AAOMS TODAY



May/June 2018
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A publication of the American Association of Oral and Maxillofacial Surgeons



Annual member survey reveals encouraging results

OMSs report they prescribe fewer opioids for third molar cases page 4

COVER STORY | PAGE 6

A banner year

Day on the Hill memorable for AAOMS recognition, support for legislative issues

Honoring 100 years

Annual Meeting will unveil a new clinical education platform page 20



A shift in message

Informational
Campaign returns to using 'maxillofacial'
page 28

DTS TASA9 US POSTAGE DIA9 IL AAOAUA TSA TIMA39

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May / June 2018

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Daniel M. Laskin, DDS, MS

Edito

Scott Farrell, MBA, CPA

Executive Director

Jolene Kremer

Associate Executive Director

Sarah Trotto

Editorial Manager

Julie Carr

Production Designer

AAOMS

9700 W. Bryn Mawr Ave., Rosemont, IL 60018-5701 847-678-6200 Fax 847-678-6286 **AAOMS.org**

OFFICERS

 $Brett\,L.\,Ferguson, DDS, FACS$

President

brett.ferguson@tmcmed.org

A. Thomas Indresano, DMD, FACS President-Elect

atindresano@gmail.com

Victor L. Nannini, DDS, FACS

Vice President

vnannini@hotmail.com

J. David Johnson Jr., DDS

Treasurer jdjj1@aol.com

Douglas W. Fain, DDS, MD, FACS

Immediate Past President dfainddsmd@gmail.com

Scott Farrell, MBA, CPA

Executive Director sfarrell@aaoms.org

Steven R. Nelson, DDS, MS

Speaker, House of Delegates snelson.omfs@gmail.com

TRUSTEES

David Shafer, DMD

Trustee, District I (Northeastern) dshafer@nso.uchc.edu

Paul J. Schwartz, DMD

Trustee, District II (Middle Atlantic) drpaulschwartz@smdoms.com

Robert S. Clark, DMD

Trustee, District III (Southeastern) rsc4876@aol.com

J. David Morrison, DMD

Trustee, District IV (Great Lakes) jdavemor@aol.com

B.D. Tiner, DDS, MD, FACS

Trustee, District V (Midwestern) btiner2@satx.rr.com

Mark A. Egbert, DDS, FACS

Trustee, District VI (Western)
mark.egbert@seattlechildrens.org

AAOMS ASSOCIATE EXECUTIVE DIRECTORS

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General Counsel ext. 4350

Mary Allaire-Schnitzer

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Continuing Education, Meetings and Exhibits ext. 4377 Jolene Kremer

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COVER STORY

Page 6



A banner year

Day on the Hill memorable for AAOMS recognition, support for legislative issues

We're increasing our presence in our Capitol. More people know about us now than they did 40 or 50 years ago.

– Dr. Herbert D. Stith, Chair of the AAOMS Committee on Government

Affairs

IN MY VIEW

Annual member survey reveals encouraging results

More members said they do not refill an opioid prescription after third molar removal.

ADVOCACY 13

AAOMS advocacy depends on local engagement

AAOMS provides tools and resources to help state societies engage in defense of unfavorable legislation.

MEMBERSHIP

Meet the candidates

Candidates for AAOMS President-Elect and Vice President share their statements.

2018 AAOMS ANNUAL MEETING 20

A new clinical education platform for a new century

Annual Meeting will feature nine clinical tracks, the History Museum, the World Café and more.

INFORMATIONAL CAMPAIGN 28

A shift in message: Back to 'maxillofacial'

AAOMS recently conducted national surveys to gather data on consumer awareness of specialty terminology.

CENTENNIAL 34

Honoring 100 years of AAOMS

Former President recalls change of Association name.

ADVANCED EDUCATION 36

Learning the skills to be a successful leader

Members attended the Emerging OMS Leaders Workshop.

PRACTICE MANAGEMENT NOTES

Cybersecurity: A necessity for oral surgeons

OMS offices have become vulnerable to threats.

ADVANCED EDUCATION

42

37

Conference 'an enriching experience'

2017-18 ROAAOMS President recaps the Resident Transitions into Practice Conference.

OMS FOUNDATION

Campaign flourishing, but more support needed

Annual Fund campaign has a goal of \$1 million.

EDITOR'S CORNER

46

The future of dental implant placement

The use of dental implants has been increasing exponentially.

CALENDAR

57

A list of AAOMS, state and regional society meetings.

TREASURER'S ACCOUNT

58

Moving online

Trading the print directory for two online versions.

GIVING BACK

Doctor, group travel to Philippines to repair cleft lips, palates

New feature spotlights mission work.



Brett L. Ferguson, DDS, FACS AAOMS President

We have a responsibility to ensure we do not amplify a growing public health risk while helping our patients receive relief after undergoing complex dental surgical procedures.

Our annual member survey

The opioid epidemic remains a critical issue for our specialty. Alarming news continues to make headlines. The CDC announced in March that emergency department visits due to suspected opioid overdoses rose about 30 percent from July 2016 to September 2017 across the United States.

AAOMS has worked to address the topic with federal and state legislative and regulatory officials by weighing on specific proposals, including advocating for the interoperability of state-sponsored prescription drug monitoring programs (PDMPs), protecting the patient-practitioner relationship, as well as providing input on federally developed CE programs in which our members can participate. We also have educated our members on the epidemic by issuing prescribing recommendations. Those recommendations released last year urge the use of NSAIDs and acetaminophen – rather than opioids – as a first-line therapy protocol to manage patients' acute and postoperative pain.

For a second year, we have surveyed our members to better understand our prescribing patterns. Through these annual surveys, we hope to recognize trends we can utilize in our advocacy efforts to show legislators and regulatory officials our membership is very aware of the opioid abuse epidemic and has taken steps to reduce the amount of opioids they prescribe to patents. We also can use the survey results to inform our membership of prescribing trends and, in turn, members may alter their prescribing habits for the better.

Just weeks after the first survey closed last year, we received a call from a New York Times reporter who was writing about the opioid crisis. Some of the survey results were included in a July opinion piece, including: "...half the respondents said they had decreased their prescriptions of narcotics."

Because of that survey and publication of that summary phrase, OMSs were in essence telling the public we recognize the gravity of the opioid crisis and we are doing something about it.

This year's results

Earlier this year, we again surveyed our members about their prescribing habits. More than 300 members completed the survey, and we collected some promising findings – for example, 85 percent of respondents said they prescribe less than a three-day supply of opioids and 83 percent of respondents use a long-acting local anesthetic or other agent.

When comparing the new results to the findings of last year's survey, we discovered encouraging improvements:



about prescribing reveals encouraging results

- More than 97 percent of respondents said they do not refill a prescription after third molar removal. That was higher than in 2017 (about 91 percent).
- Nearly 80 percent have decreased the number of opioids they have prescribed for third molar cases in the last two
- Prescribers who provide a refill of opioids declined nearly 6 percentage points - 2.8 percent in 2018 compared to 8.7 percent in 2017.
- Oxycodone prescriptions declined almost 31 percent.
- Norco/Vicodin prescriptions decreased nearly 19 percent.
- The number who prescribe less than a three-day supply of opioids after third molar removal has increased 10 percentage points since last year (75 percent).
- The percentage of OMSs who prescribe only an opioid dropped 3 percent.
- Meanwhile, the percentage of OMSs who prescribe only NSAIDs increased 2.8 percent.
- Some 92 percent of respondents said they are aware of their state's PDMP, an increase from 83 percent in 2017. And 70 percent said they occasionally, frequently or always check the PDMP before they prescribe.

Future efforts

Although many of these results are promising, there is room for improvement. About 47 percent of respondents said they "occasionally" refer to the PDMP before they prescribe.

As states begin to mandate providers to utilize their PDMPs, AAOMS supports properly funded systems that update in real time and are operative between states. In order for doctors to have adequate time to provide quality patient care, AAOMS supports authorizing approved auxiliary personnel to access the PDMP on the prescriber's behalf.

AAOMS also believes any effort by government entities to develop prescribing guidelines should acknowledge OMSs' expert care by involving OMSs in the development process. Guidelines also should avoid a one-size-fits-all approach because pain management needs differ by patient.

If dosage restrictions – such as a three- or seven-day supply restriction – are imposed, AAOMS supports provisions that would allow provider discretion because the management

of severe pain varies by patient and procedure. Our advocacy efforts have included support of a provision in the Comprehensive Addiction and Recovery Act that would clarify federal law to allow pharmacies to not completely fill a Schedule II drug when state law allows. We believe federal efforts to spur states to allow patients to acquire part of their prescription with the option to obtain the remainder only when necessary would lower the risk of diversion of unused medications.

In addition, with heightened concern surrounding the opioid crisis and delaying treatment, particularly involving third molars, our members should have conversations with their colleagues, patients and parents about safe alternatives for pain management.

Available resources

Among our other efforts, we partnered with the Substance Abuse and Mental Health Services Administration to produce the free CE program, "Safe Opioid Prescribing for Acute Dental Pain," for dentist prescribers. We also partnered with the National Institute on Drug Abuse to develop a CE program that informs medical and dental prescribers on how to discuss substance abuse with adolescents.

Other educational materials we have developed include an informational card – "Safe Use and Disposal of Prescription Medications" – that members can provide to patients. In addition, we offer CE webinars and programs, such as the Keynote Address, "The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction," at last year's Annual Meeting.

AAOMS will continue to provide resources and information to you and advocate in support of PDMPs and legislation that combats prescription drug abuse while protecting the patientpractitioner relationship. We realize we have an opportunity for further discussion and education for our members in regards to providing information about safe use, storage and disposal of opioids to patients and possibly their parents. For example, we have shared information about National Prescription Drug Take

We have a responsibility to ensure we do not amplify a growing public health risk while helping our patients receive relief after undergoing complex dental surgical procedures. We continue to believe it is vital for us to participate in responsible prescribing based on individual patient needs and to use alternatives to opioids when appropriate.





A banner year

Day on the Hill memorable for AAOMS recognition, support for legislative issues

Clockwise from top left: Drs. A. Thomas Indresano, AAOMS President-Elect, and Brett Ferguson, AAOMS President, in front of the Capitol; Dr. Ferguson gave introductory remarks during the evening reception; AAOMS Committee on Government Affairs Chair Dr. Herbert Stith provided remarks during the morning program; and members of the Kentucky Society of OMS met with U.S. Sen. Rand Paul (R-Ky.) to discuss AAOMS priority issues.







AAOMS members arrived in Washington, D.C., for the 18th annual Day on the Hill to all sorts of last-minute developments - making it one of the most dramatic and exciting times to participate in the grassroots advocacy event.

In a surprise announcement that opened the two-day event, U.S. Rep. Michael Burgess (R-Texas) honored AAOMS and its members by reading a declaration into the Congressional Record on the House floor to honor the Association's centennial.

"Mr. Speaker, today I rise to recognize the 100th anniversary" of AAOMS, Burgess said in an address broadcast on C-SPAN that ended with his support for the "mission to assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery."

Herbert D. Stith, DDS, Chair of the AAOMS Committee on Government Affairs (CGA), said Rep. Burgess's centennial declaration prompted him to consider the impact of AAOMS's advocacy efforts.

"We really are doing something here," Dr. Stith said. "We're increasing our presence in our Capitol. More people know about us now than they did 40 or 50 years ago."

At the morning briefing before heading to appointments, attendees learned two of the AAOMS's four 2018 legislative priorities - student loan reform and craniofacial anomalies - were garnering support and moving forward through the legislative process.

"This AAOMS Day on the Hill was such an exciting time – not only to see all the new and veteran attendees but also to see the energy associated with our priorities for our Capitol Hill visits," said AAOMS President Brett L. Ferguson, DDS, FACS.

To prepare everyone for their visits, attendees were briefed on the four key AAOMS legislative priorities recommended by the CGA and approved by the Board of Trustees. Armed with talking points and leave-behind folders, attendees traveled to multiple appointments at House and Senate offices and met with legislators and staff.

continued on next page



U.S. Rep Michael Burgess (R-Texas) recognized AAOMS's 100th anniversary on the House floor.



U.S. Rep. Michael Burgess (R-Texas) met with Drs. Tommy Burk from Texas, AAOMS President Brett Ferguson and AAOMS President-Elect A. Thomas Indresano. Dr. Ferguson received a copy of the statement Dr. Burgess read on the House floor.



From left: Members of the ROAAOMS executive committee – Drs. Michael Border, Thomas Burk, Raj Thaker and Seth Brooks – and Dr. Lon Hinckley, a resident scholarship travel award winner.



From left: Drs. Numa Ray Lee and Caroline Webber and U.S. Rep. Bobby Scott (D-Va.) and Laura Givens, executive director of the Virginia Society of OMS.

"Patience is the key to advocacy," AAOMS Washingtonbased lobbyists told attendees at the briefing. "Lobbying is a marathon, not a sprint. Think about it - Medicare's Sustainable Growth Rate was finally repealed after years of lobbying. Changes rarely happen in one session of Congress. Don't be discouraged if you're talking about the same issues year after year. Stay the course."

Legislative priorities

The Day on the Hill event encourages members to directly advocate to Congressional representatives about issues facing the specialty and their patients – including the 2018 priorities of student loan reform, craniofacial anomalies, FSA/HSA expansion and prescription drug abuse issues.

■ Student loan reform – AAOMS is primarily advocating for the Resident Education Deferred Interest (REDI) Act, legislation expected to be introduced in late April by Rep. Brian Babin (R-Texas) - one of four dentist members of



From left: Dr. Arman Yazdan, U.S. Rep. Yvette Clarke (D-N.Y.) and Drs. Patricia Miller and Joel Friedman, all from New York, discussed AAOMS priority issues.

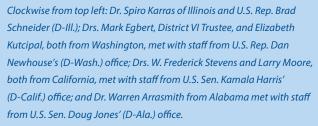
Congress. This bill would halt interest accrual on loans either in forbearance or deferment for those who qualify for the residency/internship category.

OMS residents expect to have \$300,000 to \$500,000 or more in student loan debt by the time they complete residency. Their loans typically carry an interest rate of 6 percent or more that compounds even if the loans are in deferment or forbearance. About half of residents say this debt is a determining factor for where they practice and whether they pursue academic careers.

Fifth-year UT Southwestern OMS resident Thomas F. Burk, DMD, MD – who serves as the CGA ROAAOMS representative - was asked to tell his personal story to Rep. Burgess, an OB/GYN prior to being elected in 2002, during a morning appointment with AAOMS leadership and Texas OMSs.

Dr. Burk, who trains at Parkland Hospital in Dallas, completed his undergraduate work at University of California, Berkeley, attended Harvard School of Dental





Medicine and earned his MD at UT Southwestern. He said he has accumulated thousands of dollars in interest debt, and it continues to accrue even though he is still in training.

"This is not unique to residents who train at Ivy League or more expensive private institutions," Dr. Burk told Rep. Burgess. "More than about half are going to graduate with more than \$300,000 in debt."

"I hear what you're saying," Rep. Burgess responded, saying he would look at Rep. Babin's proposal.

■ Craniofacial anomalies – A new legislative priority in 2018 supports the Ensuring Lasting Smiles Act (ELSA) to require health plans to cover treatment for patients with congenital anomalies. The bill was expected to be introduced by Sen. Tammy Baldwin (D-Wis.) in late April.

During Day on the Hill, AAOMS members were informed U.S. Reps. Collin Peterson (D-Minn.) and David Young (R-Iowa) had just agreed to sponsor the same bill in the House.

This legislation would ensure all health plans cover medically necessary services, including dental procedures, needed as a result of birth defects such as cleft lip/palate, hypodontia and maxillofacial deformities.

"We're supporting what many states have already done with this coverage," the AAOMS lobbyists told attendees. "Many states passed laws that require health plans regulated in their state to provide this coverage. But those







laws do not apply to ERISA plans. That's why we need the federal government."

Dr. Stith said the craniofacial bill made this year's Day on the Hill memorable. "We really need to take ownership of this bill and support it as best we can," he said.

Other specialties – including neurologists, plastic surgeons and the American College of Surgeons - are "on board" with this bill, AAOMS members told Sen. Baldwin's staff.

"From birth well into adulthood, this small set of patients are in a constant battle to receive medical treatments."

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COVER STORY (continued)

AAOMS past president William Nelson, DDS – who practices in Green Bay, Wis. – told the Wisconsin senator's staff.

■ Expanded use of FSAs / HSAs – Attendees promoted the passage of the RAISE Health Benefits Act of 2017 (HR 1204) and the Health Savings Act of 2017 (HR 35) – both of which would ease restrictions on flexible spending accounts and health savings accounts.

While there are two bills in the House, there are no companion bills in the Senate. HR 1204 would cancel the FSA "use-it-or-lose-it" rule, increase contribution limits and allow additional deposits for additional dependents. For HSAs, HR 35 would increase the annual contribution limit and expand the availability beyond patients with high-deductible health insurance plans.

"I thought our HSA/FSA proposal – as well as student loan reform and craniofacial anomalies – are all non-partisan and would be easy for people to get behind," said District I Trustee David Shafer, DMD, who was participating in Day on the Hill for the first time. "Today's partisan environment made it clear to me that it is not always easy to pass legislation that we believe are obvious solutions so it is important that we come to Washington and advocate each year for the specialty and our patients."

■ **Prescription drug abuse** – AAOMS wants to be part of the solution as Congress could seek additional ways to address the opioid abuse epidemic and its unfortunate and unintended consequences.

The previous day, AAOMS members were meeting with Congressional representatives, the Senate health committee introduced the Opioid Crisis Response Act of 2018 (S 2680) that features more than three dozen proposals including support for Prescription Drug Monitoring Programs.

One of the messages attendees were encouraged to discuss pertained to continuing education requirements – asking that 1) CE be managed at the state level, 2) the requirement be proportionate to CE on other topics, 3) AAOMS be included as an accepted practitioner training organization and 4) assure prescribers are not subject to duplicative state and federal requirements.

One key meeting on this issue occurred with Rep. Burgess. After leadership discussed the AAOMS prescription drug abuse talking points and headed to its next meeting, the AAOMS lobbyist pointed out Rep. Burgess, in his role as Chairman of the Subcommittee on Health, will review, merge and mark up all the opioid bills in the coming week.



Above: Drs. Benjamin Simonton, Erik Warren and A. Thomas Indresano at the reception. Below: AAOMS Speaker of the House of Delegates Dr. Steven Nelson, U.S. Rep. Steve Stivers (R-Ohio) and AAOMS Immediate Past President Dr. Douglas Fain at the Capitol Hill Club.



Successful connections

By the time the event ended April 18, about 95 AAOMS members met with approximately 130 Congressional representatives and staff. Among those were 32 AAOMS members attending their first Day on the Hill event as well as 10 residents.

"I learned so much at each one of my visits," said AAOMS President-Elect A. Thomas Indresano, DMD, FACS. "I understand we can't get everything taken care of quickly. It's a long race, but what impresses me is that people remember you year in and year out. They know what you stand for and you can get your point across."

In the weeks following Day on the Hill, attendees are urged to reach out to their representatives when the new bills with the AAOMS legislative priorities are introduced. Advocacy for issues crucial to the specialty can occur year-round.

