congress and state legislatures were active on a number of issues impacting the specialty. The following are some of the highlights of these activities. The AAOMS Advocacy e-newsletter and the Advocacy Government Affairs pages of AAOMS.org provide additional information.

Federal activity

As Congress makes progress on finalizing FY 2018 appropriations, AAOMS sees success in eliminating Medicare's Independent Payment Advisory Board (IPAB) and acquiring a two-year suspension of the medical device tax.

■ **Legislative victories** – Congress passed a legislative package on Feb. 8 that permanently eliminates the Medicare's Independent Payment Advisory Board (IPAB). Though the IPAB had never been triggered to implement mandatory payment cuts to Medicare providers, it had long been a threat since its implementation under the ACA. In an earlier short-term spending bill, Congress suspended the medical device tax for two years. The excise tax on medical devices was originally put in place under the ACA and had recently taken effect on Jan. 1 after a two-year moratorium. AAOMS advocated for ending the IPAB and repealing the medical device tax for a number of years and is happy to report success on these important issues.

■ **Federal update** – In a short-term appropriations package passed on Feb. 9, Congress approved an extension of funding to the Children's Health Insurance Program (CHIP) from six years to 10 years along with additional funding to community health centers and $3 billion for FY 2018 and 2019 to curb the opioid epidemic. Several updates were made to Medicare policies, including those relating to physician reimbursement and telehealth.

State activity

Most states are currently in the middle of or wrapping up their 2018 legislative sessions. A number of issues have been discussed that would affect OMSs, including those highlighted below.

■ **Arizona** – Gov. Doug Ducey (R) convened a special session in January to specifically address the opioid abuse epidemic in his state. That session resulted in the passage of SB 1001, which prohibits in-office dispensing of Schedule II substances and limits Schedule II prescriptions to a five-day and a 90 MME per-day limitation, except initial prescriptions following a surgical procedure are limited to a 14-day supply. The new law also mandates e-prescribing of Schedule II substances beginning Jan. 1, 2019, if the prescriber lives in a county with more than 150,000 people. Counties with less than that population will begin e-prescribing July 1, 2019.

■ **Nevada** – The State Pharmacy Board finalized a regulation that will require all prescriptions for controlled substances to include the patient's date of birth, days' supply of the controlled substance and the ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed.

AAOMS lays out legislative priorities

■ **New York** – Gov. Andrew Cuomo (D) signed legislation (SB 7588) that amends the state's statute of limitations for failure to diagnose cancer of a malignant tumor. The revised provision allows the current 2.5-year statute of limitations to run from the date an injured patient discovers, or should have discovered, his or her injury was caused by malpractice. The bill was opposed by provider groups and supported by trial lawyers.

■ **North Dakota** – The North Dakota South Central District Court ruled the state's $500,000 non-economic damages cap as unconstitutional. The cap, which was instituted in 1995, was deemed to violate equal protection by arbitrarily reducing damages. The hospital in the case is expected to seek a new trial.

OMSPAC update

■ In 2017, OMSPAC raised $373,201 in contributions from AAOMS members. Additionally, OMSPAC has contributed $178,000 to federal candidates as of Jan. 31. For additional information on contribution totals or a list of candidates OMSPAC has contributed to, visit OMSPAC.org. ■

AAOMS Government Affairs committee goes to Washington to address issues relating to OMS

The AAOMS Committee on Government Affairs met in late January in Washington, D.C., to discuss federal and state legislative and regulatory issues facing the specialty and AAOMS's grassroots advocacy efforts.

The committee also recommended – and the AAOMS Board of Trustees later approved – four priorities for this year's Day on the Hill:

- Increase access to FSAs and HSAs.
- Student loan repayment reform.
- Federal coverage for treatment of craniofacial anomalies.
- Prescription drug abuse.

The committee heard from two speakers – Dr. Eugene Freund, a provider ombudsman at the Centers for Medicare and Medicaid Services, and Kathleen Laird, a legislative assistant from the office of U.S. Sen. Tammy Baldwin (D-Wis.). Dr. Freund discussed the impact of the new Medicare beneficiary card on providers, while Laird gave an update on efforts to introduce craniofacial anomalies legislation.

The committee hosted an OMSPAC fundraiser on Jan. 30 for U.S. Rep. Grace Meng (D-N.Y.) that included representatives from the ADA, the American Association of Orthopedic Surgeons and the American College of Cardiology. The committee also conducted nearly a dozen congressional visits to discuss issues of concern to AAOMS.

"The ability for the CGA to meet in person and hear firsthand from federal legislative and regulatory officials is invaluable and plays an essential role in how the CGA helps determine the Association's federal priorities," said Dr. Herb Stith, CGA Chair. "It also gives the Association another opportunity to be visible in Washington."

From left: AAOMS CGA member Dr. Jeffrey H. Wallen, Congressman Tom Rice (R-S.C.-7th) and CGA member Dr. Tommy Burk (ROAAOMS Rep).

CHICAGO

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100th ANNIVERSARY

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Cybersecurity, HIPAA, hazard information

Q In this advanced age of technology, what cybersecurity resources exist for healthcare providers to help prevent, detect or respond to an attack?

A As stated on HealthIT.gov, "cybersecurity" refers to ways to prevent, detect and respond to attacks or unauthorized access against a computer system and its information.

In 2013, President Barack Obama issued an Executive Order calling for the development of a cybersecurity framework that organizations can use to help reduce and manage their cybersecurity risks.

Following this, the National Institute of Standards and Technology published "Framework for Improving Critical Infrastructure Cybersecurity." This framework helps all types of organizations, including healthcare ones, to apply the principles and best practices of risk management in making their infrastructures more secure.

The Office of the National Coordinator for Health Information Technology also offers educational resources for healthcare cybersecurity. Training games, the Mobile Device and Health Information Privacy and Security webpage, the Security Risk Assessment Tool, emergency preparedness videos and tips are all accessible through HealthIT.gov.

