AAOMS TODAY



September/October 2018

VOLUME 16, ISSUE 5

A publication of the

American Association of Oral and Maxillofacial Surgeons



Meeting to celebrate history, look to future

Highlights include new educational format, History Museum, **Keynote Address**

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100th **Anniversary**

Honoring the centennial by highlighting 100 ways AAOMS provides value



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AAOMS TODAY

September / October 2018

Volume 16, Issue 5

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Daniel M. Laskin, DDS, MS

Fditor

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

Mark Adams

General Counsel ext. 4350

Mary Allaire-Schnitzer

Advanced Education and Professional Affairs

Beth Hayson, MBA, CAE

Continuing Education, Meetings and Exhibits ext. 4377 Jolene Kremer

Communications and Publications ext. 4336

Kimberly Molley, CPA

Business and Operations ext. 4341

Karin Wittich, CAE

Practice Management and Governmental Affairs ext. 4334

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100th Anniversary

Honoring the centennial by highlighting 100 ways AAOMS provides value

To honor the centennial in 2018, AAOMS has developed a list of 100 valuable ways – divided into 24 categories – the Association serves its membership, the specialty and, in turn, patients. **CENTENNIAL** 18

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The approvals arrive less than two years after the first class of single-degree OMSs were welcomed as ACS Fellows.

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The Dental Implant Conference provides the most recent in dental implant surgery advancements and innovations.



Brett L. Ferguson, DDS, FACS AAOMS President

We have developed new resources and improved existing ones for our members, held exciting events to bolster our advocacy, education and networking, and even influenced change.

Reflecting on a momentous

5 o much has happened since our organization held its first meeting in 1918. Each year – under the leadership of a new President – our specialty has grown and flourished.

I'm confident the 99 Presidents before me have looked back on their term in office as a whirlwind flurry of meetings and conferences, easy and difficult decisions, valuable networking and welcome advancements in patient care.

Personally, it is awe-inspiring to think of the events, initiatives and changes we have achieved during my term in office that began in San Francisco and ends – fittingly, where it all began – in Chicago.

In the past year, we have developed new resources and improved existing ones for our members, held exciting events to bolster our advocacy, education and networking, and even influenced change. Our many accomplishments include the following:

Association news

- Strategic plan AAOMS launched a three-year Strategic Plan with the goals of preserving and advancing the OMS delivery of anesthesia, increasing member value and engagement, advancing the specialty and influencing healthcare transformation. The plan will help guide all Association decisions, programs and activities.
- 'Best-in-Class' AAOMS received Best-in-Class designation for member engagement in the most recent member survey. To achieve Best-in-Class, associations must have at least 40 percent of members "strongly engaged." AAOMS was at 47 percent.
- Centennial recognition During an address televised on C-SPAN, U.S. Rep. Michael Burgess (R-Texas) recognized our centennial by reading a declaration into the Congressional Record on the House floor. He embraced AAOMS's "mission to assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery."
- **Pediatrics** AAOMS officers held their first-ever meeting with leadership of the American Academy of Pediatrics to discuss areas of mutual interest, including pediatric anesthesia.

Specialty milestones

■ ACS approvals – The American College of Surgeons approved both the creation of an OMS Advisory Council and a seat on the College's Board of Governors. These specialty milestones – which occur less than two years after the College welcomed



term as AAOMS President during the centennial

the first class of single-degree OMSs as Fellows – mean we will have a greater voice and impact in the world's largest surgical organization. For more details, see the story on page 58.

■ **Dental specialty recognition** – The American Dental Association 2017 House of Delegates created a National Commission on the Recognition of Dental Specialties and Certifying Boards as the authority to decide whether to approve dental specialties and certifying boards. The commission first met in May and is organizing review committees and internal functions. Dr. James Boyle of York, Pa. – the AAOMS nomination to represent OMS – was elected vice chair of the Commission.

Opioid awareness

- Opioid survey results In its second year, the member prescribing survey revealed encouraging results - for example, 85 percent of respondents said they prescribe less than a threeday supply of opioids. Other results were:
 - More than 97 percent of respondents reported they do not refill a prescription after third molar removal (compared to 91 percent in 2017).
 - About 80 percent have decreased the number of opioids they prescribe for third molar cases in the last two years.

AAOMS hopes results of the annual surveys show legislators and regulatory officials that members are mindful of the opioid epidemic and have taken steps to reduce opioid prescriptions.

■ White paper – Last year, AAOMS released "Opioid Prescribing: Acute and Postoperative Pain Management" to provide prescribing recommendations during the national opioid epidemic. The valuable resource continues to be shared. After a personal visit with NIDAMED staff before Day on the Hill, the institute featured the white paper on its website with the headline, "Dentistry Takes Action to Prevent Opioid Use."

Anesthesia

■ Data reporting – The recently launched Dental Anesthesia Incident Reporting System (DAIRS) collects and analyzes anonymous information similar to what is required for state-mandated morbidity and mortality reports, including information on the patient, procedure, facility and staff. Submissions are converted into aggregate, de-identified data, which will be crucial for patient safety and advocacy efforts. DAIRS is available at AAOMS.org/OMSQOR.

- National Simulation Program All pilot studies for Basic Emergency Airway Management (BEAM) and Office-Based Crisis Management (OBCM) have been completed. The courses will be offered to AAOMS members starting this fall/winter.
- OAE The ninth edition of the Office Anesthesia Evaluation Manual includes new emergency drill scenarios for the anesthesia team; new chapters on considerations for the geriatric patient, patients using illicit drugs and OAE evaluators; and new medical illustrations as reference materials.
- **Conference** Planning is underway for the second AAOMS Anesthesia Patient Safety Conference, which will focus on pediatric anesthesia on April 25, 2019, in Rosemont, III.

Advocacy

- Day on the Hill During the 18th annual event in April, approximately 100 members met with about 130 Congressional representatives and staff to advocate for AAOMS's four 2018 legislative priorities: student loan reform, craniofacial anomaly coverage, FSA/HSA expansion and prescription drug abuse prevention. Since then, the following have occurred:
 - Congressman and dentist Brian Babin (R-Texas) in May introduced the Resident Education Deferred Interest Act (HR 5734), which would halt interest being accrued by dental and medical residents whose loans are in deferment due to their inability to make payments.
 - Advocates for those with ectodermal dysplasias promoted the Ensuring Lasting Smiles Act (ELSA) - which would require health insurers to cover dental and medical treatment for congenital anomalies - in July on Capitol Hill. AAOMS members are urged to ask their members of Congress to support the act.
 - HR 1204 and HR 35 would expand the use of FSAs and HSAs, respectively.
 - AAOMS and other stakeholders successfully advocated to permanently repeal the Medicare Independent Advisory Board and secure a second two-year moratorium on the implementation of the Medical Device Tax. AAOMS continues to advocate for a permanent repeal of the tax.

continued on next page



- State bill tracking A newly developed legislative tracking map provides vital information about state bills monitored by AAOMS, sorting them by state and issue. This resource is available at AAOMS.org.
- Reimbursements After AAOMS met with representatives from Guardian, the insurance carrier reversed its 2018 clinical review policy that required each claim for third molars and associated IV sedation and general anesthesia be reviewed for medical necessity. Guardian will automatically reprocess any denied claims retroactive to April 26, 2018. We will continue to advocate for appropriate policies and influence change when able to do so. Discussions about Medicare reimbursement for dental procedures will continue to be a top priority for this Association.

Informational Campaign

- Specialty terminology In response to survey results that indicated consumers were not clearly recognizing the term "oral and facial surgeon," AAOMS is replacing "facial" with "maxillofacial" when describing the specialty and AAOMS members. The Informational Campaign will use "oral and maxillofacial surgery" and "oral and maxillofacial surgeon" in new patient videos and public service announcements, MyOMS.org, ads and other materials.
- Public service announcements Television and radio public service announcements (PSAs) rank as the campaign's highest return-on-investment. The three original television PSAs – two on oral cancer and one on OSA - were edited to preferred TV lengths and redistributed. To date, the PSAs have been played 187,000 times to a broadcast audience of 1.01 billion - with an equivalent ad dollar value of \$25.3 million. Radio PSAs on oral cancer and OSA were distributed this spring. With only 17 percent of stations reporting to date, the PSAs have been played more than 4,000 times to a broadcast audience of 27 million and an equivalent ad dollar value of \$258,000.
- New animated explainer videos Three sets of videos focusing on dental implants, wisdom teeth and "What is an OMS" are playing on YouTube as in-stream advertising (also called pre-roll). Released this spring, the videos in the first two months generated 175,000 impressions.

OMS Foundation

■ Annual Fund – The OMS Foundation – which came under the umbrella of AAOMS in late 2017 - has been

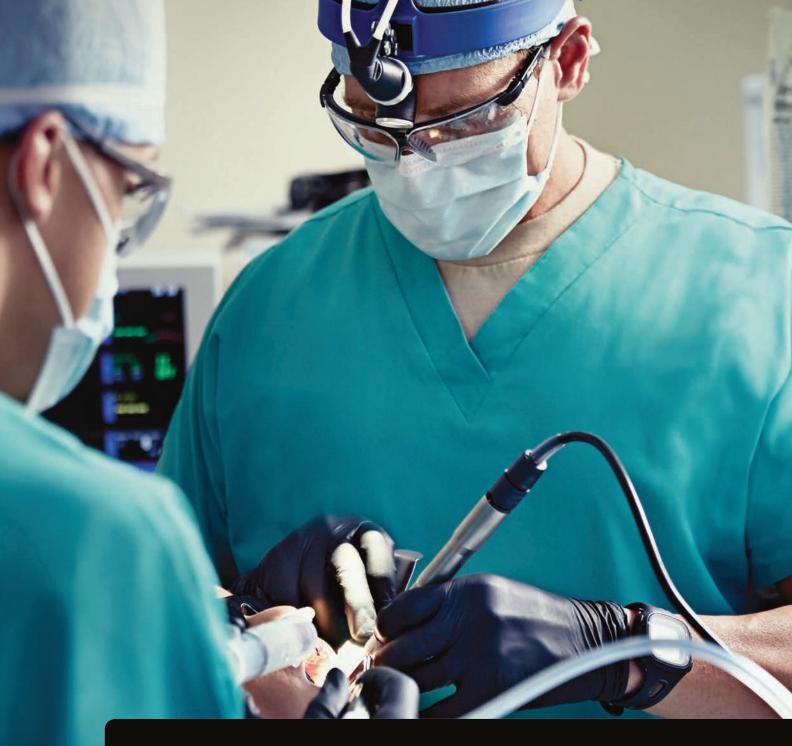
conducting an annual campaign that finished the second quarter on track to meet its goal of \$1 million in 2018. Donors will be recognized with a gold, silver or bronze leaf on the Centennial Tree, slated for display at headquarters.

Successful events

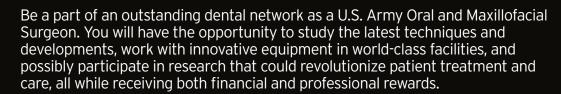
- Clinical Trials Methods Course Some 74 attendees including 30 residents – learned about such topics as data management and patient selection and developed designs for randomized controlled trials. Four groups tackled various clinical topics and presented their study designs, budgets and possible funding sources. The winner was the TMD/facial pain group with the proposal, "Does Liposomal **Bupivacaine Reduce Postoperative Opiate Requirements** Compared to Placebo Following Unilateral Custom TMJ TJR?" The groups will present their projects at the Annual Meeting.
- **Leadership conference** The Regional and State Leadership Conference brought together nearly 60 regional and state representatives and executive staff. Representatives discussed advocacy efforts, state activities and member engagement, and a panel discussion touched on topics such as anesthesia, surprise billing, opioid prescribing and dental board engagement.
- **Leaders workshop** The Emerging OMS Leaders Workshop allowed attendees to hone their leadership skills after completing self-assessments on personality types, conflict modes and emotional intelligence.
- **Residents conference** The Resident Transitions into Practice Conference addressed such topics as financial strategies, practice development, maximization of income through coding, liability insurance, and the benefits of leadership roles in OMS and dental organizations. ABOMS provided updates on the board certification process, and speakers discussed the ideal practice scope.

Of course, we have time for even more accomplishments in 2018. My term as President will culminate with an exclamation point when we gather at the 100th AAOMS Annual Meeting and celebrate the centennial. More than 200 educational sessions, a 7,000-square-foot History Museum and a Keynote Address by Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), will deliver memorable moments. More than 200 vendors will pack the Exhibit Hall, and new features will include a full-day educational program on Saturday. (Find more details starting on page 18.)

I hope to see you there. ■



DENTAL TECHNOLOGY MAKES INNOVATION POSSIBLE. TOGETHER WE MAKE IT HAPPEN.





To find out where there are oral and maxillofacial surgeon positions available worldwide, visit us at healthcare.goarmy.com/lx14 or go to the Army Dental Recruiting Booth # 2105.



100th Anniversary

Honoring the centennial by highlighting 100 ways AAOMS provides value



Benefiting the specialty and serving the public has been the heartbeat of AAOMS since its inception.

When a small group of exodontists gathered in 1918 to develop what was then called the American Society of Exodontists, their purpose was clear: unite to show the value, strength and credibility of the specialty while leaning on each other's expertise to further a commitment of first-rate patient care.

For 100 years, the Association has been dedicated to carrying out its mission of assuring excellence

in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members.

To honor the centennial in 2018, AAOMS has developed a list of 100 valuable ways – divided into 24 categories – the Association serves its membership, the specialty and, in turn, patients.



The House of Delegates met during the 2017 Annual Meeting.

Governance

- Speaks for the membership and the specialty through its legislative and governing body - the AAOMS House of Delegates.
- Establishes rules and regulations through the Board of Trustees consistent with AAOMS Bylaws to govern and set strategic priorities.
- Supports more than 20 committees and task forces to further advance the specialty and the Association.

 Holds reference committee hearings during the Annual Meeting, providing an opportunity for fellows and members to express their views and opinions regarding the governance and management of the Association.

Advancing the Specialty

- Implementing the Oral and Maxillofacial Surgery Quality Outcomes Registry (OMSQOR) as the primary source of information for quality improvement in oral and maxillofacial surgery by tracking and identifying procedure outcomes, surgical complications, gaps in care and resource use.
- Helps single-degree members apply for full Fellowship to the American College of Surgeons (ACS).
- Received approval from ACS for the creation of an OMS Advisory Council and a seat on the College's Board of Governors, giving the specialty a louder voice in the world's largest surgical organization.

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Members gathered at the 2016 ACS Clinical Congress to celebrate the single- and dual-degree OMSs inducted in the College.



- Secured pay parity for OMSs in the military.
- Successfully advocating for the coverage of OMS procedures and building good rapport with various dental insurance companies via the AAOMS Insurance Industry Open Forums.
- Cosponsors national observations that promote oral health and safety each April: National Facial Protection Month, the Oral Cancer Foundation's Oral Cancer Awareness Month and the Head and Neck Cancer Alliance's Oral Head and Neck Cancer Awareness Week.

Strategic Alliances

- Serves as representatives on dental-related organizations to share the specialty's and Association's voice and help improve OMS.
- Connects with other organizations such as the Osteo Science Foundation – to offer resources, including scholarships.
- Involved in the National Commission on the Recognition of Dental Specialties and Certifying Boards, the authority to decide whether to approve dental specialties and certifying boards, with an AAOMS member elected as vice chair of the commission.
- Held a first-ever meeting with the American Academy of Pediatrics in 2018 to discuss areas of mutual interest, including pediatric anesthesia.

Anesthesia

- Established the Office Anesthesia Evaluation program
 that helps protect members and their patients
 and provides regularly updated Office Anesthesia
 Evaluation Manuals to set the standard for the
 specialty regarding how doctors' offices handle
 anesthesia and self-regulation.
- Developing the National Simulation Program to create a practical, simulation-based training course and assessment toolset that will measurably increase the safety of sedation administration in oral surgery and dentistry.
- Maintains DAIRS, an anonymous, self-reporting system used to collect and analyze anesthesia incidents to improve the quality of dental anesthesia care.



Above: Courses are available through the National Simulation Program. Below: The Clinical Trials Methods Course meets biannually.



- Established a Special Committee on the Culture of Anesthesia Safety in 2017 to discuss the development of effective strategies for the future of anesthesia in the specialty, with an emphasis on enhancing the OMS anesthesia team model.
- Hosts the Anesthesia Update at the Annual Meeting to discuss current topics and trends of anesthesia.
- Developed the Dental Anesthesia Assisting National Certification Exam (DAANCE), a two-part continuing education program designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits.
 Since 2009, the program has tested more than 10,000 anesthesia assistants.
- Holds anesthesia-focused Patient Safety Conferences to assist members with the ability to provide dental sedation in an ambulatory or office setting, acknowledging that as both a privilege and a profound responsibility.

Research

- Publishes the Journal of Oral and Maxillofacial Surgery, a peer-reviewed journal that features new techniques, critical developments in the specialty as well as updates about instruments, drugs and devices.
- Biannually offers the Clinical Trials Methods Course to provide a broad overview of clinical trial design with a focus on the Phase III trial for OMSs interested in designing a clinical trial and developing a study protocol.
- Hosts every other year the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS), which provides members with the specialty's latest advancements and cutting-edge research.
- Makes available Annual Meeting e-posters online for one year after each meeting, providing a further reach for the authors' research.
- Facilitates the Practice Based Research Network, a resource through the years that has allowed OMSs to participate in relevant clinical research projects in their offices, provide data to support the specialty and improve patient outcomes.

Advanced Education

- Established the Parameters of Care, which provides a means for assessing the appropriateness and quality of a selected treatment modality applied to an identified clinical condition in patients treated by oral and maxillofacial surgeons.
- Provides PALS and ACLS at Annual Meetings to keep members' credentials current.

Opioid Abuse Prevention

 Released a white paper on opioid prescribing recommendations in response to the national epidemic, urging that ibuprofen rather than opioids be used as a first-line therapy to manage patients' acute and post-surgical pain.



State Rep. Michael McAuliffe (R) (fifth from left) introduced a resolution in the Illinois State House of Representatives honoring AAOMS's 100th anniversary. He formally presented the document to the Board of Trustees.

- Promotes to policymakers results of surveys about OMSs' opioid prescribing practices, showing these doctors are reducing their opioid prescribing.
- · Collaborating with Aetna to increase coverage and OMS use of the long-lasting, non-opioid alternative Exparel in efforts to reduce opioid prescriptions with impacted third molar extractions by at least 50 percent by 2022.

Advocacy

- Advocates for the specialty and patients at the state and federal levels, providing avenues for direct OMS input on key legislative and regulatory issues affecting their practices and patients.
- Gives tools for OMSs and state societies to understand the complex issues facing the specialty and engage in their own defense in the political process – providing guidance in navigating the complex worlds of state and federal government.
- Sets federal legislative priorities for the specialty each year.

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Kentucky Society of OMS members met with U.S. Sen. Rand Paul (R-Ky.) during Day on the Hill.