AAOMS staff is always available to answer any advocacy questions. Call Jeanne Tuerk, AAOMS government affairs manager, at 847-233-4321 or email jtuerk@aaoms.org.





From left: Keynote speaker Charlie Cook; members of AAOMS leadership greeted Charlie Cook after the keynote dinner.

Keynote Speaker Charlie Cook: Hill visits make a difference

Day on the Hill keynote speaker Charlie Cook called on attendees to become the "most effective lobbyists" for the specialty.

Cook – founder of the independent, non-partisan Cook Political Report - told the OMS audience that explaining the real-world impact of pending legislation to members of Congress can make a difference.

"When you go in to see them tomorrow, you're not a member of the Democrat or Republican party. You're members of the oral and maxillofacial surgery party," he said. "These visits are important for you and your patients."

Cook, considered one of the nation's leading authorities on U.S. elections and political trends, explained his predictions on what could happen in the 2018 mid-term elections.

Saying this mid-term election is "more important than most," he compared it to a Republican sea wall with a Democratic tidal wave.

"We're going to see how high and how strong each will be," he said.

When it is over, Cook predicts the wall will be taller than the wave – and Republicans will hold on to their majorities as long as any of four issues "don't cause this to change" between now and November: the economy, gun control, a Supreme Court vacancy or scandals.

"Elections don't come any more hotly contested than this one," he said.

District I Trustee David Shafer, DMD, said Cook's "politically neutral" presentation was excellent.

"He gave a really good encapsulation of where we are politically in the country and what – from a best prediction based on his experiences – we can expect over the next two to four years," Dr. Shafer said.

How to get involved in advocacy efforts if you didn't attend Day on the Hill

Those unable to travel to Washington, D.C., to participate in Day on the Hill can still be an advocate from home. Visit AAOMS.org/DayontheHill and click the "Virtual Day on the Hill" tab to learn more about how to make an impact. Among suggestions:

- Send a letter to your constituent members of Congress using the AAOMS Grassroots Program.
- Request an in-district meeting with your members of Congress the next time they are nearby.
- Call the Washington, D.C., offices of your members of Congress asking them to support Day on the Hill priorities.
- Tweet your members of Congress to ask for their support of AAOMS issues.



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AAOMS advocacy depends on local engagement



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

very legislative cycle, AAOMS tracks more than 700 bills that would affect the way OMSs run their practices and treat their patients.

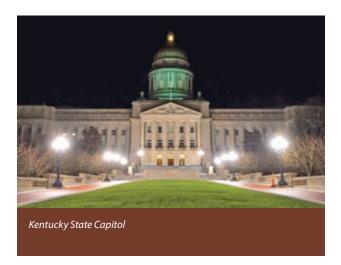
While less than 10 percent of these bills are ultimately enacted, the defeat of bills that would be adverse to the specialty depends on the engagement of the local OMS community.

AAOMS assists state societies by providing a number of tools and resources to help societies engage in their own defense against unfavorable legislation. These resources include issue packets, model legislation, talking points, toolkits, grassroots messaging services, consultation and issue tracking.

State OMS society leaders and key advocates also receive the AAOMS Governmental Affairs Update, a weekly email list of legislation and regulation being considered in the states that could affect OMS practices and patients.

Feedback makes a difference

As the Kentucky State OMS Society president, Dr. Richard A. Pape receives the AAOMS Governmental Affairs Update. It was through this publication he learned of the



introduction of SB 79, a bill that would require out-of-network practitioners who provide unanticipated out-of-network services to be reimbursed directly by the insurer at 80 percent of the average charges in the geographic area and also prohibit balance billing.

The legislation was one bill of many introduced across the country and a notable 2018 legislative trend that seeks to address "surprise billing."

Concerned by this bill's requirements – and the fact an unknown body could determine the usual and customary charges for

services - Dr. Pape forwarded the information to his fellow in-state OMS colleagues.

Dr. Pape also reached out to the chair of the Senate Banking and Insurance Committee, state Sen. Tom Buford (R), and his own elected representative, state Sen. Morgan McGarvey (D), to express his concern that



Dr. Pape

forcing providers to accept payment deemed "usual and customary" by an unknown body could result in fewer providers being willing to take emergency call and decrease access to care.

This message was communicated to the bill's sponsor and the bill was ultimately withdrawn from consideration until additional feedback could be gleaned from provider groups.

This is just one example of how local member engagement and utilizing AAOMS resources stopped potentially adverse legislation from moving forward, and there have been many more success stories over the years.

It is only through engagement in the issues dictating the practice of OMS that we can hope to direct the future of our specialty.

I encourage all OMSs and state societies to remain tuned into their states' legislative process, utilize the resources available through AAOMS and get involved in advocating for the specialty.

For more information, be sure to reference the materials at AAOMS.org/advocacy-and-government-affairs or contact our government affairs department at 800-822-6637. ■

CAPITOL CONNECTION



Congress, states active on wide range of issues

n addition to hosting approximately 100 OMSs in Washington, D.C., to discuss the Association's federal legislative priorities at its 18th Day on the Hill in April, AAOMS continues to monitor a variety of federal and state issues. Those issues range from anesthesia to prescription drug abuse and dental Medicaid coverage.

Federal activity

Members of Congress are gearing up to address other agenda items after wrapping up appropriations for the remainder of EY 2018:

■ FY 2018 appropriations – Members of Congress finalized FY 2018 appropriations with the passage of an omnibus spending package that funds that government until Oct. 1. Items to note include a significant increase of \$10 billion to Health and Human Services (HHS), with \$2.6 billion in new funding for opioid-related efforts. The National Institutes of Health (NIH) also received a \$3 billion funding increase for 2018, with an added \$500 million for opioid research.

Both HHS and NIH faced possible funding cuts under budgetary recommendations from the Trump Administration early in 2017 but managed to secure sizable increases for the remainder of 2018.

Those increases included a significant amount of additional funds spread across multiple HHS agencies to curb the opioid epidemic.

■ **New CDC director** – The Trump Administration announced in March that Dr. Robert Redfield, an AIDS researcher, has

been appointed as the CDC director after former director Dr. Brenda Fitzgerald resigned from the position in January due to conflicts of interest regarding investment in tobacco and healthcare companies. The position does not require a Senate confirmation.

■ Prescription drug abuse – Congress has held a number of hearings in the last two months on prescription drug abuse. AAOMS sent comment letters on specific topics ranging from possible federal CE requirements to prescribing limits.

State activity

The state legislatures are winding down their 2018 sessions, so a number of bills will be enacted or fail to pass in the coming days. State OMS and dental societies have information on which bills were enacted in states and the deadlines for implementation. Of note:

- Alaska The Alaska Board of Dental Examiners finalized a set of regulations updating the state's permitting requirements and procedures for the administration of dental sedation and general anesthesia. The revised rules also institute requirements for administering general anesthesia, deep sedation, moderate sedation or minimal sedation to patients younger than 13.
- Florida Gov. Rick Scott (R) signed legislation (HB 21) in March limiting the quantity of opioids that may be prescribed for acute pain. The new law limits prescriptions of Schedule II opioids to a three-day supply. Practitioners are allowed to prescribe up to a seven-day supply of an opioid if considered medically necessary and if appropriately documented.





impacting the specialty across the nation

In addition, prescribers will need to complete two hours of CE on the prescribing of controlled substances each biennial as a condition of renewal and check the Prescription Drug Monitoring Program prior to issuing a prescription to a patient older than 16. The new law takes effect July 1.

- Idaho Gov. Butch Otter (R) signed legislation (H 465) in March restoring adult preventive dental care coverage to the existing Medicaid population. The state has been without an adult dental benefit since 2011.
- West Virginia Gov. Jim Justice (R) signed legislation (SB 273) in March establishing a voluntary, non-opiate

advanced directive form and requiring practitioners to inform patients of the risks associated with opioids. All prescribers are required to check the state's Prescription **Drug Monitoring Program prior** to issuing a prescription for an opioid, and opioid prescriptions are limited to a three- to seven-day supply depending on the degree of the issuing prescriber and if the prescription is issued to a postsurgical patient.

OMSPAC update

As of February, OMSPAC raised \$66,575 in contributions from AAOMS members in 2018.

In addition, OMSPAC contributed \$163,500 to federal candidates during the 2017-18 election cycle.

In March, the OMSPAC Board released the 2017 OMSPAC Annual Report as part of the PAC's quarterly ImPACt newsletter.

Visit OMSPAC.org to view the report or ImPACt as well as additional information on member contribution totals and a list of candidates to whom OMSPAC has contributed.





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9700 W. Bryn Mawr Ave. • Rosemont, IL 60018 800-822-6637 • OMSPAC@AAOMS.org • OMSPAC.org

MEET THE CANDIDATES



Victor L. Nannini, DDS, FACS Candidate for President-Elect

Dr. Nannini currently resides on Long Island, N.Y., with his wife, Kathy. He received his DDS from New York University College of Dentistry and subsequently completed a General Practice and OMS residency at Long Island Jewish-Hillside Medical Center.

Upon graduation, he joined a private practice on Long Island, where he participated for more than 30 years, serving as the medical director for an accredited facility and practicing a full scope of procedures. During that time, he maintained active faculty positions at two OMS residency programs.

Dr. Nannini has been a member of AAOMS since 1984 and a diplomate of ABOMS since 1985. Approximately three years ago, he made a decision to leave private practice and become full-time faculty as the Associate Program Director at the Nassau University Medical Center Oral and Maxillofacial Surgery residency program.

In 1998, he was elected to serve on the Board of Directors of the New York State Society of Oral and Maxillofacial Surgeons. He became president of the state society and served as an alternate and delegate to the AAOMS House of Delegates for 14 years. During this time, he was a caucus secretary and caucus chair as well as a Reference Committee chair. He was the New York State OMSPAC chair for eight years and was honored with the Fundraiser of the Year award in 2007.

Dr. Nannini has served on multiple AAOMS committees, including as a member and eventual Chair of the Committee on Healthcare and Advocacy. He served as the District I Trustee for four years and is currently serving as Vice President on the AAOMS Board of Trustees. He was inducted into the American College of Surgeons in 2016.

STATEMENT

As an organization, we face many challenges in the upcoming years. Some of these include sustaining our ability to provide safe and affordable anesthesia, maintaining our leadership role as a specialty in dentistry, and ensuring we are properly reimbursed for the procedures we perform.

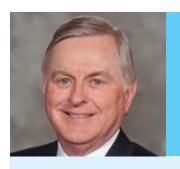
Over my four years as a Trustee and now as Vice President, I have seen an increase in attacks on many of the things we in previous years have taken for granted. Many of these, such as anesthesia, go to the core of what we do on a daily basis in our practices.

Our current Board of Trustees along with AAOMS staff works tirelessly every day under the leadership of our President, Dr. Brett Ferguson, to ensure that oral and maxillofacial surgeons remain at the forefront as the best healthcare providers in the world. It is an honor to be working with such fine individuals and serving as your Vice President.

As we celebrate our 100th anniversary, it is important now more than ever that we have a strong and organized AAOMS to confront these concerns when they occur. I believe that with my background in managing a large full-scope OMS practice and now as a full-time academician, I have the experience and background necessary to address these and any other challenges that may occur.

I humbly request your support for my candidacy for President-Elect.





DDS, MD, FACS

After completing his residency and medical school at the University of Texas Health Science Center at San Antonio in 1987, Dr. Tiner spent eight years in full-time academics at the San Antonio OMS

program. When he left the residency program, he was a tenured associate professor and the program director.

In 1996, Dr. Tiner entered a full-scope private OMS practice in San Antonio. During the last 21 years, Alamo Maxillofacial Surgical Associates has grown from three to seven surgeons and from one office to three. He also served as a dental officer in the U.S. Navy for 25 years, retiring as a Captain in 2000.

STATEMENT

Thank you for allowing me to share my vision for our great specialty. I am currently in my fourth and final year as the District V Trustee. In November, I announced my candidacy for the office of Vice President of our national organization. My goal is to keep oral and maxillofacial surgery as the premier specialty in dentistry and, in my opinion, the premier specialty in all of healthcare.

I agree with former President John F. Kennedy when he said, "I can't imagine a more rewarding career and if any man may be asked what he did to make his life worthwhile, I can respond with a good deal of pride and satisfaction that I served in the United States Navy." My experiences in the military, academics and private practice have provided me the insight and knowledge to effectively address the issues that affect different groups in our specialty.

Over the last 20 years, I have had the honor and privilege to gain invaluable experience in AAOMS and our affiliated organizations by serving as President of the American Board of Oral and Maxillofacial Surgery, President of the Southwest Society and Texas Society of Oral and Maxillofacial Surgeons, a Board member of the OMS Foundation and the OMS Commissioner on the ADA Commission on Dental Accreditation. I also have served as a delegate in our House of Delegates for several years, the District V Caucus Secretary and on several AAOMS Committees. I feel that this broad range of experience in our organization qualifies me to serve effectively as an officer in AAOMS.

My vision for our specialty going forward revolves around three words: preserve, protect and promote.

First and foremost, I want to help our Board of Trustees preserve our anesthesia delivery model. We have been delivering safe, affordable and accessible anesthesia in an office-based setting for decades.

In recent years, several unfortunate highly publicized adverse events have occurred in California and Texas involving dental anesthesia. Most of these cases have not involved an oral and maxillofacial surgeon. However, when the media fans the emotions surrounding these tragic deaths, oral and maxillofacial surgery gets painted with the same broad brush by our adversaries and legislators. Suddenly, without any scientific data to support their claims, our delivery model is deemed unsafe.

Existing data from OMSNIC show our delivery model for anesthesia is safe, but we need more verifiable data to support our safety record. For no other reason, I ask that everyone support OMSQOR, the oral and maxillofacial surgery quality outcomes registry. In a short period of time, this registry will provide the data we need to advocate effectively for our anesthesia delivery model. As a member of the Board of Trustees, I also strongly supported increasing our contingency fund for the 2018 budget by \$100,000 to help state societies in their advocacy efforts on behalf of our anesthesia delivery model.

continued on next page



B.D. Tiner, DDS, MD, FACS, Candidate for Vice President (continued)

My vision for our specialty going

preserve, protect and promote.

forward revolves around three words:

The second word is *protect*. I want to continue and expand the idea of a culture of patient safety that our Board of Trustees began last year. In 2017, the Board created the Special Committee on the Culture of Safety. The goals of this committee are fourfold: 1) to ensure patient safety through education, research, AAOMS products and services, 2) to reduce the risk of adverse events for OMS patients through increased education

on patient assessment and selection, 3) to discuss specific factors affecting risk for OMS procedures and 4) to conduct meaningful research to develop clinical practice guidelines.

Last year, the Board also developed and held its inaugural **Anesthesia Patient Safety** Conference at the headquarters

of the American Society of Anesthesiologists. About 150 people attended, representing most dental specialties, medical anesthesiologists and OMSNIC. I strongly support continuing this on a biennial basis. In my opinion, this is one of the most visionary programs AAOMS has ever sponsored.

To fulfill the goals of the Special Committee on the Culture of Safety, we will make our anesthesia simulation programs that have been under development at the Medical University of South Carolina during the last four years widely available to our membership. As the Board liaison to the Committee on Anesthesia for the last two years, I have been intimately involved in the development of these modules.

Several ABOMS Directors have attended our BEAM and OBCM courses and are seriously considering making our anesthesia simulation program a part of their revised Certification Maintenance program. I support the committee as it strongly encourages DAANCE certification for all of our surgical assistants to improve patient safety.

In an effort to help solve the nationwide opioid crisis, the committee will continue to support opioid abuse reduction efforts by partnering with other national organizations, hosting CE programs at our Annual Meeting on opioid abuse, developing educational materials for patients and caregivers and expanding the use of non-opioid alternatives for pain management. Currently, our practice is participating with

Pacira in the use of Exparel as an alternative to opioids in pain management. These initiatives will strengthen our specialty and help develop a culture of safety that will protect our patients.

The final word in my vision is promote. I am strongly in favor of continuing the AAOMS Informational Campaign to promote the OMS brand. As many of you know, last year we terminated our contract with Athorn and Clark and moved direct

> management of most facets of the Informational Campaign component is still contracted newest Associate Executive Directors, has extensive experience with branding campaigns and is doing an

in-house. The digital marketing out. Jolene Kremer, one of our excellent job in managing a

cost-effective campaign. Athorn and Clark provided us with an excellent first-class product. Our campaign has won 26 awards in nine national competitions in the last two years. The two PSAs on oral cancer and the PSA on obstructive sleep apnea have been run more than 84,000 times and viewed by more than 476 million people.

Many components of our campaign are essentially direct patient marketing. Traditional referral patterns that we have relied on for years to keep our schedules full are rapidly changing and will continue to change. With the growth of corporate dentistry, the lack of business among many general dentists and the expansion of the "super dentist" concept, we can no longer reliably depend on referrals from general dentists to keep us

Direct patient marketing will become even more important in the future. ClearChoice, for example, realized this and has done quite well by marketing directly to the consumer. For these reasons, we need to continue to promote our OMS brand through the Informational Campaign.

In closing, I feel I have the qualifications to serve as an officer for AAOMS, and I respectfully request that you allow me the opportunity to continue to serve you and our specialty as Vice President.



House of Delegates composition unchanged

n accordance with AAOMS Bylaws, allocation of delegates and alternates for states and counterparts to the AAOMS House of Delegates is determined based on the distribution of fellows, members, life fellows and life members as of Jan. 1 of the year in which the House convenes.

The 2018 House of Delegates is based upon a total membership (fellows, members, life fellows and life members, including unknown addresses) of 7,010 – representing 70 fellows/members per delegate.

The composition of the House of Delegates remains unchanged from 2017 and is as follows:

- District I (Northeastern) 15 delegates; 972 AAOMS members in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.
- District II (Middle Atlantic) 14 delegates; 946 AAOMS members in Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, U.S. Air Force, U.S. Army and U.S. Navy.
- **District III (Southeastern)** 21 delegates; 1,674 AAOMS members in Alabama, Florida, Georgia, Kentucky, Louisiana,

Mississippi, North Carolina, Puerto Rico and U.S. Territories of Virgin Islands and Guam, South Carolina, Tennessee, Virginia and West Virginia.

- District IV (Great Lakes) 13 delegates; 991 AAOMS members in Illinois, Indiana, Michigan, Ohio, Wisconsin, Veterans Administration and U.S. Public Health Service.
- **District V (Midwestern)** 20 delegates; 1,172 AAOMS members in Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas and Wyoming.
- **District VI (Western)** 17 delegates; 1,213 AAOMS members in Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.
- Resident Organization Two voting delegates and two alternates.

For specifics, visit AAOMS.org/HOD.



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100th AAOMS Annual Meeting: A new clinical

CHICAGO

The 100th AAOMS Annual Meeting will celebrate the past as well as the future in October when it introduces

education sessions organized in a series of clinical tracks to provide greater depth of content in nine concentration areas.

The new platform encourages attendees to select tracks and breakout sessions based on clinical topics – allowing for a comprehensive immersion in their desired concentration areas.

The reorganization of sessions was developed after a thorough review of feedback from recent attendees, who said they were looking for a consolidated learning experience in areas of interest.