The "Top 10 Tips for Cybersecurity in Health Care" list, also available on HealthIT.gov, was developed to help small healthcare practices apply cybersecurity and risk management principles and assist them with putting appropriate protections in place. These tips include information on establishing a security culture, protecting mobile devices, using a firewall, maintaining good computer habits, installing anti-virus software, planning for the unexpected, controlling access to protected health information (PHI), using strong passwords, limiting network access and controlling physical access.

Q We are looking for HIPAA training materials to help implement and maintain privacy and security protections in our practice. Where can I find some readily available resources?

A HHS posts training materials on its website. An example of the information available is a video training module on a patient's right of access under the privacy rule. The content

includes suggestions on how healthcare providers can integrate aspects of HIPAA access into their practices.

HealthIT.gov also provides its "Guide to Privacy and Security of Electronic Health Information."

To access these resources and others, visit HHS.gov/hipaa. The AAOMS e-store also has related materials at AAOMSstore.com.

Q What is the OSHA hazard communication standard, and how does our practice comply with it?

A This also is referred to as the "employee right-to-know" standard and requires employees to have access to hazard information. Offices are required to provide a written hazard communication program, list of hazardous chemicals, employee training and a copy of the material safety data sheet (MSDS) for each chemical used or stored in the office.

The MSDS must be obtained from the manufacturer of the chemical. The sheet provides detailed information on each hazardous chemical, including potential hazardous effects, physical and chemical characteristics and recommendations for protective measures.

For more information on this and other OSHA standards healthcare practices must follow, visit OSHA.gov. ■

Learning about Virtual Surgical Planning

With cone beam scans and 3D imaging, orthognathic surgeries have moved to the virtual realm.

Virtual surgical planning (VSP) is image-guided surgery and treatment planning. Oral and maxillofacial surgeons are now able to do clinical exams, treatment planning and prepare for surgery at a work station with computers by conducting a virtual surgical "walk through."

Historically, orthognathic surgery relied upon cephalometric films and tracings to plan surgical moves. With the increase of software programs, the tracings are being replaced with virtual 3D images, splint fabrication and treatment planning at a computer.

What is needed for VSP?

A CT scan or Cone Beam CT with 3D images (code D0393), stone models and a bite registration is needed for the virtual planning session. The models and bite registration are scanned. The scans are then compiled into a virtual template that allows for virtual surgery on the computer.

Highly skilled engineers and the oral and maxillofacial surgeon participate in the session to complete the virtual surgical moves and place the patient in the final position.

Once the ideal post-surgical placement is established, splint fabrication is completed by the VSP program and a splint is produced from a 3D printer.

The treatment planning also allows for intermediate splint fabrication as well as two-jaw cases. The VSP also can provide splints to guide the surgeon for osteotomies to avoid damage to other structures.

How is VSP billed?

There is not a specific code for Virtual Surgical Planning.

The ADA recommends using codes D0367-*cone beam CT capture and interpretation with field of view of both jaws; with or without cranium* for the initial treatment planning visit.

The subsequent consultation (3D virtual model) can be reported with code D0393-*treatment simulation using 3D image volume*.

Additional services involved with the workup for orthognathic surgery – such as the evaluation, photos, cephalograms, diagnostic casts or study models and/or surgical splint – may be reported separately. The AAOMS Coding Paper "Coding for Orthognathic Surgery and/or Obstructive Sleep Apnea" provides suggestions for coding the orthognathic work-up.

Although if billing medical, keep in mind global packages may preclude reporting an E/M service on the same day as the procedure.

The coding and ability to bill for the surgical splint depends on who is fabricating and supplying the splint.

For many OMS practices rendering virtual surgical planning, the bulk of the OMS's work is captured in the CT and 3D virtual model described earlier, and a hospital or independent laboratory fabricates the surgical splint for the OMS.

In such cases, the hospital or lab may bill the patient or his or her insurance directly for the services.

In other cases, the hospital or lab may invoice the OMS. When the OMS is invoiced, the OMS may submit a claim for the hospital's or lab's services and supplies used to fabricate the splint with a supply code *(CPT Code 99070 or CDT D7999)* and copy of the invoice.

Some OMSs have reported certain medical payers will not accept CPT code 99070, in which case the OMS may try CPT 21085 with a reduced service modifier -52 because the fabrication was done elsewhere.

An OMS may only bill for the fabrication of the splint without the reduced service modifier if he or she fabricated the splint. ■

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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AAOMS Services, Inc. (ASI) bring AAOMS members a wide array of thoroughly vetted* programs that enhance your OMS practice and provide special discounts and offers.

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Look for this logo on a company's advertisement. It assures you that it has been thoroughly reviewed and accepted as an ASI Approved Program.

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Designed with input from noted oral and maxillofacial surgeons, MedXCom is a cost-saving, dependable and incredibly easy to use HIPAA compliant automated answering service with a live operator option. AAOMS members receive a 10% discount.

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› NEA Powered by Vyne

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Save time and money by transmitting claim attachments and view payer requirements with software programs through FastAttach and FastLook. AAOMS members receive a 65% savings off of the $200 registration fee. **Visit nea-fast.com/AAOMS | Call 800-782-5150**

› Optum360

Coding Guide for OMS and other coding essentials

In addition to the *Coding Guide for OMS* and other coding essentials, the company also has a powerful online coding program – EncoderPro.com, along with other products to help accelerate cash flow in your OMS practice – all at a discount to AAOMS members.

Visit optum360coding.com/AAOMS | Call 800-464-3649, option 1

› PCIHIPAA

PCIHIPAA compliance made easy and affordable

Enroll in PCIHIPAA's OfficeSafe Compliance Program and receive the peace of mind and convenience to protect your practice from a HIPAA violation or a data breach. The program includes unlimited access to the OfficeSafe HIPAA compliance portal, $250,000 in Data Breach and Network Security Insurance, Identity Restoration Protection and more. AAOMS members receive a discount on OfficeSafe® and your mandatory 2018 HIPAA risk assessment. **Visit pcihipaa.com/AAOMS | Call 800-588-0254**

› Practice Quotient

Increase practice income by negotiating PPO plan/contracts

Practice Quotient uses proprietary actuarial data analysis that allows them to leverage years of insurance industry insider experience to negotiate fair market compensation for oral and maxillofacial surgeons. AAOMS members receive a reduced consultation fee of $150 (normally $395).