COVER STORY (continued)





Left: FEDA encourages faculty careers. Right: The Resident Transitions into Practice Conference prepares residents.

- Coordinates the annual Day on the Hill event for OMSs to advocate in Washington, D.C., for the specialty and their patients.
- Launched a legislative tracking map on AAOMS.org to provide more information about state bills, sorted by state and issue that AAOMS is tracking.
- Offers an online grassroots software system for members to quickly and easily send letters to their representatives about the issues affecting the specialty.
- Advocated to allow OMSs the ability to opt out of Medicare.
- Provides a voice for OMSs in federal elections via OMSPAC, the bipartisan political action committee.



The Informational Campaign uses ads and videos to explain the benefits of OMS to the public.

Faculty

- Offers the Faculty Educator Development Award (FEDA) to encourage promising young oral and maxillofacial surgeons to choose a long-term faculty career in the specialty by providing a financial incentive.
- Provides discounted dues rates to new faculty members.

Residents

- Gives free membership to residents in accredited oral and maxillofacial surgery programs.
- Mails complimentary subscriptions of the *Journal of Oral and Maxillofacial Surgery*.
- Provides the OMS Reference Guide as an organized resource of material essential for practice in OMS and board certification.
- Offers no-cost online courses for residents.
- Offers the National Board of Medical Examiners (NBME)
 Comprehensive Basic Science Examination (CBSE)
 twice a year to provide OMS applicants an opportunity
 to measure their understanding of the basic sciences
 and OMS training programs an enhanced mechanism
 to evaluate applicants for residency positions.
- Distribute a quarterly Resident E-news, educating residents about OMS and issues facing the specialty.
- Presents the opportunity for no-cost fellowship listings to fellowship directors so they can advertise to members and residents.
- Holds the Resident Transitions into Practice Conference, which provides essential non-clinical information to help ease the transition from OMS residency to practice.



Dental school visits expose students to OMS.



Above: The Exhibit Hall features hundreds of vendors. Right: Posters can be viewed at the Annual Meeting. Below right: Sessions inform about advancements and research.

New OMSs

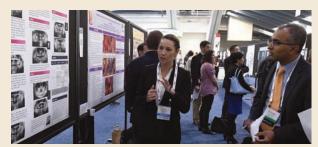
- · Provides graduated dues for new OMSs during the first three years of post-residency.
- Posts online employment opportunities and a resume database of available candidates through AAOMS Career Line.

Dental Students

 Conducts dental school visits and luncheon presentations to expose dental students to oral and maxillofacial surgery and provide continued recruitment of dental students.

Informational Campaign

- · Conducts a national award-winning, multi-faceted campaign to raise awareness of the specialty and direct patients to oral and maxillofacial surgeons – including a consumer-facing website featuring a "Find a Surgeon" function, digital marketing, TV and radio public service announcements, social media, print ads and e-books.
- · Provides members with downloadable resources, including a variety of public service, patient education, animated explainer and patient testimonial videos for use on practice websites or social media.
- Develops print and online advertisements placed in relevant communication vehicles to reach dental students and teach them about the specialty.





 Disseminates advertisements directed at reaching and teaching dental hygienists about OMSs and when/why patients should be referred to one.

Continuing Education

- Offers both medical and dental education. AAOMS is an ADA CERP Recognized Provider with the maximum term of four years. In addition, AAOMS has Accreditation with Commendation from the ACCME for a term of six years.
- Presents in-person sessions offering more than 105 CDE/CME credits each year at the Annual Meeting, Dental Implant Conference and more than 15 small meetings around the country.

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COVER STORY (continued)



The Emerging Leaders Workshop provides a professional development opportunity.

- Offers more than 200 CDE/CME credits each year through expanded educational opportunities with convenient and flexible learning platforms, such as online courses, live webinars and simulcasts, and OnDemand training.
- Makes available one complimentary CE on Demand session each quarter.
- Grants joint providership for state and regional societies, partnering with them to offer CDE/CME credit for their meetings.
- Provides OMS Knowledge Update (OMSKU) Volume V, an interactive, online resource featuring 13 sections that correspond to the designated areas of OMS practice as specified in the Parameters of Care.
- Encourages OMSs to present as session and webinar speakers to share their expertise and research.

Annual Meeting and Dental Implant Conference

 Provides engaging attendee learning experiences, such as hands-on workshops and cadaver courses, offering CDE/CME credits.



The Allied Staff Members Reception takes place at the Annual Meeting.

- Offers courses for OMSs and their staff on clinical and business-related topics in oral and maxillofacial surgery.
- Hosts at the Annual Meeting the President's Event, the premier networking event of the year, at unique venues or exclusive locations.
- Plans Exhibit Halls featuring more than 200 vendors showcasing the latest products and services, with additional interactive learning opportunities – with a virtual Exhibit Hall online for a year afterward so members can contact exhibitors.

Personal / Professional Development

- Created AAOMS Connect, an online networking community featuring a discussion forum, private messaging and Clinical Interest Groups.
- Facilitates 11 Clinical and Special Interest Groups for grassroots involvement and networking.
- Sponsors the Emerging Leaders Workshop, which assists in the development of leadership skills and foundational elements.

Communications

- Produces the bimonthly AAOMS Today magazine, which provides news, feature stories, event coverage and information on opportunities for advocacy, practice management, research and education.
- Shares vital information and resources through AAOMS.org.
- Communicates with members through electronic news communications with timely information that affects the membership and their practices.
- Fields media inquiries and publishes press releases about the Association, the specialty and its members.

Membership

- Converted to a new Association Management System that offers a more streamlined user experience for meeting registration, contact information updates and membership renewals.
- Maintains directory information that members can readily access online to help them keep in contact with colleagues and find new ones.



Above: This Anesthesia Assistants Skills Lab provides hands-on clinical training. Below: Coding workshops help with compliance and optimal reimbursement.



- Provides an Allied Staff membership available to members' professional staff.
- Offers discounted dues rates to members in the federal services and new faculty for the first six years of their full-time appointment.
- Protects its members through the Code of Professional Conduct, which is enforced and maintained by the Commission on Professional Conduct.

Services and Products

- Provides member-exclusive professional liability coverage through OMS National Insurance Company (OMSNIC), where members are shareholders as well as policyholders.
- Offers high-quality services and products at competitive prices through AAOMS Services Inc. (ASI), which then generate non-dues income to help fund AAOMS programs.



AAOMS offers valuable products, including patient education guides.

- Offers print and online recruitment services to help find associates to join practices or assist in selling practices.
- Sets low members-only pricing on patient education guides and pamphlets covering the scope of oral and maxillofacial surgery to increase patient understanding and extend the visibility of OMS expertise.
- Sells comprehensive manuals to guide OMSs from practice growth to retirement, with an emphasis on compliance with HIPAA, OSHA and other workplace regulations.

Practice Management

- Tracks health policy trends and regulatory compliance issues that affect members, such as the ACA, insurance exchanges, electronic prescribing incentives, PQRS and HIPAA 5010 Transaction Standards.
- Offers practice management weekend courses and practice management sessions at the Annual Meeting and Dental Implant Conference to address the needs of the modern practice. Topics include HIPAA, OSHA, infection control and marketing.

Coding

 Schedules a series of in-person coding workshops, including the Beyond the Basics coding workshops.

continued on next page



- Features online education in coding and billing, such as Medicare 101 for OMS, ICD-10-CM and OMS Billing.
- Offers a Coding Certificate Program as recognition of those OMSs and staff who pursue coding excellence through completion of a series of courses.
- Holds Masters Coding and Reimbursement Workshops that are interactive sessions tailored to the coding and billing concerns unique to registered practices.
- Makes available a complimentary series of coding papers on the AAOMS website as well as coding and reimbursement FAQs.
- Provides ample training and educational resources to prepare for transitions, including ICD-10-CM, the new Quality Payment Program under MACRA and implementation of the Affordable Care Act.



OMSNIC presented its check for the OMS Foundation's 2018 Annual Fund.

OMS Foundation

 Financially supports Research Support Grants used for innovative research, such as the Third Molar Patient Management study.

- Provides financial support for Student Research
 Training Awards; travel scholarships for resident
 education programs; support of Faculty Educator
 Development Awards, the Clinical Trials Methods
 Course, CSIOMS and the Resident Transitions into
 Practice Conference.
- Supports OMS Foundation Alliance events at Annual Meetings.
- Facilitates philanthropic opportunities, including the Annual Fund and R.V. Walker Society.

Service

 Collaborates on a grant program with the Henry Schein Cares Foundation to support OMS care in underserved communities in the United States and around the world. The AAOMS-Henry Schein Global Outreach Program provides financial and healthcare product grants to surgeons who volunteer their services in a charitable healthcare program.

Headquarters and Staff

- Available five days a week to answer calls or emails from members with issues and questions, including general legal inquiries.
- Invests and maintains assets to ensure long-term financial stability of the Association.
- Develops, implements and oversees the programs, initiatives and offerings listed in these 24 categories as well as offering other support, resources and assistance as needs arise.



AAOMS staff is available five days a week to assist members.



FOR SOME ELITE SOLDIERS, THIS IS THE ULTIMATE ADVANCEMENT.

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Meeting to celebrate Association, specialty history;

ne hundred years ago, 29 doctors convened for the first meeting of the American Society of Exodontists, the organization that would eventually become AAOMS.

A century later, more than 4,000 surgeons, their staff, residents and other attendees will gather in Chicago - where it all began – to celebrate the past while exploring what the future holds for the specialty and the Association.

The 100th AAOMS Annual Meeting will feature nearly 200 educational sessions, a packed History Museum and more than 200 vendors in the Exhibit Hall that will join together to offer the largest and most comprehensive educational conference in the world developed exclusively for oral and maxillofacial surgeons and their staff.

Highlights of the centennial celebration - featuring the theme of "Safety and Innovation for the Next Century" – will include a historical review of nine areas of clinical practice, dozens of specialty artifacts on display and a Keynote Address from General Colin Powell, USA (Ret.).

100 years of AAOMS

The centennial celebration is set to be one for the history books, literally. The photos taken during this meeting will be featured in the AAOMS Centennial History Book being developed for the membership and sold next year. Additional features of the centennial meeting include:



- 100 years of AAOMS course This one-time-only course on Oct. 10 will cover the specialty's entire history. The twohour presentation 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.
- **Reunions** Attendees are invited to participate in three centennial reunions taking place in the Exhibit Hall's dining



General Colin L. Powell, USA (Ret.)

General Colin L. Powell, USA (Ret.), 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 oversaw 28 crises, including Operation Desert Storm and served in the U.S. Army for 35 years, reaching the rank of Four-Star General. Using examples from his experience as a leader on the world stage and a witness to leadership in action, Powell will explain what it takes for the leadership role, offering strategies for "taking charge" during times of significant change and crisis. He also will demonstrate how to remain focused, take responsibility and work toward improving processes, organizations and people.

Exclusive housing rates available; shuttles will provide transportation

Hotel reservations can be made by visiting AAOMS.org/AMHousing. Complimentary shuttle service will be provided to attendees between the AAOMS host hotels and the convention center. Buses will run at regular intervals from noon Oct. 7, through 4 p.m. Oct. 13. Shuttle service also will be provided from the host hotels to the President's Event and select other events.

Note: AAOMS is the only official housing agent for the 2018 AAOMS Annual Meeting. While resellers may offer housing services, they are not endorsed by or affiliated with AAOMS, and entering into financial arrangements with such entities may have costly consequences.

look forward to the future

area. Gathering points will be set up for OMSs to connect with colleagues of the same residency graduation year (Oct. 11), state/district (Oct. 12) and clinical area of interest (Oct. 13). Participants are welcome to sit at any table of their choosing to take advantage of these loosely structured reunions.

- History Museum To celebrate AAOMS's 100th anniversary, the Exhibit Hall will unveil a 7,000-square-foot commemorative History Museum that will feature:
 - OMS artifacts Surgical mallets, a dental tooth key and cheek retractors will be among the historical specialty items on display. AAOMS, OMSs and exhibitors have loaned more than 35 historical artifacts to the museum.
 - Video wall A video featuring interviews with AAOMS past presidents will be a main attraction of the museum.
 - Historical timeline Association milestones will be juxtaposed with notable moments in world history.
 - Photo booth Attendees can pose with friends and a variety of props at the centennial photo booth. Participants will walk away with a souvenir photo strip.
 - Member news publication wall Past issues of AAOMS Today and earlier newsletters will be displayed.
 - Presidents Wall For an at-a-glance view of all AAOMS past presidents, this 20-foot wall will showcase the leadership who helped mold the Association.

continued on next page



The Annual Meeting offers opportunities to network.



Saturday-only registration available

A new Saturday-only option has been introduced for OMSs and their staff. This opportunity for a full Saturday schedule is ideal for local surgeons and their office staff. Saturday sessions include:

- Dentoalveolar clinical track This Saturday track will discuss current concepts in dentoalveolar practice and patient safety, management of postoperative pain and the use of surgical navigation.
- The World Café Held in conjunction with IAOMS and led by Dr. G.E. Ghali, this program will allow participants to collaborate and discuss ways to best handle cases of facial deformities, oral cancer and trauma
- Master Class sessions Three one-hour sessions will feature OMS experts. These sessions include Current State-of-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 Safety 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, Implant Digital Work Flow and Overseas Surgery for those interested in serving on a surgical team for an international service trip.

2018 AAOMS ANNUAL MEETING (continued)

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, the main social event of the Annual Meeting, will feature live music by

the CoverGirls, a violinist musical revue group, great food and famous works of art at one of the largest art museums in the country. Tickets are \$115. Tickets for children (under 21 years old) are \$60 and must be purchased with an adult ticket.

The CoverGirls, a violinist revue group, will perform at the President's Event.







The Art Institute of Chicago. View of 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.

- Centennial time capsule Members are invited to contribute letters, photos and other small items for inclusion in the celebratory time capsule.
- Attendee signature banner All attendees are encouraged to "leave their mark" by autographing the Annual Meeting banner, which eventually will be stored in the time capsule.
- Congratulatory letters Letters from various allied organizations and exhibitors expressing their congratulations for the Association's anniversary will be on display.

Exhibit Hall activities to expand learning

More than 200 vendors – including almost 20 new companies – will showcase the latest products and services related to the specialty in the Exhibit Hall, which will be open for two and a half days beginning Oct. 11. Attendees can plan their visit by exploring the Virtual Exhibit Hall at AAOMS.org/amvxh for a preview of highlights, including:

■ AAOMS Learning Hub – The Learning Hub is designed to provide an unconventional learning environment. This year's Learning Hub will feature Meet the Experts – where OMS

legends will be available to speak with attendees one-onone and answer questions. The experts will discuss historical aspects of the specialty, current trends in clinical care and future innovations.

The experts are:

- Michael S. Block, DMD Dr. Block is chair of the AAOMS Subcommittee on Dental Implant Education, which plans the annual AAOMS Dental Implant Conference. He works in private practice and will offer suggestions for clinical situations on Oct. 11.
- Robert E. Marx, DDS Dr. Marx, professor of surgery and chief of the Division of Oral and Maxillofacial Surgery at the University of Miami Miller School of Medicine, is an expert in osteonecrosis of the jaws, including traditional and new drugs and treatments, bone-grafting without autogenous bone (rjBMP, stem cells), osteoradionecrosis and radiated patients. He will answer questions Oct. 12.
- Robert Bruce MacIntosh, DDS Dr. MacIntosh is Clinical Professor and Scholar in Residence in the Department of Oral and Maxillofacial Surgery at the University of Detroit Mercy School of Dentistry. He will discuss orthognathic and cleft surgery, TMJ and malignant disease on Oct. 13.

Another opportunity in the Learning Hub is FRED Talks -Focused, Relevant, Exhibitor-Driven (FRED) Talks that are TEDstyle presentations hosted by exhibitors. Topics will cover online reviews, branding and implant tracking.

FRED Talks and Meet the Expert sessions require no additional fee. Additional information is available at AAOMS.org/LearningHub.

Other highlights of the Exhibit Hall include:

■ AAOMS Professional Headshot Photos – Back by popular demand is the opportunity to sit for free professional headshots at Booth 1832. Last year, more than 600 attendees received complimentary professional photos.

- AAOMS Social Media Bar Offering one-on-one, personalized consulting sessions and brief learning labs, the experts at the AAOMS Social Media Bar at Booth 1029 will instruct how to take full advantage of social networking sites and how to use the AAOMS Informational Campaign to promote the specialty and individual practices.
- **Exhibit Hall games** AAOMS fellows and members can play the Boston Bound game for a chance to win a VIP

continued on next page

Service project at Annual Meeting will aid Chicago-area organization

Once again this year, AAOMS is sponsoring a service project during the Annual Meeting. In honor of the 100th anniversary, AAOMS has purchased enough supplies to build 1,000 hygiene kits for donation to the South Suburban Family Shelter. In less than five minutes, an attendee can assemble a kit and write a note of encouragement to its recipient.

Immediate Past President Dr. Douglas Fain (right) was among the participants of last year's service project.

Attendees can build kits during regular exhibition hours Oct. 11 to 13 at Booth 624 in the Exhibit Hall. A satellite build will be held during the AAOMS Allied Staff Members Reception (members-only event) at 4:30 p.m. Oct. 11.

These kits will help those who may lack access to essential personal hygiene items. This project is an opportunity to give back to the Chicago-area community while also engaging in a friendly competition as part of the AAOMS "Surgeons vs. Staff" game. As an extra incentive to participate in the AAOMS Service Project, upon completion of a kit, participants also receive a sticker to add to the Boston Bound or Exhibit Excursion games, which may result in valuable prizes.



2018 AAOMS ANNUAL MEETING (continued)

package for the 2019 Annual Meeting in Boston. OMS residents and professional staff can participate in Exhibit Excursion to win prizes by visiting various exhibitor booths. More information is available at AAOMS.org/Chicago.

- Scientific Poster Session Attendees can enjoy wine and cheese while observing the poster judging and asking questions on Oct. 12. Winners will be announced the following morning.
- Member Pavilion Attendees receive information on services and organizations that support AAOMS members. The pavilion features AAOMS Membership Services and Career Line, AAOMS Product Resource Center, AAOMS Service Project, DAANCE, OMS Advocacy, OMS Foundation, OMSNIC, OMSPAC and ROAAOMS as well as booths manned by the American Cleft Palate-Craniofacial Association, Health Volunteers Overseas, IAOMS and Treloar & Heisel, Inc.
- **Product Theaters** These exhibitor-hosted programs allow OMSs and their staff to learn about and discuss exhibitor products. The two sessions which will focus on legal tools and digital dentistry will be held during the lunch break in the Exhibit Hall.
- Corporate Forums Attendees will be able to find out how the latest technologies and services can assist their practices during these exhibitor-hosted programs. Five sessions will be held Oct. 11 starting at 4:30 p.m. after educational sessions, and two sessions will be held Oct. 12 starting at 6:45 a.m. before educational sessions on the 400 level. ■

Stay up-to-date with meeting app

Attendees can use their mobile devices to access meeting information anytime, anywhere through the AAOMS Annual Meeting mobile app.