"This new format is being implemented to allow the educational format of the meeting to be much easier to navigate. We hope attendees will gain a richer and more valuable educational experience," said Deepak Kademani, DMD, MD, FACS, chair of the AAOMS Committee on Continuing Education and Professional Development.

Each track is comprised of a large plenary session during which renowned speakers will lead attendees through the newest evidence-based research. The plenary session will

then split into five breakout sessions that will be repeated to allow attendees to participate in two of their desired breakout

topics. These interactive sessions will enable greater engagement on the topic as well as the opportunity for questions and answers.

"The tracks are designed in a way to have notable experts presenting during the plenary sessions and then followed by the breakout sessions, which have been crafted to allow speakers to present on the latest innovations in smaller sessions," Dr. Kademani said.

In recognition of the centennial celebration, each track will include a historical review of the OMS

practice area. Also part of the new format are oral abstract sessions dedicated to each clinical track topic.



The new platform sets up tracks based on the OMS scope of practice, including:

■ Anesthesia – Presenting attendees with a comprehensive review of 100 years of safe anesthesia management, this track will analyze practice trends and methodologies to ensure safe

Additional educational offerings: preconference, workshops and more

Other learning opportunities are available for OMSs and their staff, including:

- Preconference on Anesthesia The Preconference
 Program on Office-based Anesthesia will review the history of
 anesthesia, evaluate the current anesthesia model and look
 to the future of the OMS team-based approach. The AAOMS
 National Simulation Program, a three-part course designed to
 help OMSs and their staff prepare for office emergencies, will
 be discussed. A demonstration of the Basic Emergency Airway
 Management (BEAM) course will be shown. A separate fee is
 required for this popular preconference.
- Hands-on cadaveric workshop This full-day, off-site, ticketed session on comprehensive facial rejuvenation will focus on the most common cosmetic surgical procedures of the facial region.

- Chalmers J. Lyons Memorial Lecture
- This annual lecture will explain the use of embryonic and induced pluripotent stem cells and how they can be used in the realm of oral and maxillofacial surgery.
- Practice Management and
 Professional Staff Development
 sessions Attendees can choose from

more than 30 practice management sessions that address the day-to-day operations of the OMS practice. The popular Day Pass is the most cost-effective way OMSs and their professional staff can explore sessions.

■ Beyond the Basics Coding Workshop – All OMSs and their coding staff are encouraged to attend this workshop held in conjunction with the Annual Meeting. This two-day workshop reviews OMS-specific procedural coding, healthcare reform initiatives, audit tips and reimbursement issues.



education platform for a new century

anesthesia care. Breakout sessions will include an intensive review of patient safety and risk minimization, medical clearance, prevention of office-based complications and identification of several common dental anesthesia myths.

- Cosmetic and orthognathic surgery Orthognathic surgery is one of the most powerful cosmetic facial changes an OMS can perform. This track will bring attendees through a historical review of facial surgery to see how it can be incorporated into the modern OMS practice. Breakout sessions will review the use of digital planning, treatment of common facial aging, how to help the OSA patient and cosmetic skin care.
- **Dental implants** This track will focuses on new technology and methods as they relate to patient care. Presenters will reflect on the history of bone grafting and discuss the influence implant surgery has had on the OMS specialty. Breakouts will cover the use of technology for complications and esthetic concerns, crestal approach for sinus augmentation, horizontal bone augmentation, vertical bone augmentation and versatility of the zygomatic implant.
- **Dentoalveolar** This track will discuss patient safety and review common medical errors in the dentoalveolar practice as well as the latest update on surgical navigation and guided surgery. Updates on autotransplantation and collaboration with orthodontists will be presented.
- Head and neck oncology The plenary session will consider the current and future impact of personalized medicine and immunotherapy on patients with head and neck cancer. Breakout sessions will include review of thyroid and parathyroid cancer, two "How I Do It" sessions on neck dissections and management of parapharyngeal tumors, and the latest developments in the field of sialoendoscopy and transoral robotic surgery.
- Pediatrics and cleft A panel discussion will take place on advancements in cleft and craniofacial surgery and will assess the possibility of outpatient surgery. Breakouts sessions will include the use of the EXIT procedure, creative technique in cleft lip repair, orthognathic surgery in the cleft patient and anesthetic complications of the pediatric craniofacial patient.
- **Reconstruction** Maxillofacial nerve injuries can occur in the routine practice of OMS. This track will highlight new advances on how to treat trigeminal injuries. Breakouts will

continued on next page





100th AAOMS Annual Meeting

When: Oct. 8 to 13

Where: Chicago, Ill.

Housing: AAOMS has negotiated discounted room rates that are available by visiting AAOMS.org/AMhousing.

Note: AAOMS is the only official housing agent for the Annual Meeting. Although resellers may offer housing services, they are not endorsed by or affiliated with AAOMS.

Early-bird discounts: Members and fellows can take advantage of early-bird discounts and a 2019 registration offer:

- Save \$200 off the onsite general registration cost by registering before July 2, or save \$100 by registering before Aug. 1.
- Register for the centennial meeting before 11 p.m.
 CDT May 31 to receive \$100 off the 2019 Annual
 Meeting in Boston, Mass. (Some restrictions apply.)

New! AAOMS allied staff members and allied staff of AAOMS members are eligible for early-bird discounts. Save \$100 if registered before July 2 or \$50 before Aug. 1.

New! Retired fellows and members receive a reduced registration rate.

Register today at AAOMS.org/Chicago.

2018 AAOMS ANNUAL MEETING (continued)



Celebrate the centennial

Spotlight sessions and other events will celebrate AAOMS's centennial meeting. Activities include:

- Meet the Experts Attendees have the opportunity to meet one-on-one with legends in oral and maxillofacial surgery Thursday through Saturday at the AAOMS Learning Hub in the Exhibit Hall. Each day, an expert will be available for an hour so attendees can stop by to ask questions and discuss cases and clinical areas of practice.
- 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.
- AAOMS History Museum The commemorative History Museum will feature artifacts and displays related to oral and maxillofacial surgery, notable issues of AAOMS Today, a time capsule, a photo booth and history videos featuring past presidents.
- **Keepsake lapel pins** The anniversary lapel pin will be distributed to every Annual Meeting attendee.



Artifacts wanted for History Museum

AAOMS is collecting historical items related to the specialty and the Association – such as classic pieces of equipment or old photographs – to help enhance the History Museum at the Annual Meeting. To contribute a device, equipment or other mementos (at AAOMS's expense), contact Valerie Wolf at vwolf@aaoms.org.



Hands-on sessions are available at the Annual Meeting.

include a review of third molar- and dental implant-related nerve injuries, clinical neurosensory testing and inferior alveolar nerve reconstruction.

- Temporomandibular joint This track will review current therapies while also identifying emerging technologies in the management of TMJ. Breakouts will review TMJ replacement devices and prostheses, TMJ/MPD therapies using onabotulinum toxin A, juvenile idiopathic arthritis and the pearls and pitfalls of TMJ arthroscopy.
- **Trauma** Reviewing the history of OMSs in facial trauma, this track will include discussion on the current challenges of facial traumas, avulsive tissue injuries to the face and complex issues such as war injuries. Breakouts session topics include orbital fracture repairs, pediatric maxillofacial trauma and mandibular trauma.

"This is a special year for our Association as we celebrate our centennial with a new meeting format. I encourage all our members to attend as we celebrate the accomplishments our specialty has made over the last century and as we look forward to a bright future," Dr. Kademani said.

Under the new format, attendees will be able to earn 29.25 continuing education credits – more than in previous years.

Full Saturday schedule unveiled

Another new feature this year is a full day of education on Oct. 13. Attendees are invited to extend their Annual Meeting experience through Saturday to participate in new offerings that include:

■ **Dentoalveolar track** – As the only clinical track on Saturday, the dentoalveolar plenary session will discuss current concepts in dentoalveolar practice and patient safety, management of postoperative pain and the use of surgical navigation.

100_{th}

- The World Café Attendees will have the opportunity to participate in the first-ever World Café, held in conjunction with IAOMS. Led by Dr. G.E. Ghali, participants will be invited to collaborate and discuss ways to best handle cases on facial deformities, oral cancer and trauma. The World Café will bring together surgeons from around the world for partnership and an exchange of ideas.
- Master Class sessions Three one-hour sessions will feature OMS experts. These sessions include Current Stateof-the-art for TMD Disorders; War-Face-Art-Surgery: Lessons Learned in Surgery and Art; and the Use of Navigation – Every Patient - Every Day.
- Anesthesia Crisis Program: Closed Claims and Near Misses – Provided by OMSNIC, this popular course reviews closed-case examples to illustrate patient safety and risk management principles for office-based anesthesia administration.
- **Team-based learning** Three team-based sessions will be offered in the afternoon, featuring:
 - Anesthesia Crisis Planning OMSs and their surgical assistants are encouraged to attend this course focusing on anesthesia-related emergencies.
 - Implant Digital Work Flow Attendees can learn how to implement digital methods into the dental implant workflow. This course is designed for OMSs, their implant staff, restorative dentists and referring dentists.
 - Overseas Surgery Team Program Those interested in serving on a surgical team for an international service trip can attend this course to learn how to engage in overseas healthcare. Residents also are encouraged to participate.

A Saturday-only registration option has been introduced to allow OMSs and their staff access to the new full-day Saturday schedule. This opportunity is ideal for local surgeons and their office staff.



President's Event at Art Institute

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.



The Art Institute of Chicago. Michigan Avenue Entrance. Courtesy of the Art Institute of Chicago. Edward Kemeys, Lions. Bronze with Green patina. Gift of Mrs. Henry Field, 1898.1a-b. The Art Institute of Chicago. The lions are the registered trademarks of the Art Institute of Chicago.

Powell to deliver keynote address

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

During four presidential administrations, Powell held senior military and diplomatic positions. He



General Colin L. Powell, USA (Ret.)

oversaw 28 crises, including Operation Desert Storm and served in the U.S. Army for 35 years, reaching the rank of Four-Star General.

2018 A AOMS ANNUAL MEETING PRELIMINARY PROGRAM-AT-A-GLANCE

Wednesday, Oct. 10

Time	Session Number	Session Name	Topic	Tickets Required
7:30 a.m.—3:30 p.m.	AU	Office-based Anesthesia — Past, Present and Future	Anesthesia	1
8 a.m4 p.m.	CW1	Beyond the Basics Coding Workshop: Day 1	Coding and Reimbursement	1
8 a.m4 p.m.	XH01	Hands-on Cadaveric Workshop: Comprehensive Facial Rejuvenation	Cosmetic Surgery	1
2-4 p.m.	GS01	100 Years of AAOMS	Other	
4:30-5:30 p.m.	GS02	Keynote Lecture: Leadership: Taking Charge	Other	
6-7:30 p.m.		Opening Ceremony		
7:30-9 p.m.		Welcome Reception		

Thursday, Oct. 11

Time	Session Number	Session Name	Topic	Tickets Required
8–9 a.m.	SS03	Interpersonal Violence and the Role of the OMS	Trauma Management	
8-9:30 a.m.	GP1	Dental Implant Plenary Session	Track: Dental Implants	
8-9:30 a.m.	GP2	Pediatrics and Cleft Plenary Session	Track: Cleft/Cranio/Pediatric	
8-10 a.m.	P701	HIPAA Compliance: Are You and Your Patients Protected?	HIPAA	<u></u>
8–10 a.m.	P702	Communication Solutions – Attitudes, Breakdowns and Conflict Resolution	Communication	@]
8-10 a.m.	P703	Wrong Site, Wrong Surgery, Wrong Person, Wrong Decision	Patient Safety	@
8–11 a.m.	P704	Employee Embezzlement and Fraud: Detection, Protection and Prosecution	Financial Management	@]
8–11 a.m.	P705	Say It Right so People Will Listen	Team Building	
8 a.m.3 p.m.	XACLS	Advanced Cardiac Life Support	Other	<u></u>
8 a.m4 p.m.	CW2	Beyond the Basics Coding Workshop: Day 2	Coding and Reimbursement	<u></u>
9:30-11:30 a.m.	SF01	History of Residency Training Programs — OMS Faculty Educational Program	Faculty	
9:40-10 a.m.		FRED Talk: Birdeye: Using Social Proof to Increase the Number of New Patients to Your Practice		
10–10:40 a.m.	S101	Dental Implant Breakout: Utilizing Technology to Manage Implant Complications and Esthetic Concerns for Both the Surgeon and the Restorative Dentist	Track: Dental Implants	
10-10:40 a.m.	S102	Dental Implant Breakout: Crestal Approach for Sinus Augmentation	Track: Dental Implants	
10-10:40 a.m.	S103	Dental Implant Breakout: Vertical Bone Augmentation	Track: Dental Implants	
10-10:40 a.m.	S104	Dental Implant Breakout: Horizontal Bone Augmentation	Track: Dental Implants	
10-10:40 a.m.	S105	Dental Implant Breakout: Clinical Versatility of the Zygomatic Implant	Track: Dental Implants	
10-10:40 a.m.	S201	Pediatrics and Cleft Breakout: The Use of the EXIT Procedure in Congenital Anomalies	Track: Cleft/Cranio/Pediatric	
10-10:40 a.m.	S202	Pediatrics and Cleft Breakout: Fellowship Program Showcase: Creative Techniques Case Presentations	Track: Cleft/Cranio/Pediatric	
10-10:40 a.m.	S203	Pediatrics and Cleft Breakout: Orthognathic Surgery in the Cleft Patient	Track: Cleft/Cranio/Pediatric	
10-10:40 a.m.	S204	Pediatrics and Cleft Breakout: Pearls and Pitfalls to Free Flap Reconstruction in the Pediatric Population	Track: Cleft/Cranio/Pediatric	
10-10:40 a.m.	S205	Pediatrics and Cleft Breakout: Ensuring Safety and Managing Major Anesthetic Complications in the Pediatric Craniofacial Patient	Track: Cleft/Cranio/Pediatric	
10-11 a.m.	SA3	Trauma Abstract Session	Trauma Management	
10-11 a.m.	SA4	Cosmetic and Orthognathic Surgery Abstract Session	Track: Cosmetic/Orthognathic	
10:30 a.m.12:30 p.m.	P706	Pharmacology for the Oral Surgical Assistant	Pharmacology	@
10:30 a.m12:30 p.m.	P707	The Staff's Point of View: Effective Organization of the Crash Cart, Emergency Equipment and Supplies	Emergency Preparedness	2
10:30 a.m12:30 p.m.	P708	Social Media, Digital Communications and the Law of High-tech Surgery	Other	@
10:50-11:30 a.m.	S106	Dental Implant Breakout: Utilizing Technology to Manage Implant Complications and Esthetic Concerns for Both the Surgeon and the Restorative Dentist	Track: Dental Implants	
10:50-11:30 a.m.	S107	Dental Implant Breakout: Crestal Approach for Sinus Augmentation	Track: Dental Implants	
10:50-11:30 a.m.	S108	Dental Implant Breakout: Vertical Bone Augmentation	Track: Dental Implants	
10:50-11:30 a.m.	S109	Dental Implant Breakout: Horizontal Bone Augmentation	Track: Dental Implants	
10:50-11:30 a.m.	S110	Dental Implant Breakout: Clinical Versatility of the Zygomatic Implant	Track: Dental Implants	
10:50-11:30 a.m.	S206	Pediatrics and Cleft Breakout: The Use of the EXIT Procedure in Congenital Anomalies	Track: Cleft/Cranio/Pediatric	
10:50-11:30 a.m.	S207	Pediatrics and Cleft Breakout: Fellowship Program Showcase: Creative Techniques Case Presentations	Track: Cleft/Cranio/Pediatric	
10:50-11:30 a.m.	S208	Pediatrics and Cleft Breakout: Orthognathic Surgery in the Cleft Patient	Track: Cleft/Cranio/Pediatric	
10:50-11:30 a.m.	S209	Pediatrics and Cleft Breakout: Pearls and Pitfalls to Free Flap Reconstruction in the Pediatric Population	Track: Cleft/Cranio/Pediatric	
10:50—11:30 a.m.	S210	Pediatrics and Cleft Breakout: Ensuring Safety and Managing Major Anesthetic Complications in the Pediatric Craniofacial Patient	Track: Cleft/Cranio/Pediatric	
Noon-1 p.m.	GPT1	Product Theater: Legally Mine: Understanding Legal Tools: The Keys to Lawsuit Prevention and Tax Reduction		

Thursday, Oct. 11 (continued)

Time	Session Number	Session Name	Торіс	Tickets Required
1–2 p.m.	SA1	Dental Implant Abstract Session	Track: Dental Implants	
1–2 p.m.	SA2	Pediatrics and Cleft Abstract Session	Track: Cleft/Cranio/Pediatric	
1–2:30 p.m.	GP3	Trauma Plenary Session	Track: Trauma Management	
1–2:30 p.m.	GP4	Cosmetic and Orthognathic Surgery Plenary Session	Track: Cosmetic/Orthognathic	
1:30-3:30 p.m.	P709	Cybersecurity and Compliance	Computers and Technology	@]
1:30-3:30 p.m.	P710	Maximizing Profitability	Financial Management	20
1:30-3:30 p.m.	P711	Bringing on a New Oral Surgeon	Legal	@]
2:30-3:30 p.m.		Meet the Expert: Michael Block, DMD		
1:30-3:30 p.m.	P712	Designing and Building a New Oral Surgery Office	OMS Facility	@]
1:30-3:30 p.m.	P713	Extreme Ownership of the Dental Implant Practice	Implant Practice	2
1:30-4:30 p.m.	P714	Infection Prevention Update	Infection Control	a
3-3:40 p.m.	S301	Trauma Breakout: Repair of Orbital Fracture: Pearls and Pitfalls	Track: Trauma Management	
3-3:40 p.m.	S302	Trauma Breakout: Pediatric Maxillofacial Trauma	Track: Trauma Management	
3-3:40 p.m.	S303	Trauma Breakout: Damage Control Surgery of Maxillofacial War Injuries	Track: Trauma Management	
3-3:40 p.m.	S304	Trauma Breakout: Mandibular Trauma	Track: Trauma Management	
3-3:40 p.m.	S305	Trauma Breakout: A Comprehensive Review of the Management of the Orbito-zygomaticomaxillary Fracture	Track: Trauma Management	
3–3:40 p.m.	S401	Cosmetic and Orthognathic Surgery Breakout: Complete Digital Platform for Orthognathic Surgery	Track: Cosmetic/Orthognathic	
3-3:40 p.m.	S402	Cosmetic and Orthognathic Surgery Breakout: Surgical Treatment of OSA	Track: Cosmetic/Orthognathic	
3-3:40 p.m.	S403	Cosmetic and Orthognathic Surgery Breakout: Comprehensive Cosmetic Facial Surgery	Track: Cosmetic/Orthognathic	
3-3:40 p.m.	S404	Cosmetic and Orthognathic Surgery Breakout: Sequencing in Orthognathic Surgery	Track: Cosmetic/Orthognathic	
3-3:40 p.m.	S405	Cosmetic and Orthognathic Surgery Breakout: Cosmetic Skin Care	Track: Cosmetic/Orthognathic	
3-4:30 p.m.	SF02	Faculty Business Meeting	Faculty	
3:50-4:30 p.m.	S306	Trauma Breakout: Repair of Orbital Fracture: Pearls and Pitfalls	Track: Trauma Management	
3:50-4:30 p.m.	S307	Trauma Breakout: Pediatric Maxillofacial Trauma	Track: Trauma Management	
3:50-4:30 p.m.	S308	Trauma Breakout: Damage Control Surgery of Maxillofacial War Injuries	Track: Trauma Management	
3:50-4:30 p.m.	S309	Trauma Breakout: Mandibular Trauma	Track: Trauma Management	
3:50-4:30 p.m.	S310	Trauma Breakout: A Comprehensive Review of the Management of the Orbito-zygomaticomaxillary Fracture	Track: Trauma Management	
3:50-4:30 p.m.	S406	Cosmetic and Orthognathic Surgery Breakout: Complete Digital Platform for Orthognathic Surgery	Track: Cosmetic/Orthognathic	
3:50-4:30 p.m.	S407	Cosmetic and Orthognathic Surgery Breakout: Surgical Treatment of OSA	Track: Cosmetic/Orthognathic	
3:50-4:30 p.m.	S408	Cosmetic and Orthognathic Surgery Breakout: Comprehensive Cosmetic Facial Surgery	Track: Cosmetic/Orthognathic	
3:50-4:30 p.m.	S409	Cosmetic and Orthognathic Surgery Breakout: Sequencing in Orthognathic Surgery	Track: Cosmetic/Orthognathic	
3:50-4:30 p.m.	S410	Cosmetic and Orthognathic Surgery Breakout: Cosmetic Skin Care	Track: Cosmetic/Orthognathic	
4:30-6 p.m.	GCF1	Corporate Forum: KLS Martin: Individualized Digital Case Planning with IPS CaseDesigner		
4:30–6 p.m.	GCF2	Corporate Forum: Geistlich Biomaterials: Enhancing Aesthetics and Function of Implant Restorations through Hard- and Soft-tissue Augmentation		
4:30-6 p.m.	GCF3	Corporate Forum: Snoasis Medical: Using Deepithelialized Amnion-Chorion Allograft for Minimally Invasive Dental Implant Surgery		
4:30-6 p.m.	GCF4	Corporate Forum: Doctor.com: Developing Your Online Presence for Today and Tomorrow		
4:30-6 p.m.	GCF5	Corporate Forum: Nobel Biocare: Treatment Solutions for all Edentulous Patients — from Diagnostics to Long-term Success		