Visit practicequotient.com/who-we-serve/oralsurgeons | Call 470-592-1680

› Sowingo

Inventory management platform

Take control of your practice using Sowingo's inventory management platform and mobile app, designed specifically for oral surgery offices. Includes specialized features for implants, medications and general inventory, expiration and re-order alerts, sterilization compliance & record keeping. The average practice saves over $8,000/year. AAOMS members receive a 10% discount.

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To check out all 17 ASI Approved Programs, visit

AAOMSservices.org

**All ASI Approved Programs have been thoroughly reviewed by a committee of AAOMS members and are backed by both ASI and AAOMS. The quarterly contributions from these ASI partners help fund a variety of Annual Meeting programs and other activities throughout the year.*

TOGETHER, WE'RE SHAPING THE FUTURE OF REGENERATION

Our work at Osteo Science Foundation is deeply rooted in our passion to unveil the true potential of regenerative medicine. That's why we've contributed over $1,000,000 to research and education in Oral and CranioMaxillofacial Surgery since our launch in 2013. By investing in the power of forward-thinking research and by providing those within our specialty with the tools and knowledge needed for success, we are shaping the future of regeneration.

Meet the programs that are helping define the next frontier of regenerative medicine.

PETER GEISTLICH RESEARCH AWARDS: Open to clinicians and medical researchers, these awards offer a maximum grant up to $50,000 per year for a period of one or two years.

PHILIP J. BOYNE JUNIOR FACULTY RESEARCH AWARDS: Exclusively designated for junior faculty, these awards grant up to $25,000 per year with a one or two-year project duration.

RESIDENT RESEARCH AWARDS: Specifically for residents and fellows, these awards offer $10,000 per year with a one or two-year project duration.

CLINICAL OBSERVERSHIP PROGRAM: An innovative training program that connects residents with some of the country's top OMFS clinicians in private practice for a one-on-one training experience. Applications for this program are accepted on a rolling basis and decided upon quarterly.

Research Application Submission Periods:

April 1 - June 1 and October 1 - December 1

Osteo Science Foundation

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To learn more about our research and educational opportunities and to apply, visit www.osteoscience.org.

Osteo Science Foundation's mission is to advance hard and soft tissue regeneration with a focus on Oral and CranioMaxillofacial Surgery. The Foundation was established by Dr. Peter Geistlich in 2013 and is funded by Geistlich Pharma, a global leader in regenerative medicine for dental, oral, and maxillofacial surgery. Osteo Science Foundation is dedicated to advancing scientific research and education that leads to improved outcomes for patients, and operates as an independent, privately-funded 501(c)(3) non-profit organization.

grants@osteoscience.org
215.977.2877
855.891.2877 (toll- free)
www.osteoscience.org

ABOMS eliminating 'high-stakes' exam

The American Board of Oral and Maxillofacial Surgery (ABOMS) has been reviewing its Certification Maintenance (CM) process for relevance and consistency as well as adopting objectives designed to improve the CM process by creating a more meaningful and engaging program.

To develop a CM process that is contemporary and educational, ABOMS is eliminating the high-stakes exam required every 10 years and increasing touchpoints with its Diplomates throughout their CM cycle.

The following principles are integral to Certification Maintenance: 1) evidence of professional standing; 2) evidence of lifelong learning and self-assessment; 3) evaluation of performance in practice; and 4) evidence of cognitive expertise.

The individual user profiles within the new ABOMS website will be the platform for all CM activities. Website improvements will modernize the CM process and bring value to maintaining an active Diplomate status. Diplomates should log in to the new web portal and update addresses and profile information.

Beginning in January 2020, the Board will launch this new process for Diplomates who hold time-limited certificates.

The last administration of the Recertification Examination will be in 2019. The Board understands this new CM program will necessitate an adjustment for Diplomates.

In 2020, all Diplomates with time-limited certificates will be required to:

- Verify credentialing.
- Attest to CE requirements (audit enforced).
- Review two recommended articles and answer five questions based on the reading assignment.
- Complete case-based Cognitive Expertise reviews once every three years.
- Attest to fulfilling the clinical practice-related quality improvement requirements once every five years (audit enforced).

CM is important for various reasons, including maintaining the relevance of one's certification. Board certification indicates to the public the certified provider espouses the values of professionalism, lifelong learning and quality improvement to offer high-quality patient care. ■

Whole life insurance can be a useful planning tool

Contributed by Treloar & Heisel, Inc.

(Last of a three-part series of articles about whole life insurance.)

We have earlier discussed several advantages of whole life insurance in terms of its capacity to provide you with unlimited time to achieve your life goals and guarantees that stretch its utility beyond simply providing a death benefit.

Properly implemented by a skilled and knowledgeable professional, whole life insurance can be an important complement to your existing retirement planning strategy.

Life insurance with benefits for the living

Indeed, the most important use of life insurance is to protect widows, widowers and orphans from financial destitution.

While term insurance can be used for that purpose, it does require you to die during the term of the contract (five-year, 10-year or however long) in order for your beneficiaries to collect the benefit.

The beauty of whole life insurance is there is no expiration date to the contract.

Hopefully, you will live a very long time, and if you don't put it to use to protect your spouse and young children, you can very effectively use it post-retirement – while you are still alive.

A quick refresher: Remember, provided you pay the premiums, whole life insurance builds up cash value over time. You get to choose how you use those cash values. (Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse and may result in a tax liability if the policy terminates before the death of the insured.)

Consider adding to retirement portfolio

Many people have a retirement plan, such as a 401(k) or 403(b) plan, the assets within which are primarily made up of mutual funds.

Mutual funds are subject to the whims of the market. Whole life insurance is not. It is what we call a non-correlated asset to the investment marketplace.