Accessible via a smartphone or tablet, the AAOMS Events app (downloadable at the Apple store or Google Play) allows users to:

- Create a personal schedule of sessions and events.
- Stay organized with up-to-date program information.
- Locate exhibitors using the interactive Exhibit Hall floor plan map.
- Send messages and set up meetings to connect with friends and colleagues.
- Receive alerts and communications from AAOMS.

For more information and additional instructions, visit AAOMS.org/Chicago.





OMS Foundation Alliance to host Silver Anniversary Event luncheon, health walks

The OMS Foundation Alliance will celebrate 25 years at a Silver Anniversary Event luncheon during the Annual Meeting. This event will be at 11:30 a.m. Oct. 11 at The Signature Room at the 95th. All past, present and prospective Alliance donors are invited to attend a historical review of years of fellowship and fundraising that have benefited the Foundation.

Visit OMSFoundation.org/Alliance/events to purchase tickets, donate an auction item and learn more.

On Oct. 10, 11 and 12, attendees and Alliance members are invited to participate in an hour-long health walk through Grant Park and the Museum Campus. These health walks begin at 7:30 a.m., depart from the Hilton and finish with breakfast at Yolk on Michigan Avenue.

House of Delegates to consider 12 resolutions

he AAOMS House of Delegates will meet Oct. 8 to 10 in Chicago in conjunction with the Annual Meeting. At press time, the House was slated to discuss 12 resolutions relating to the business of the Association.

The proposed resolutions include approval of the 2019 AAOMS budget, recent changes to AAOMS policies, proposed committee changes, corrections to bylaws regarding House and Board of Trustee duties in nominating and electing Trustees, and changes to AAOMS Bylaws in relation to the dues of federal service and affiliate members.

The following is a summary of the resolutions for consideration by the House:

- B-1 Bylaws amendment regarding change in composition of the Committee on Membership.
- **B-2** Bylaws amendment changing the dues structure for federal service fellows and members.
- **B-3** Bylaws amendment regarding change in composition of the Committee on Practice Management and Professional Staff Development.
- **B-4** Policy change regarding Officer and Trustee
- B-5 Bylaws amendment sunsetting the Committee on Hospital and Interprofessional Affairs.
- B-6 Bylaws amendment adding criteria for termination of fellowship/membership.
- **B-7** Bylaws amendment adding criteria for reinstatement of fellowship/membership.
- B-8 Bylaws amendment correcting duties of the House of Delegates regarding Trustee elections and re-elections.
- **B-9** Bylaws amendment correcting duties of the Board of Trustees regarding Trustee nominations.
- B-10 Bylaws amendment decreasing dues for affiliate members.
- **B-11** Approval of amendments to the AAOMS
- B-12 or B-12a Approval of the 2019 AAOMS budget. (B-12a depends on approval of Resolution B-4.)



The House of Delegates will hold elections and discuss resolutions.

Additional resolutions may be submitted by the Board of Trustees or District Caucuses before the meeting.

For B-11, two policy amendments are being proposed. The first affects the Annual Meeting registration policy, and the second increases reimbursement for expenses between home/office and the local airport for AAOMS business

The House will hold elections Oct. 9 for the AAOMS President-Elect, Vice President and Speaker of the House. Running unopposed, respectively, for those offices are Victor L. Nannini, DDS, FACS; B.D. Tiner, DDS, MD, FACS; and Steven R. Nelson, DDS, MS. Elections also will take place for the Trustees in Districts II, IV, V and VI.

All AAOMS fellows and members are invited to participate in the Reference Committee Hearings, which will be held beginning at 1 p.m. Oct. 8. During the session, members of the Board of Trustees will present on topics affecting the specialty, including the AAOMS Informational Campaign, anesthesia and patient safety, and opioid initiatives.

Following the presentations, attendees will have an opportunity to provide testimony regarding the resolutions presented to the House. Reference Committee Hearings offer fellows and members an opportunity to voice their opinions and take an active role in the business affairs of the Association.

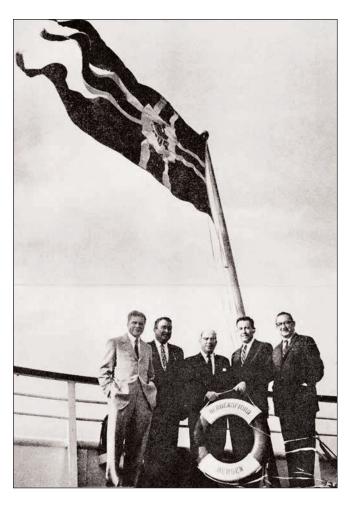
1918–58 Annual Meeting locations

Multiple meetings at the same location indicated by a number.

1918 Chicago, III. 1919 New Orleans, La. 1920 Boston, Mass. 1921 Milwaukee, Wis. 1922 Los Angeles, Calif. 1923 Cleveland, Ohio 1924 Dallas, Texas 1925 Louisville, Ky. 1926 Philadelphia, Pa. 1927 Detroit, Mich. 1928 Minneapolis, Minn. 1929 Washington, D.C. 1930 Denver, Colo. 1931 Memphis, Tenn. 1932 Buffalo, N.Y. 1933 Chicago, III. 1934 St. Paul, Minn. 1935 New Orleans, La. 1936 San Francisco, Calif. 1937 Atlantic City, N.J. 1938 St. Louis, Mo.

1940 Cleveland, Ohio 1941 Houston, Texas 1942 Meeting canceled because of World War II 1943 Cincinnati, Ohio 1944 Chicago, III. 1946 Chicago, Ill. (February) 1946 Miami Beach, Fla. (October) 1947 Boston, Mass. 1948 Chicago, III. 1949 San Francisco, Calif. 1950 Atlantic City, N.J. 1951 Washington, D.C. 1952 New Orleans, La. 1953 Houston, Texas 1954 Hollywood, Fla. 1955 Los Angeles, Calif. 1956 New York City, N.Y. 1957 Miami Beach, Fla. 1958 Chicago, III.

1959-68 **F**



Above: Headed to the Annual Meeting in Bermuda in 1961. Below: A symposium on prepayment plans is held at the 43rd Annual Meeting.





1939 Milwaukee, Wis.



























Clockwise from top left: The Society's 63 guests from abroad in 1959. Immediate Past President Dr. Lyall Bishop (left) accepts a proclamation from New Orleans Mayor Victor Schiro in 1962. Dr. Jorgen Rud, chair of the Organizing Committee for the Second International Conference on Oral Surgery, and Terence G. Ward, Secretary General of the International Association of Oral Surgeons, review plans for the conference during the 46th Annual Meeting. Hon. Paul Fannin, Governor of Arizona, and ASOS President Dr. Fred A. Henny at the President's Luncheon at the 42nd Annual Meeting in 1960. Congressman L. Mendel Rivers – the featured speaker at the President's Luncheon – and Dr. Daniel Lynch at the Denver meeting. A session of the Special Committee to Study Format of Annual Meeting and Educational Programs in 1967. An engraved Danish silver bowl is presented to ASOS by IAOS on ASOS's 50th anniversary in 1968. the Board of Directors at the 46th Annual Meeting in 1964.















AAOMS ANNUAL MEETINGS THROUGH THE YEARS

1969–76 ⊢

Clockwise from top left: The 1969 meeting is dedicated to Dr. Leslie M. FitzGerald, who served as President of ASOS, ADA, the lowa Dental Association and lowa College of Dentistry Alumni Association.

The opening session of the 53rd Annual Meeting in 1971 – from left: Executive Director Bernard Degen, House Ways and Means Committee Chair Wilbur Mills and ASOS President Dr. Bernerd Kingsbury Jr. Commenting on issues before the House of Delegates at the 52nd Annual Meeting in 1970. Radio and TV appearances during the 54th Annual Meeting in 1972. A discussion during a House of Delegates session at the 54th Annual Meeting in 1972. President Dr. Bernerd C. Kingsbury Jr. (left) and Dr. Scotty McCallum discuss the 53rd Annual Meeting in 1971.













1918–58 Annual Meeting locations (continued)













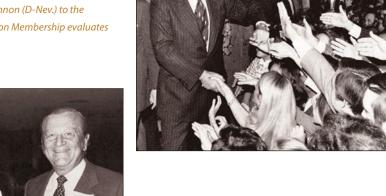








Clockwise from top left: More than 50 exhibits on display at the 1973 meeting. Members attend a conference on cleft deformities in 1974. John Coady, ADA assistant executive director for education and hospitals (left), receives honorary membership at the opening ceremony in 1976. President Gerald Ford during the opening ceremony in 1975. Dr. and Mrs. Philip Youngblood of Las Vegas escort Sen. Howard Cannon (D-Nev.) to the congressional reception in 1975. The Committee on Membership evaluates applications in 1974.

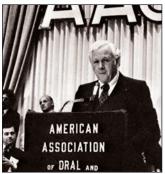


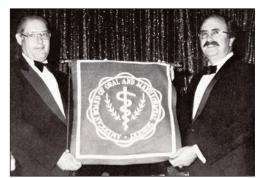




1977-85







Clockwise from top left: A record 3,700 attendees convene at the 59th meeting in 1977. ADA President Frank Bowyer delivers the opening session address at the 1978 Annual Meeting. Drs. William Wallace (left) and Marvin Revzin during a presentation of an ABOMS podium drape on behalf of AAOMS to the board during the annual dinner in 1979. The 1979 meeting draws more than 3,300 in New Orleans. The Speaker of the House clarifies procedure during the 1981 meeting. During a special reference committee hearing at the 1980 meeting, Dr. Gerald Laboda – president of the Florida Society of OMS and delegate from Fort Myers – discusses the proposed Consumer Information Program.





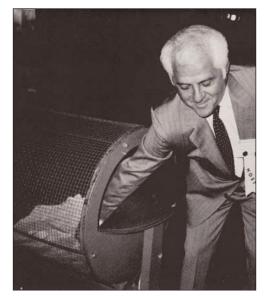


1918–58 Annual Meeting locations (continued)











Clockwise from top left: AAOMS Executive Director Bernard Degen (center) receives the Secretary of Energy's Distinguished Service Medal at the 1981 meeting. The Honorable Jeane Kirkpatrick, U.S. Ambassador to the United Nations, speaks at a luncheon in 1984. Dr. Stephen Sachs reviews a display of more than 350 articles about the specialty in 1982. Dr. Richard Simeone picks a winning ticket at the Visit the Exhibits drawing in 1985. New AAOMS President-Elect Dr. Anthony Checchio and President Dr. Eugene Friedman hold a discussion during the 1982 meeting.



1986-94 ⊢





Clockwise from top left: The House of Delegates in 1986. The 1987 meeting was dedicated to Dr. Robert V. Walker (right), former chair and professor at the University of Texas Southwestern Medical School. Exhibits fill two floors of the Boston Marriott at the 1988 meeting. The House of Delegates debate 60 main resolutions, the largest number of resolutions brought before the House, at the 1989 meeting. Dr. Oswaldo Chavez, past president of the Latin American Association of Oral and Maxillofacial Surgeons, and AAOMS President Dr. Philip Maloney at the 1986 meeting. Dr. Gerald MacDonald addresses colleagues at the House of Delegates at the 1990 meeting.





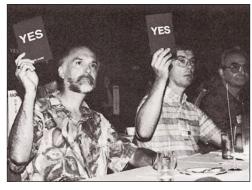






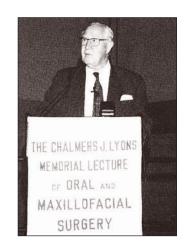








Clockwise from top left: Dr. Bejan Iranpour (right) is named the 1990 Committeeman of the Year. Mr. Walter Lorenz receives the OMS Foundation Torch Award in 1991. Dr. Bruce Epker receives the William J. Gies Award in 1992. The 1991 meeting features nearly 300 booths. Dr. James Hayward works on a tapestry displayed at the 1993 meeting. The Chalmers J. Lyons Memorial lecturer Dr. Jens Pindborg in 1994. Illinois delegates vote at the 1992 meeting.

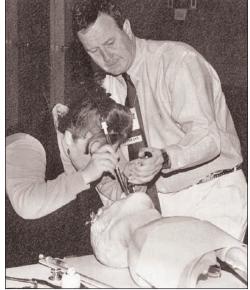




1995-2003 **F**

Clockwise from top left: Attendees at the 1995 meeting's main social event. A hands-on session in 1997. Attendees at a reception in 1998. Dr. Brian Alpert (right) receives the Donald B. Osbon Award in 1999. The hands-on anesthesia workshop skills lab in 1996.













Clockwise from top left: Dr. Ronald Mosley wins a three-year lease on a 2001 Audi TT Roadster when his ticket is drawn at the Nobel Biocare booth at the 2001 meeting. The Exhibit Hall has allowed attendees to try out products and services over the years. The Exhibit Hall in 2002. President Dr. Francis P. DiPlacido (center) at a drawing for the car in 2001. AAOMS staff member is recognized for 30 years of service in 2000.







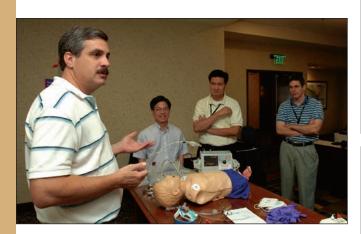


2004-11





Clockwise from top left: Dr. Arthur Jee (right) receives the Committee Person of the Year Award in 2004. An ACLS recertification course is one of more than 100 sessions at the 2004 meeting. Celebrating 4,200 OMSNIC policyholders in 2005. The SimMan provides hands-on anesthesia training at the 2005 meeting. Singer Michael Amante (left) at the 2003 President's Event. A PALS course in 2006.









Clockwise from top: Newly elected Officers and Trustees in 2007. A skills lab in 2010. A silent auction in 2011. The Exhibit Hall in 2009. The Exhibit Hall in 2011. Dr. John P. Kelly receives the Donald B. Osbon Award in 2010. Dr. Richard Crinzi addressing the House of Delegates in 2008.















2012–17 ├─





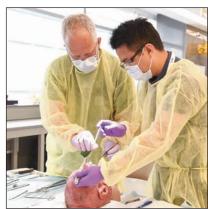




Clockwise from top left: The 2013 Exhibit Hall. A simulation workshop and Simwars competition in 2012. Hands-on surgical guides and face sculpting in 2012. A social event at Universal Orlando Resort in 2013. A company presenter in 2014.







Clockwise from top left: AAOMS
Officers don cowboy hats to honor
outgoing President Dr. Douglas
Fain in 2017. Cadaver workshops
present a new opportunity at the
2017 Annual Meeting. Assembling
1,000 hygiene kits for Southeast
Veterans Service Center in 2015.
The new Special Interest Group
on Women holds a session and
officer elections in 2017. A hands-on
didactic session in 2016.







AAOMS Today editor reflects on Association's

In August 1918, 29 professionals convened at the Auditorium Hotel in Chicago, III. – 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 M. Laskin, DDS, MS 1976-77 AAOMS President

r. Laskin of Richmond, Va., is the longest-serving editor of a dental association newsletter. In 1966, he was named its first editor and continues to serves in that capacity.

Dr. Laskin also served as Editor-in-Chief of *JOMS* from 1972-2002. He is former President, Secretary-General and Executive Director of IAOMS. Honors he has received from AAOMS include the Distinguished Service Award, Donald B. Osbon Award for Outstanding Educator and Research Recognition Award. Accolades named after him include the OMS Foundation's annual award for best journal article and AAOMS's outstanding predoctoral educator award.

Currently, Dr. Laskin is adjunct clinical professor and chair emeritus of OMS at Virginia Commonwealth University.

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

A There have been four major changes that have significantly altered the practice of our specialty. The most obvious is the scope of oral and maxillofacial surgery. When I first entered the specialty, we were still battling with our medical colleagues over the ability to do open reduction of mandibular fractures, and now we manage all forms of maxillofacial trauma.

I remember my experience in orthognathic surgery during my residency was limited to treating two cases of mandibular

prognathism – one with a body ostectomy and the other with a closed subcondylar osteotomy.

Now we can reposition any bone in the maxillofacial skeleton. Moreover, nobody was placing dental implants or doing cosmetic surgery.

The introduction of the high-speed handpiece was another major advancement. I am sure the current members of our specialty can't even imagine removing impacted teeth with a slow-speed handpiece or a mallet and chisel.

Another important change in my lifetime was the delivery of general anesthesia in the office using intravenous agents. In the early years, nitrous oxide was the major anesthetic agent, sometimes supplemented with Vinethene. Hypoxia rather than laryngospasm was the major problem, and speed in surgery was important.

Finally, the introduction of panoramic radiography was a significant advancement, allowing improved visualization of impacted teeth and intraosseous pathology, and even permitting many mandibular fractures to be imaged without the need for medical grade radiographs.

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

A sthe philosopher George Santayana once said, "Those who cannot remember the past are condemned to repeat it."

Many of the young doctors today have no knowledge of the battles that were fought to achieve our current scope of practice. They assume what they are now able to do is their right and not a privilege.

Giving up trauma treatment for more time in the office removing impacted third molars and placing implants is a big mistake. Should there be changes in insurance coverage for impacted teeth, or dental students be taught how to place routine dental implants, they may find themselves

history, hopes for more robust research

again fighting some of the old battles to reclaim lost areas of practice.

What kind of advances do you think the OMS specialty will see in the next 100 years?

A Someone once said, "Surgery is the cry of defeat." If we are not able to treat a condition medically, surgery currently does offer some solutions.

However, as we learn more and more about the etiology of many of these conditions,

medical management will play a greater role. Eventually, there will be a way to prevent tooth decay, resulting in the need for fewer extractions.

The same can be said for periodontal disease. Immunotherapy will greatly improve the treatment of cancer until, I believe, we will know enough about its etiology to actually prevent its occurrence.

However, some conditions will still exist and require surgical management. Teeth will still become impacted, traumatic injuries will still happen and craniofacial anomalies will still occur.

On the other hand, the management of these conditions will be greatly simplified. Faster and less-traumatic methods of bone cutting and removal will evolve so the high-speed handpiece will seem like the slow-speed handpiece once did.

Tissue engineering will supply us with needed parts so that reconstructive and replacement surgery will no longer require autogenous tissues. Implants will be replaced by actual engineered teeth. There also will be growth factors developed to facilitate rapid healing and agents to replace antibiotics that do not lead to bacterial resistance. We will no longer use plates and screws as glues are developed that rigidly bind fractured or surgically separated bones together.

What now we can only imagine will probably happen in the next 100 years.

Q What is needed in the specialty now more than ever before?

A Now, more than ever, we need better research in our field.

I constantly see systematic reviews and meta-analyses published where one can predict the outcome - there are only three or four reasonably acceptable studies, and there is insufficient evidence to support or reject the question being asked.

In reality, we have no good evidence to support many of the things that we

currently do. If we want to continue to advance as a specialty, this situation has got to change.

First of all, the amount of research done in our residency programs needs to increase, with more randomized clinical trials instead of just case series being done.