Friday, Oct. 12

Time	Session Number	Session Name	Торіс	Tickets Required
6:45–7:45 a.m.	GCF6	Corporate Forum: Summit Medical, An Innovia Medical Company: From Concept to Market: Minne Ties — A New Paradigm in Maxillo-Mandibular Fixation		
7–8 a.m.	SOF1	American College of Surgeons Update	Other	
8-9:30 a.m.	GP5	Anesthesia Plenary Session: 100 Years of Safe Anesthetic Managementof the Surgical Patient — Past, Present and Future	Track: Anesthesia	
8-9:30 a.m.	GP6	Reconstruction Plenary Session: Emerging Technologies in Maxillofacial Nerve Injuries	Track: Reconstruction	
8–10 a.m.	P801	Ignite the Power of Story to Educate, Engage and Persuade	Communication	a
8-10 a.m.	P802	Playing the Collections and Accounts Receivables Game – Your Way	Financial Management	a
8–10 a.m.	P803	Your New Job as an Implant Coordinator! What Now?	Implant Practice	@
8–11 a.m.	P804	Personnel Policies, Employment Law and Other Regulations: Staying Current and Compliant	Legal	

2018 AAOMS ANNUAL MEETING PRELIMINARY PROGRAM-AT-A-GLANCE

Friday, Oct. 12 (continued)

Time	Session Number	Session Name	Topic	Tickets Require
8—11 a.m.	P805	Cybersecurity and Compliance	Computers and Technology	a
8 a.m.—3 p.m.	XPALS	Pediatric Advanced Life Support	Other	9
9:30 a.m.—4:30 p.m.		AAOMS Learning Hub		
9:40–10 a.m.		FRED Talk: OMS Exclusively: Like It or Not: The Oral Surgeon as a Personal Brand		
10-10:40 a.m.	S501	Anesthesia Breakout: Understanding Patient Safety/Minimizing Risk	Track: Anesthesia	
10-10:40 a.m.	S502	Anesthesia Breakout: Seeking Clearance for Office Anesthesia in a Sick Patient	Track: Anesthesia	
10-10:40 a.m.	S503	Anesthesia Breakout: The Prevention, Recognition and Management of Office-based Anesthesia Complications	Track: Anesthesia	
10-10:40 a.m.	S504	Anesthesia Breakout: Myths and Cognitive Errors in Dental Anesthesia: Avoiding Office Crises	Track: Anesthesia	
10-10:40 a.m.	S505	Anesthesia Breakout: Preventive Analgesia in Oral and Maxillofacial Surgery: Concepts and Applications	Track: Anesthesia	
10-10:40 a.m.	S601	Reconstruction Breakout: Dental Implant-related Injuries to the IAN	Track: Reconstruction	
10-10:40 a.m.	S602	Reconstruction Breakout: Clinical Neurosensory Testing	Track: Reconstruction	
10-10:40 a.m.	S603	Reconstruction Breakout: Third Molar-related IAN Injuries	Track: Reconstruction	
10-10:40 a.m.	\$604	Reconstruction Breakout: Coronectomy to Decrease IAN Injury	Track: Reconstruction	
10-10:40 a.m.	\$605	Reconstruction Breakout: IAN Reconstruction in Benign Disease	Track: Reconstruction	
10–11 a.m.	SA7	Head and Neck Oncology Abstract Session	Track: Pathology	
10—11 a.m.	SA8	TMJ Abstract Session	Track: TMJ	
10—11:30 a.m.	GS04	Chalmers J. Lyons Memorial Lecture: Pluripotent Stem Cells: opening a new avenue for skeletal regeneration	Reconstruction	
10:30 a.m.—12:30 p.m.	P806	People Will Forget Everything Except How You Made Them Fee!	Practice Marketing	a
10:30 a.m.—12:30 p.m.	P807	Fifty Ways to Jump Start Your Implant Practice on Monday Morning	Implant Practice	a
10:30 a.m.—12:30 p.m.	P808	So You Haven't Extracted the Wrong Tooth Yet? Avoiding the Pitfalls of Wrong-tooth Surgery	Patient Safety	a
10:50 a.m. – 12:30 p.m.	\$506	Anesthesia Breakout: Understanding Patient Safety/Minimizing Risk	Track: Anesthesia	€ 1
0:50-11:30 a.m.	S507	Anesthesia Breakout: Orderstanding Fatient Safety/Millinging Risk Anesthesia Breakout: Seeking Clearance for Office Anesthesia in a Sick Patient	Track: Anesthesia	
0:50-11:30 a.m.	\$508	Anesthesia Breakout: The Prevention, Recognition and Management of Office-based Anesthesia Complications	Track: Anesthesia	
	S509		Track: Anesthesia	
0:50–11:30 a.m.		Anesthesia Breakout: Myths and Cognitive Errors in Dental Anesthesia: Avoiding Office Crises		
10:50—11:30 a.m.	S510	Anesthesia Breakout: Preventive Analgesia in Oral and Maxillofacial Surgery: Concepts and Applications	Track: Anesthesia	
10:50—11:30 a.m.	S606	Reconstruction Breakout: Dental Implant-related Injuries to the IAN	Track: Reconstruction	
10:50—11:30 a.m.	S607	Reconstruction Breakout: Clinical Neurosensory Testing	Track: Reconstruction	
10:50—11:30 a.m.	\$608	Reconstruction Breakout: Third Molar-related IAN Injuries	Track: Reconstruction	
10:50–11:30 a.m.	S609	Reconstruction Breakout: Coronectomy to Decrease IAN Injury	Track: Reconstruction	
10:50–11:30 a.m.	S610	Reconstruction Breakout: IAN Reconstruction in Benign Disease	Track: Reconstruction	
loon—1 p.m.	GPT2	Product Theater: 3Shape: Don't Be Left Behind by Not Going Digital	To d. Accordingly	
l−2 p.m.	SA5	Anesthesia Abstract Session	Track: Anesthesia	
−2 p.m.	SA6	Reconstruction Abstract Session	Track: Reconstruction	
–2:30 p.m.	GP7	Head and Neck Oncology Plenary Session	Track: Pathology	
−2:30 p.m.	GP8	TMJ Plenary Session: Where We Were, Where We Are and Where Are We Going?	Track: TMJ	
−5 p.m.	XASL01	Anesthesia Assistants Skills Lab	Anesthesia	2
1:30-3:30 p.m.	P809	Ignite the Power of Story to Educate, Engage and Persuade	Communication	a
1:30-3:30 p.m.	P810	High-impact Communication	Practice Management	a
:30-3:30 p.m.	P811	OMS Quality Outcomes Registry (OMSQOR) Forum NOTE: This course is free of charge.	Patient Safety	
:30-3:30 p.m.	P812	Plan to Live — Turning Your Assets into Income	Retirement/Estate Planning	
:30-4:30 p.m.	P813	Infection Control for 2018 and One and Only One Safe Injection Practices in the OMS practice	Infection Control	
:30-4:30 p.m.	P814	Twenty-Four Things To Do by Next Friday	Financial Management	2
2:30-3:30 p.m.		Meet the Expert: Robert Marx, DDS		
i−3:40 p.m.	S701	Head and Neck Oncology Breakout: How I Do It: Management of Parapharyngeal Tumors	Track: Pathology	
3–3:40 p.m.	S702	Head and Neck Oncology Breakout: TORS: Transoral Robotic Surgery	Track: Pathology	
3–3:40 p.m.	S703	Head and Neck Oncology Breakout: Thyroid Parathyroid	Track: Pathology	
3–3:40 p.m.	S704	Head and Neck Oncology Breakout: How I Do It: Neck Dissection, Parotid Tumors	Track: Pathology	
i−3:40 p.m.	S705	Head and Neck Oncology Breakout: Sialoendoscopy	Track: Pathology	
3–3:40 p.m.	S801	TMJ Breakout: TMJ Replacement Device Update	Track: TMJ	
3–3:40 p.m.	S802	TMJ Breakout: The Use of Onabotulinum Toxin A in Myofascial, Migraine and TMJ Disorders	Track: TMJ	
3–3:40 p.m.	S803	TMJ Breakout: Intricacies of Planning and Placing Custom-fitted TMJ Total Joint Prostheses	Track: TMJ	
3–3:40 p.m.	\$804	TMJ Breakout: JIA: Current Therapy	Track: TMJ	

Friday, Oct. 12 (continued)

Time	Session Number	Session Name	Торіс	Tickets Required
3-3:40 p.m.	S805	TMJ Breakout: Pearls and Pitfalls in TMJ Arthroscopy	Track: TMJ	
3:30-5 p.m.	SOF2	Research Open Forum: The Proceedings at the 2018 Clinical Trials Methods Course	Research	
3:50-4:30 p.m.	S706	Head and Neck Oncology Breakout: How I Do It: Management of Parapharyngeal Tumors	Track: Pathology	
3:50-4:30 p.m.	S707	Head and Neck Oncology Breakout: TORS: Transoral Robotic Surgery	Track: Pathology	
3:50-4:30 p.m.	S708	Head and Neck Oncology Breakout: Thyroid Parathyroid	Track: Pathology	
3:50-4:30 p.m.	S709	Head and Neck Oncology Breakout: How I Do It: Neck Dissection, Parotid Tumors	Track: Pathology	
3:50-4:30 p.m.	S710	Head and Neck Oncology Breakout: Sialoendoscopy	Track: Pathology	
3:50-4:30 p.m.	S806	TMJ Breakout: TMJ Replacement Device Update	Track: TMJ	
3:50-4:30 p.m.	S807	TMJ Breakout: The Use of Onabotulinum Toxin A in Myofascial, Migraine and TMJ Disorders	Track: TMJ	
3:50-4:30 p.m.	\$808	TMJ Breakout: Intricacies of Planning and Placing Custom-fitted TMJ Total Joint Prostheses	Track: TMJ	
3:50-4:30 p.m.	S809	TMJ Breakout: JIA: Current Therapy	Track: TMJ	
3:50-4:30 p.m.	S810	TMJ Breakout: Pearls and Pitfalls in TMJ Arthroscopy	Track: TMJ	
7–10 p.m.		AAOMS President's Event		<u> </u>

Saturday, Oct. 13

Time	Session Number	Session Name	Торіс	Tickets Required
8-9:30 a.m.	GP9	Dentoalveolar Plenary Session	Track: Dentoalveolar	
8-9:30 a.m.	SS05	World Café: OMF Perspectives from Around the World	Pathology/Trauma Mgt.	
8–10 a.m.	P901	HIPAA Workforce Training: What You Don't Know Can Hurt Your Practice	HIPAA	@]
8-10 a.m.	P902	Practice Performance Indicators — Run Your Practice Like a CEO	Implant Practice	2
8–11 a.m.	P903	Super Star Practice Manager — What it Takes To Be the One Your Practice Fights To Keep!	Team Building	a
8-noon	XASL02	Anesthesia Assistants Skills Lab	Anesthesia	<u> </u>
9 a.mnoon	P904	Explosive Growth: Effective Marketing Through Collaboration Between the OMS and Marketing Professional	Practice Marketing	@]
9 a.mnoon	P905	Top 10 Management Tools	Practice Organization	2
9:30-11:30 a.m.	SF03	CODA – Site Visitor Training Workshop	Faculty	
9:30-10:30 a.m.	SR1	ROAAOMS/ABOMS Orientation	Resident	
9:30-10:30 a.m.		Meet the Expert: Bruce MacIntosh, DDS		
9:30 a.m1:45 p.m.		AAOMS Learning Hub		
10-10:40 a.m.	S901	Dentoalveolar Breakout: Advanced Topics in Dentoalveolar Surgery	Track: Dentoalveolar	
10-10:40 a.m.	S902	Dentoalveolar Breakout: Surgeons, Orthodontists and Impacted Teeth Do's and Don'ts	Track: Dentoalveolar	
10-10:40 a.m.	S903	Dentoalveolar Breakout: Mandibular Third Molars and Two Vulnerable Nerves: Evidence-based Algorithm	Track: Dentoalveolar	
10-10:40 a.m.	S904	Dentoalveolar Breakout: Tooth Avulsion and Replantation — Where Are We Today?	Track: Dentoalveolar	
10-10:40 a.m.	S905	Dentoalveolar Breakout: GPS Surgery: Novel Uses and Methods of Dynamic Guided Surgery	Track: Dentoalveolar	
10-11:30 a.m.	GS06	Anesthesia Safety Program: Closed Claims and Near Misses	Anesthesia	
10:30 a.m.—2 p.m.	SR2	Disasters from the Masters: Complications and Management in OMS Anesthesia Special Tribute to History of Residency Programs	Resident	
10:50-11:30 a.m.	S906	Dentoalveolar Breakout: Advanced Topics in Dentoalveolar Surgery	Track: Dentoalveolar	
10:50-11:30 a.m.	S907	Dentoalveolar Breakout: Surgeons, Orthodontists and Impacted Teeth Do's and Don'ts	Track: Dentoalveolar	
10:50-11:30 a.m.	S908	Dentoalveolar Breakout: Mandibular Third Molars and Two Vulnerable Nerves: Evidence-based Algorithm	Track: Dentoalveolar	
10:50-11:30 a.m.	S909	Dentoalveolar Breakout: Tooth Avulsion and Replantation — Where Are We Today?	Track: Dentoalveolar	
10:50-11:30 a.m.	S910	Dentoalveolar Breakout: GPS Surgery: Novel Uses and Methods of Dynamic Guided Surgery	Track: Dentoalveolar	
11:30 a.m.—1:30 p.m.	SF04	Workshops for Programs to be Site Visited	Faculty	
11:45 a.m12:45 p.m.	SA9	Dentoalveolar Abstract Session	Track: Dentoalveolar	
11:45 a.m.–12:45 p.m.	SS08	Master Class: Use of Navigation — Every Patient — Every Day	Orthognathic Surgery	
11:45 a.m12:45 p.m.	SS09	Master Class: Current State-of-the-art for TMD disorders	TMJ	
11:45 a.m.—12:45 p.m.	SS10	Master Class: War-Face-Art-Surgery: Lessons learned in Surgery and Art	Cosmetic Surgery	
1:45-3 p.m.	SS11	Anesthesia Team Program: Crisis Planning	Anesthesia	
1:45-3 p.m.	SS12	Implant Team Program: Digital Work Flow	Dental Implants	
1:45-3 p.m.	SS13	Overseas Surgery Team Program: OMS Role in International Surgery Programs	Other	





A shift in message: Back to 'maxillofacial'

/ith its continued focus on enhancing the effectiveness of the Informational Campaign, AAOMS recently conducted two national surveys to gather data on consumer awareness of the specialty terminology – leading to several major changes starting this spring.

The biggest change is a shift to "maxillofacial" – instead of "facial" – when describing the specialty and AAOMS members. Moving forward in consumer-facing promotions, ads and materials, the campaign will use the terms "oral and maxillofacial surgery" and "oral and maxillofacial surgeon."

This decision resulted from survey data that showed consumers weren't clearly recognizing the term "oral and facial surgeon" – even after four years of a national campaign.

This was most obvious in their answers to the following question: "To what extent do you see overlap between the qualifications of and procedures performed by an Oral and Maxillofacial Surgeon, Oral and Facial Surgeon, and Oral Surgeon?"

Only 9 percent of consumers were able to correctly answer: "They are all the same." Another 9 percent said each is unique with no overlap, and 67 percent said they are very similar but not the same. The remaining 16 percent indicated they didn't know the extent of the overlap.

"This is the right decision at the right time for our Informational Campaign," said AAOMS President Brett L. Ferguson, DDS, FACS. "The agency that launched the campaign four years ago recommended 'facial' because it said 'maxillofacial' was difficult for lay audiences to understand. We now know patients aren't connecting with that term.

"As the campaign switches to 'maxillofacial,' it also will have an increased emphasis on 'OMS' to build awareness of the specialty's acronym," he added. "Over time, we're hoping OMS will become as familiar to the public as ENT is for otolaryngology."

Understanding about 10 percent of AAOMS members use the term "facial" as part of their practice names, AAOMS will continue to feature that term in previously produced videos and public service announcements. Of note, almost 25 percent of members use the term "maxillofacial" or "OMS" in their practice names.

Target audiences surveyed

While the campaign was using the term "oral and facial surgeon" in ads and videos, consumers were encouraged to

visit MyOMS.org where the term "oral and maxillofacial surgeon" is featured. Despite that, the survey data showed the campaign had not generated much awareness that the terms mean the same thing.

The tagline of the entire campaign – featured on the home page of the MyOMS.org website is: "Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery."