Non-correlated asset classes are beneficial for people in retirement because historical financial market data tell us – on average – for every 10 years worth of time, the market is negative in its yield for three years.

In those negative years, you may want to use the cash value of your whole life insurance policy to bolster your retirement plan and give your portfolio time to recover.

Frequently, when you accumulate a large sum of money (say, in a 401(k) plan), you don't know how to spend it safely.

What if you live a long time and run out of money? Some people feel conflicted between spending all their retirement assets and leaving something to their spouse and/or children.

Owning whole life insurance gives you a permission slip to spend all your money and have it replaced by the whole life insurance policy for the purpose of providing for your spouse, children or a beloved cause.

Achieving the right mix

If you speak with an investment professional, chances are they will tout the benefits of keeping your savings entirely in the financial markets.

An insurance professional, on the other hand, may heavily promote insurance products. The "right" answer is achieving the correct mix of tools to support your retirement strategy.

Just as there is a healthy composition of equities to fixed income in an investment portfolio (a concept known as the "efficient frontier"), so is there a healthy composition of whole life insurance death benefit to market-correlated retirement assets.

This is all to say there are many benefits to continuing to save in your 401(k) or other retirement plans.

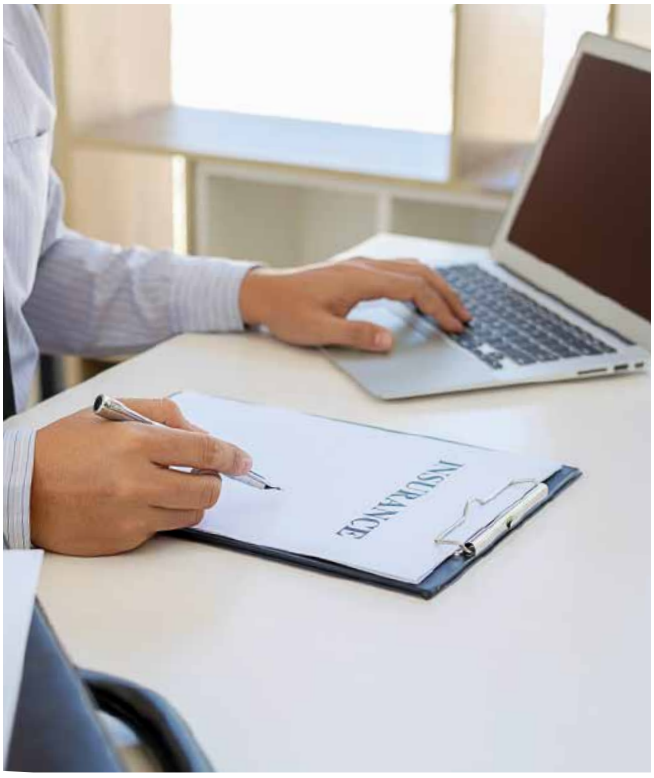
Just don't put all your eggs into one basket. Adding a non-correlated asset such as whole life insurance not only diversifies your portfolio, but it also adds a new retirement income source.

Consider long-term care plan

As life expectancies increase, so does the likelihood of needing long-term care.