With competition for federal funding greater than ever, our membership also needs to step up with support. That means everyone contributing to the OMS Foundation.

Helping to improve research is not only a way to give back to the specialty, but it ultimately results in each of us being able to provide better care for our patients.

Q Any other memories you would like to share?

A When I was President of ASOS in 1977, the Annual Meeting was held at the Fairmont Hotel in San Francisco. I was attending the President's Reception when one of the members approached me and said, "I want to congratulate you on becoming the new President."

As I prepared to answer him, out of the corner of my eye, I noticed Dr. Terry Slaughter across the room.

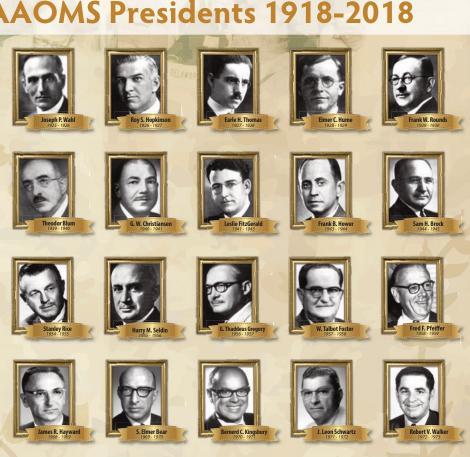
As you know, Terry was the youngest President that AAOMS ever had. So I turned to the member and, pointing toward Terry, said, "I am not the incoming President; I am the current President. Do you see that tall, handsome young man over there? He is the incoming President.

"Last year, I looked like him!"

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AAOMS enters the insurance business – a look back

DEFENDING THE SPECIALTY



By Jeffrey S. Topf, DDS, FACS Retired OMSNIC Director and Treasurer

A s AAOMS celebrates its 100th anniversary, many of us are reminiscing about the many changes and advancements the specialty has experienced over its long history.

One change that significantly impacted OMS practices occurred 30 years ago, when a new insurance company – AAOMS Mutual Insurance Company – began providing professional liability insurance for OMSs. Today, we know that company as OMSNIC.

Younger AAOMS members may not know why OMSNIC
was formed and the critical role AAOMS played. Due to the
increasing severity of claims against OMSs in the late 1970s,
OMS professional liability premiums were rising at annual
percentage rates of 50 to 100
percent.

AAOMS's Committee on Practice
(subsequently renamed the

AAOMS's Committee on Practice (subsequently renamed the Committee on Professional Liability and Insurance, or CPLI) researched this matter on behalf of AAOMS members to try to find a solution to

the problem. Initially, AAOMS entered into an endorsement arrangement with a commercial insurance company. However, as market conditions further deteriorated, it became clear commercial insurance companies placed their own stockholders ahead of OMSs.

As a member and ultimately chair of CPLI, I saw firsthand how OMSs would need to take charge of any successful resolution of this matter. CPLI went back to another idea that had been bounced around before endorsing a commercial insurance company: forming our own insurance company. A new federal law, the Risk Retention Act of 1986, provided the vehicle needed to accomplish this task just in time.

CPLI recommended the AAOMS Board of Trustees form an insurance company in 1987. Most Board members were initially

against the idea. This was to be expected, as the endeavor posed substantial financial risks. The plan called for AAOMS to provide the company's initial capitalization and funds for start-up costs. AAOMS's investment was to be repaid with interest (which was done within the first four years of operations). Operations were outsourced until the company reached a critical mass and could build its own staff. However, at the time, nobody knew for certain whether OMSs could successfully run an insurance company.

At its 1987 meeting, the House of Delegates approved the plan to form an insurance company. Six other OMSs and I were appointed to the first OMSNIC Board of Directors. We were tasked with completing the regulatory process required to begin operations, which took another six months before the company received its Certificate of Authority from the Illinois Insurance Department on April 12, 1988, meaning the company was in business.

Humble beginning to leading insurer

From that humble beginning, OMSNIC has grown to become the leading professional liability insurance company for

OMSs with 5,000 policyholders nationally. The company has resolved nearly 15,000 claims against OMSs in those 30 years, with OMS oversight through an OMS-staffed claims committee. We have taken more OMS cases to trial during that time period than

any insurance company, with favorable outcomes in 94 percent of them. Our Patient Safety and Risk Management education – developed and taught by OMSs – and practice resources have made practices much safer for their patients.

This combination of strong defense of the specialty and focus on patient safety and risk management has resulted in the frequency of claims dropping by half since the company started.

Premium rates have stabilized and, in fact, are less today than in 1988 – addressing the initial goal of the company's establishment.

But OMSNIC didn't stop there. With the conversion to a stock company in 1992, all OMSNIC policyholders also became shareholders, giving them a voice in the company's operations

HEALTH IT BYTES



at the origin of OMSNIC



Members of the AAOMS Mutual Insurance Board in 1988.

and a share of the company's success in the form of increased stock value that is returned to the OMS when he or she retires from practice.

Early on, many OMSs also questioned the need to purchase stock in the company. Why was it necessary? The simple answer is the Risk Retention Act, under which the company formed, requires all policyholders to be owners.

However, for me, it went beyond this legal requirement. I remember being asked during an Indiana OMS Society meeting what the company's long-term goal was with the stock ownership. I answered that one day the increased value in the stock owned by insureds could effectively offset their annual professional liability premium. The OMSs in the audience looked at me like I was from Mars!

However, many long-time policyholders have seen this or a very high percentage of their premiums offset by the annual stock appreciation.

The reasons for forming OMSNIC continue to be relevant today. OMS ownership is the only guarantee premium rates will be set at appropriate levels and not include inflated profits for non-OMS shareholders. Deep OMS involvement evaluating the defensibility of claims is more important than ever, as plaintiff attorneys seek new strategies to get outsized judgments. Continued OMS oversight and involvement in the company's operations remain key, ensuring the OMS's best interests always remain first and foremost.

Even more than in 1988, I appreciate the tremendous decision AAOMS made investing in a new insurance company, one that has allowed OMSs to practice with less fear of litigation. ■

- Walmart e-prescribing Walmart announced in May it would require e-prescriptions of opioids by Jan. 1, 2020. In addition, it announced it would restrict initial acute opioid prescriptions to no more than a seven-day supply. Walmart is the latest company to institute an organization-wide opioid policy following similar actions by CVS and several private insurers.
- Cybersecurity guidance In its June cybersecurity newsletter, the HHS Office for Civil Rights (OCR) reiterated the need for HIPAA-covered entities to keep up with software security patches for both their computers and software systems. In the guidance, OCR indicates such risk mitigation is an essential requirement of HIPAA entities. IT practice technicians and electronic health record vendors can provide additional information on patching systems. ■



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EDITOR'S CORNER





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

Keeping the membership best informed

s we celebrate the 100th anniversary of our Association and the 75th anniversary of our *Journal*, I am reminded that another member of our literary family also deserves some recognition of its long history – our newsletter.

Whereas I can only rely on what has been written by others to recall the entire history of the Association and the *Journal*, I am fortunate to have been involved with what is now called *AAOMS Today* for most of its existence.

The ASOS Newsletter began being issued in 1959 and was prepared by then-Executive Director Duke Trexler. Thus, our newsletter is now almost 60

years old. It was 1964 when I was asked by then-Executive Director Gene Malecki to help with the newsletter.

Without staff support, it fell upon me to write all the material and have the printer handle the layout.

Never having prior experience in this regard, knowing nothing about "white space" and type size, and wanting to provide as much information as possible, I overloaded the publication. I soon began to receive complaints from older members that it was difficult for them to read.

All this changed in 1966, when the Board of Trustees named me editor of the newsletter and provided experienced staff support. Thus, it has been my privilege to have been officially involved with the newsletter for more than 50 years.

During these years, the publication has undergone numerous changes both in name and design. In 1975, the name changed from the ASOS Newsletter to the ASOS Forum. In 1978, commensurate with the name change of

our organization to the American Association of Oral and Maxillofacial Surgeons, it became the *AAOMS Forum*.

In 1996, both the name and format again changed. It was named *AAOMS Today*, assumed a newspaper style and began including advertisements.

This was changed to a magazine style in 2018. Why the recent change? The purpose of a newsletter is to provide the membership with the most current information about Association activities as quickly as possible. In the past, this was best accomplished in a print format.

Now, however, electronic transmission has made the latter

It has been my privilege to have been officially involved with the newsletter for more than 50 years.

obsolete. By changing the format to a magazine style, the publication can still summarize current activities but also focus on broader issues as well.

Just as in the past, I am sure this publication will continue to remain current by making necessary changes in the future. As someone once said, "Nothing is permanent but change."



Dr. Daniel M. Laskin

DR. DANIEL M. LASKIN APPOINTED EDITOR OF THE "NEWSLETTER"

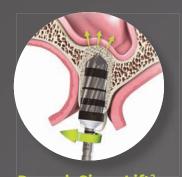
A new arrangement for publishing the NEWSLETTER of the American Society of Oral Surgeons was established at the Annual Meeting in Denver, Dr. Daniel M. Laskin of Chicago was appointed Editor. In this position he will be responsible for collecting, editing and publishing current items of interest concerning oral surgery and oral surgeons.

A 1966 article announces Dr. Laskin as the NEWSLETTER editor.

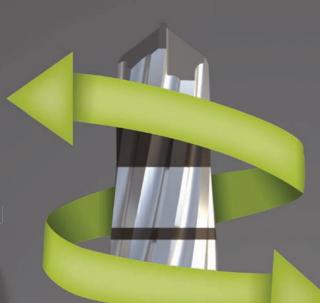


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What to ask when building your new practice

By Mohsen Ghoreishi CEO and President of the Kohan Group

ave you ever wondered how many new oral and maxillofacial surgery students know life without the internet?

Have you considered how the new generation of graduates was born into a world where Google answered questions in just a few seconds? Have you ever thought about how wide the cultural gap is between even 10 years ago and today? Have you ever speculated about the shifting, rapid growth and expansion of technology, and how it is influencing the future generation of new surgeons?

OMSs begin to reflect on that with all the paralleled cultural and technological changes. The oral and maxillofacial surgery field may be unrecognizable in the coming years. The way OMSs will be working and the way they will provide healthcare for their patients, although it may seem the same, is vastly varying with each passing year. Overall, everything will be changing, even down to the very tools OMSs use and how OMSs use them.

In the same sense, the new generation of surgeons requires a new look at how the physical environment can respond to their needs, their patients and their team to continue to enable them to deliver healthcare.

The typical physical environment design of yesterday does not respond well to the new millennials' way of thinking and their culture. As today's surgeons, OMSs need to establish offices that are providing great flow, that meet this new spectrum of work and utilize new technology made efficient by streamlining operations - all contained in an attractive, stimulating physical environment.

Although change may be difficult, it is necessary for the world to move forward. The concept of "less is more" or the culture of new millennials have been debated in many ways, yet they are hardly ever thought of when it comes to the physical environment design of the oral and maxillofacial surgery office and its impact on delivery of care, patient experience, team productivity and psychological state of mind.

The physical environment in which OMSs work can transform their lives and manipulate their mindset. To positively and successfully do this, OMSs must first think about how they can better integrate these developing changes to enhance performance and delivery of care. However, physical environment design is seemingly a few steps behind. Knowing this, one can wonder how you go about making the same upshift in physical environment to stay congruent with today and the future of oral and maxillofacial surgery technology.

In response, OMSs need to take a more in-depth approach when it comes to understanding what they identify as the three major themes in designing and building new-age offices. Simply put, these three themes are vision, budget and timeline. These three topics are intertwined and never work alone; realizing one without another will not allow you to achieve your end goal successfully.

Vision

Vision is the one question that needs be answered long before looking for physical space. Realizing your vision can help identify how you will practice in the future. Directionally, you must take your mind right to your future, and what, ideally, that would hold for you.

A few questions that need a concise understanding include details such as: How many days per week will you work? Will you have an associate working with you? Will you sell the practice in the near future, bring a partner on board or keep the practice?

It would be best to establish your desired exit strategy from the beginning and lay out a future that is calculated and aligns with your wants and needs. These realizations can help one decide how many operatories you may need, not only today, but in the future because making decisions should be based not only on what your practice will objectively look like, but additionally how you anticipate yourself working in this practice.

Your vision also holds the keys to what your practice's physical environment can look like. This vision is nested deep inside your mind and can be nurtured and realized with the help of an architect who knows this industry inside-out.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)



It is true a nice physical environment enhances the patient experience, but what is "nice?" This question needs an answer with the help of a professional. That professional would be your dedicated architect in this field. He or she is the one who needs to understand you, see the world through your eyes and be able to translate your sporadic wants and dreams into one cohesive reality. It is challenging, but this is something architects are trained for and should be done with great attention to detail by listening to their clients and zeroing in on what exactly that picture, in its entirety, looks like.

Once that is established, the architect can develop details down to material types and color palettes to provide the kind of space envisioned for years to come.

Patient experience is developed from here, regarding not only how the physical environment will feel and look like to your patients but also how the integration of technology and the way you deliver care will impact your practice.

The surgery/procedure room and operating rooms and their equipment such as chairs, delivery systems, cabinetry, carts and all other tools that you require for your work can be decided at the beginning.

Realize vision is the prerequisite to moving forward for all other steps of building your office, such as establishing a realistic budget and timeline to achieve your goal.

Although your vision is something you could contemplate

and dream about, sooner or later you will need a team of professionals to help bring your vision to a cohesive reality. This team should include your architect, coach, financial institution, CPA, real estate broker, lawyer, equipment specialist and general contractor.

Budget

A realistic budget that falls in line with your vision could be difficult. This is truly where you need the professionals to help. The square footage you have determined is directly associated with your budget, just as your vision.

The physical environment you have envisioned for the space will portray you and establish your level of patient experience. It is multifaceted and includes many details, such as selection of colors, floor and wall coverings, plumbing, electrical fixtures, ceiling heights, wood and glass doors, cabinetry, surgery equipment, tools and, very importantly, the integration of technology associated with the type of practice you will have. This study certainly will assess cost per square foot for your buildout. These discussions also can help you recognize if there is a need to shift or re-evaluate your vision so your architect may modify to a certain degree to adapt to your expenditure.

Budget and vision always go hand in hand; they are a balancing act. Your team can help you realize a realistic



budget in achieving your vision. Your architect can help you find solutions where you can still achieve your vision by subjectively building your office in phases. Construction of your practice can be successfully done in multiple phases, allowing you to still create your dream office with six operatories by building the infrastructure for all six, but only equipping three to four operatories at the beginning, saving cost. As you practice with the revenue made from the three operatory offices, you can continue finishing all the remaining rooms on your time to ensure you can still obtain your dream office.

Another issue to consider is that the cost of construction can vary in different areas, and this can certainly determine the final number of square footage one can build. In some areas, such as a metropolitan area, space availability and lack of square footage could be a defining factor to adjust your vision.

These are all factors that can hinder your timeline in relation to how much sooner or later you can occupy your new surgery center.

Timeline

A timeline can be established about the same time as you develop your vision.

Finding a new space that can fit your vision could take a long time. Establishing your budget, working with a financial institution, negotiating a lease, selecting equipment as well as physical construction are just a few elements to consider in your timeline.

All these things require a certain period of time, so knowing the approximate occupancy of your office could be a great place to start. Setting a goal for your occupancy date can

provide a guide for your team to move forward with paving the road and creating your office within that timeline.

Although your ideal timeline is incredibly significant, you may need to adjust to a more realistic and achievable timeline, so remembering to communicate these ideals at the beginning is vital to your team. It is important for all involved to have a clear understanding that time is money, and your timeline can become detrimental to your vision. Timing is everything; therefore, you and your team need to be mindful of how long it will take to bring your vision to reality. Every day you are late to occupy the space is a day you will not be performing surgery, and this can negatively affect your budget.

Finding a suitable space for your vision can take months, but once you have secured a space for your practice, a definite timeline can be set to design and build your office. This timeline can be established by your architect working with your entire team. Your architect should be your quarterback and move the team forward to achieve your dream.

Building your vision can be one of the most exciting times of your career. However, not knowing how to go about it could lead to surprises that are likely to distract you from achieving your goals.

Answering these few fundamental questions - vision, budget and timeline – with the help of a professional team will positively affect achieving your goals in a much safer and more predictable manner. In today's world, where predictability is hard to find, these discussions and exercises could help you not risk it all, yet still achieve your dream. It is all a balancing act.

And, yes, the question is: Will you succeed? "You will, indeed! (98 and 3/4 percent guaranteed)," as Dr. Seuss says in his modern classic, Oh the Places You'll Go! ■



This is number 163 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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Serve the specialty and become an Examiner

any American Board of Oral and Maxillofacial Surgery (ABOMS) Diplomates can reflect on the year they became board-certified. Most can relive their experience of taking the oral examination.

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Potential Examiners can apply online using Diplomate profiles. Applications for the 2018-19 Examination Committee are accepted until Dec. 31. All new Examiners will be appointed for a one-year term and notified following the Board's spring meeting.

Interested in learning more? Contact ABOMS headquarters, talk to a Regional Advisor or visit the Board's website at ABOMS.org/diplomates/examination-committee.



SAVE THE DATE



KEYNOTE SPEAKERS

Tara Aghaloo, DDS, MD, PhD
Edmond Bedrossian, DDS
George Deeb, DDS, MD
Scott A. Guelcher, PhD
Alan S. Herford, DDS, MD
Waldemar D. Polido, DDS, MS, PhD
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J. David Johnson Jr., DDS Treasurer

AAOMS has grown significantly in terms of finances over the past 100 years.

Looking back: Revisiting

uring this year of the AAOMS centennial celebration, our financial history deserves some attention. We should be grateful to our AAOMS Board of Trustee predecessors who were financially responsible, fully understanding the words of P.T. Barnum: "Money is a terrible master but an excellent servant."

The following are noteworthy "fiscal facts" from the AAOMS archives:

- In 1952 the earliest year we could determine the dues level paid by members – dues were \$10 but increased 100 percent to \$20 the following year.
- The dues level seemed to increase at least twice a decade after that. In 1962, dues were \$65, rising to \$100 in 1969. In 1973, dues were \$135, increasing to \$200 in 1975
- Interestingly, the justification for the increases in the 1970s mentioned rising costs for programs and more non-dues-paying members, a situation similar to what AAOMS recently experienced with the addition of life member dues.
- Dues started at \$200 in 1980 and rose to \$450 by 1989.
 Multiple assessments also occurred during this time, including one for marketing and one for the purchase of the headquarters building.
- In 1997, dues were \$650, jumping to \$750 in 1998.
- In 2003, dues climbed to \$1,050 and did not increase for another 10 years, when the current dues level of \$1,250 was established.
- For comparative purposes, the average cost of a gallon of gas in similar years was:
 - 1952 27 cents
 - 1963 30 cents
 - 1975 57 cents
 - 1985 \$1.20
 - 1995 \$1.11
 - 2005 \$2.27
 - 2018 \$2.71
- Regarding the Annual Meeting, it appears there was no registration fee in 1963, but ticketed courses were

member dues, meeting costs, budget growth





Exhibits at the 1987 Annual Meeting.

offered at a price between \$3 and \$16. The Association tried to finance the meeting based on exhibit space rental, advertising income and course fees. However, information from the archives documents that the meeting was run at a deficit or barely broke even most years.