One survey asked mothers of teens which dental professional they would be most likely to choose for

Digital ads feature the new keywords and "oral and maxillofacial surgeon."

their children's wisdom tooth removal. The breakdown of their OMS-related answers is:

- Oral surgeon: 42%
- Oral and maxillofacial surgeon: 21%
- Oral and facial surgeon: 11%

Similar results were tabulated for young adults regarding their own wisdom teeth removal, with "oral and maxillofacial surgeon" totals double that of "oral and facial surgeon."

- Oral surgeon: 56%
- Oral and maxillofacial surgeon: 14%
- Oral and facial surgeon: 7%

"Oral and maxillofacial surgeon" took the top spot of the three OMS terms when baby boomers were asked which professional they would be mostly likely to choose for a dental implant procedure.

- Oral and maxillofacial surgeon: 26%
- Oral surgeon: 25%
- Oral and facial surgeon: 5%

 Wisdom Teeth Management Dental Implant Surgery Obstructive Sleep Apnea (OSA) Oral, Head and Neck Pathology Find an Oral and Maxillofacial Surgeon that's right for you.

Visit MyOMS.org

continued on next page

INFORMATIONAL CAMPAIGN (continued)



Magazine features OMS, dental implants

The 2018 national Oral Health supplement inserted in USA Today newspapers in March features an OMS on the cover, an article about the benefits of dental implants and a full-page AAOMS Informational Campaign advertisement.

The tabloid-format, semi-gloss insert reached about 750,000 readers in major markets across the country. A companion digital publication was released March 30 at futureofpersonalhealth.com.

As a second-year advertiser, AAOMS was able to leverage additional editorial coverage in the print and online versions. The full-page, back-cover advertisement touts the full range of procedures in which OMSs specialize.

The cover story focuses on Dr. Kevin Neshat of North Carolina. He provided implants at no cost to a veteran who sustained facial injuries and the loss of several teeth while serving in 2004 in Afghanistan.

The print and online publication also features an article authored by AAOMS President Brett L. Ferguson, DDS, FACS, titled, "Dental implants: New technologies aid in precision surgery, patient recovery."

This back-cover ad placement in the Media Planet print magazine was introduced as a cost-effective Informational Campaign tactic in 2017. ■

Supplement available

A copy of the Oral Health supplement is included in this issue of *AAOMS Today*. The supplement can be placed in waiting rooms and exam rooms.

Not just 'oral' surgeon

Even though the term "oral surgeon" garnered high percentages as answers for those select questions, the AAOMS Committee on Public and Professional Communications and Board of Trustees recognized the historical significance of the hard-fought effort to use the term maxillofacial.

Back in the 1960s, some members of the-then American Society of Oral Surgeons (ASOS) began asking whether they could add the word "maxillofacial" to their letterheads and practice descriptions and stay within the ethical standards of the profession.

Many leaders worked tirelessly in the 1970s to make that happen. In 1973, ASOS requested a meeting with the ADA and a resolution was passed that permitted ASOS members to announce themselves as practicing oral and maxillofacial surgeons within the Principles of Ethics. The official ADA definition was changed to include the word "maxillofacial." Then, in 1977, by action of the House of Delegates, the organization became AAOMS and the journal name was subsequently changed.

"Many younger AAOMS members might not know the struggles we faced as a specialty to add the term maxillofacial to our scope of practice," Dr. Ferguson said. "We can't give that up."

The change in the campaign is being reflected in:

- New patient videos and public service announcements in production
- MyOMS.org
- Google, Bing/Yahoo AdWords
- Display network ads
- Print advertisements
- Press releases
- Social media posts
- WebMD microsite
- Infographics and e-books
- Patient Information Pamphlets and Patient Education Guides

While this change takes effect in 2018, AAOMS will continue to monitor consumer sentiment through annual surveys that will provide information and insight on the specialty's name.



Study leads to fine-tuning campaign keywords

o help prospective patients better navigate the MyOMS.org website and more easily understand OMS terminology, a consumer market awareness study was conducted to research the effectiveness of the 11 keyword (procedure) terms used in the AAOMS Informational Campaign.

These important specialty terms – last reviewed and approved during the launch of the campaign in 2014 – were revisited to be sure they are effectively communicating the campaign's messaging and generating robust web search results.

As a result of the consumer study and further review by the AAOMS Committee on Public and Professional Communications, five of the 11 terms are being streamlined and/or clarified.

Changes to the keywords are:

- Anesthesia previously "Administration of anesthesia"
- Extractions and other oral surgeries previously "Dental and soft tissue surgery"
- Facial injury/trauma surgery previously "Treatment of facial injury"
- Obstructive sleep apnea (OSA) previously "Obstructive sleep apnea"
- Oral, head and neck pathology previously "Head, neck and oral pathology"

Consumers indicated they clearly understand the type and/or range of procedures for six keywords, which shall remain as is. They include:

- Cleft lip/palate and craniofacial surgery
- Corrective jaw surgery
- Dental implant surgery
- Facial cosmetic surgery
- TMJ and facial pain
- Wisdom teeth management

"The five keywords being changed will help the public understand better what we do and the broad scope of oral and maxillofacial surgery procedures," said AAOMS President Brett L. Ferguson, DDS, FACS. "Simple changes such as adding (OSA) at the end of the 'Obstructive sleep



MyOMS.org displays the keyword changes.

apnea' keyword - will help consumers more easily find us on the internet.

"Calling it 'Facial injury/trauma surgery' instead of 'Treatment of facial injury' more accurately describes the types of procedures in which OMSs specialize," Dr. Ferguson added. "And consumers tended to prefer the terminology that includes the word 'surgery' - likely because our members are surgeons."

The miscellaneous category now labeled "Extractions and other oral surgeries" (previously called "Dental and soft tissue surgery") will continue to feature all of the OMS procedures not listed in other keywords: extraction, hemisection, apicoectomy, exposing impacted teeth for orthodontia work, TADs, frenectomy, soft-tissue graft, gingivectomy for periodontitis, crown-lengthening and nerve repair.

These keyword changes are being reflected in:

- MyOMS.org home page and copy
- Print advertisements
- Some digital advertising
- Signage
- WebMD microsite copy
- Infographics and e-books
- Subsequent printings of Patient Information Pamphlets and Patient Education Guides



Patient pamphlets, guides to feature new campaign wording

AAOMS's popular patient education guides and pamphlets are being updated to include the term "oral and maxillofacial surgeon" in favor of "oral and facial surgeon."



This series of five guides and 17 pamphlets (including five in Spanish) feature patient-friendly information and high-impact graphics covering the scope of oral and

maxillofacial surgery topics. Additional keyword edits will be made to help patients better understand the specialty.

Updated guides and pamphlets will be available in the early summer. While supplies last, members can enjoy 20 percent off previous versions of the guides and pamphlets. Order online at AAOMSstore.com.

Inform your patients and grow your practice.



Promote your practice and educate patients with the resources of the AAOMS Informational Campaign.

- Patient information materials
- An award-winning consumer website
- Procedure-specific and specialty-focused videos

View and download informational materials now **AAOMS.org/InfoCampaign**

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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.



Daniel J. Daley Jr., DDS, MS 2004-05 AAOMS President

r. Daley of Wynnewood, Pa., has been an AAOMS Delegate, Trustee and chair of OMSPAC and the OMS Foundation. In 2016, he received the Torch Award for his exemplary service to the OMS Foundation.

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

A Three things in particular come to mind. The first is the diversity of our membership and the role of women in every level of OMS. When I was a freshman dental student in 1966, there was not a single woman in all four classes at Temple dental school. Since that time, dental school enrollment is about evenly divided between men and women. Now we see many of the best and brightest women choose OMS for a specialty. Today, they're involved in every level of our specialty.

The second is the evolving scope of practice and the rotating focus of procedural mix. When I was a resident in the early 1970s, the oral surgery specialty was primarily involved in dentoalveolar surgery and trauma. One individual in particular who expanded our horizons was Professor Hugo Obwegeser, who was invited to the United States in 1963 to discuss his techniques and surgical approaches for correction of facial deformities. This began the explosion of orthognathic surgery and, with improvements in technique and instrumentation, the sky was the limit.

Lastly has been the impact of imaging technology on how we diagnose and treatment plan our patients. We have advanced from 2D radiography, periapical X-rays and panoramic films to digital radiography, CT scans and 3D imaging. These techniques improve diagnostic ability, treatment planning, fabrication of models, surgical stents and robotics.

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

A There is so much history in the specialty from so many perspectives. Young OMSs should have an understanding of the role AAOMS has played over the last 100 years to advocate for and protect members' ability to practice the full scope of our discipline. This goes all the way back to gaining membership recognition and privileges on hospital medical staffs, protecting members from attacks from competing specialties – for example, plastic surgery and ENT – to limit performance of our procedures considered medical.

We have always occupied a position in between medicine and dentistry. Protecting our membership in the governmental and regulatory arena and understanding the role of political advocacy and participating in the process to be a part of the solution have been crucial to our success.

OMSPAC was founded in 1971 to protect the future of the specialty by supporting candidates who will work for the principles of quality of OMS care. OMSPAC's role also includes efforts to provide political education to membership and increase grassroots involvement.

Finally, I would suggest AAOMS's role in self-regulation for safety in all areas, but especially in outpatient general anesthesia and the anesthesia team model, sets a high standard. The relationship AAOMS and the American Society

remembers 2001 Annual Meeting in Orlando

of Anesthesiologists maintains adds a certain stature to our model.

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

A With scientific knowledge advancing exponentially, it is obviously impossible to respond to this question with any degree of accuracy. Case in point, the internet just celebrated its 29th anniversary. Who could have



ever imagined the impact of the internet in every aspect of our daily life? Advances in the specialty will only be limited by the imagination, technology and scientific knowledge. Collaboration between diverse disciplines – for example, OMS and engineering – will open new doors to innovations never previously conceived.

We will continue to see advances in tissue engineering to create cartilage, bone and mucosa to restore and enhance existing deficiencies. These are of particular interest to the military, especially in treating maxillofacial battlefield injuries and burns. In head and neck oncology, we will see continued advances in genetics and personalized medicine. Precision radiation of head and neck tumors is showing excellent promise.

Q What is needed in the specialty more than ever?

A Engagement is more important now than ever before. Over the years, there has been a significant lack of interest by members in participation in organized dentistry and OMS. It is increasingly difficult to recruit individual members to volunteer to participate at every level, be it local, state or national. What we do for a living is what provides us a comfortable income that allows us to provide for our families, educate our children and save for the future. Each one of us has a responsibility to give back in recognition of what our profession has given us. We need to actively participate at some level in leadership, financial support – for example, OMSPAC or the Foundation – and donate our skill and time to assist the underserved. Being a part of any of these, you always get back much more than what you gave.

Q Any other memories you would like to share?

A particular memory is the day etched in all of our minds no matter where you were or what you were doing. I was in Orlando, Fla., preparing for the 83rd AAOMS Annual Meeting

at the Orlando World Center
Marriott. Having just completed
the early morning District II caucus
meeting, I was returning to my hotel
room on the elevator and overheard
excited talk of a terrorist attack at
the World Trade Center in New York.
The Twin Towers were destroyed,

and we all know the rest.

This was Sept. 11, the primary travel day for members attending the Annual Meeting. Following the attack, all air travel was suspended nationally. Airplanes destined to Orlando were turned around or grounded to the nearest airport or another site.

Prior to the official opening of the meeting, many members had already arrived to participate in administrative and business activities related to the House of Delegates. Many exhibitors and their staff were there setting up their exhibits and displays. Following a meeting of the AAOMS Board of Trustees, AAOMS staff and CCEPD, Dr. Bob Rinaldi, AAOMS Executive Director, made a decision to proceed with the meeting and cobble together a program with the resources we had on hand. Everything had to be scaled back and reconfigured under the pall of uncertainty and fear of other attacks.

Somehow, we all struggled through the unexpected and turned our thoughts to how and when we would be able to return home. Some waited it out for their air travel to resume and rebooked flights home. Others rented cars and drove home. Another group hired a bus that drove north from Orlando to New England on I-95, stopping along the way to drop off passengers to their waiting family and friends.

In the end, the entire oral and maxillofacial surgery community came together to make it a successful and memorable meeting.



Learning the skills to be a successful leader

Those attending this spring's Emerging OMS Leaders Workshop put their newfound skills instantly into action at a weekend of learning about their individual styles and exploring the virtues of exceptional leadership.

Through case studies and exercises, attendees paired off or worked in small groups to practice leadership skills after self-assessments on personality types, change preferences, conflict modes and emotional intelligence.

"I was surprised how accurate the self-assessment tests provided by the instructors were in describing my character and the things I need to work on and improve to become a better and successful leader," attendee Dr. Hany Eman said. "The workshop was structured in an interactive and engaging way."

Dr. Eman traveled to the two-day Rosemont, Ill., workshop, where he was joined by OMS faculty, private practitioners and residents as well as AAOMS officers and Trustees.

"Room discussions and meetings with leaders in our specialty were a great opportunity to learn and get advice on how to become a successful leader for the specialty to keep advancing," said Dr. Eman, adding those in decision-making roles benefited from the workshop because they learned to look at situations from different perspectives.

Dr. Jasjit Dillon, a member of the AAOMS Special Committee on Emerging Leaders in OMS that planned the event, said the workshop was effective in offering conflict resolution techniques.

"In everything we do – as surgeons and as leaders – we have areas where we will have potential conflict. We all want to be at the finish line first. Sometimes we have to learn to be at the finish line with a bunch of other people as a team," she said. "This kind of meeting allows you do that – to learn not only conflict resolution, but to actually step back and really listen to someone else's point of view. Often we think we're listening, and we're not."

Dr. Josh Everts said the workshop was a great lesson in selfdiscovery in a diverse environment.

"It's important to test yourself," he said. "We've got board members, faculty, residents and private practitioners here, and all these personalities play out in those case study situations.



Attendees of the Emerging OMS Leaders Workshop learned about such topics as emotional intelligence and conflict modes.



"We get in our small bubble and perform in that bubble without coming up for air. This workshop was a breath of fresh air."

Dr. Richard W. Panek – an OMS in private practice who also is active in his state OMS society and AAOMS – said the workshop provided him with methods of improving leadership in his practice as well as organized dentistry.

"It also exposed me to the challenges faced by the faculty in our training programs. It is interesting that they face many of the same challenges just with different organizational structures and stakeholders."

The workshop was especially meaningful to junior faculty members, Dr. Courtney Jatana said.

"It's great to be around our leaders and hearing what they have to say. This is what we all aspire to be," she said.

AAOMS District V Trustee Dr. B.D. Tiner, along with officers and other Trustees, took part in the workshop.

"You think you know what it means to be a leader, but when you hear this, it opens your eyes to some things you haven't thought about," he said.

AAOMS is slated to offer the workshop again in 2020. ■



Cybersecurity: A necessity for oral surgeons

By Sam Munakl Chief Executive Officer, Cytek

ealthcare has been at – or near the top – of the list of industries at greatest risk for cyber intrusions over the past two years. Cybersecurity Ventures predicts global healthcare cybersecurity spending will exceed \$65 billion cumulatively from 2017 to 2021.

The oral surgery space is continuing to digitize all its information, and OMSs today are relying on more technology - including cone beams, intraoral scanners and 3D printers - to provide the best patient care.

Why OMSs?

As a result of their reliance on electronic data, OMS and dental offices have become vulnerable to cybersecurity threats. The growing volume and sophistication of cyberattacks suggest OMS practices will have to grow increasingly vigilant to ward off these threats.

A breach of cybersecurity will inevitably lead to significant expenses, both financial and reputational, which can be devastating to a practice.

Unfortunately, the mindset of many doctors is the belief that cybercriminals are not a threat to their small practice. However, many hackers specifically target small practices because they know they will be an easier target than a large bank or corporation.

Many practices have hundreds of patients, which means they are responsible for vast volumes of personal data, including names, personal addresses, dates of birth, Social Security numbers and credit card information.

All this electronic data stored on computers across a network make OMS practices a desired target for hackers who use all these data as currency and sell it on the black market.

The worst thing you can do is be uninformed about the risks and assume your office is not a target because it is a small, independent practice.

Attacks are costly

According to the latest Ponemon Institute study, the healthcare field has the highest cost per breached record of any industry: \$402. That adds up to \$4 million for 10,000 records.

How did they come up with this number? There is the cost of remediation/mitigation (fixing the security issues that led to the breach), the expense of notifying affected individuals and the cost of changing vendors (if the breach was caused by a business associate).

Also, most organizations offer credit and ID theft monitoring to their patients, which can run as high as \$25 per month per patient. Office for Civil Rights fines and penalties, state fines and penalties, the expense of reestablishing accreditation and the soaring cost of lawsuits should not be forgotten. First-time civil monetary penalties can be as high as \$50,000 per breach, while repeat violations within a year cost \$1.5 million. Class-action lawsuits following a breach can be very costly to litigate or settle.

When it comes to cybersecurity and breaches, it is difficult not to mention the big impact on reputation as well. While it is difficult to quantify reputation loss from a security breach, it is safe to say most of your patients and referrals will be less inclined to trust your practice with their data in the future.

Protecting a practice

Therefore, it is crucial for OMSs to take steps to ensure their practice is in compliance with HIPAA provisions regarding computer security.

Because the majority of data security breaches occur when staff members exercise poor judgment or fail to follow office procedures, the location of computers in the practice is key.

All computers should be placed in areas where the computer screens are not visible to patients and visitors, and each computer should be protected with encrypted passwords.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)



Passwords should contain mixed-case letters and numbers or symbols and should be changed regularly. Also, passwords should not be kept under keyboards or on desks or surfaces where the public could access them. Doctors should ensure all staff members understand the importance of maintaining the privacy of patient health information.

Every practice should have a policy for safeguarding patient information and should educate staff members about how to comply with the office policy. Best practices include:

- Implement a strict internet and computer policy that prohibits staff members from checking personal email accounts or visiting internet sites that are not workrelated.
- Be sure all firewalls, operating systems, hardware and software devices are up-to-date, strong and secure, and that wireless networks are shielded from public view.
- Install antivirus software and desktop encryption on every computer, and then keep it updated and checked regularly.
- Only use trusted Wi-Fi hotspots and never use shared computers when accessing office data remotely.
- Password-protect all smartphones and tablets to prevent easy access to patient information in case a device is lost or stolen.
- Shred all hard copies of documents with patient information.
- Be sure your practice is HIPAA compliant. Data transmitted to payers, health plans, labs and other healthcare providers should be encrypted to ensure a hacker will not have access to the data.



Catch the cybersecurity webinar

As the number of cyberattacks increase dramatically, the need to secure networks has never been greater. The 90-minute webinar "Cybersecurity and Compliance" is designed to help master the core concepts of cybersecurity and HIPAA as they pertain to practices. It can be purchased at AAOMS.org/CEonDemand.

 Conduct a comprehensive risk analysis and to implement safeguards and controls gleaned from that analysis. Taking this important step can dramatically reduce the risk of a breach ever occurring – and can provide protection at a fraction of the cost associated with a breach.



This is number 161 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.