The U.S. government estimates almost 70 percent of people

for retirement

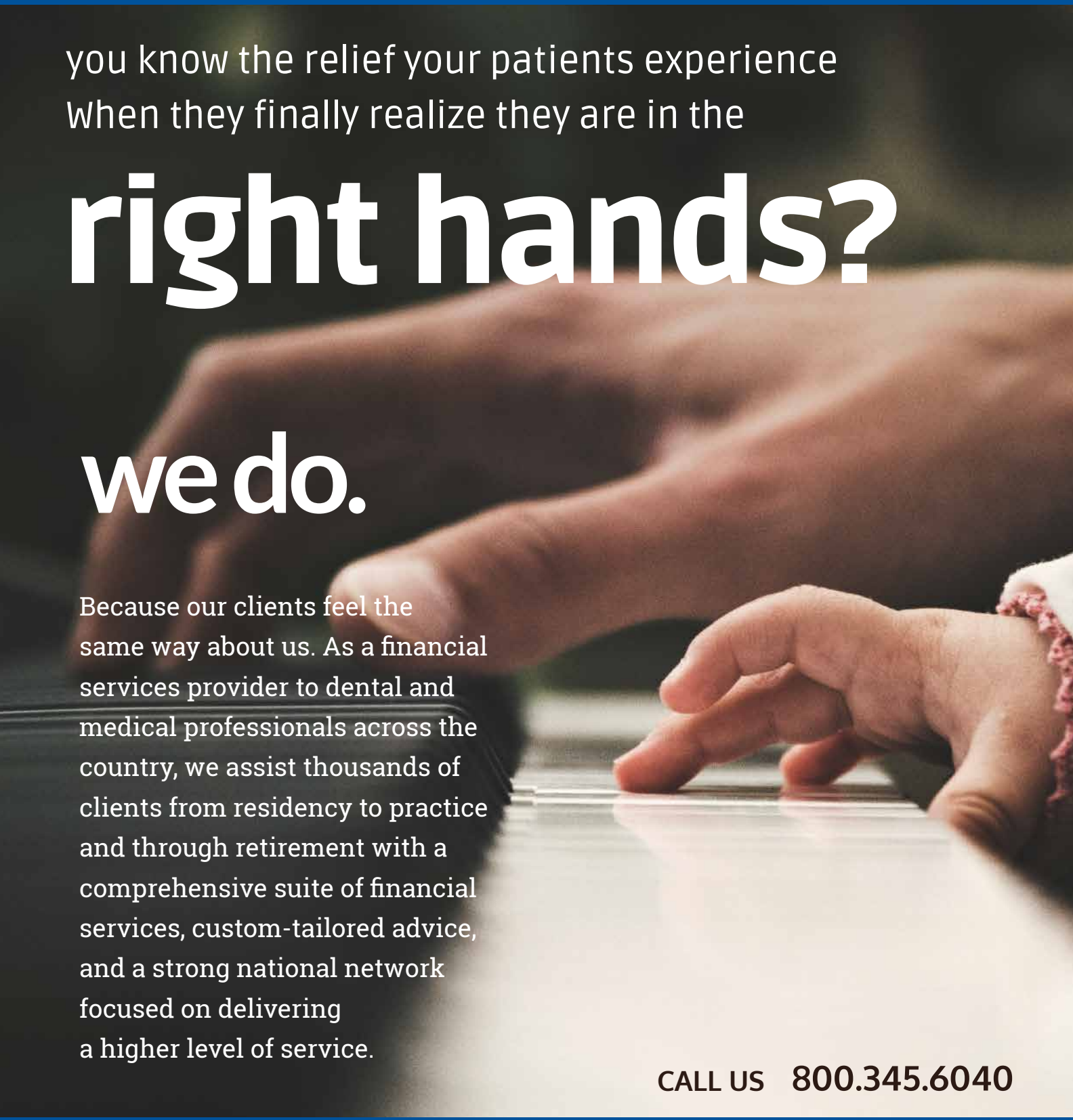


turning age 65 will need long-term care at some point in their lives (source: longtermcare.gov).

However, many people are hesitant about purchasing long-term care insurance because they think they may not need it. You can use the built-up cash value within your whole life insurance policy to help pay for long-term care services. (Accessing cash values through loans and partial surrenders or by accelerating benefits for long-term care benefit payments will reduce the death benefit payable, the cash surrender value and the long-term care coverage available.)

You also can combine life insurance and long-term care products and enhance your plan through additional features such as accelerated death benefits.

Though we have made this point before, we cannot stress it enough. It is critical you work with an experienced and knowledgeable financial services professional who understands the complexities of insurance and retirement planning and knows the particular challenges and needs of working with professionals in the dental field. ■



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MEMBERSHIP

AAOMS Connect provides opportunity for online community

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.

MEMBERSHIP

Membership due notices mailed

Second notices were mailed in January to those who have yet to renew for the 2018 membership year. Third notices were scheduled to be mailed in March and, per AAOMS policy, will include a late fee.

Members can renew at AAOMS.org or contact membership@aaoms.org for more information or to receive another copy of their statement.

CONTINUING EDUCATION

Attain credit in Reader's Circle

Although the *JOMS* Reader's Circle program has ended, credit can still be claimed for correct answers from 2017 journal issues.

Through the program, each issue of *JOMS* featured five articles designated for CE credit. Users could access the quiz questions online. Upon completion, they earned two CE credits per issue.

The 2017 issues are each available for credit for 12 months.

AAOMS offers a variety of other online CE opportunities at AAOMS.org/CE.

PRACTICE MANAGEMENT

AAOMS warns members to be careful of hacking schemes

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

Raise awareness about your practice by using the AAOMS logo

Members are encouraged to display the AAOMS logo to the fullest extent allowed. Displaying the logo on a practice website is one of the most prominent ways for showcasing affiliation, and it connects practices with the Informational Campaign.

In using the logo, members are asked to abide by the AAOMS Code of Professional Conduct guidelines:

- The logo must always be accompanied by the phrase, "Fellow(s) (or Member[s]) of the American Association of Oral and Maxillofacial Surgeons."
- The logo may be used by a partnership or professional corporation only when all owners, principals and associates of the practice are full fellows or members of AAOMS. In this instance, the plural "fellows" or "members" is permissible. Use whichever indicates the membership status of all involved parties.

Through digital ads, videos and the MyOMS.org patient education website, the Informational Campaign has helped inform the public about the services that OMSs offer and their training and expertise. The award-winning campaign also drives prospective patients to the MyOMS.org website, where they can search for surgeons in their area.

To request the logo, contact Richard Berry at rberry@aaoms.org or call 800-822-6637. Logo artwork can be sent digitally to members.

ADVANCED EDUCATION

AAOMS reviews single-degree OMS applications to College

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.

MEMBERSHIP

Some members must recertify

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 were sent an email in February. Information about exemption from the requirement also was 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 reevaluation 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.

CONTINUING EDUCATION

Apply to be a webinar speaker

AAOMS is always accepting speaker applications for webinars. This is an opportunity to expand upon a topic presented at the AAOMS Annual Meeting or to delve into a niche clinical aspect of oral and maxillofacial surgery. It also is an avenue for new speakers to present and introduce themselves to the AAOMS membership.

Visit AAOMS.org/Speakers and click on Opportunities to access the webinar application.

CONTINUING EDUCATION

OMSKU bundle available

The latest OMSKU V seasonal bundle is now available. Due to the popularity of the bundles, AAOMS is offering the Spring Bundle, which includes the four best-selling OMSKU V chapters.

The bundle includes anesthesia, dental implants, orthognathic and patient assessment – four chapters at the price of three. Visit AAOMS.org/OMSKU to purchase.

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. This specialty-specific certificate program consists of three courses: Basic Coding, Beyond the Basics and OMS Billing. AAOMS members and staff who complete the program will be awarded a certificate of completion and lapel pin.

For more information, visit AAOMS.org/continuing-education/coding-and-billing-workshops.

ADVANCED EDUCATION

Osteo Science offers grants

The next submission period for Osteo Science Foundation research grants runs April 1 to June 1. The Peter Geistlich Research Awards are open to clinicians and medical researchers; the Philip J. Boyne Junior Faculty Awards are for junior faculty; and the Resident Research Awards are exclusively for residents and fellows.

The foundation's Clinical Observership Program is designed for residents interested in pursuing a career in private practice. Applications are taken on a rolling basis and reviewed quarterly. Visit osteoscience.org.

CALENDAR

AAOMS Opportunities

2018

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.

Nov. 29–Dec. 1

Dental Implant Conference
Sheraton Grand Chicago
Chicago, Ill.

Regional & State Society Meetings

2018

April 7

WSOMS Annual Meeting
The Journeyman Hotel in Milwaukee, Wis.

April 19–22

Combined Annual Meeting: Southwest Society of OMS, Midwestern OMS Chapter and Texas Society of OMS
Carmel Valley Ranch in Carmel, Calif.