- An exhibit booth cost \$250 in 1963. Today, the same booth costs \$4,410.
- Information supporting the dues increase in 1973 references increasing hotel and audio-visual costs along with the prospect of moving the meeting to a convention center.
- A general Annual Meeting registration fee of \$35 was first instituted in 1983. The general registration fee rose in the 2000s, as the Association turned the Annual Meeting into a revenue-producing activity to fund programs (rather than increasing dues). The fee also was raised to offset increasing hotel and convention center costs.
- In 1997, the early Annual Meeting general registration fee was \$195, rising to \$695 at the present time with the elimination of most extra charges for clinical sessions except hands-on courses.
- The AAOMS budget has grown steadily over the years. Examples of the budget size in each decade are:
 - 1963 \$85,000
 - 1973 \$486,000

Exhibits at the 1986 Annual Meeting.

- 1983 \$1,396,000
- 1996 \$7,044,000
- 2006 \$14,117,000
- 2018 \$20,980,000
- AAOMS was originally headquartered in Richmond, Va., moving to Louisville, Ky., in 1957.
- In 1966, the office moved to the ADA building in Chicago, III. In 1985, AAOMS relocated to its current headquarters building in Rosemont, III., purchasing the former Hyatt headquarters for \$4.4 million. There were 30 employees at this time.
- In 2007, the building underwent a \$2.5 million renovation, resulting in more efficient use of the space and an updated look. That year, 53 employees worked at AAOMS. Today, there are 58 employees.
- The Reserve Fund was initially funded in 1966 with \$17,000 deposited to a savings account. By 1975, the reserve had grown to \$352,000 and was invested in a mix of stocks and bonds. Currently, the reserves are valued at approximately \$23 million.

AAOMS has grown significantly in terms of finances over the past 100 years. Sometimes difficult decisions, such as raising dues or adding assessments, have been made to maintain the financial stability of the organization. These decisions have provided a strong base for the Association to continue to thrive and grow into the future.

New Special Interest Group on Women looks to



By Stephanie J. Drew, DMD, FACS Chair, AAOMS SIG on Women

t has been 100 years since AAOMS's formation. More than 50 years after our Association's establishment, a woman was inducted into AAOMS.

Dr. Elaine Stuebner was the first woman to graduate from an OMS training program. Since she joined the ranks of OMS in the 1960s, a slow and steady number of women have become OMSs. Despite that increase, women make up just 8 percent of active practicing OMSs in AAOMS membership. In addition, women comprise 10 percent of AAOMS standing and special committee members and 17 percent of residents. Parity in numbers may or may not happen for many generations.

Why the disparity? The choice to become a surgeon is personal. Each person, woman or man, decides how to answer the call and make it her or his life's passion and work. The balance between personal and professional life is challenged on a daily basis once you become a surgeon – regardless of gender.

Our women member numbers are small and on the rise. While our Association's women are the minority, they continue to volunteer, give back and work hard for AAOMS. Many women leaders have risen within the organization, and it is our time. I cannot wait to see a woman Trustee and President of AAOMS. This will only happen with mentoring and providing opportunities to those who have worked hard for our Association.

Creation of the SIG

The AAOMS Board of Trustees was called to action regarding its women membership needs for mentoring, leadership training and networking. During the summer of 2015, the Board invited several women members – from residents to senior surgeons spanning almost four decades – to discuss ways to engage women members and attract new members.

After the 2015 Women in OMS Summit, the Board established a Special Committee on Women in OMS to determine what is

working well, what AAOMS can improve and what dynamics regarding women in OMS affect the specialty's future. The two main areas discussed were the exploration of avenues for networking opportunities for women and the establishment of a Special Interest Group (SIG) on Women.

A SIG is a community in a larger organization that has a shared interest in advancing a specific area of knowledge, learning or technology. Members cooperate to affect or produce solutions in their field and may communicate, meet and organize conferences.

The SIG's first meeting occurred at the 2017 AAOMS Annual Meeting, where governance was established. I am proud to be voted in by my peers during our centennial year to take the lead as the SIG's first Chair, along with Dr. Jennifer Woerner as Vice Chair and Dr. Jasjit Dillon as Secretary.

The women surgeons and AAOMS Board saw a need to create an environment to support women in surgery, both personally and professionally. The SIG will do this by:

- Mentoring Guide to expose young female students to the profession. Develop outreach programs for women members to help improve their businesses. Encourage participation at the national and state levels of organized OMS and dentistry.
- **Networking** Establish in-person and online communities for advice, discussion and sharing ideas. Promote comradery and building platforms to advance knowledge regarding business, leadership qualities and advocacy for excellence in patient care.
- **Building leadership skills** Not everyone is born to lead. Although it may be easy in the operating room to be captain of your ship, to lead in the boardroom one must often be mentored. The simple act of mentoring creates a leader.
- Telling stories to inspire No one has walked a mile in your Jimmy Choos. Getting perspective from those who came before you is invaluable. Tell your stories, write your stories. What worked for you? What was a failure? What did you do to overcome the adversities you have met?
- Educating peers Topics about women's health and OMS will be presented at sessions sponsored by the SIG at each AAOMS Annual Meeting. Please join the SIG's first official lecture from 8 to 9 a.m. Oct. 11. As part of the trauma section, the topic of the group's lecture is interpersonal violence. The business meeting will immediately follow. AAOMS members are welcome to attend.

provide networking, more



From left: The SIG officers are Dr. Jasjit Dillon (Secretary), Dr. Jennifer Woerner (Vice Chair) and Dr. Stephanie Drew (Chair).

Discussion, support

What does the SIG provide a woman OMS? It allows women to discuss important issues in a non-threatening environment. These events facilitate dialogue about challenges surgeons face, including gender bias, discrimination and harassment difficult topics to discuss in many places. One must not forget to mention the challenges of balancing work and life: maintaining relationships with a demanding work schedule, deciding whether to start a family, working part-time or full-time, requesting raises and even negotiating salary.

The SIG is an excellent place to learn from dedicated colleagues, share career advice and provide support to peers. The group's main message is one of empowerment for all women: If you love surgery, you can build your life so you have high job satisfaction as well as a fulfilling personal life. Women as surgeons work extremely hard (as do the men) and, although you may not be able to have everything, you can have everything important to you.

Network through AAOMS Connect

Each CIG/SIG has its own forum in the AAOMS Connect community, which includes resources and meeting information.

To access, log in to AAOMS.org and find AAOMS Connect under the Member Center.



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Foundation Alliance still vibrant after 25 years



By Michelle Schneider OMS Foundation Alliance Committee Chair

t is my privilege to chair the OMS Foundation Alliance Committee during our Silver Anniversary year, and I applaud those who have joined me in supporting the Foundation as Alliance donors and volunteers over the past 25 years.

The Alliance is a group of volunteer fundraisers who, through their social events at the Annual Meeting, provide opportunities for spouses, allied staff and friends of OMSs to meet, network and find their "tribe" within the OMS community.

We also are philanthropists, giving generously to support the important work of the Foundation. Since 1993, Alliance donors have funded Foundation programs valued at \$374,000, including research, scholarships, fellowships and the purchase of much-needed administrative resources.

In anticipation of our Silver Anniversary, the Alliance Committee and the Foundation agreed in 2017 to allocate \$172,500 in contributions from Alliance donors to support research and education in 2018. This is the largest allocation of Alliance contributions in our history.

We are proud to lend our support to a Faculty Educator Development Award, a Student Research Training Award, the 2018 AAOMS Resident Transitions into Practice Conference and Clinical Trials Methods Course, plus 14 travel scholarships for residents to attend the course. With support from OMSNIC, we also will offer travel scholarships for spouses of nine residents attending the 2018 Annual Meeting.

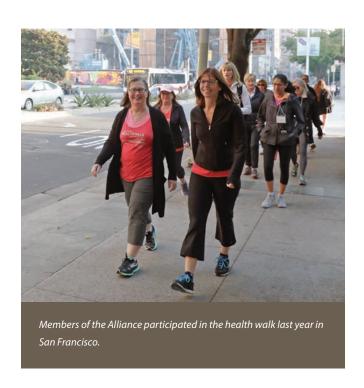
The Alliance was conceived in 1993 as a philanthropic engine for the Foundation and an inclusive social network for the spouses of OMSs. Bernie Degen, then-Executive Director of the Foundation, envisioned an organization modeled after the AMA's and ADA's alliances and asked Mady Donoff, wife of Foundation Chair Dr. Bruce Donoff, to chair its steering committee. Mrs. Donoff enlisted her own social network of spouses of AAOMS's top leadership to help draft a mission

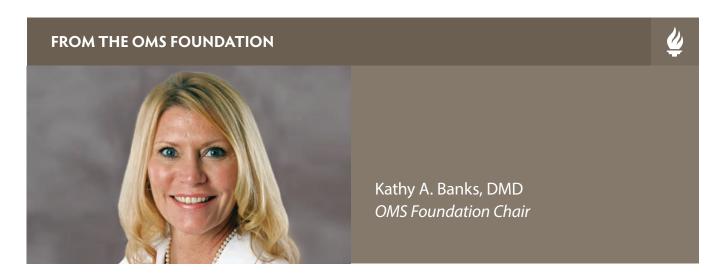
statement, create committees and brainstorm recruitment strategies. They aimed for a balance of fun, substance and impact, with a focus on health and social issues related to OMS families, communities and the specialty. The Alliance's debut at the 1994 Annual Meeting featured a hospitality suite for prospective members and a welcome event for more than 200 charter Alliance members. The Alliance's fundraising event included a speaker from the National Center on Child Abuse and Neglect. By 1995, the Alliance raised enough to contribute \$15,000 toward a University of Michigan pediatric fellowship.

The Alliance is perhaps best known for its Resident Spouse Scholarships, which have paved the way for 41 OMS residents and their spouses to attend AAOMS Annual Meetings together. Five women traveled to San Francisco in 2017 with support from the Alliance and OMSNIC, its program sponsor. Their energy, enthusiasm and gratitude inspire us to continue the work begun 25 years ago.

I hope to see you at an Alliance event this year and encourage you and your friends to experience firsthand our unique blend of camaraderie and philanthropy in support of the OMS Foundation.

See you in Chicago. ■





Service opportunity to debut at Annual Meeting

AOMS's centennial celebration naturally inspires a reflection on where we have been and what we have accomplished on our journey.

The Foundation celebrates its 60th anniversary next year and, while it is gratifying to look back and celebrate our successes,

we are keeping our focus on what is next and how we can better serve the specialty in the 21st century.

Our newest program – Global Initiative for Volunteerism and Education (GIVE) - will be unveiled at the AAOMS Annual Meeting. GIVE will provide travel scholarships to residents seeking to accompany OMS teams to deliver international humanitarian medical care.

We are working to strengthen the Foundation with input from those we serve. Our goal is to be responsive, remain relevant and steward our donors and their gifts with care.

GIVE evolved from conversations with our donors. We are working to strengthen the Foundation with input from those we serve. Our goal is to be responsive, remain relevant and steward our donors and their gifts with care. As our resources grow, so will our program portfolio in the years ahead.

Look for information about GIVE at the OMS Foundation booth in the Exhibit Hall and at the Overseas Surgery Team Program at the Annual Meeting.

Of course, the centerpiece of this year's stewardship program is the AAOMS Centennial Tree, slated for permanent display at AAOMS headquarters. Contributions of \$2,500 or more in 2018 will be recognized with a customized bronze, silver or gold leaf on the tree. (An accompanying digital donor display will debut at the Foundation's Annual Meeting booth.) Every gift, large or small, brings us closer to realizing our goal to raise \$1 million in

2018 and ensures the Foundation's signature torch continues to shine brightly into AAOMS's next century.

The Foundation's history, intertwined as it is with AAOMS, is a testament to the vision, dedication and generosity of our specialty's leaders and influencers. Early fundraising

> campaigns supported an array of programs, including oral surgery conferences in North America and abroad, experiential and educational programs for residents and public service announcements to educate the public.

The multi-year Research and Education Advance the Profession (REAP) campaign inspired an outpouring of support from our donors.

Their contributions supported groundbreaking investigations into critical areas of study. This year's campaign, and those that follow, will support the continued pursuit of new knowledge, opening the door to more accurate diagnoses, more effective treatments and better outcomes for our patients.

Surgical innovation, tested and proven by world-class oral and maxillofacial surgeons, has defined the specialty from its inception and will define our trajectory moving forward.

I invite you to join me in visualizing our future, and I challenge you to help us realize it. Visit OMSFoundation.org to claim your leaf on the Centennial Tree. Don't miss this opportunity to publicly commit to your role as an investor in the specialty's continued evolution.

I hope to see you in Chicago. ■

American College of Surgeons adds OMS Advisory

AOMS learned in June of two significant milestones for the specialty – the American College of Surgeons approved the creation of an OMS Advisory Council as well as AAOMS's request for a seat on the College's Board of Governors.

The 14 ACS Advisory Councils represent the various surgical specialties, such as pediatric surgery and neurological surgery. Among their responsibilities, the councils:

- Give information to the ACS Board of Regents and the surgical societies.
- Provide recommendations to the Regents on policy issues about the specialties.
- Nominate ACS Fellows for committees.
- Contribute ideas for sessions at the ACS Clinical Congress, the College's annual educational meeting and one of the largest gatherings of surgeons in the world.

"The approval of an Advisory Council for oral and maxillofacial surgery will prove to be an incredibly important event for our specialty," said G.E. Ghali, DDS, MD, FACS, FRCS(Ed), chair of the OMS section in ACS. "Basically, it means that OMS is now unequivocally recognized as a surgical specialty on par with other medically based surgical disciplines in North America. The ACS is considered the 'voice' of American surgery."

The ACS's Board of Governors represents the College's Fellows, elects the Board of Regents that governs the College and shares information between the Fellows and the Board of Regents.

"Almost equally important is the ability of AAOMS and oral and maxillofacial surgery to have representation on the governing board of the ACS – the Board of Governors," Dr. Ghali said. "The Governors act as an official liaison between the respective Advisory Council and the ACS Board. Most importantly, it will give AAOMS a voice at the table when it comes to OMS's involvement in trauma, cancer and hospital surgical care. This extends to not just (local) issues but also gives us a voice at the congressional level relative to advocacy and leadership."

The approval of the Advisory Council and the seat on the Board of Governors arrived less than two years after the first class of single-degree oral and maxillofacial surgeons were welcomed as Fellows of the College (in October 2016). Overall, 85 OMSs were admitted in that class – composing the largest group of oral surgeons inducted to date. In October 2017, 58 OMSs – including 24 with single degrees – were inducted into the College. This fall, 71 OMSs are expected to be inducted.



The ACS Update took place at the 2017 Annual Meeting.

"I am extremely pleased and optimistic about the growth of OMS's involvement in the ACS," Dr. Ghali said. "The College's acceptance of single-degree AAOMS fellows was a seminal event and clearly demonstrates the strong and transparent leadership of (ACS Executive Director Dr. David) Hoyt and (Director of Member Services Dr. Patricia) Turner."

Currently, the OMS section in ACS is made up of 443 surgeons representing the specialty in various settings such as academics, hospital trauma centers and outpatient surgical centers.

Members of the section are involved in the ACS committees on trauma, perioperative care and Operation Giving Back. Over the years, OMSs also have helped develop scientific and educational programs for several ACS Clinical Congresses.

"Despite the fact that the formation of the Advisory Council and Board of Governors representation has been long anticipated and taken decades to achieve, it is really just the beginning," Dr. Ghali said. "I would hope all OMS Fellows in the ACS become involved and engaged in the multitude of benefits the College has to offer."

The College's resources include continuing medical education programs – such as the annual Clinical Congress that offers about 300 sessions and caters to every surgical specialty – and a Division of Advocacy and Health Policy that develops policy and tracks legislative and regulatory issues affecting surgery. ACS also produces 300 publications and provides a Surgical Education and Self-Assessment Program.

"From educational opportunities to leadership conferences to legislative advocacy forums, the ACS has much to offer our great specialty at both the state and national levels," Dr. Ghali said. "I would like for every major ACS committee to have at least one OMS as part of its membership. This will ultimately help assure OMS's relevance as a major player in American surgery for years to come."



Council, Board of Governors seat



Attendees of the American College of Surgeons Update session at the 2017 Annual Meeting gathered together.

AAOMS assists with single-degree application for College 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.

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

To apply as a single-degree OMS, 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. (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 Fellows of ACS. Any current ACS fellow, OMS or not, may submit

letters. ACS will require two additional letters once the applicant is approved through the AAOMS waiver process.

- 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 (from the date of application) of the procedures performed as a surgical attending with responsibility for the surgeon'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.

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.

Visit FACS.org/member-services/benefits/fellows for additional information.

Preconference sessions to highlight advancements

mix of hands-on and didactic sessions will make up six preconference sessions the day before the two-day Dental Implant Conference begins Nov. 30 in Chicago, Ill.

Each year, the Dental Implant Conference provides OMSs with the latest in dental implant surgery advancements and innovations. The conference is intended to benefit the entire restorative team – OMSs, their referring dentists and staff. Attendees are encouraged to arrive early to partake in these preconference sessions offered Nov. 29.

The three preconference hands-on workshops available exclusively to AAOMS members are:

- Peri-implant Soft-tissue Augmentation: For Health and Esthetics – Participants of this workshop will learn the various techniques for peri-implant augmentation, including a review of the latest evidence on the role of peri-implant mucosa.
- Digital Scanning for the OMS and Using the Digital Scanner for 'Full-service' Implant Therapy – The use of virtual treatment plans can set an OMS practice apart from other implant practitioners. This hands-on experience will examine the benefits of an intraoral scanner.
- The Evolution of Implant Dentistry: Transitioning from Freehand to Guided Navigation Surgery – Dynamic navigation systems for dental implant surgery and its additional off-label use in the OMS practice will be featured in this session.



Hands-on sessions are available at the preconference.

The three didactic sessions include:

- Transforming your Surgical Practice with new Digital Technology – The Team Approach to Digital Implant Dentistry – The enhanced value of incorporating IOS and intraoral scanning into practices will be revealed.
- Approaches to Augment the Narrow Ridge The latest evidence-based research available on how to best perform horizontal ridge preservation and augmentation will presented, along with case presentations and technique videos.
- Full-arch Esthetic Management Clinical management of patients with a completely edentulous arch will be presented by demonstrating the gathering process of patient data/information, diagnosis, treatment planning, surgical protocols and fabrication of provisional and definitive implant-retained prostheses. Static guided surgery and dynamic navigation surgery will be demonstrated in different clinical scenarios from patients with terminal dentition to patients who are already edentulous.