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HEALTH IT BYTES



- **Phishing** In its February newsletter, the HHS Office of Civil Rights (OCR) provides guidance to providers on phishing and how to avoid falling victim to such attacks. The OCR cautioned that hackers will take advantage of the tax season to attempt to get individuals to click on malicious links. All members are encouraged to review the OCR's tips and remain vigilant to protect their systems and patient records. A copy of this notice is located at AAOMS.org/practice-resources/codingreimbursements/health-information-technology/news.
- Meaningful use CMS Administrator Seema Verma announced in March her agency would be overhauling its meaningful use requirements. Specifically, it was announced CMS would take measures that will reduce time and compliance costs to participate in the program. The announcement was made during Verma's speech at the Healthcare Information and Management Systems Society annual conference. Verma announced the launch of MyHealthEData, an effort to make it easier for patients to obtain and share medical records as well as Medicare's Blue Button 2.0, a web application that provides Medicare beneficiaries a secure way to access and share their personal health data.

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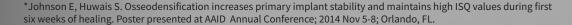
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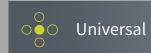


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Our work at Osteo Science Foundation is deeply rooted in our passion to unveil the true potential of regenerative medicine. That's why we've contributed over \$1,000,000 to research and education in Oral and CranioMaxillofacial Surgery since our launch 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.

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Conference 'an enriching experience'



By Stephanie Zastrow, 2017-18 ROAAOMS President

ver the last year, the Resident Organization of AAOMS has been hard at work planning the 2018 Resident Transitions into Practice Conference. This two-day event was held in mid-February in Rosemont, Ill., and attended by more than 50 residents from across the country.

Lectures included discussions about the importance and benefits of taking on leadership roles in OMS and dental organizations, personal and private practice financial strategies, practice development, maximization of income through coding, and liability insurance. The president of ABOMS gave several important updates about the board certification process as well.

The attendees enjoyed a reception at AAOMS headquarters and were able to meet and mingle with the speakers, other residents and representatives from various organizations.

Discussions on the second day took on a different focus as speakers described how they successfully incorporate a broader scope than "teeth and titanium" into their practice. The purpose of these lectures was to provide residents with a little inspiration and a strong starting block of knowledge

to consider as they begin to think about how they might make their ideal practice scope a possibility.

The speakers addressed everything from TMJ surgery and virtual surgical planning for orthognathic surgery to cosmetic surgery and head and neck oncology.

The Resident Transitions into Practice Conference was an enriching experience for all.

One attendee perhaps said it best: "This is an essential course that all residents should attend prior to (and during) making career/practice decisions. The content was fantastic and the speakers all very engaging. I recommend this course to everyone without reservation!"

As residents move forward with their careers, it is so important to take advantage of opportunities as they present themselves.

As one presenter said, "Choose options that lead to more

Attending this event was definitely a rewarding opportunity.

Speakers discussed such topics as leadership and practice development at the Resident Transitions into Practice Conference. (Below) Dr. Jennifer Woerner of LSU Health Sciences Center Shreveport presented on how to integrate craniofacial surgery into the OMS practice.















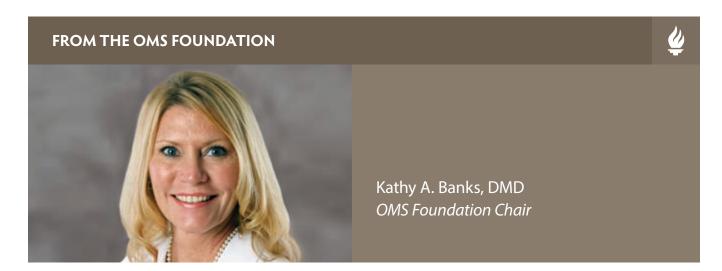
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Campaign flourishing, but more support needed

idway through our Annual Fund campaign, we are proud of the progress we have made toward our goal of raising \$1 million in 2018. The canopy of AAOMS's Centennial Tree is growing, with an impressive number of its leaves tinted gold to recognize donations of \$10,000 or more to the Foundation.

Just as significant this year is the number of donors who have contributed to the Foundation for the first time or for the first time in a while. We are gratified to welcome them (or welcome them back) as allies in our campaign to shape the future of our specialty.

Together, we are working to assure the next generation of OMSs will have access to cutting-edge science and technology, tested and proven by world-class researchers, plus educational opportunities required to translate high-tech research into practical application. This is the engine that propels our profession forward and keeps us at the forefront of the dental surgical specialty.

We owe a huge debt of gratitude to another key ally in our 2018 campaign, a partner whose support of the Foundation dates



Contribute to 2018 Annual Fund

Donate to the OMS Foundation 2018 Annual Fund online at OMSFoundation.org/support/giving/annual-fund or mail a check to OMS Foundation, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018.

Donations (including 2018 pledge payments) of \$2,500, \$5,000 and \$10,000 (bronze, silver and gold leaves, respectively) or more made in 2018 will be recognized on AAOMS's Centennial Tree, slated for permanent display at AAOMS headquarters that also features a companion traveling digital display.

back nearly 30 years. OMSNIC made its first five-year pledge to the Foundation in 1991, when its independent agents decided to maximize their impact by contributing toward a collective goal of \$50,000.

Five years later, OMSNIC agents from across the country contributed nearly \$52,000 to the Foundation, and the pledge was renewed and later renewed again. In 2017, contributions to the Foundation from OMSNIC agents added up to more than \$16,000, a reflection of AAOMS members' loyalty to the OMSNIC brand and agents' commitment to serving their policyholders.

In 2018, to honor AAOMS's centennial year, OMSNIC announced a \$100,000 corporate contribution to the Foundation, contingent upon the Foundation raising a similar amount by April 30. OMSNIC's intent was to jump-start our 2018 Annual Fund Campaign – Celebrating our Past, Envisioning our Future. I am happy to say it has succeeded, but we still have work to do.

This is the embodiment of our vision for the future of the Foundation, in which the research that drives innovation is prized and supported by all – private practitioners, academics, researchers, residents, vendors, retirees and friends. It is idealistic, it is ambitious and it is achievable if each of us accepts the responsibility to do our part.

Your OMSNIC agent likely contributes annually to the OMS Foundation's Annual Fund. How about you?

The ROI for these contributions is a strong Foundation, dedicated to stewardship and service to its donors/investors and committed to championing innovation. Our programs portfolio is evolving to meet the changing needs of today's OMSs.

Can we count on your support? Seeing your name on a leaf on AAOMS's Centennial Tree is an enduring memento, but the real payoff is knowing you have invested in the future of the OMS specialty.

Together, we can do more than envision our future. We can make it our reality. ■

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Celebrating our Past, **Envisioning our Future**

Rooted in research, our Foundation needs your support to grow and flourish. Donate \$2,500 or more to the OMS Foundation's 2018 Annual Fund campaign to have your name, practice name or an honoree inscribed on a leaf of AAOMS's Centennial Tree. Just 400 leaves available!

Gold \$10,000

Silver \$5,000

Bronze \$2,500

"Our generation inherited a strong, purposeful and progressive specialty from our predecessors. It is our responsibility to pass that torch, burning even brighter, to the next generation of oral and maxillofacial surgeons." Eric T. Geist, DDS, FACS

The Centennial Tree will be on permanent display at AAOMS Headquarters. The OMS Foundation is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the fullest extent allowed by law.



OMSFoundation.org

EDITOR'S CORNER





Daniel M. Laskin, DDS, MS AAOMS Today Editor

The future of dental implant placement

We need to maintain our hospital-

based role in the management of

maxillofacial trauma, orthognathic

of the head and neck.

surgery, and treatment of pathology

he reliability, utility and effectiveness of dental implants have resulted in a situation in which their use has been increasing exponentially. Currently, it is estimated more than 3 million people already have dental implants, and the number is increasing by 500,000 each year.

Thus, the time is rapidly approaching in which the use of dental implants will become state of the art and perhaps become a possible standard of care for all partially and fully edentulous patients.

In line with this has been an increase in the teaching of dental implant placement in the dental curriculum.

In 2013, the Commission on Dental Accreditation even added a competency in providing dental implant prosthodontic therapies to the dental school accreditation standards.

Although a recent survey of North American dental schools showed most of the time in the curriculum is currently devoted to lectures, a laboratory component also was included in 87 percent of the responding institutions.

While the latter component dealt mainly with exercises related to the restorative aspects, 44.7 percent had a simulation of surgical implant placement using a plastic/ Styrofoam jaw and 21.2 percent had a simulation of implant placement on a manikin typodont.

Thirty-seven of the responding schools also reported their students gained experience in assisting implant surgery, and three schools reported students had experience performing implant surgery.

What does all of this mean for the oral and maxillofacial surgeon?

There is already serious competition in the placement of dental implants between the OMS and the periodontist. In addition, there are prosthodontists and endodontists, as well as some general dentists, who are placing implants.

Add to this the likelihood in the not-too distant future that

routine placement of implants will become an established part of what is taught in the dental curriculum.

What will be left?

The OMS is still the expert in bone grafting and other ridge augmentation procedures, sinus lifts, the placement of zygomatic implants,

nerve transposition and other complex related surgical procedures, and this will remain our niche.

We, therefore, need to assure our residents continue to be well-trained in these operations as well as the routine placement of implants.

And we need to maintain our hospital-based role in the management of maxillofacial trauma, orthognathic surgery, and treatment of pathology of the head and neck.

Otherwise, future OMSs may find themselves fighting the same battles we previously fought in order to regain these privileges.













OMSNIC provides protection and support for your OMS practice with the comprehensive OMSGuard Professional Liability Policy, aggressive Claims Defense, and exclusive Patient Safety and Risk Management education. Practicing OMS oversee OMSGuard and review member claims, unlike other insurance companies who don't view your practice from a peer perspective. OMSGuard is the only liability insurance program designed just for OMS, and it's only available from OMSNIC. Join us in strengthening the specialty. 800-522-6670 omsnic.com



Reimbursement trends for imaging services

ver the last several years, Medicare has passed many regulations relating to the ability for providers to render and/or receive reimbursement for imaging services. In 2018, Medicare is encouraging providers to transition from traditional X-rays to digital radiology and other imaging services.

Beginning Jan. 1, CMS is applying a 7 percent reduction in reimbursement for the technical component of non-digital computed radiography. Payment reductions of 7 percent will continue through 2022 and increase to 10 percent starting in 2023.

The FY modifier will be required when reporting X-rays taken using computed radiography (cassette-based equipment that employs an imaging plate to create the radiographic image). This includes when the service is billed globally (both professional and technical components) because the CMS fee schedule payment adjustment is made to the technical component regardless of whether it is billed globally or billed separately using the technical component (TC) modifier.

For claims billed with the FY modifier along with another X-ray reduction modifier such as FX (X-ray taken using film) on the same line, the FY modifier reduction will be applied after the FX modifier reduction is utilized.

Advanced imaging accreditation

Since 2012, OMSs who provide advanced imaging services - including Computed Tomography (CT) - to Medicare beneficiaries have been required to obtain accreditation under MIPPA (Medicare Improvements for Patients and Providers Act of 2008) in order to receive reimbursement.

The Intersocietal Accreditation Commission (IAC) provides accreditation for practices performing diagnostic and/or treatment planning maxillofacial CT exams using the cone beam CT system. AAOMS is a sponsoring organization of the IAC's CT division and assisted with creating the standards and application process for dental providers using the CT system. Upon obtaining this accreditation, the provider, operator and staff are able to show compliance with IAC standards and fulfill quality assurance and safety measures.

The dental accreditation standards and application can be found at intersocietal.org/dental. This site contains a list of private payers also requiring advanced imaging accreditation.

Appropriateness use criteria

The Protecting Access to Medicare Act (PAMA) of 2014 directed CMS to establish a program to promote the use of evidence-based, appropriate use criteria (AUC) for advanced diagnostic imaging services.

While the AUC program was originally scheduled to take effect Jan. 1, 2017, CMS delayed implementation several times and announced in the Final 2018 Medicare Physician Fee Schedule that the program is delayed until Jan. 1, 2020.

The postponement will allow for 2019 to be a testing year of education and operations. During this year, providers will be expected to consult AUC, and furnishing providers would be expected to verify consultation on claims submitted to Medicare.

However, CMS is proposing to pay claims submitted for advanced diagnostic imaging even if the AUC requirements may not be used correctly. This will allow for providers and CMS to assess these new changes. Providers who would like to be take part in this testing before 2020 can voluntarily participate July 1 through Dec. 31, 2018.

Initially, AUC will need to be consulted prior to rendering and billing for advanced diagnostic imaging services from these eight priority clinical areas: coronary artery disease (suspected or diagnosed), suspected pulmonary embolism, headache (traumatic and non-traumatic), hip pain, low back pain, shoulder pain (to include suspected rotator cuff injury), cancer of the lung (primary or metastatic; suspected or diagnosed), and cervical or neck pain. Currently, there is one possible priority clinical area (Headache-traumatic and non-traumatic) that could pertain to the OMS if diagnosis codes S09.92XA and S09.93XA were reported.

Additional information is at CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program. ■

ASI Approved Programs

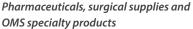
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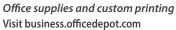
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*All ASI Approved Programs have been thoroughly reviewed by a committee of AAOMS members and are backed by both ASI and AAOMS. The quarterly contributions from these ASI partners help fund a variety of Annual Meeting programs and other activities throughout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



Coding guidance for reconstructive surgery

he following are examples of potential scenarios that could arise and their accompanying coding insight.

Tongue lesion incisional biopsy

A 64-year-old patient undergoes incisional biopsy of a tongue lesion: CPT 41100 (10-day global). The lesion is in the anterior two-thirds of the tongue.

■ **Coding tip:** AAOMS recommends holding the claim to wait for the biopsy result before applying a diagnosis code.

Biopsy results return indicating the diagnosis is SCC (ICD-10-CM code C02.1). The patient is brought to the operatory three days after the initial biopsy and these procedures are performed:

- Partial glossectomy with unilateral radical neck dissection
- Tracheostomy
- Reconstruction with radial forearm flap
- Skin graft to the donor site
- Direct laryngoscopy

Coding for this encounter would involve:

- Reconstruction with radial forearm flap with microvascular anastomosis: 15758 (primary procedure, list highest RVU first)
- Partial glossectomy with unilateral neck dissection: 41135
- Tracheostomy: 31600
- Skin graft to the donor site: 15100 with modifier -59
- Direct laryngoscopy: 31525
- Coding tips: All codes should be appended with the modifier -58 (staged or related procedure or service by the same physician or other qualified healthcare professional during the post-operative period). Failure to append the modifier -58 may result in no payment as it may otherwise be considered part of the global period of the previous surgery.

Modifier -59 (distinct procedural services) also is appended to code CPT 15100 due to a CCI edit preventing it from being reported with CPT code 15758. The modifier -59 is letting the carrier know code 15100 is a separately distinct procedure from 15758. When reporting the modifier -59, documentation also must support two separate procedures were performed.

Variations in above treatment

Any of the following codes can be used to report free flaps:

15756: Free muscle or myocutaneous flap with microvascular anastomosis

• 15757: Free skin flap with microvascular anastomosis

In cases where bone is harvested for microvascular anastomosis, use the following codes:

- 20955: Fibula
- 20956: Iliac crest
- 20957: Metatarsal
- 20962: Bone graft with microvascular anastomosis; other than iliac crest, or great toe

In cases where osteocutaneous flap is used, use the following:

- 20969: Free osteocutaneous; fibula
- 20970: Free osteocutaneous; iliac crest
- 20972: Free osteocutaneous; metatarsal
- Coding tip: Skin grafts and adjacent tissue transfer for closure of donor and recipient site should be reported separately.

When neck dissection is performed, report the following:

- 38700: Suprahyoid Lymphadenectomy
- 38720: Cervical Lymphadenectomy (complete)
- 38724: Cervical Lymphadenectomy (modified radical neck dissection)
- Coding tip: These are unilateral procedures. To report bilateral procedures, append with modifier -50. In the example, if rendering a partial glossectomy with a bilateral radical neck dissection, 41135 and code 38720 with modifier -59 can be used to report the contralateral neck dissection.

The modifier -59 is appended to 38720 due to a CCI edit that prevents the two codes from being reported together during the same operative period. The modifier -59 is letting the carrier know code 38720 is a separately distinct procedure from 41135. Documentation also must support two separate procedures were performed. ■

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. CPT® only © 2018 American Medical Association

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Focusing on penalties, sterilization, hygiene

Q Did OSHA increase its penalties for workplace safety and health standards violations?

A Effective Jan. 2, OSHA increased its penalties 2 percent to adjust for inflation.

The Federal Civil Penalties Inflation Adjustment Act of 1990, as amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015 (Inflation Adjustment Act), requires agencies to adjust the levels of civil monetary penalties with an initial catch-up adjustment, followed by annual adjustments for inflation.

The new fines are as follows:

- Serious, Other-Than-Serious Posting Requirements: \$12,934 per violation
- Failure to Abate: \$12,934 per day beyond the abatement date
- Willful or Repeated: \$129,336 per violation

These penalties will affect all violations that occurred after Nov. 2, 2015, with penalties assessed after Jan. 2, 2018.

For more information on compliance with current laws, visit OSHA.gov/employers.

With regard to instrument sterilization, how often should spore testing be performed? What are the next steps if there is a positive spore test? How should I store sterile items?

A The CDC says to perform spore testing weekly.

Types of biological monitors include:

- Steam for Geobacillus stearothermophilus
- Dry heat for Bacillus atrophaeus (formerly Bacillus subtilis)
- Ethylene oxide for Bacillus atrophaeus

Following a single positive biological indicator, one must remove the sterilizer from service and review sterilization procedures (i.e., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible.

Then, the sterilizer must be retested using biological, mechanical and chemical indicators. Finally, when the repeat spore test is negative, the sterilizer can be put back in service.

Storage of sterile items should be well-ventilated to protect against dust and moisture. Consistent temperature and humidity also are important.

Packaging should include load number, sterilization date and expiration date, if indicated. If shelf life is time-related, an instrument remains sterile for an assigned period of time based on packaging time. If shelf time is event-related, an instrument is safe for use indefinitely or as stated by the manufacturer, if stored appropriately and packaging is intact.

Q What types of respiratory hygiene and cough etiquette are recommended in the OMS office?

A In its Summary of Infection Prevention Practices in Dental Settings, the CDC advises its key recommendations.

First, the CDC recommends implementing measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point-of-entry to the facility and continuing throughout the visit.

Additional recommendations include posting signs at entrances with instructions for patients with symptoms of respiratory infection to cover their mouths and noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

The CDC also recommends providing tissues and no-touch receptacles for disposal of tissues as well as resources on performing hand hygiene in or near waiting areas. The agency encourages offering masks to coughing patients and other symptomatic people when they enter the office. Space can be provided, and symptomatic persons can be encouraged to sit as far away from others as possible. These patients can remain in a separate area if available while waiting for care.

Finally, staff should be educated on the importance of measures to prevent the spread of respiratory pathogens when caring for patients with signs of a respiratory infection.

For more information, visit CDC.gov. ■



Board shortens oral certifying exam

The American Board of Oral and Maxillofacial Surgery (ABOMS) consistently works to maintain a challenging, current and meaningful certification process.

With this in mind, the Board began an in-depth review of the oral certifying exam (OCE) in 2014. Beginning with confirmation of the value of an oral exam, focus was turned on both the content and process of the examination for candidates.