April 21

OSOMS Annual Meeting
Embassy Suites in Dublin, Ohio

April 25

MSOMS Annual Meeting
Framingham, Mass.

April 29–30

DVSOMS and PSOMS Annual Meeting
The Hershey Hotel in Hershey, Pa.

May 2

Middle Atlantic Society of OMS Spring Meeting
Turf Valley Resort in Ellicott City, Md.

May 2–6

Southeastern Society of OMS
The Cloister at Sea Island in Sea Island, Ga.

May 5–6

CALAOMS 18th Annual Meeting
Claremont Club and Spa in Berkeley, Calif.

May 19–20

NYSSOMS Annual Meeting
Weill Cornell Medical College in New York, N.Y.
(Speaker co-sponsored by Osteo Science Foundation)

J. David Johnson Jr., DDS
Treasurer

Each of the ASI Approved Programs offers a unique product or service that enhances an aspect of an OMS practice.

ASI Approved Programs

AAOMS uses many different revenue sources to maintain its educational and operational program offerings, but only one makes substantial contributions to the bottom line of both AAOMS and its members.

AAOMS Services, Inc. (ASI) brings in more than $1 million in annual royalties while at the same time offering high-quality services and products to members at competitive prices and increasing the value of AAOMS membership. Many of the ASI partners also provide additional corporate support to AAOMS.

This AAOMS for-profit subsidiary – created in 1997 – now has 17 ASI Approved Programs. Each company must pay a quarterly royalty to AAOMS and ASI based on usage while featuring a special benefit to members they would not receive on their own.

Potential programs are thoroughly reviewed – including financial solvency and member references – by a dedicated ASI Projects Committee comprised of AAOMS members. If a company's proposal is acceptable to the Committee, the application moves to the AAOMS Board of Trustees and ASI Board of Directors for final review and approval.

Look for the "Approved By" logo. It is your assurance ASI has reviewed and approved a partner program.

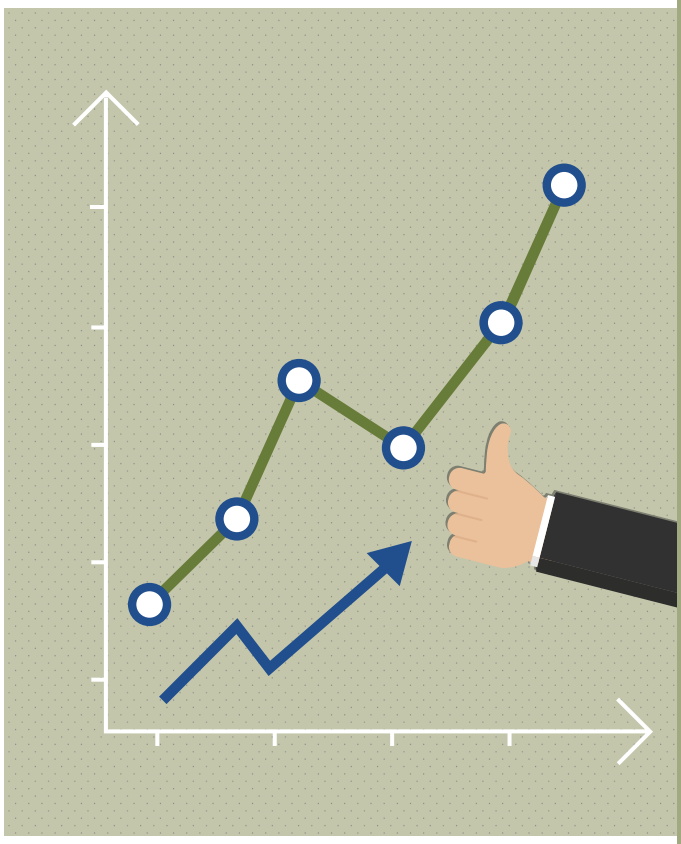
Each of the ASI Approved Programs offers a unique product or service that enhances an aspect of an OMS practice:

- **Bank of America Merchant Services** – This credit card processing program offers specially negotiated rates for AAOMS members.
- **Bank of America Practice Solutions** – This practice financing service offers customized solutions for OMSs – whether just getting started or restructuring/expanding.
- **CareCredit** – This healthcare credit card provides an additional financing option for patients, making it easier for them to get needed surgery.
- **MedXCom** – This HIPAA-compliant hybrid answering service allows doctors and practice managers to communicate, track and preserve night calls using a mobile app.

provide products, can help your bottom line

- **NEA, Powered by Vyne** – This secure service offers electronic transmission of claim attachments using FastAttach and FastLook.
- **Nuell** – This service offers repairs of powered dental and surgical instruments and accessories.
- **Office Depot/OfficeMax** – This retail chain offers AAOMS members discounts and GPO National Account pricing on office supplies.
- **Optum360** – This one-stop coding resource offers a variety of printed materials – including its popular *Coding Guide for OMS* – as well as its EncoderPro.com, an online encoding program.
- **PCIHIPAA** – This service provides in-depth PCI and HIPAA compliance services to navigate the complexities of compliance and protect OMS practices.
- **PD-Rx Pharmaceuticals** – This service offers more than 6,000 prepackaged medications for in-office dispensing needs, with a specially priced formulary for OMS practices.
- **Practice Quotient, Inc.** – This national managed dental care contract firm negotiates fair market PPO compensation for members.
- **Scientific Metals** – This precious metals refining program assays scrap metals for an accurate value and offers free insured pick-up of metals.
- **SoFi** – This student loan refinancing service can save members thousands of dollars while consolidating and refinancing federal and private loans.
- **Southern Anesthesia & Surgical** – Since 1997, this company has offered an AAOMS Member Buying Group Program that features OMS specialty products, supplies and pharmaceuticals.
- **Sowingo** – This is a cloud-based inventory management system specifically designed for oral and maxillofacial practices.

APPROVED BY AAOMS ASI AAOMS Services, Inc.