Conference to feature four themes

The conference's general sessions on Nov. 30 and Dec. 1 are divided into four themes:

- Managing and Avoiding Complications –
 Presentations will cover common impact challenges and solutions.
- Ridge Augmentation and Prosthetic Solutions –
 Digital technology and prosthetic advancements will be
 discussed in this general session.
- **Controversy** Treatment methods for common problems will be reviewed.
- Celebrating 100 years of AAOMS Advancements made to the world of dental implants will be reviewed and the latest improvements will be presented.

Keynote addresses will be held each day. On Nov. 30, the keynote address "Social media and dentistry" will instruct on how to protect the professional integrity of practices and instruct on ways to mitigate social media issues.

The Dec. 1 keynote address, "Reconstruction of the cancer



in dental implants

patient using CAD/CAM digital technology," will show how virtual implant planning can be used to help with placement and prosthetic management.

Anesthesia assistant courses offered

Dental anesthesia assistants can participate in the Anesthesia Assistants Review Course being held Nov. 30 and Dec. 1 and the Anesthesia Assistants Skills Lab on Dec. 1:

- Anesthesia Assistants Review Course This continuing education course is designed for professional staff to improve anesthesia knowledge and skills. This intensive review will focus on principles of anesthesia learned through structured training as well as discussion of the latest innovations and methods of anesthesia administration, monitoring and emergency management.
- Anesthesia Assistants Skills Lab This four-hour anesthesia workshop will allow for hands-on clinical training in assisting OMSs with the administration of anesthesia. Participants will rotate through six stations to include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash cart.

Visit AAOMS.org/DIC to register. ■



The Anesthesia Assistants Review Course is designed to enhance professional staff's knowledge and skills.



Dental Implant Conference

When: Nov. 30 and Dec. 1 (preconference Nov. 29)

Where: Chicago, Ill.

Register: AAOMS.org/DIC

Early-bird discounts: Discounted registration is available for those who register by Oct. 31. Attendees who register by the early-bird date will receive their registration packets - including meeting badge, badge holder and preconference tickets – by mail before the conference.

Those who register after Oct. 31 must pay the onsite rate and pick up their meeting badges at the AAOMS Registration Desk.

Other dental professionals: Dental professionals who are part of an AAOMS member's implant team can receive a reduced registration fee. To obtain the promo code, visit AAOMS.org/DICspecial.

Housing: The headquarters hotel is the Sheraton Grand Chicago, 301 E. North Water St. To take advantage of special rates for conference attendees and their quests, call 877-242-2558 and mention the AAOMS Dental Implant Conference room block. **Note:** AAOMS is the only official housing agent for the Dental Implant Conference. While resellers may offer housing services, AAOMS does not endorse or affiliate with them.

Simulcast option: For those unable to travel to Chicago, a live simulcast will be available so participants can watch the general sessions Nov. 30 and Dec. 1 from their home, office or wherever they are. Participants also can join question-and-answer sessions and earn CDE/CME credit.

Rates are available for members and non-members. Archived access of the simulcast will be available for 60 days after the event. For more information, visit AAOMS. org/DIC.

2018 DENTAL IMPLANT CONFERENCE PRELIMINARY PROGRAM-AT-A-GLANCE



Thursday, Nov. 29

Preconference

Transforming your Surgical Practice with new Digital Technology — The Team Approach to Digital Implant Dentistry

Approaches to Augment the Narrow Ridge

Full-arch Esthetic Management

Peri-implant Soft-tissue Augmentation: For Health and Esthetics

Digital Scanning for the OMS and Using the Digital Scanner for 'Full-service' Implant Therapy

The Evolution of Implant Dentistry: Transitioning from Freehand to Guided Navigation Surgery

Hosted Session

Osteo Science Foundation Program: Hard and Soft Tissue Regeneration for Oral and Maxillofacial Surgeons

Corporate Forum

Zest Dental Solutions: Innovative Solutions for Fixed Immediate Load Full-arch Therapy

Friday, Nov. 30

Anesthesia Assistants Review Course - Day 1 of 2

Managing and Avoiding Complications

- Anterior Natural Teeth Failure in the Esthetic Zone: How to Manage Soft- and Hard-tissue Compromise
- Failure of Implants Placed into the Esthetic Zone: Etiology of Failure, Management and the Effect of Chronic Tissue Inflammation and Subsequent Changes on Management
- Failure of Restorative Materials: Wear, Fracture and Opposing Arch Problems
- Long-term Success/Failure of Full-arch Restorations: Maintenance Failures, Prosthetic Problems and Implant Failure

Ridge Augmentation and Prosthetic Solutions

- Ridge Augmentation in Severely Atrophic Esthetic Zone
- The Use of Allografts and Xenografts for Ridge Augmentation
- Total Digital Solutions for The Edentulous Jaw Reduction to Practice
- The Use of Pekkton in Implant Prosthetics
- Keynote 1: Social Media and Dentistry: Learning How to Protect your Professional Identity and Practice from a Social Media Disaster

Reception in the Exhibit Hall

Saturday, Dec. 1

Anesthesia Assistants Review Course - Day 2 of 2

Controversy

- Truths, Half-truths and Lies in Prosthodontics and Implant Dentistry
- Ridge Preservation at Time of Tooth Removal: Socket Shield Technique vs. Xenograft vs. CT Graft in Fresh Extraction Sites
- Etiology of Bone Loss around Implants
- Keynote 2: Reconstruction of the Cancer Patient using CAD/CAM Digital Technology

Celebrating 100 Years of AAOMS

- Soft-tissue Substitutes, Indications, Advantages and Disadvantages
- Applying Technology to Accurately Place Implants with Immediate Provisionalization
- Developing Patient-specific Implants to Match Tooth Root Dimensions

Anesthesia Assistants Skills Lab

CALENDAR



AAOMS Opportunities

2018

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

Oct. 26-28

FSOMS Annual Meeting

Ritz-Carlton Orlando, Grande Lakes Orlando, Fla.

Oct. 30

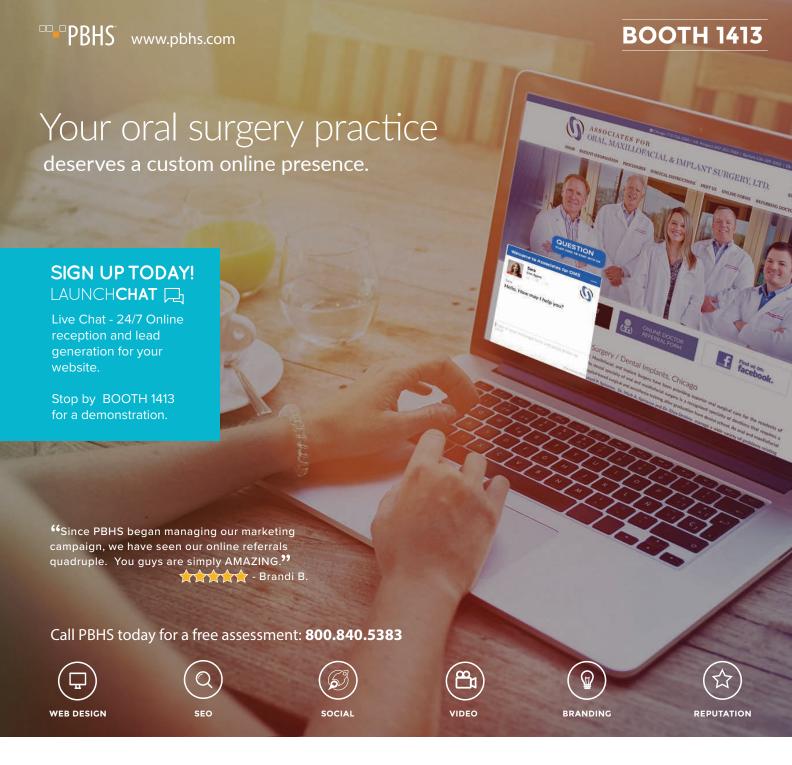
WSOMS Fall Meeting

Seattle, Wash.

Nov. 7

Middle Atlantic Society of OMS Fall Meeting

Turf Valley Resort Ellicott City, Md.



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Informational Campaign picks up 9 awards

The AAOMS Informational Campaign – which educates the public and dental professionals about OMS training, skills and experience – has been honored with nine awards in 2018.

In the Hermes Awards competition, the campaign won a Platinum Award for the public service announcement (PSA) video focusing on obstructive sleep apnea and a Gold Award for the OSA radio PSA.

In the Aster Awards contest, the campaign earned three Gold Awards for the print ad that appeared in the national USA Today Oral Health supplement; the Find a Surgeon directory on the MyOMS.org website; and the series of video PSAs. The oral cancer radio PSA captured a Silver Award in the same contest.

For dotCOMM Awards, AAOMS took home Platinum for the Informational Campaign in the digital branding and marketing category, Gold for the myOMS.org website in the medical category and Gold for that website in the association category.

Last year, the campaign won 26 awards, receiving recognition for its educational videos, consumer website and PSAs in nine national and international communications, publications and digital awards competitions. The awards included an APEX Award for Publication Excellence in the Health and Medical Campaign category, two Aster Awards Gold Awards for the overall campaign in the Surgical Services Promotional Campaign category and for the MyOMS.org website design and two Cancer Awareness Advertising Awards Gold Awards for the "Are you at risk for oral cancer?" PSA and the oral cancer print ad.

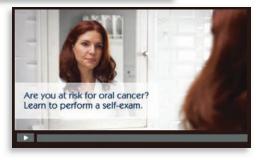
"The AAOMS Informational Campaign continues to garner significant recognition for its multifaceted efforts in further educating the public about our members' expertise," said AAOMS President Brett L. Ferguson, DDS, FACS. "This awardwinning campaign will ensure the public understands the many benefits of visiting an OMS, and it will continue to encourage patients to visit our practices."

Beyond the campaign, AAOMS picked up several honors for other work in national contests this year:

- APEX Awards Award of Excellence for AAOMS Today in the most-improved magazine category.
- Aster Awards Gold Award for the National Facial Protection Month PSA poster; Silver Award for the AAOMS Advocacy folder design; Silver Award for the 2017 AAOMS Annual Meeting Final Program; and a Bronze Award for the AAOMS Centennial Annual Meeting letterhead.







Ads, videos and other materials through the Informational Campaign share messages about the expertise of OMSs.

- HealthCare Advertising Awards Bronze award for AAOMS Today in the newsletter category.
- Hermes Awards Platinum Award for the OMS Reference Guide in the book category; Platinum Award for the Annual Meeting Final Program; and a Gold Award for the 2018 Annual Meeting welcome video.





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Program to prepare for anesthesia situations

dvanced technology has made it possible to simulate various emergency airway situations in order to train surgeons and staff for administering and monitoring office-based anesthesia.

AAOMS has used this advanced technology to develop its new three-part National Simulation Program, which allows participants to practice and master techniques and evaluate their preparedness for office anesthesia emergencies.

Different from previous anesthesia emergency simulation courses, this program is standardized to ensure participants experience the same simulated events. The state-of-the-art technology allows the performance of all participants to be automatically evaluated and areas that may benefit from additional training to be identified.



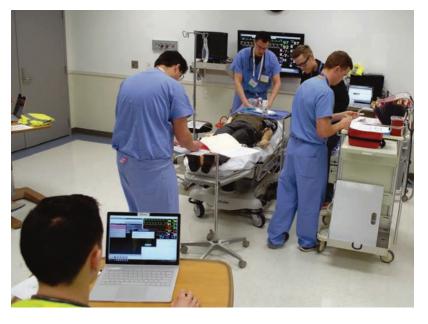
- The Basic Emergency Airway Management (BEAM) module
- The Office-Based Crisis Management (OBCM) module
- Sedation online module (in development)

This fall, the four-hour BEAM module will be available in the morning and afternoon on Sept. 22 and in the morning on Sept. 23 at the University of Minnesota in Minneapolis, Minn. The module also will be offered in the morning and afternoon on Nov. 3 and 4 at the Medical University of South Carolina in Charleston, S.C.

BEAM module sessions include instruction and simulation on the oxygen tank, bag-mask ventilation and laryngeal mask airway scenarios as well as instruction and simulation on Airtrag and pediatric emergencies. At the conclusion of the training, OMSs should be able to:

- Explain sedation monitoring.
- Discuss supplemental oxygen techniques.
- Apply techniques for opening an airway.
- Review bag-valve-mask using one- and two-person techniques.
- Demonstrate appropriate LMA insertion technique.
- Show proper Airtrag insertion technique.

The cost per AAOMS member is \$800. Additional information is available at AAOMS.org/Simulation. ■



The Office-Based Crisis Management pilot took place in April in Minneapolis.

Basic Emergency Airway Management (BEAM)

When: The four-hour module is offered as a morning or afternoon session. Registrants choose one session:

- 8 a.m. to noon Sept. 22 in Minneapolis, Minn.
- 1 to 5 p.m. Sept. 22 in Minneapolis, Minn.
- 8 a.m. to noon Sept. 23 in Minneapolis, Minn.
- 8 a.m. to noon Nov. 3 in Charleston, S.C.
- 1 to 5 p.m. Nov. 3 in Charleston, S.C.
- 8 a.m. to noon Nov. 4 in Charleston, S.C.
- 1 to 5 p.m. Nov. 4 in Charleston, S.C.

What: Practice and master critical techniques for administering and monitoring office-based anesthesia.

Housing: Discounted room rates available; information will be provided to registrants.

More information: AAOMS.org/Simulation



Proper documentation crucial for OMSQOR

ral and maxillofacial surgeons must ensure case documentation covers anatomical location and facts, symptoms upon presentation, severity of disease, time of onset and complications, and intra-operative and postoperative complications that may arise. Only after documenting all patient treatment notes can the proper coding – including ICD-10-PCS, CPT and CDT code sets – be assigned.

Improved documentation will be key to tracking patient-centered outcomes as the insurance industry continues to move toward alternate reimbursement models, including value-based systems where physicians are reimbursed or scored based on their quality of care versus quantity of services. This is why AAOMS developed the OMS Quality Outcomes Registry (OMSQOR).

Over time, OMSQOR will provide outcomes data as well as benchmarking and quality data that will assist with research and improving overall patient care. Proper documentation, including coding of complications, will be paramount to OMSQOR's success. Proper documentation, including that of codes for which you may not be reimbursed, will help the specialty and surgeons track and identify procedure outcomes, surgical complications, and gaps in care and resource use.

The data in OMSQOR will be only as good as the data AAOMS members document in their EHRs. That is why it is best practice to document each encounter for a postoperative visit and/or complication with the appropriate ICD-10-CM, CPT and/or CDT codes in the patient's record regardless of receiving reimbursement. While global periods may apply, prohibiting billing the patient and/or insurance for postop exams, they should still be reported through the appropriate code set in the EHR/software with a zero charge so the encounter is documented.

Routine or unexpected postoperative visits should be documented and reported with the appropriate clinical evaluation codes (i.e., D0140, D0150, 99211). It is recommended to report CPT code 99024-postoperative follow-up visit for routine postoperative follow-ups.

To locate a complication code in the ICD-10-CM Alphabetic Index, the coder should first refer to the main term representing the complication. For example, to find the main term for "atrophy mandible," locate the main term "atrophy" in Volume II – Alphabetic Index. Review the sub-terms listed under "atrophy" until "mandible" is found.

Once the main term has been located, scan the sub-terms for an entry that will identify the postoperative status or mechanical

complication. Often, a cross-reference will be presented guiding the coder to a specific sub-term under the main term "Complication."

These are commonly treated postop complications in OMS practices:

- Failed dental implant: There are multiple code options under M27.6, T85 and K08 for these complications. Therefore, the surgeon will need to document the reason why the implant failed to assist the coder with proper code selection. For example, did the implant fail due to systemic disease, infection or poor bone quality? If so, these complications would be coded from the M27.6 range. Additional symptoms the patient may be experiencing such as pain or swelling also should be documented and coded. However, mechanical failures of the implant should be coded from the T85 range. Supplemental information about anatomy or restoration might be coded from the K08 range.
- Postoperative bleeding following extraction: Code from the K91.8 range. The surgeon should document the reason for excessive bleeding, such as medication or dry socket. Intraoperative bleeding might be coded in the K91.6 range.
- Fracture of jaw following surgical extraction: The surgeon must clearly document the cause of the fracture, such as whether the patient has/had a pathologic disease such as cancer, bone loss from osteoporosis, or osteonecrosis caused by bisphosphonates. Document and use additional codes for adverse effects if applicable. The appropriate jaw fracture code should be used.
- Complication of anesthesia: There are multiple code options in the T88 range. The surgeon must document and code the type of complication, such as difficulty with intubation, hypothermia or anaphylactic reaction. In cases of overdose or wrong substance given, the drug also must be documented and coded.

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 Current Dental Terminology® (CDT) © 2018 American Dental Association. All rights reserved.



Surgical fires, infection prevention, CDC list

What measures can OMS staff take to reduce the risk of surgical fires in the OMS office?

A The U.S. Food and Drug Administration on May 29 issued a safety communication on reducing surgical fires and related patient injury. The FDA continues to receive reports about these types of incidents.

The safety communication included a list of recommendations to reduce the chance of surgical fires from occurring. The information is directed toward all healthcare professionals involved in surgical procedures, including surgeons and their anesthesia assistants.

Specific recommendations include performing a fire risk assessment at the beginning of each surgical procedure; encouraging communication among surgical team members; planning and practicing how to manage a surgical fire; and safely using oxidizers, any devices that may serve as an ignition source and any surgical suite items that may serve as a fuel source.

To read the safety communication in its entirety, visit the www.FDA.gov.

Q What type of training is available for infection prevention and control in dental healthcare settings?

A The CDC Division of Oral Health has released a training series covering the basic principles of infection prevention and control that form the basis for CDC recommendations for dental healthcare settings. The slide series is divided into 10 modules, including an introduction, seven elements of standard precautions, dental unit water quality and program evaluation.

Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators and other dental healthcare personnel. Topics include hand hygiene, personal protective equipment, respiratory hygiene and cough etiquette, sharps safety, safe injection practices, sterilization and disinfection, and environmental infection prevention and control.

To access the modules, visit CDC.gov/oralhealth/ infectioncontrol/safe-care-modules.htm.



Are there any checklists for infection prevention that OMS staff can use to ensure they are meeting CDC standards?

A Yes, the CDC has published checklist information on its website. The checklist is intended to be used to ensure the dental healthcare setting has appropriate infection prevention policies and practices, including training and education of personnel on infection prevention practices as well as adequate supplies to allow personnel to provide safe care and a safe working environment.

The CDC also states the checklist should be used to systematically assess personnel compliance with expected infection prevention practices and provide feedback to personnel regarding performance. Section I of the checklist lists administrative policies and dental setting practices that should be included in the site-specific written infection prevention and control program with supportive documentation.

Section II describes personnel compliance with infection prevention and control practices that fulfill the expectations for dental healthcare settings.

While not all sections of the checklist may apply to every dental healthcare setting, using this checklist should identify all procedures performed in the setting and referring to appropriate sections of this checklist can be used to conduct evaluations.