As the role of an oral exam is to evaluate critical thought process, ABOMS selected topics that allow a candidate to demonstrate on-the-fly thinking, synthesizing core knowledge and applying this to realistic, mainstream office- and hospital-based scenarios.

Determination of the focus and weighing of these topics involved psychometric methods to ensure validity and consistency for each candidate to succeed equally.

It was determined that no content would be deleted but presented in a different way. Then the focus was turned to the overall exam process.

The Board found with a focus on critical thinking, cases could be presented in a shorter, more focused format to "get right to the point" of a case. This allows candidates to display a full consideration of how and why they choose to treat a patient in that scenario.

The process resulted in a dramatically shorter exam divided into three sections, each with four 12-minute cases – for a total exam time of 144 minutes compared to the previous 200-minute exam.

More details of the new OCE format can be found at ABOMS.org as the next exam nears.

Questions? Contact any ABOMS director or ABOMS staff. ■



MEMBERSHIP



AAOMS Connect allows members to network, check out resources

AAOMS Connect is a new online community for AAOMS members.

With a discussion forum, private messaging and more, AAOMS Connect is a resource to network with colleagues or become involved in Clinical Interest Groups (CIGs) outside of the AAOMS Annual Meeting.

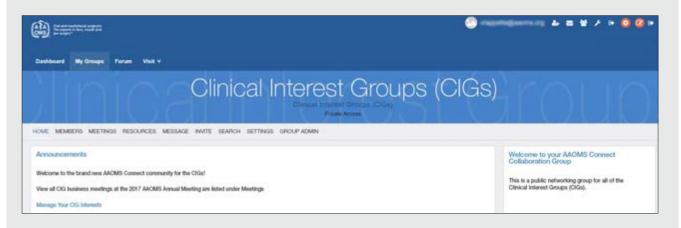
To access AAOMS Connect, log in to AAOMS.org, click on AAOMS Connect under Member Center. Then click Join

Group to request access to the CIGs. Requests to join are approved within 24-48 hours.

To participate in a discussion, click Forum on the top-most navigation bar.

In each CIG thread, the corresponding officers and liaisons

Questions? Contact conteducate@aaoms.org.



MEMBERSHIP



Program supports service work

AAOMS and the Henry Schein Cares Foundation are continuing to help support oral and maxillofacial surgeons' volunteerism through the Global Outreach Project grant program.

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

The next application period for the program will open in May. Selected recipients will be notified in September. Additional information is available at AAOMS.org/GlobalOutreach.

CONTINUING EDUCATION



Series to focus on infection

Two webinars are available in the upcoming infection series. Those who purchase both webinars in the series save \$50.

"Antibiotic and Surgical Management of Severe Head and Neck Infections: A Case-based Approach" on May 30 will review the management of severe head and neck infections. The principles of surgical and antibiotic management of maxillofacial infection will be integrated into case presentations.

"Salivary Gland Disorders: An Evidence-based Discussion of Modern Surgical and Medical Treatments" on June 6 will review bacterial, viral, autoimmune and other salivary gland diseases in pediatric and adult populations.

Visit PathLMS.com/AAOMS to register.

MEMBERSHIP



OAE past due for some members

Recertification is past due for all current members and fellows who last completed an office anesthesia evaluation (OAE) in 2012.

Members of a state OMS society should contact the state society for information on scheduling the next evaluation. Those who are grandfathered from the state society membership requirement and the OMS state society is unable to evaluate should contact Lawrence Zabinski in the AAOMS Department of Professional Affairs for assistance at 847-233-4345.

Members who are due for evaluation should have received notification from the state society and AAOMS. Note that eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

Confirmations of successful completion of the re-evaluation are due to the AAOMS Membership Department no later than July 31.

Noncompliance with the OAE program will result in discontinuation of AAOMS membership.

Questions about membership status should be referred to the AAOMS Membership Department at membership@aaoms.org or 800-822-6637.

CONTINUING EDUCATION



Claim credit for 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.

FOUNDATION



Foundation offers funding

The deadline for two OMS Foundation funding opportunities is 11:59 p.m. CDT July 15. The two programs include:

- Research Support Grants These grants are intended to further the development of scientific investigators committed to issues related to oral and maxillofacial surgery. Each grant is \$75,000.
- Student Research Training Awards These awards support student projects and aim to attract qualified dental students to the OMS specialty and investigative research. Each award is \$12,500.

Information and updated guidelines can be found at OMSFoundation.org/research-education/apply.

Questions? Call 847-233-4366 or email programs@omsfoundation.org.

CONTINUING EDUCATION



Speaker opportunities available

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.

MEMBERSHIP



Application requirements due

All candidates who would like to be elected as provisional or active members and fellows of AAOMS need to meet their respective application requirements by July 31. To learn more about application status, email membership@aaoms.org for more information.

ADVANCED EDUCATION



AAOMS helps with application process for ACS Fellowship

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 specific criteria, available at AAOMS.org/member-center/acs-fellowship#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 www.FACS.org/member-services/benefits/fellows for additional information.

PRACTICE MANAGEMENT



AAOMS reminds 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.

ADVANCED EDUCATION



Submission period open for Osteo Science grants

The submission period for Osteo Science Foundation research grants runs until 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.

GIVING BACK



Volunteer opportunities available

Dental Lifeline Network's Donated Dental Services (DDS) program provides comprehensive dentistry to those with disabilities, the elderly and the medically fragile across the country through 15,000 volunteer dental professionals, including about 1,700 OMSs.

For more information, visit DentalLifeline.org.

CODING



Program provides coding 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/CodingBilling.

COMMUNICATIONS



Articles publish online before print

Articles in *JOMS* are typically available on AAOMS.org/JOMS under the link "Online First" within two to three weeks of acceptance. Although these online-first articles are not copy edited, they are fully citable once they are posted online. When the article is fully copy edited, it replaces the author-accepted manuscript version. The current accept-to-publish timeframe for print articles in *JOMS* is five to seven months.

 $Questions?\ Contact\ joms@aaoms.org.$

CALENDAR



AAOMS Opportunities

2018

May 9-11

AAOMS Clinical Trials Methods Course

Hilton Rosemont/Chicago O'Hare Rosemont, III.

Oct. 8-13

100th AAOMS Annual Meeting, Scientific Sessions and Exhibition

McCormick Place West Hilton Chicago Chicago, III.

Oct. 10-11

Beyond the Basics Coding Workshop

McCormick Place West Chicago, III.

Nov. 29-Dec. 1

Dental Implant Conference

Sheraton Grand Chicago Chicago, III.

Nov. 30-Dec. 1

Anesthesia Assistants Review Course

Sheraton Grand Chicago Chicago, III.

Dec. 1

Anesthesia Assistants Skills Lab

Sheraton Grand Chicago Chicago, III.

Regional & State Society Meetings

2018

May 19-20

NYSSOMS Annual Meeting

Weill Cornell Medical College New York, N.Y.

(Speaker co-sponsored by Osteo Science Foundation)

July 13-15

FSOMS Summer Meeting

OMNI

Amelia Island, Fla.

July 20-22

CSOMS Summer Meeting

The Broadmoor Colorado Springs, Colo.

July 20-22

GSOMS Summer Meeting

Ritz Carlton

Lake Oconee, Ga.

Oct. 7-9

NCSOMS Annual Meeting

Greensboro, N.C.

Oct. 26-28

FSOMS Annual Meeting

Ritz Carlton Grande Orlando, Fla.

Oct. 30

WSOMS Fall Meeting

Seattle, Wash.

TREASURER'S ACCOUNT



J. David Johnson Jr., DDS Treasurer

The (survey) results indicated the majority of AAOMS members
– 72 percent – did not favor receiving a printed directory.

Moving online: Trading

ast year, I was asked by a prominent leader of our specialty and longtime friend, "Why doesn't AAOMS produce a printed membership directory anymore?"

The answer: In 2016, the AAOMS Board of Trustees (BOT) found it difficult to justify the \$42,000 in production and distribution costs knowing our two enhanced online directories at AAOMS.org and MyOMS.org would provide superior and updated service for our membership.

He replied that he – and other AAOMS members with whom he had communicated – would prefer to receive by mail a printed copy of the AAOMS directory over accessing an online directory. His inquiry elicited my assurance that the AAOMS Finance and Audit (F&A) Committee and AAOMS BOT would reconsider publishing and distributing a printed AAOMS membership directory.

Subsequent to the immediate reconsideration of all forms of the AAOMS membership directory by both the F&A Committee and BOT, the Association surveyed members regarding their desire to receive a printed AAOMS membership directory.

The results indicated the majority of AAOMS members – 72 percent – did not favor receiving a printed directory. Looking at the age distribution of the respondents, only members older than 80 favor (in the majority) receiving a print version. The majority in all other age groups prefer to not receive a print version.

For those who have not yet experienced the benefits of each online directory, I would like to point out a few highlights.

Two directories for two different reasons

AAOMS's two directories feature your contact information in different ways, and each is under your control.

The first directory is the AAOMS membership directory, published in the members-only area of AAOMS.org. This directory provides our members with an easy way to look up colleagues for personal use. It may contain both business and home contact information. Email addresses are listed if a member has consented to having them listed. This directory can be searched by name, city, state, ZIP code or residency program.



the print directory for two online versions



Both AAOMS.org and MyOMS.org feature directory search engines.

The second directory is for the public and located on MyOMS.org.

This directory is used by referring dentists, OMSs and patients (among others) and only contains business contact information. Home address and contact information are never listed in this directory. Only elected members and fellows in good standing who have approved their contact information for inclusion appear in this directory. If you do not see your information, please feel free to contact our Membership Department staff.

Update your information

Both directories contain current information as listed in our membership database, and they are updated daily.

If you visit your profile on AAOMS.org and make an update to your contact information, you can check back the next morning and see your results.

Notice one of your locations is not listed on MyOMS.org? Simply update your profile online, or email or call the Membership Department to get it updated.

Additionally, each year, members are given the opportunity to review all their contact information as listed in our database through the verification form included in the annual dues mailer. Returning that form is the easiest way to be sure your information is available to (or excluded from) the public or



private directories.

Given the survey results as well as the desire to meet the needs of all AAOMS members, the BOT approved a motion to order a print run of 200 copies of the membership directory for storage at headquarters to be sent to members who request a hard-copy version.

Directories will be sent on a first-come, first-served basis. The cost of this printing and distribution is estimated at \$1,000, and the AAOMS BOT will evaluate the success of this approach with each publication.

To request a copy, email membership@aaoms.org or call 800-822-6637. ■

Doctor and group travel each year to Philippines

Many AAOMS fellows and members generously help patients in unfortunate circumstances in the United States and abroad. Giving Back is a new, occasional feature that will highlight the volunteerism of oral and maxillofacial surgeons. Send story ideas to AAOMS Editorial Manager Sarah Trotto at strotto@aaoms.org.

or years, the patient used a cloth to hide her face and her bilateral cleft lip.

But after surgery, she has less reason to conceal herself.

The 43-year-old woman is one of thousands of patients Robert Flint, DMD, MD, and a surgical team have helped treat over the last 23 years in the Philippines.

Each year, Dr. Flint, as a member of the Philippine-American Group of Educators and Surgeons (PAGES) Operation HOPE (Help Other People Excel) team, spends a couple weeks performing cleft lip and palate repair for indigent residents of the Philippines. The group's mission is to help those who cannot afford hospital and surgical expenses for this corrective surgery. Though most of the patients are children, the woman was an exception during Dr. Flint's mission trip last year.

"At her screening, she would not make eye contact and kept her head down, often with a cloth or rag over her face to hide the deformity," said Dr. Flint, who is based in Louisville, Ky. "Even after the surgery, it was hard for her to look up and make eye contact because of her previous exposure and scrutiny in society, but you could sense her appreciation and gratitude for the corrective surgery."

"The group has treated patients as young as 3 months old and most are young children, but the patients who stand out to me most are the older patients who have been exposed to the social impact of their deformity," Dr. Flint added. "The babies typically have not had to go through the social stigma because they have not been 'stared at' or socially mistreated like the older children and adults."

The group of approximately 50 health professionals – including surgeons, surgical fellows, surgical residents, physician assistants, nurses, surgical assistants, pediatricians, anesthesiologists and logistic support staff – conduct about

120 to 150 procedures each trip. The team focuses on facial reconstructive surgery, mainly the repair of cleft lips and cleft palates as well as other craniofacial deformities. Team members incur most of the mission expenses, with outside donors contributing as well. Dr. Flint received a grant from the Global Outreach Program, the joint project of AAOMS and the Henry Schein Cares Foundation, in 2016.

As the group's director of surgery and surgical coordinator for more than 10 years, Dr. Flint arrives several days ahead of the main team to evaluate and set up the facility/hospital. He also screens and evaluates patients, assigns the cases for the surgeons each day, performs surgery, and helps coordinate the schedule and logistics of the mission.

"At the end of the mission each year I always feel a little guilty because of how good I feel about what the team has accomplished," Dr. Flint



This year's Philippine-American Group of Educators and Surgeons (PAGES) team (including Dr. Flint in the back row at the far right) traveled to Lipa City, Batangas.



to repair cleft lips, palates in adults, children



(Clockwise from upper left) The team prepares for surgery on a patient who was intubated by the anesthesia team; a young girl with a unilateral cleft before and after surgery; a patient with bilateral lip before surgery and one year later; the 43-year-old woman with bilateral cleft lip before and after surgery; Dr. Flint and a surgical assistant perform a cleft palate surgical repair. Photos courtesy of Dr. Flint and printed with permission.















said. "My time helping and enjoying the children, as well as my 'Filipino family' (the team), is why I go each year. It's the highlight of my year."

Dr. Flint was in private practice for 20 years. Two years ago, he returned to the University of Louisville, where he is an assistant professor in the Department of Surgical and Hospital Dentistry. When he was a resident at the university, Dr. Flint learned about the opportunity to treat patients in the Philippines from Dr. Ben Rigor, Chair of Anesthesiology at the university, who co-founded PAGES in 1990.

"The Philippines has a lot of outlying areas and islands where people don't have access to healthcare," Dr. Flint said. "The increased incidence of clefts in the Asian population, lack of access to care, and lack of financial resources to get the care all are factors into why we do it. Most of these people have difficulty affording the bus fare to get to the hospital. Once they arrive, we house them, provide the necessary hospital

workup, help with food and perform the needed surgery. Prior to their discharge, the families are given a few weeks' worth of basic commodities through 'Operation Grace' to help their impoverished situation."

Dr. Flint compares PAGES to a "MASH unit" loading up its equipment – including anesthesia machines, lights, operating room tables, mayo stand, IV poles, and boxes of supplies – on a truck and transporting it to hospitals. The group operates in different locations but mainly cares for patients on the island of Luzon. In February, the team was in Lipa City, Batangas.

"When I come home and we've operated on 120-plus kids and made a difference in their social impact in society, that makes me feel good," Dr. Flint said. "Another one of the reasons I go is because of the team we've assembled over the last 20-plus years. It's enjoyable to see and participate with them in such a worthy cause."

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IAOMS names Dr. Olsson as president



Dr. Olsson

Alexis B. Olsson, DDS, FACS, began his two-year term as president of the International Association of Oral and Maxillofacial Surgeons on Jan. 1. He succeeds Dr. Julio Acero (Madrid, Spain).

Dr. Olsson is Chief of Oral and Maxillofacial Surgery at Northwestern Memorial

Hospital and Ann & Robert H. Lurie Children's Hospital and professor of clinical otolaryngology, head and neck surgery at Northwestern University Feinberg School of Medicine in Chicago. He also is Director of Resident Training at Northwestern Memorial Hospital.

Dr. Olsson was previously IAOMS vice president. He has been an IAOMS fellow since 1992, served on committees and been assistant executive director.

Osteo Science announces winners

The Osteo Science Foundation supports research in oral and craniomaxillofacial surgery through Peter Geistlich Research Awards. The most recent recipients are:

 Jasjit Dillon, DDS, MD, BDS, FDSRCS; University of Washington, Seattle; "Pentoxifylline and tocopherol (PENTO) in the treatment of MRONJ Formation Targeting the VEGFa Pathway"



Dr. Dillon

Dr. Dillon's project is the foundation's first clinical research project, and the foundation is a co-funder with the OMS Foundation. This project includes Dr. Sal Ruggiero at the New York Center for Oral and Maxillofacial Surgery, Dr. Brent Ward at the University of Michigan, Dr.

Anthony Morlandt at the University of Alabama and Dr. Dillon at the primary site.

 Alireza Moshaverinia, DDS, MS, PhD, FACP; UCLA School of Dentistry; "Engineering microscale delivery systems capable of precisely controlled growth factor release"

 Rabie Shanti, DMD, MD; University of Pennsylvania; "Application of SIS-ECM Constructs Laden with Gingivaderived MSCs in Tongue Myomucosal Regeneration"

The submission period for all Osteo Science Foundation research grants ends June 1. These grants include the Peter Geistlich Research Awards, Philip J. Boyne Junior Faculty Awards and Resident Research Awards. More information is at osteoscience.org.

The foundation also announced the winter 2018 recipients of its Clinical Observership Program. The program is an opportunity for residents interested in a career in private practice to spend two to four weeks with a senior clinician for intensive, individualized training. Applications are taken on a rolling basis and reviewed quarterly. The recipients include:

- Wade Barker, DDS, MD; Texas A&M College of Dentistry/ **Baylor University Medical Center**
- Matthew Green, DMD; Nassau University Medical Center
- Patrick Gaus, DDS; San Antonio Military Oral and Maxillofacial Surgery
- Timothy Kunkle, DDS, MD; Columbia University
- John Costandi, DMD, MD; Columbia University
- Jennifer Caroline, DDS, MD; University of Pennsylvania
- Matthew Nimmich, DMD; University of Mississippi Medical Center

Dr. Arrasmith receives teaching award

Warren Arrasmith, DMD, has received the University of Alabama at Birmingham's President's Award for Excellence in Teaching. The award recognizes full-time regular faculty members who have outstanding accomplishments in teaching.



Dr. Arrasmith

Dr. Arrasmith, the 2016 chair of the UAB Dentistry

Leadership Council, heads the university's Oral and Maxillofacial Surgery Clinic. He is the Thomas W. Jones Endowed Professor at UAB and graduated from its School of Dentistry in 1969.

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

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 recommendation 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 recommendation 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 recommendation 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 (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 boardcertified 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.

Nebraska

The University of Nebraska Medical Center in Omaha is currently seeking a BC/BE Oral and Maxillofacial Surgeon to join our faculty. This career opportunity provides excellent opportunities to provide clinical care to patients and actively engage in teaching residents in academic and clinical setting in a 72-month, fully accredited OMFS residency program. Depending on interests and experiences of the candidate, there is potential for research activities. The faculty member will join the medical staff of Nebraska Medicine, the only statedesignated Comprehensive Trauma Center serving both pediatric and adult patients. The range of services we provide includes (but is not limited to) corrective jaw surgery, temporomandibular joint disorders, pathology and reconstruction, facial injury treatment, wisdom tooth removal, and dental implant procedures. The ideal candidate must be an energetic, well-trained professional with good interpersonal skills who utilizes a team approach. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century healthcare workforce, to

finding cures and treatments for devastating diseases, to providing best care for patients and to serve Nebraska and its communities through award-winning outreach. We offer a highly competitive benefits package and rank and salary commensurate with qualifications. Candidates interested in working within a dynamic and stimulation setting are encouraged to apply online. Applications are currently being accepted online at unmc.peopleadmin.com/ postings/30992. Individuals from diverse backgrounds are encouraged to apply.