- **StemSave** – This company offers OMSs a non-invasive, convenient and affordable stem cell banking service for their patients.
- **TSI** – This collection agency, offering fixed-fee pricing, integrates with most dental software to allow clients to get paid faster through early intervention.

I encourage you to participate in the ASI Approved Programs as they provide important non-dues revenue to the Association as well as benefits to you as a member.

To review each program more thoroughly, visit the ASI website at AAOMSservices.org. ■

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[1]Huwais S, Meyer EG. A Novel Osseous Densification Approach in Implant Osteotomy Preparation to Increase Biomechanical Primary Stability, Bone Mineral Density, and Bone-to-Implant Contact. Int J Oral Maxillofac Implants 2017;32:27–36.

*In accordance with the densifying reference guides on versah.com/densifying-reference-guide

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Enhance the Host

Three doctors inducted

Dr. Bagheri

Dr. Miloro

Dr. Zuniga

Shahrokh Bagheri, DMD, MD; Michael Miloro, DMD, MD; and John Zuniga, DMD, PhD; were the first OMSs inducted into the American Society of Peripheral Nerve due to their expertise in trigeminal nerve disorders.

They attended the society's annual meeting in January in Phoenix, Ariz. Dr. Zuniga presented on Magnetic Resonance Neurography evaluation of trigeminal nerve injuries, and Dr. Miloro presented on immediate allograft inferior alveolar nerve reconstruction.

Compendium OMS Section Editor chosen

Gary P. Orentlicher, DMD, has been chosen as the Section Editor of the new Oral and Maxillofacial Surgery section of the *Compendium of Continuing Education in Dentistry*. The *Compendium*, a peer-reviewed and indexed publication, added the new OMS section and appointed Dr. Orentlicher as its editor effective in January.

Dr. Orentlicher

Previously, Dr. Orentlicher served for four years on its Editorial Board and has been writing OMS and guided surgery articles for about 10 years. In his new role, he will be responsible for developing and executing strategies to increase the involvement of OMSs in publishing in, reviewing for and generally being involved in the *Compendium*. He also will be responsible for participating in RoundTable discussions on appropriate topics in the journal, reviewing submitted manuscripts and helping with the future direction of the journal.

"Well-known throughout dentistry as a specialist in 3D virtual treatment planning, Dr. Orentlicher will provide oversight and help guide article acquisition in this emerging area of practice," *Compendium* Editor Louis F. Rose, DDS, MD, said.

Member provides surgery to noma patients

Dr. Amundson

Melissa Amundson, DDS, of Portland, Ore., is among the first oral and maxillofacial surgeons to work in the field with the Dutch section of Doctors Without Borders/Médecins Sans Frontières (MSF), the international humanitarian organization.

Dr. Amundson started her first four-week deployment in October 2016, joining the surgical team in Sokoto, Nigeria. She provided essential surgery for noma patients and was added to the MSF trauma surgery pool for the trauma hospital in Amman, Jordan. She is now preparing for her third trip to Noma Children's Hospital in Sokoto.

"Noma rarely occurs outside of Africa and survivorship is rare due to a 90 percent mortality rate," Dr. Amundson said. "There are only a handful of treatment centers – three that I am aware of – one of which is in Sokoto to serve all of Africa. Very few surgeons are trained in noma reconstruction, little research has been done, and very few Western surgeons have seen the condition, let alone treated it."

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

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

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.

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.

Massachusetts

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine and Boston Medical Center invites applications for a full-time faculty position. The position requires graduation in oral and maxillofacial surgery from a CODA-accredited program or foreign equivalent. Applicants must be eligible for full or limited (faculty) licensure in the Commonwealth of Massachusetts. Primary responsibilities include didactic and clinical education of dental students and OMS residents in an outpatient clinical setting with emphasis on office-based surgery including dentoalveolar, ambulatory anesthesia and implant surgery. There are no required hospital-based operating rooms or on-call responsibilities. Multiple opportunities for scholarly activity, faculty development and research are readily available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications, are available. Interested candidates should submit a letter of interest including career goals, curriculum vitae to: Pushkar Mehra, BDS, DMD, FACS, Chairman, Oral and Maxillofacial Surgery, 100 E. Newton Street, Suite G-407, Boston, MA 02118, or email: pmehra@bu.edu. Boston University is an equal opportunity employer and encourages applications from minorities and women.

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 positon 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 positon include pre-doctoral 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 thebasis 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, 2018. 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.

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 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.

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,

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Rosemont, IL 60018-5701

Faculty Positions
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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 2018 as well as July 2019 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 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.

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.

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, FACMPE, 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 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, 2020 to June 30, 2021. 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.

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

Available Positions

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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 to scott@bradyprice.net.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hard-working and efficient oral surgeon for a full-time position in the Bay Area, Calif. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have CA license, general anesthesia permit and medical malpractice Insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to: apply.oralsurgery@gmail.com.

Colorado

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

Florida

Florida Craniofacial Institute is looking for an associate to join our practice located in sunny Tampa, Fla. We are a growing OMFS practice, with opportunities for continued expansion. This is a great opportunity for a surgeon to join a collegial group practice. We practice full-scope OMS in a unique setting, with the founding surgeon focused on pediatric cleft and craniofacial surgery. We offer competitive compensation package with benefits. Please send CV and inquiries to Peter Kemp at 813-870-6000, admin@flcranio.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, multispecialty, 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

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

Prominent oral and maxillofacial surgery practice in metropolitan/suburban Chicago area actively seeking an associate with progression to partner position. Position available currently, or as of July 2018. Our doctors practice the full scope of oral and maxillofacial surgery with emphasis on dentoalveolar and implant surgery. This is an excellent opportunity to join a high quality, well-established and respected surgical practice with an over 60-year history. Benefits include medical & malpractice insurance, society membership, hospital dues and board examination dues. This is an equal partnership with long-term stability providing quality of life and a fulfilling career in a great location in the Chicagoland area. Reply to AAOMS Box A-31801.