To learn more, visit CDC.gov/oralhealth/infectioncontrol/ pdf/safe-care-checklist-a.pdf. ■

CAPITOL CONNECTION



OMSs tally legislative and regulatory successes

egislative and regulatory actions this summer brought successes for OMSs at both the federal and state levels. AAOMS members were engaged at all levels, and their activism provided victories for the specialty.

Federal activity

As members of Congress worked to finalize a number of legislative items before the August recess, AAOMS saw action on two key issues the specialty has advocated for the past several years.

- Medical Device Tax The Protect Medical Innovation Act of 2018 (HR 184) passed the House on July 24 with bipartisan support by a vote of 283-132. This bill would permanently repeal the Medical Device Tax implemented under ACA. AAOMS has opposed the tax since it was put into effect. HR 184 now moves to the Senate for consideration.
- FSAs and HSAs Provisions from two bills AAOMS has championed in recent years were included in the Increasing Access to Lower Premiums Plans and Expanding Health Savings Accounts Act of 2018 (HR 6311), which passed the House on July 25 by a vote of 242-176.

HR 6311 would allow annual FSA contributions to roll over three times the annual cap of the FSA year to year, increasing the cap to \$7,950 (after rolling over the yearly contribution maximum of \$2,650). It also would increase individual and family annual contribution limits to HSAs by nearly double the current contribution caps.

In addition, the bill would modify the definition of qualified health plans for purposes of the health insurance premium tax credit and allow individuals purchasing health insurance in the individual market to purchase a lower-premium copper plan.



The Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018 (HR 6199) also passed the House on July 25 by a vote of 277-142. This legislation would expand the use of HSAs or FSAs to include, among other things, overthe-counter drugs.

AAOMS, along with a coalition of 15 other physician and dentist organizations, sent a letter on July 31 thanking Congressman and dentist Brian Babin (R-Texas) for introducing the AAOMS-initiated Resident Education Deferred Interest Act (HR 5734) that would allow interest-free deferment on student loans for borrowers serving in a medical or dental residency program.

State activity

The end of summer brought changes to state Medicaid programs, anesthesia regulatory changes and a victory for OMSs in New Hampshire. As a reminder, the legislative





at federal, state levels during this summer

tracking map on AAOMS.org has the most up-to-date information on bills that AAOMS is tracking.

- Iowa The state's Medicaid program announced it would delay until Sept. 1 implementing a \$1,000 annual dental benefit maximum for adult dental preventative care. The cap was previously supposed to take effect July 1. The coverage cap will remain in place until June 30, 2019.
- Louisiana The state Board of Dentistry finalized a rule that requires every dentist who performs moderate or deeper sedation to have adequate equipment for the establishment of an intravenous infusion, regardless of the route of administration of the sedation. Previously, only those utilizing parenteral sedation were required to have the equipment.
- New Hampshire Gov. Chris Sununu (R) signed legislation (HB 1577) on June 8 that requires a separate anesthesia provider be utilized when treating children under the age of 13. Through the successful efforts of the state Dental Society and New Hampshire OMSs, an exemption from this requirement was secured for board-eligible OMSs and dental anesthesiologists. The bill also makes a number of other changes to anesthesia related to patient safety, but the state dental board will have to flush out most of the bill's details.

OMSPAC update

Between July 1, 2017, and June 30, 2018, OMSPAC raised \$414,885 from 17 percent of the membership. In addition, OMSPAC has contributed \$288,000 to federal candidates so far during the 2017-18 election cycle.

The latest issue of the quarterly ImPACt newsletter was released Aug. 30. It provides updates on various OMSPAC initiatives. Visit OMSPAC.org to view ImPACt as well as additional information on member contribution totals and a list of candidates to whom OMSPAC has contributed.





We champion AAOMS's pro-OMS agenda.







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Navigating out-of-network balance billing

oth legislation and advocacy have focused on out-of-network balance billing and related "surprise bills" in the insurance industry.

Surprise billing is described as unexpected charges occurring when patients inadvertently receive care from a provider that is not part of their insurance network.

In one scenario, a patient may encounter this situation when his or her OMS sends a biopsy sample to a pathologist who is not in the network. In this instance, the patient may not necessarily have the ability to personally select the pathologist studying the biopsy sample taken at the oral surgery office.

A surprise bill also commonly occurs when an out-of-network doctor works in an in-network hospital. In another scenario, a patient with a mandibular fracture may not be aware that neither the emergency room evaluating physician nor the OMS who was called to repair it were participating providers with the health plan.

In many cases, the patients were unaware a provider even had a role in their treatment until the bill is received. For example, a radiologist who interpreted a patient's radiographs sends a bill to the patient. The patient was not expecting this bill and, to make matters worse, it could be an amount higher than the plan's allowed amount.

As a result of the frequent disputes, patient advocacy groups have been advocating for tighter legislation to protect consumers from such unexpected bills. States such as California, Connecticut, Florida, Maine and New York have enacted some type of out-of-network/balance billing legislation.

For instance, California law states when patients receive emergency care from an out-of-network provider, they may only be held accountable for the same cost-sharing requirements imposed on them if they were treated by an in-network provider.

Legislation in these states also require improved disclosures of benefits and cost-sharing by health benefit plans, providers and facilities and improved procedures for patients to appeal out-of-network referral denials.

Recently, the National Council of Insurance Legislators (NCOIL) voted to adopt the Out-of-Network Balance Billing Transparency Model Act. The purpose of the act is to protect consumers from unexpected medical bills that result from them receiving care from out-of-network providers. It also provides guidelines for the consumer to handle appeals and individual argument resolutions for out-of-network referral denials.



The NCOIL website provides highlights of the bill and a full copy of the act at NCOIL.org/2017/12/12/ncoiladopts-model-act-on-out-of-network-balance-billingtransparency-model.

Because many insurance plans are protected under ERISA, these plans may not be subjected to these state laws. However, federal and state efforts in relation to surprise billing and out-of-network balance billing are expanding.

Additional laws may be enacted to deter the carryover of balance billing to patients receiving out-of-network care and surprise bills.

To ensure a practice is handling balance billing appropriately, it is best practice to become familiar with state balance billing laws and seek guidance from a practice attorney with any questions that may arise.

What new practitioners should know about student

By Joshua C. Miller
Wealth Advisor
Treloar & Heisel Wealth Management

f you're just starting or if you've been practicing as a dental specialist for some time, chances are high there is a substantial amount of debt in your financial picture.

According to the American Dental Association, the average debt for all dental school graduates who owed money was \$247,227. More than 30 percent of dental school graduates with student loans reported debt in excess of \$300,000.

These statistics are confirmed. Student loans often hover around \$400,000 in financial planning practice – and, yet, there is no need for despair. If approached with a sound strategy, this debt can be managed. After all, for so many, student loans are the necessary path to access the highly specialized training and a lucrative career in the dental specialties.

What to do about substantial debt

Most dental specialists experience a sudden and dramatic increase in income upon completion of their training. One of the questions most frequently asked is: "Should I pay this off, and how fast?"

While every situation is different, generally it is not advisable to pay off student loans at the expense of current living expenses or saving for the future. What if all you did was pay off your loans and didn't set aside anything for other financial goals? Fast forward 10 years, and you may be proud to be debt-free, but you will have few assets to your name.

It's important to look at debt within the context of your larger financial picture. It makes sense to come up with an overall financial plan within which debt can be addressed. Your cash flow will have a lot to do with how you proceed.

It's advisable to pay off loans within a 10- to 15-year period if your interest rate is 6 percent or less. Typically, accelerating payment is not recommended because that will take away cash flow that could be used for longer-term savings programs.

If your student loan interest rates are higher than 6 percent, you have two approaches. The first suggestion is potentially refinancing the loans. Banks offer highly competitive student loan refinancing specifically for dental specialists.

If you're not a candidate for refinancing, you can use a debt "laddering" approach, whereby you rank your loans from highest interest rate to the most affordable. Check if you have cash flow to allocate a little more to debt repayment than you would under "ordinary circumstances." Start paying off the most expensive loans and work down until the 6 percent category. Stay on course and see if you can pay off your remaining debt within a 10- to 15-year timeframe.

Debt repayment should be balanced with adequate means to live comfortably today while setting aside what is possible to provide for future goals, such as retirement, a down payment for a home or savings for your children's education.

Ready for a real house

Congratulations! Student life is fun, but no one wants to live like a student forever. Another popular question from recent entrants into the professional realm is: "Can I buy my dream house now?"

Not so fast – you may be able to buy your dream home. Banks may even be willing to lend you money to get the castle of your dreams. But should you, really?

Even though banks are willing to give you a large sum of money on favorable terms, it's probably not in your best interest to buy the biggest house out of the gate. You can buy a relatively nice house that's a little smaller and upgrade over time. Time and again, people take on a bigger mortgage than they could handle and regret it.

Housing debt is not necessarily bad debt. Everyone needs a place to live, and you should be able to live comfortably. However, a mortgage should not feel like a burden, and it shouldn't prevent you from addressing other obligations (living for today) and goals (living tomorrow). Here, too, a balance exists.

What else should you know about mortgage debt? Stay away from low-variable rates that spike after a short introductory period. Fifteen- and 30-year loans are common and recommended. Currently, interest rates are still historically low, and if you can afford to buy a house you see yourself staying in for 5 to 10 years, do it. Always check with a financial planner to discuss how much you can afford before falling in love with a house. Make a rational decision before an emotional one.

loans, mortgages, debt

Starting a business without borrowing

You are not alone. Your line of work is capital intensive, and many OMSs look to lenders for startup capital to purchase an existing practice or build one.

If you're looking for a business loan, obviously do your homework and shop around. Though most banks are highly competitive, it's important to compare offers.

Especially if you're buying a practice, it's smart to hire a professional firm to conduct a valuation. Make sure you are obtaining it at a fair price. Don't overleverage yourself in the business by borrowing more than you absolutely should to buy something that's not going to produce as much as you need. Hire an experienced accountant who can advise you as you evaluate the practice's financials.

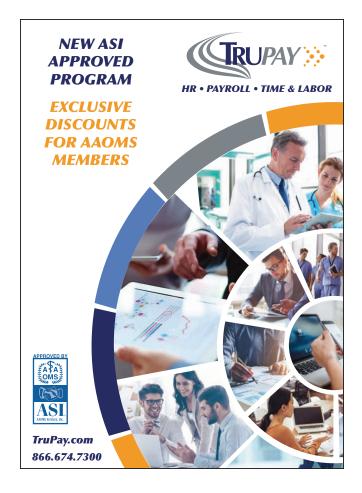
Even 'good debt' needs a tactical plan

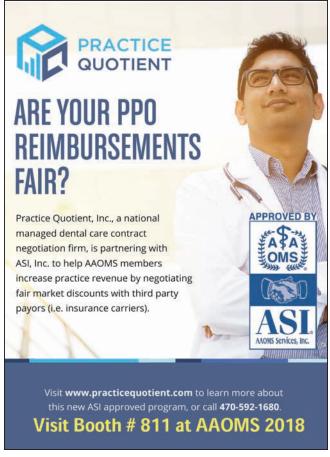
Student loans, business loans and even mortgages are often referred to as "good debt." After all, you may need a student loan to get an education, a business loan to start your career and a mortgage to have a roof over your head.

The key to managing all this debt is to be an educated consumer. Be curious, ask questions and don't feel badly about shopping around. This is your hard-earned money after all.

More importantly, don't focus all your cash flow on debt repayment. As a high-earning professional, you should have sufficient cash flow to service your debt and set aside enough for retirement and other goals.

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ASI Approved Programs

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

Learn about all ASI Approved Programs in the ASI aisle at the AAOMS Annual Meeting in Chicago – Booths 805 through 914

▶ ASI is a Diamond Level Supporter

Seventeen of the 18 ASI programs are exhibiting this year in the ASI aisle. From pharmaceuticals, inventory systems and HIPAA compliance to practice financing and more – ASI has you covered! To learn about each of the Approved Programs, visit AAOMSservices.org.



TruPay offers industry-leading Payroll, Time and Labor, and Human Resource services to all AAOMS members. TruPay helps organizations achieve efficiency by offering easy-to-use cloud-based technology and best-of-class support, all tuned to AAOMS members' specific needs and requirements. Through a user-friendly system, members will have access to tools that help eliminate errors and inconsistencies, while streamlining processes for managing and paying their workforce. AAOMS members can now manage their employee payroll with a powerful tool that is straightforward and affordable, backed by a friendly, helpful support team.

AAOMS members will receive a 10 percent discount on payroll fees compared to non-AAOMS members, FREE first-year W-2 processing, FREE HRForum and the ability to go paperless. Visit TruPay at **Booth 912** at the Annual Meeting to learn more about their solutions or contact Emily at emily.vantornhout@trupay.com today.



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



Mark your calendar to hear the FRED Talk at the Annual Meeting by Sowingo, an ASI Approved Program for inventory management in an OMS practice.

"Top 5 Questions for Tracking Implants" Saturday, Oct. 13, from 12:55 – 1:15 p.m.

Visit AAOMS.org/Chicago for more information.



To check out all 18 ASI Approved Programs, visit

AAOMSservices.org

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

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MEMBERSHIP



Career Line offers job opportunities, advice, anniversary promotion

In honor of the AAOMS centennial, the AAOMS Career Line is offering a \$100 discount off all job postings from Sept. 13 to Oct. 13.

The official online job board for oral and maxillofacial surgeons, AAOMS Career Line offers a place for candidates and employers to connect all year - yet experiences a flurry of job-seeking and hiring activity in the weeks around the Annual Meeting.

For employers, the AAOMS Career Line offers exposure to hundreds of qualified OMS candidates, including access to a resume database. Personal customer support is offered to help organize job posts and hiring strategies.

For job seekers, Career Line offers access to more than 150

job listings from top OMS employers, featuring enhanced profiles to learn more about employers before applying. Job alerts can be set up to notify about new postings that match search criteria. Career advice, news articles and e-newsletters also are available.

To take advantage of the \$100 discount beginning Sept. 13, call 888-884-8242 with the promotional code AAOMS100. Or visit the Membership Services Career Line Booth 824 and speak with a representative in the Exhibit Hall at the Annual Meeting.

For more information about Career Line, visit AAOMS.org

and click on Career Line or visit healthecareers.com/AAOMS.

CAREERLINE

MEMBERSHIP



Members asked to help change category choice for Google My Business

AAOMS members are asked to call Google My Business to help all OMSs who offer dental implants.

Under current options, when a Google My Business account is set up so a practice appears on Google searches and Google Maps, the only category choice regarding implants is "Dental Implants Periodontist." The generic choice of "Dental Implants" does not exist. An OMS has to self-identify as a periodontist to appear in Google searches related to dental implants.

Staff has been working with Google technical support for more than a year to change this category. Google has stated multiple complaints about an issue bring about change faster.

AAOMS asks members to take these steps for those who have Google My Business accounts:

- 1. Call 844-491-9665.
- 2. Provide name, business name and email.
- 3. Ask for the category of "Dental Implants" to be made available - one that does not have a specialty name attached at the end. Mention Google needs to stop this forced linking of dental implants with a single dental specialty because it may legally be considered in violation of antitrust and unprofessional conduct laws and regulations.
- 4. Ask for a "ticket" to be created. The request will be ignored if a ticket is not generated. Write down that ticket number.

COMMUNICATIONS



JOMS seeking nominations for its Editorial Board, Section Editors

JOMS is accepting nominations for serving on its Editorial Board for a three-year term. Editorial Board members have the following responsibilities:

- Serve as peer reviewers for papers assigned by Section Editors.
- Attend the annual Editorial Board meeting.
- Identify new peer reviewers.
- Provide guidance to the Editor-in-Chief and Associate Editor as needed.

Nominations should be submitted to joms@aaoms.org by 5 p.m. EST Nov. 15. Nominations should include a current curriculum vitae and a brief description of why the individual would be a valuable member of the Board.

Nominees must be members of AAOMS or the Canadian Association of Oral and Maxillofacial Surgeons and practice oral and maxillofacial surgery in the United States or Canada. Editorial Board members whose terms are ending also may be nominated. The Editor-in-Chief and Associate Editor will review nominations and forward their recommendations to the AAOMS Board of Trustees for approval.

In addition, the terms of Section Editors end Dec. 31. Duties of Section Editors include:

- Using the Elsevier journal management system, managing submissions triaged to them by *Journal* Editors and making acceptance, revision and rejection recommendations to the Editors and Authors using their own judgment and input from peer reviewers to which they submit submissions.
- Recruiting peer reviewers with particular expertise in topics relevant to their Section.
- Attending a once-a-year Editorial Board meeting and presenting a report on their Section.
- Working to increase the number of high-quality submissions to their Section.
- Providing advice to the Journal's Editor.

Section Editors must be members of AAOMS or the Canadian Association of Oral and Maxillofacial Surgeons, be board certified in the specialty and have significant experience in the topics covered in the Section they seek appointment. A solid history of publishing in that Section's topical area is strongly preferred.

Nominees must state to which Section they seek appointment and submit a statement for why they would be an effective editor for that Section as well as a current curriculum vitae to joms@aaoms.org by Nov. 15. The three-year term begins Jan. 1.

CONTINUING EDUCATION



Speaker applications due soon

The deadline to apply to be a clinical and practice management speaker at the 2019 AAOMS Annual Meeting in Boston, Mass., is Sept. 30.

AAOMS is accepting applications for a variety of session formats. Applications and submission guidelines are available at AAOMS.org/Speakers. Questions? Contact conteducate@aaoms.org.

CONTINUING EDUCATION

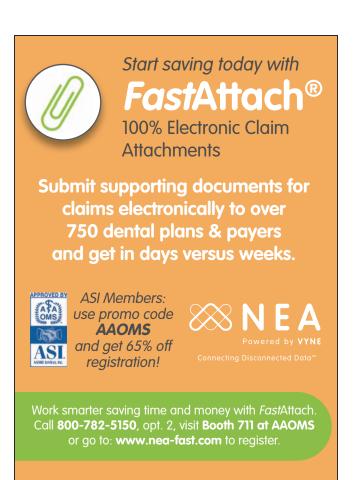


Claim Annual Meeting credit

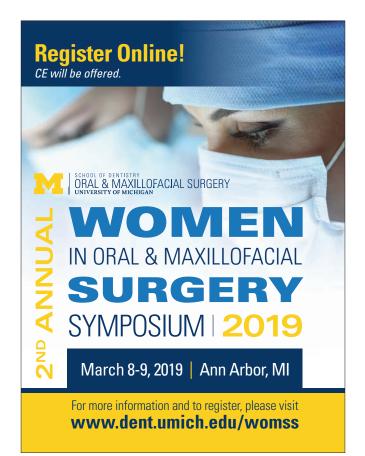
AAOMS Annual Meeting attends can begin claiming earned CDE/CME credit at the meeting by visiting the Internet CEnter or online at AAOMS.org/MyCE. To claim credit, attendees must complete course evaluations for the sessions attended.