Oklahoma

Clinical Assistant/Associate Professor position at the University of Oklahoma HSC, College of Dentistry, available immediately or until position is filled. Responsibilities include supervision and instruction in pre-/post-doctoral clinical courses in oral and maxillofacial surgery and serve as the oral maxillofacial surgeon in the Dental Service at the Oklahoma VA Medical Center. The candidate should have a deep interest in resident education and a clinical focus should include pathology and reconstruction, sleep apnea, and ambulatory OMS procedures, including dental implant placement. The position will be a 0.5 fulltime equivalent to a 1.0 full-time equivalent depending upon the interests of the candidate. Extramural practice is possible with a 0.5 FTE equivalent. The successful candidate will be compliant with policies and procedures of both the OUHSC and the VA Health System. Minimum qualifications: DDS/ DMD from CODA-accredited dental school or foreign equivalent and completion of Part I and Part II of National Board Examinations; certificate in oral and maxillofacial surgery from CODA-accredited dental school and be board eligible or certified by the American Board of Oral and Maxillofacial Surgery; eligibility for Oklahoma specialty dental licensure; background clearance required. Salary and rank commensurate with qualifications and experience. Applicants will be reviewed as received. Send curriculum vitae and a list of three references to: Dr. Paul Tiwana, Oral & Maxillofacial Surgery, University of Oklahoma HSC, College of Dentistry, 1201 N. Stonewall Ave., Oklahoma City, OK 73117. OUHSC is an EO/ AA Institution www.ou.edu/eoo. Individuals with disabilities and protected veterans are encouraged to apply.

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 predoctoral 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

continued on next page

Faculty Positions continued from previous page

experience preferred. Applicants must be board-certified or actively seeking board certification, have a CODA-accepted DDS/ DMD or equivalent, and be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers in Wisconsin. We have a long-standing reputation of providing outstanding medical and graduate education, conducting cutting-edge biomedical research, providing innovative and compassionate patient care, and improving the health of the communities we serve. We are an equal opportunity employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class. Please submit a letter of intent, CV and the names of three professional reference to Dr. Carolyn Brookes at cbrookes@mcw.edu. For additional inquiries, please contact Dr. Carolyn Brookes at cbrookes@mcw.edu or 414-805-5788.

Wisconsin (Milwaukee)

The Oral and Maxillofacial Surgery division at the Medical College of Wisconsin (MCW) seeks applications for a division chief at the associate or full professor level. Advance your career at a center with a vibrant OMS practice in a well-respected, accredited residency training program. Our practice is broad scope and part of a tertiary care center serving adult and pediatric populations. Affiliations include Froedtert Hospital and Children's Hospital of Wisconsin, both Level I trauma centers, and the Zablocki Veterans Administration Hospital. We seek a candidate with a strong vision to promote divisional growth while upholding our tradition of excellence. Our ideal candidate demonstrates effective leadership and administrative skills and brings experience in resident education and research. Strong interpersonal skills are crucial to nurture and expand upon existing collaborations both within and beyond the rich MCW network. Applicants must be board-certified by and must be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers in Wisconsin. We have a long-standing reputation of providing outstanding medical and graduate education, conducting cutting-edge biomedical research, providing innovative

and compassionate patient care, and improving the health of the communities we serve. We are an equal opportunity employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class. Please submit a letter of intent, CV and the names of three professional reference to Dr. Carolyn Brookes at cbrookes@mcw.edu. For additional inquiries, please contact Dr. Carolyn Brookes at cbrookes@mcw.edu or 414-805-5788.

Fellowships Non-CODA Accredited

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for the July 2019 as well as July 2020 positions. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/ palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Florida

Miami Oral and Maxillofacial Surgery is sponsoring a fellowship in endoscopic maxillofacial surgery commencing July 1, 2018, and ending June 30, 2019. The preceptor of the fellowship is Joseph P. McCain, DMD, FACS, and the emphasis of the fellowship is on endoscopic maxillofacial surgery involving TMJ arthroscopy, sialoendoscopy, and endoscopic-assisted orthognathic and trauma surgery. The fellowship is pending CODA application submission. Upon completion of the fellowship, the candidates should be well versed in all forms of endoscopic maxillofacial surgery and be prepared to disseminate that information in educational venues and residency programs. Please

direct all inquiries to: Joseph P. McCain, DMD, FACS, phone 305-595-1905; cell 305-586-3943 or email jmccain@miamioms.com.

Louisiana

Louisiana State University (LSU) Health New Orleans is searching for a head and neck oncology and reconstructive surgery fellow for 2018-19. The program is based within the department of OMFS at LSU and provides comprehensive surgical training in head and neck cancer/microvascular flap reconstruction under the guidance of two fellowship-trained head and neck surgeons, Drs. Waleed Zaid and Beomjune Kim. The fellow will participate in all oncology and microvascular reconstructive cases and be responsible for seeing these patients in the clinic and hospital settings. The fellow will rotate on radiation oncology/medical oncology/surgical pathology and present at tumor boards so as to develop perspectives from other medical disciplines. The fellow is expected to become actively involved in not only patient care but also resident education and research. Patient care activities mainly take place at University Medical Center in New Orleans (UMCNO), a state-of-the-art medical facility, Touro Infirmary in New Orleans, and Our Lady of the Lake Regional Medical Center (OLOL) in Baton Rouge, as well as other community hospitals. Use the following application link to apply: www.lsuhsc.edu/Administration/hrm/ CareerOpportunities/Home/Detail/1938.

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 patientdoctor 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 righthand 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 recommendation 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 recommendation 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, 2019,

through June 30, 2020. 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.

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.

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

Available Positions

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 boardcertified or board-eligible, motivated, hardworking and efficient oral surgeon for a fulltime 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

Well-established OMS practice in Denver/ Aurora/Thornton area seeking a part-time OMS. No trauma call. Excellent compensation and opportunity. Please send CV to oscad2010@yahoo.com.

Delaware

Well-established, two-office practice in Wilmington, Del., is seeking a board-eligible/certified OMS. Associate to partner pathway desired. Affiliated with ChristianaCare and A.I. DuPont Hospital for Children, including part-time resident training in all aspects of OMS. An excellent opportunity with a large referral base for the motivated individual. Conveniently located close to shore points, Baltimore, D.C., Philadelphia and New York City. Competitive compensation and benefits. Delaware Dental Boards required for licensure. Submit inquiries to lefort3@comcast.net.

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.

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.

Georgia

Multi-office, multi-specialty group practice seeking a motivated and energetic OMS. Dentoalveolar, bone grafting and implant-focused procedures. Full-time position or part-time position which 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.

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

Fifty-year-old established practice, located in an affluent suburb, 60 miles northwest of Chicago, is looking to hire a full-time associate that can transition to partnership when senior doctor retires. Our practice is state-of-the-art, set in a casual loft design. It's supported by a community with strong growth in housing and retail. Public transportation via the Metra, which runs between the suburbs and Chicago, is one mile from our office. We are looking for an associate who exhibits leadership, great work ethic, compassion and professionalism in taking care of our patients as well as our support team. Our practice is a full-scope oral surgery office with emphasis on dentoalveolar, pathology and implant surgery. Our doctors are on staff at a hospital that is five miles from our office. Benefits will include medical and malpractice insurance, hospital dues, society memberships, retirement contributions, board examination fees and vacation. Reply to jtrlthomp@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 with several offices in metropolitan and northwest suburban Chicago area actively seeking an associate with progression to partner position. Ideally looking for a resident currently in position to complete training in the summer of 2018 or 2019. Our doctors practice the full scope of oral and maxillofacial surgery with emphasis on dentoalveolar and implant surgery. Recently renovated practice-owned offices and state-of-the art equipment. 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, retirement contributions 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 welltrained 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-yearold 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 shawna@danvilleoms.com.

Maryland (Chesapeake Bay Area)

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

Maryland (Montgomery and Frederick County)

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

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

Excellent opportunity for a board-certified OMS or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./ Baltimore/Virginia metro area in Frederick and Hagerstown, Md., and Martinsburg, W.Va. Modern, state-of-the-art facilities. Fullscope 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.

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.

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 (St. Louis)

Outstanding opportunity for an Oral and Maxillofacial Surgeon to join a fullscope, hospital based, group private practice that also sponsors a nationally recognized, multi-focused Fellowship

continued on next page

Available Positions continued from previous page

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.

Missouri

Well-established oral surgery practice seeks an associate OMS who is boardcertified or an active candidate for board certification. We are a full-scope, two-office private practice in a university setting. An appointment at Washington University School of Medicine will be given in the Department of Otolaryngology, Head and Neck Surgery. Our practice is very active in the teaching hospital. Procedures include tumor excision and reconstruction, TMJ arthroplasty and replacement, orthognathic surgery, dentoalveolar, dental implants, facial implants, trauma, and hard and soft tissue grafting. We are looking for an associate to participate in all of the above as well as take care of tertiary care patients, i.e., pre- and post-cardiac, liver, lung, stem cell transplants, LVAD patients, etc. Contact Allen Sclaroff, DDS, professor of otolaryngology and oral and maxillofacial surgery, Department of Otolaryngology, Head and Neck Surgery, Washington University School of Medicine, St. Louis, MO; phone 314-361-6006; email asclaroff@aol.com; or Michael Kurtz, practice administrator, at 314-402-3427 or email mkurtz@uomfs.com.

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 Jersey

Upscale, well-established private practice with three locations in northern N.J. offering unique full-time associate and a distinct part-time opportunity to board-eligible or board-certified OMFS leading to partnership. 20 minutes from Manhattan. Multiple area and N.Y.C. hospital affiliations available. Excellent compensation with comprehensive benefits. Long-term experienced staff to assist with transition. Email resumes to info@njcosa.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, two-office OMS practice at the southern New Jersey Shore is seeking a motivated, bright, personable OMS board-certified or 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 OMS looking for early partnership. Interested parties should reply by email: shorejaws@aol.com.

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)

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

New York (Lower Hudson Valley)

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

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia.



Orthognathic, reconstruction, cleft lip and palate, pathology, and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401K and profit sharing. Send resumes to dwhitacre@scomsa.com.

North Carolina

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.

Pennsylvania

Beautiful living but close to Baltimore, Washington and Pennsylvania cities. 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. Scenic western Maryland and southcentral Pennsylvania. Competitive package will be offered to the right person. Email richard.ofs@myactv.net.

Pennsylvania

We are looking for a full-time oral and maxillofacial surgeon to join our highly successful, busy practice located in Elkins Park, Pa. Candidate should be DDS or DMD from an accredited dental school, boardcertified in oral and maxillofacial surgery or eligible candidate. Great opportunity for graduating resident. We offer a very competitive salary and great working environment. Interested applicants should send resume to Donna Scott office@gphillyoms.com.

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 parttime associate. Ideal candidate will be boardcertified 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.

Washington, D.C.

The Department of Oral and Maxillofacial Surgery at Medstar Washington Hospital Center is seeking applications for a full-time clinical faculty position. Come join a busy, full-scope, hospital-based practice within a well-respected residency program. The candidate will have a focus on full-scope clinical practice, resident education and pursuit of scholarly activities. Applicants must have a DDS/DMD from an accredited

U.S. or Canadian dental school, have completed a CODA-approved oral and maxillofacial surgery residency program, be board-certified/eligible and able to obtain dental licensure in the District of Columbia. Salary will be commensurate with education experience and qualifications. MedStar Washington Hospital Center is a Level I trauma center and the largest notfor-profit teaching hospital in metropolitan Washington, D.C. The hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization and a communitybased network of 10 hospitals and other healthcare services in the Baltimore/ Washington region. The Department of Oral and Maxillofacial Surgery also has an affiliation with Children's National Medical Center to provide pediatric oral and maxillofacial surgery services. Interested applicants should forward a letter of intent, CV and list of three professional references to: George Obeid, DDS, Chairman, Department of Oral and Maxillofacial Surgery, Medstar Washington Hospital Center, 110 Irving Street NW, GA-144, Washington, DC 20010, phone: 202-877-6576, email: George.X.Obeid@medstar.net.

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, stateof- 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.

continued on next page

Available Positions continued from previous page

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, III., 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.

Wyoming/Colorado Border

Private oral surgery practice seeking a motivated, energetic, personable BC/BE OMS with immediate buy-in opportunity. Being close to the border, you have the option of living in Colorado and practicing in Wyoming or making Wyoming your home. Reply to AAOMS Box A-31803.

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.

OMS Consulting Firm

We offer full-scope consulting services for Oral and Maxillofacial Surgery practice management. Our team specializes in OMS Practice Development, Practice Management, and Accounting and Financial Management. For more details on our services, contact Scott E. Graham, MHA, FACMPE, FAADOM, OMS Consulting Firm, 833-OMS-FIRM, scott@omsconsultingfirm.com or visit www.omsconsultingfirm.com.

Practices for Sale

Arizona

Long history of goodwill. Seller aims for a short-term transition or flexible with partnership transition. \$794,000 collected annually. 1,600 square feet, three spacious modern surgical suites, excellent Phoenix West Valley location, growing community. Send inquiries to fheppner1959@gmail.com.

California

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. Calif. 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 southern Colorado. Renowned surgeon looking for partnership or buy-out opportunity of well-established practice in highly desirable area of southern Colorado. Practice features six fully equipped, updated operatories. Averages over 60 new patients a month. This well-

balanced practice collects over \$1.1 million, allowing the doctor to net nearly \$500,000 a year. Strong and stable referral sources in growing market. Current doctor is open to a buy-in or buy-out, depending on what prospective doctor is looking for. To learn more about this opportunity, please contact Stanton Kensinger at 719-331-3402 or stanton@professionaltransition.com.

Georgia

Successful modern solo practice for sale in SW Georgia. Includes CBCT, building, equipment: \$300,000. Gross receipts exceed national average. Wonderful staff will stay. Don't miss this opportunity. Reply to AAOMS Classified Box S-2295.

New Jersey

Busy, 40-year-old, solo, office-based \$1M+ practice. 30 minutes and 20 miles from N.Y.C. For immediate sale or transition. Comm. Hospitals. Nearby, retiring, D-PAN, X-rays. Reply to AAOMS Box S-31804.

New York (Long Island)

Own your practice for \$1 at end of five-year affordable monthly lease. Well-equipped office that needs little if any updating. Laser, radiosurgery, six work stations with a current practice management program. Excellent opportunity for one or two doctors, satellite office, recent graduate or retired military. Insurance and fee for service assures income from the start. Reply to AAOMS Box S-51801.

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.

Virginia

Premier OMS practice for sale nestled in the scenic Blue Ridge Mountains, just minutes off the Parkway. This single owner, 30-year-plus, extremely successful practice is equipped with OMSVision software, digital panoramic and periapical radiography and CBCT scanner. Large implant practice with good, loyal referral base. This Roanoke/Vinton, Va., practice is just minutes away from the medical hub of Carilion Clinic and Virginia Tech. A growing research institute and medical school just miles away. The practice real estate is located in downtown Vinton, Va., in a lovingly restored 1920s colonial with an addition of state-of-the-art operatory suites. Over 4,200 square feet available for sale with the practice. The Roanoke Valley in the Blue Ridge Mountains offers outdoor activities, like mountain biking or kayaking, hiking, fishing, along with an explosion of craft breweries, wineries and vineyards. Smith Mountain Lake is 15 minutes away. Reply to AAOMS Box S-31802.

Practice Transitions

New Jersey

Busy, 40-year-old, solo, office-based \$1M+ practice. 30 minutes and 20 miles from N.Y.C. For immediate sale or transition. Comm. Hospitals. Nearby, retiring, D-PAN, X-rays. Reply to AAOMS Box PT-31804.

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 associateto-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.

Ottawa, Ontario

Oral & maxillofacial surgeon. Wellestablished 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@drwwayne.com.

Classified Advertising Deadlines

Sept/Oct 2018 issue: June 22, 2018

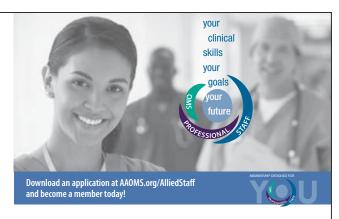
Nov/Dec 2018 issue: Sept. 3, 2018

Jan/Feb 2019 issue: Nov. 9, 2018

AAOMS Allied Staff Membership Benefits OMS Staff and the Practice

AAOMS allied staff membership has something to enhance the knowledge and skills of all professional staff members in the practice and is a bargain at only \$40*!

- · Reimbursement staff have first-hand access to coding and billing advice that can reduce claim errors and shorten reimbursement time.
- · Practice managers learn the latest in infection control and management strategies to help them excel in their many roles in the practice.
- · Clinical staff education includes anesthesia courses, assisting skills labs and protocols for managing office emergencies.
- · All AAOMS allied staff members receive direct online access to AAOMS Today and other important publications such as the OMS Staff Communiqué.
- The exclusive AAOMS Allied Staff Members Group on LinkedIn offers the opportunity to network with colleagues from OMS practices across the country.
- Participation in the AAOMS Career Line, the official job board of AAOMS.



Allied staff members receive discounted registration rates on the many courses and programs available through AAOMS. More than 1,000 allied staff members are already taking advantage of the benefits of AAOMS membership. Join today!

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



American Association of Oral and Maxillofacial Surgeons Oral and maxillofacial surgeons: The experts in face, mouth and law surgery

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Questions?

Visit AAOMS.org/classifieds, or email jwalker@aaoms.org.

Classified Advertising Deadlines
Sept/Oct 2018 issue: June 22, 2018
Nov/Dec 2018 issue: Sept. 3, 2018
Jan/Feb 2019 issue: Nov. 9, 2018



(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

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

- · 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, ichycardia, 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 EAPAREL Should not be admixed with local anesthetics, including lidocaine, 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

<u>Risk Summary</u> 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 Lear Catal Based no national data adviso pragrat transact of 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.

<u>Data</u>

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 embryofetal deaths was observed in rabbits at the high dose in the absence of

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).

I actation

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 breastfedding 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 conditions. 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

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 the planned surgical site. 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 HCI administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine and unserved is conventional on dependent. Interiors, pulpracanie 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

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, b hours as necessary of it had was insufficient within the first 24 hours, ketorolac (15 to 30 mg lV). 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 the 3d hours (cd. 0.01). placebo for up to 24 hours (p<0.001).

Study 2

A multicenter, randomized, double-blind, placebo-controlled, parallelgroup 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

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

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

Pacira Pharmaceuticals, Inc San Diego, CA 92121 USA Patent Numbers

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For additional information call 1-855-RX-EXPAREL (1-855-793-9727) August 2016 Rx only

WITH NON-OPIOID EXPAREL



*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 HCI (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. 6ioil;30:106/j.arth.2017.0724.

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