Indiana

Multi-office OMS practice in Indiana seeking new or recent graduate for associate position 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.

Kansas

Thriving, established and highly respected OMS private practice located in an upscale suburb of Kansas City is seeking a personable, energetic, motivated and well-trained OMS who is board-certified or an active candidate for certification. Full-scope practice with an emphasis on dentoalveolar implants/grafting. Highly technologically

advanced practice: CBCT with all nuances of guided surgery, immediate implant placement with temporization, and PRF (growth factor) Centrifuge for bone and soft tissue graft enhancement. Beautifully appointed 2,753 sq. ft. office. Owner wishes to sell and continue practicing 12-24 months to transition practice. Please send letter of interest and CV to oralsurgeryofficeleawood@gmail.com.

Kentucky

A well-established, well-respected 40-year-old OMS practice located in central Kentucky is seeking a BC/BE candidate to join our 2-surgeon practice. Full-time associateship leading to partnership is available as senior partner is transitioning to retirement. The office is state-of-the-art with EMR, CBCT and guided surgery options. Our focus is on dentoalveolar surgery, third molars, implants and office anesthesia with unlimited potential for a full-scope practice. Interested parties reply to s.peavler@danvilleoms.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.

Maryland (Chesapeake Bay Area)

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.

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.

Michigan (Macomb, Wayne, Oakland and Genesee Counties)

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

continued on next page

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

Available Positions
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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, 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 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 parttime 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 growthoriented, 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 officebased, 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@mofsny.com or contact Robert Bodey at 347-590-9910.

New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working and highly skilled full-time OMS. Reply to AAOMS Box A-4416.

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

Looking for a FT/PT oral surgeon to join our growing locations. We are modern, digital, CBCT and have well-trained staff. Emphasis on implantology, dentoalveolar surgery and quality care. Offices located in Cary & Garner. Email CV and CL to manager@oralsurgerync.com.

North Carolina

Well-established, multiple location, busy coastal OMS group practice seeking a FT board eligible/board-certified oral surgeon for partner-track associate position. A 45-year veteran practice, we have a very strong referral base supported by excellent referral relationships throughout the entire eastern N.C. area. The practice has experienced long-term success and is focused on continual growth. Practice is comprised of a modern main office in addition to two well-staffed and busy satellite offices. Benefits include a competitive compensation package, full medical and dental benefits, malpractice insurance as well as enrollment in our profit-sharing 401K plan. We are located in a highly desirable coastal location, with gorgeous beaches, many cultural opportunities, historical sites and plenty of southern hospitality! Reply to arhodes@caroline-surgery.com.

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: manager@drwayne.com.

Pennsylvania

Scenic south central Pennsylvania and 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.

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 anesthetists. 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.

Tennessee

A well-established multi-office oral surgery/prosthodontics practice in Memphis, Tenn., area is seeking a full-time board-eligible/board-certified oral and maxillofacial surgeon. This associate position will lead to partnership for the right individual. Guaranteed base salary with production incentives. Interested applicants should email CV to drdw1@comcast.net.

Toronto, Ontario

Full-scope oral surgery practice has an immediate need for a full-time associate. May lead to possible partnership opportunity. This high-volume, multi-doctor practice with mid- and downtown Toronto, Canada locations has a well-established referral base and potential hospital availability. Onsite CBCT/digital X-rays. The position requires a board-certified or board-eligible oral and maxillofacial surgeon who has ambition! Email: admin@metropolitanoms.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 full-time or 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

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 drg@myoralsurgeon.com.

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

Available Positions
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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 exceptional, 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.

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.

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

OMS practice for sale in Denver, CO. Gross collections: ~$1.1M (2016). Projected cash flow to new owner after debt service: $550,000. Overhead: 42%. 3 operators (could expand 2-3 surgical suites). Contact Marie Chatterley, 303-249-0611 or marie@ctc-associates.com.

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.

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.

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.

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.

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.

Oregon

Southwest Portland area fee-for-service practice available for sale with transition. Fully equipped office including CBCT adjacent major hospital. Average collections $2.3 million. Contact Brady Price Associates, specializing in OMS practice sales since 1984 @ 925-935-0890 or email Scott Price scott@bradyprice.net.

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.

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.

Classified Advertising Deadlines

July/August 2018 issue: May 1, 2018

Sept/Oct 2018 issue: June 22, 2018

Nov/Dec 2018 issue: Sept. 3, 2018

Jan/Feb 2019 issue: Nov. 9, 2018

AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position
(please check all that apply):

- ☐ Chairman
- ☐ Program Director
- ☐ Professor
  (clinical or research track)
- ☐ Associate Professor
  (clinical or research track)
- ☐ Assistant Professor
  (clinical or research track)
- ☐ Fellowship
  - ☐ CODA Accredited
  - ☐ Non-CODA Accredited

☐ **AAOMS Box Number requested**
(No additional cost)

☐ **This is a confidential ad.**
Please contact only the following members of my staff if you have questions:

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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Faculty Ad Costs:

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

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

General Classified Advertising Order Form

Ad type:

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- ☐ Practice for Sale
- ☐ Position Wanted
- ☐ Practice Transitions
- ☐ Miscellaneous

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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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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

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

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

Mail completed form and check to:
AAOMS Today Classified Ads
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
Or email form to jwalker@aaoms.org
or fax form 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
July/August 2018 issue: **May 1, 2018**
Sept/Oct 2018 issue: **June 22, 2018**
Nov/Dec 2018 issue: **Sept. 3, 2018**
Jan/Feb 2019 issue: **Nov. 9, 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, pipecolylxylidide, 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:
6,132,766 5,891,467
5,766,627 8,182,835

PACIRA
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For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

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	13.6% LESS PAIN	10% OF PATIENTS WERE OPIOID FREE WITH EXPAREL VS 0% WITH BUPIVACAINE HCl (*P*<0.01)
overall opioid consumption (*P*<0.005)	cumulative pain scores (*P*<0.04)	

*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 ≥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).

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EXPAREL® (bupivacaine liposome injectable suspension)

OPIOID FREE