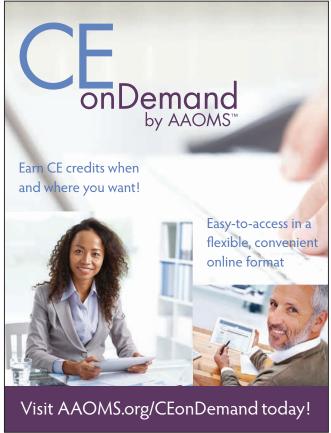
At AAOMS.org/MyCE, select 2018 Annual Meeting. Registrants will need their eight-digit ID/registration number (located on meeting badges) and last name to log in. If a unique email address is not on file, the registrant will be prompted to enter one prior to signing in. Once logged in, select Browse by Day, select the desired session and click the Evaluate button. Repeat for each session attended.

Once all sessions have been evaluated, click Review Claimed Credit to view and print the CE certificate.





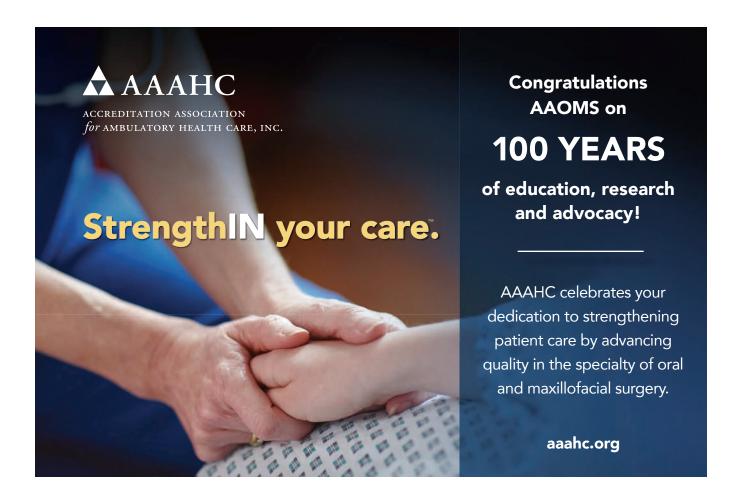




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All topics are heavy with NEW Case Format Presentations to mimic the educational style of resident quizzing on rounds and during conferences and oral examinations. This is accomplished through interactive discussions between faculty and LSU residents on each topic. Some factual didactic information, normally given during lectures, in past LSU courses, will be provided only on USB flash drives to all attendees rather than during lecture time. All cases and all pertinent factual information presented by speakers will also be found on the flash drives. During each topic you will enjoy an oral examination of LSU residents.

Faculty

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OMS Registration and Hotel

Three Ways to Register: By Phone • By Mail • By Fax To register call Michele Holmes at 504-941-8211. You can also go to LSUOMSReview.org or JKOMSF.com to print out a paper registration form, complete it by hand, and mail it to:

LSU OMS, room 5313, 1100 Florida Ave., New Orleans, La., 70119 or fax to 504-941-8197 or email to mjaco2@lsuhsc.edu.

Questions? Call or email Michele Holmes at 504-941-8211 or mjaco2@lsuhsc.edu. 20% Discount for returning attendees and military officers.

Book your room online using the following hotel link: https://tinyurl.com/y6wzstt9. You can also call 1-877-466-7847 and reference group \$10MAX8 to make your reservations.

Faculty Positions

Arizona

Full-time faculty position at Midwestern University in Glendale, Ariz. in the oral surgery clinic. Seeking a board- certified/ eligible oral and maxillofacial surgeon to augment clinical, educational and research programs at the university. The scope of practice is limited to dentoalveolar, major bone grafting, implant dentistry, pathology and anesthesia. Applicant must have an interest in educating dental students. There is no residency program associated with Midwestern University Dental Institute. Interested candidates should apply online at www.midwestern.edu and attach a curriculum vitae with a letter of interest. For more information about the position, please contact: Alexander Carroll, DDS, MBA, MHSM, FICD, Associate Dean for Clinical Education, Midwestern University, College of Dental Medicine, 5855 W. Utopia Rd., Glendale, AZ, 85308, acarro@midwestern.edu.

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.

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. Applicants must be eligible for full dental licensure in the Commonwealth of Massachusetts and be board certified or candidates for certification. Primary responsibilities include didactic and clinical education of OMS residents in both outpatient and inpatient clinical settings with emphasis on hospital-based oral and maxillofacial surgery. Experience in facial cosmetics and TMJ surgery is encouraged but not required. The department has an expanded-scope training program with two positions in each of its 4- and 6-year tracks. A competitive salary and generous benefits package, commensurate with experience and qualifications are available. Multiple opportunities for scholarly activity, faculty development and research are readily available on campus. Interested candidates should submit a letter of interest including career goals and 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 North Stonewall Ave., Oklahoma City, OK 73117. OUHSC is an EO/ AA Institution: http://www.ou.edu/eoo/. Individuals with disabilities and protected veterans are encouraged to apply.

Wisconsin (Milwaukee)

The Division of Oral and Maxillofacial Surgery at the Medical College of Wisconsin (MCW) invites applications for a full-time faculty position at the assistant/associate professor level. Join a busy clinical practice at a Level I trauma center in a great location! Responsibilities include resident education, faculty practice, on-call responsibilities, and scholarly pursuits. In addition to broad scope OMS, a robust TMJ practice has been built and is ready to be transitioned to a qualified surgeon. Teaching and research experience preferred. Applicants must be board-certified or actively seeking board certification, have a CODA-accepted DDS/ DMD or equivalent, and be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers

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

Wisconsin (Milwaukee)

The Oral and Maxillofacial Surgery division at the Medical College of Wisconsin (MCW) seeks applications for a division chief at the associate or full professor level. Advance your career at a center with a vibrant OMS practice in a well-respected, accredited residency training program. Our practice is broad scope and part of a tertiary care center serving adult and pediatric populations. Affiliations include Froedtert Hospital and Children's Hospital of Wisconsin, both Level I trauma centers, and the Zablocki Veterans Administration Hospital. We seek a candidate with a strong vision to promote divisional growth while upholding our tradition of excellence. Our ideal candidate demonstrates effective leadership and administrative skills and brings experience in resident education and research. Strong interpersonal skills are crucial to nurture and expand upon existing collaborations both within and beyond the rich MCW network. Applicants must be board-certified by and must be eligible for full or faculty licensure in Wisconsin. MCW is one of the largest healthcare employers in Wisconsin. We have a long-standing reputation of providing outstanding medical and graduate education, conducting cutting-edge biomedical research, providing innovative and compassionate patient care, and improving the health of the communities we serve. We are an equal opportunity employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class. Please submit a letter of intent, CV and the names of three professional reference to

Dr. Carolyn Brookes at cbrookes@mcw.edu. For additional inquiries, please contact Dr. Carolyn Brookes at cbrookes@mcw.edu or 414-805-5788.

Fellowships Non-CODA Accredited

Florida

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

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

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Fellowships Non-CODA Accredited continued from previous page

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.

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.

Oregon

The Head and Neck Surgical Associates (HNSA) and the Head and Neck Institute (HNI) are offering as 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF - Trauma). We are now accepting interested candidates for the 2019-2020 academic year. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Oregon, and covers advanced training in head and neck surgery, maxillofacial trauma, and airway management. The faculty includes Dr. Eric Dierks, DMD, MD, FACS, Dr. Bryan Bell, DDS, MD, FACS, Dr. Allen Cheng DDS, MD, FACS, Dr. Ashish Patel, DDS, MD, FACS, and Dr. Melissa Amundson, DDS. Please contact us directly for more detailed information about the program. Information about our practice can be found at www.head-neck.com. Applications will be accepted until Oct. 7, 2018. Please email us at amundsonm@hnsa1.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 Cleft & Craniomaxillofacial Surgery available July 1, 2020, to June 30, 2021. The position involves all aspects of surgical and multi-disciplinary management of children with congenital and acquired deformities. Primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, and pediatric otolaryngology 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: Paul Kloostra, MD, DDS, Director & Bruce Horswell MD DDS FACS at FACES-CAMC, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email paul.kloostra@camc.org, bruce.horswell@camc.org, and natalie.sims@camc.org, fax 304-388-2951.

Available Positions

Arizona

Well-established OMS practice in southern Arizona seeks a surgeon who is boardcertified or an active candidate for board certification for association leading to full partnership with four-doctor, two-location practice. Practice emphasis is dentoalveolar, dental implants, cleft lip and palate/ orthognathic surgery, pathology and some trauma. Other areas of practice available pending candidate interest. State-of-theart facilities and equipment. Tremendous opportunity for an energetic, motivated individual. Looking for top clinical, surgical and interpersonal skills and a commitment to compassionate patient care. Salary will be commensurate with the level of experience and training with bonus incentives and benefits. This opportunity is available to recent program graduates and/or seasoned surgeons. Send letter of interest and CV to AAOMS Classified Box A-70418.



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.

Colorado

Established two-surgeon practice in metro Denver, Colo., area seeking an OMS with interest in associateship leading to partnership. We have a full-scope oral and maxillofacial surgery practice, which includes hospital and office-based surgery. We provide services focused on dentoalveolar surgery, dental implants, orthognathic surgery, cleft lip and palate surgery, TMJ surgery and pathology. Reply to AAOMS Box A-100118.

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. Submit inquiries to lefort3@comcast.net.

Florida

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

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

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

Georgia

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

Illinois

Excellent opportunity for a hardworking, personable OMS in northern Illinois. Feefor- 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. The 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

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 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 stateof-the art equipment. This is an excellent opportunity to join a high quality, wellestablished 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 Classified 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

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Available Positions continued from previous page

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.

Kentucky

Looking for an energetic board-certified/ eligible oral and maxillofacial surgeon to join our growing, multi-location, five-surgeon OMFS practice in Lexington, Ky. We offer an excellent compensation and benefit package to include a guaranteed base salary, bonus plan, 401K, life insurance, paid vacation, medical/dental/vision plans, and malpractice insurance. Relocation assistance for the right candidate is possible. Please send your CV and cover letter to reda@kentuckyoms.com or contact Reda Vaughn at 859-278-9376 ext. 108.

Marlyand

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 south-central Pennsylvania. Competitive package will be offered to the right person. Email richard.ofs@myactv.net.

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.

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 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

We are currently looking for an associate oral and maxillofacial surgeon to join our growing practice located in the St. Louis metro-east area. This is an excellent opportunity to join a full-scope practice with a primary focus on implant and dentoalveolar surgery. The office is newly built, equipped with state of the art equipment and technology, keeping our practice on top of the cutting edge. Our practice has a well-established referral base that is continuing to grow for porential expansion. We are looking for a candidate with high motivation, enthusiasm and excellent clinical skills. Candidates are encouraged to be involved professionally in the dental and medical communities. We are affiliated with local hospitals with optional ER call. We are offering a part-time position with the opportunity for potential full-time. This is a salary position. Benefits include medical, dental and vision in addition to 401K. Reply to bom@movahedoms.com.

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 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

Oral surgeon wanted. Multi-office practice in Suffolk County, N.Y. Immediate start. Fast track to partnership for right candidate. Competitive salary, health benefits, malpractice insurance, all dues included in package. Please email CV to theresa.work@aol.com or call 631-473-6400, ext. 104.

New York

This is one of the oldest continuing oral and maxillofacial surgery offices in Brooklyn, since 1929. We have had four previous owners since then, and I am now looking for the fifth. The practice is primarily dentoalveolar surgery with office sedation a big part of the practice. I am looking for a transition, so this opportunity is for early purchase rather than waiting years for ownership. Excellent skills and knowledge regarding IV sedation a necessity. The office hours have traditionally been one of early start and early finish. This opportunity is rare. Brooklyn is growing, and this area is not staying behind. Reply to AAOMS Classified Box S-71801.

New York

Well-established oral and maxillofacial surgery practice in Staten Island is seeking a BC/BE oral and maxillofacial surgeon to join private practice. The position will be leading to a buyout/partnership in 2-3 years. Staff will remain. Senior partner willing to stay on for an easy transition. Our modern facility is state-of-the-art with four operatories, Orthopanthogram 3D Scan and three recovery rooms. It is a full-scope, professionally staffed and busy practice. Central to all transportation. Private parking lot on premises. Candidate should be highly trained and proficient in all areas of oral

and maxillofacial surgery. Looking for a team player with a great chair-side manner and surgical skills. Hospital call schedules available if desired. Ideal for someone who is highly motivated with outstanding clinical and patient communication skills. Direct contact information: Interested candidates, please email your CV and resume to business/practice manager, Catherine Cerino: oms502@aol.com.

New York

Excellent opportunity to join a successful OMS practice in Westchester. Our practice focus is office based with a strong emphasis on dentoalveolar surgery, general anesthesia/sedation, implant surgery, bone grafting, major and minor pathology, and TMD. Excellent financial package and benefits available. Associateship leading to partnership for a motivated, friendly, hardworking and skilled surgeon. A great opportunity to live near NYC and experience the culture. Must have N.Y. state dental license and GA permit. Reply to OMSneeded@gmail.com.

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-/hospitalbased 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 (Long Island)

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

New York (Lower Hudson Valley)

Established, 64 year old practice looking for board-certified/active candidate for certification OMFS for full-time position leading to early partnership. Emphasis on dentoalveolar, office-based, implants. General anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified 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 FT/PT oral surgeon to join our growing locations. We are modern, digital, have CBCT and a well-trained staff. Emphasis on implantology, dentoalveolar surgery and quality care. Offices located in Cary and Garner. Email CV and CL to manager@oralsurgerync.com.

North Carolina

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

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

Available Positions continued from previous page

Pennsylvania

Well-established, highly respected, thriving, two-office OMS practice in southern Chester County seeking an energetic, personable, highly motivated, team-oriented oral surgeon. Our practice mission is to provide exceptional patient care in a comfortable and safe manner with a well-trained staff and the most modern amenities. We are offering an associate position, which will transition into a partnership opportunity, with a competitive salary, malpractice, and health insurance, pension, continuing education compensation included. Our two state-of-the-art offices provide an excellent setting to provide full-scope OMS. Our offices are centrally located between New York, Philadelphia, and Washington, D.C. Chester County is an excellent place to establish a residence with school districts that are consistently ranked among the best in the nation. Reply to AAOMS Classified Box A-5001.

Pennsylvania

Northeastern Pennsylvania. Full-time oral surgeon position. New state-of-the-art facility/surgical center being built. Practice currently has one prosthodontist. Extremely profitable opportunity with oral surgeon demand far exceeding the number of surgeons. ASC ownership offered after one year. Experienced oral surgeons, recent graduates, future oral surgeon graduates (Class of 2019). All are welcome to apply. Reply to AAOMS Box A-90218.

Rhode Island

Providence County, R.I. Motivated seller!
Beautiful oral surgery practice at a great
location at the corner of a major intersection
– high visibility! Nicely updated facility
featuring 2700 sq. ft. of office space, 4
operatories, laser and OMS vision software.
No competition and well-established referral
base. 2017 collections: \$1.1 million. Email
info@almontefallagogroup.com or call
866-211-9602.

South Carolina

Charleston – Full-scope, 5-location practice with focus on digital implant dentistry seeks energetic, professional for associateship leading to partnership.

Package includes healthcare, 401k, profitsharing, continuing education, 4 weeks paid vacation, malpractice coverage, and board/ licensing fees. Contact phillip@coafs.com, 843-974-5220.

Tennessee

Located in fast-growing community near Nashville, this well-established OMS practice is seeking a full-time associate leading to partnership. Focus on dentoalveolar surgery, implants and third molars with great potential for full-scope practice. Email CV and contact information to mosboro@comcast.net.

Tennessee

Well-respected, established and busy practice in Greater Nashville area searching for a motivated and efficient board-certified/ board-eligible oral surgeon for a fulltime position. Candidate will join an OS practice, which provides OMFS services that include implants, extraction, bone grafting, biopsies and IV sedation. Tennessee license, general anesthesia permit and professional liability is desirable. Excellent patient and staff communication is necessary for success. An ability to develop and maintain relationships with referring dentists and a strong motivation to grow the practice is a must. Practice is 20 miles from downtown Nashville, which gives direct access to all the benefits of one of the fastest growing areas in the U.S. while living and working a less dense and relaxed adjacent county. A second office location in this booming area is waiting for the right candidate. Reply via email with CV attached to tnoralsurgeon@gmail.com.

Texas

Wichita Falls oral surgery practice specializing in implant dentistry and oral surgery. Conveniently located adjacent to the medical center. High population growth. Open five days a week. Digital X-ray and pano. Computerized patient files. 94% fee for service. 2,800 sq. ft. office in use in a freestanding building. Includes two dentists' offices, a reception area, garden and large parking lot (20 spaces). Patient base is 92% middle income or higher. Two operatories in use and one available. Nitrous available in all operatories. Contact Chrissy Dunn at 800-930-8017 or Chrissy@DDRDental.com and reference "Wichita Falls Practice."

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 three 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

Coastal Virginia/Virginia Beach practice seeking FT surgeon. 3.5 hours to DC, 1.5 hours to Richmond, 6 hours to NYC. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding oral surgery business, contact drg@myoralsurgeon.com.

Virginia

Well-established OMS practice in the historic, colonial capital of Williamsburg looking for an associate who would like to become a partner. This is a great college town with excellent medical facilities. Transition period prior to partnership is negotiable. This is an enormous opportunity for the right person. Reply to paul.hartmann@omsp.com.



Washington, DC/Baltimore/ Virginia Metro Area, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor. three-office practice just west of the Washington, DC/Baltimore/Virginia Metro area in Hagerstown & Frederick, MD and Martinsburg, WV. Established modern, stateof-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities: hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an

energetic, enthusiastic, motivated, welltrained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

West Virginia

An opportunity of a lifetime for an exceptional oral and maxillofacial surgeon. Mountain State Oral and Facial Surgery is growing again! Mountain State Oral and Facial Surgery is an innovative, state-of-theart group practice based out of Charleston, W.V. with offices in N.C. and S.C. as well. We have nine 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.

Miscellaneous

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.

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

continued on next page



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Miscellaneous

management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cashflow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

Practices for Sale

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.

California

Premier OMS practice available for sale with transition. Northern California, very desirable community. Opportunities abound for an active outdoor lifestyle. Collection \$1.75M, pre-tax income \$1.2M. Send inquiries with a letter of interest and a CV to bizdocjay@mac.com.

Colorado

Beautiful OMS practice for sale in Colorado Springs, Colo. Value \$352,000. Yearly collections \$550,000; net income \$251,000. Complete buyer's app/sign NDA. https://ctc-associates.com/buyers-application. Contact us at 303-795-8800 or info@ctc-associates. com and reference listing #CO18-120.

Florida

Established full-scope office with compensated hospital service located 30 miles NW of Orlando. Solid referral base of dentists and physicians. Low overhead, two ORs, two consultation rooms, digital radiography, hardwire and WiFi throughout. Year-round biking, boating, fishing, camping, golf and tennis. Located on Chain of Lakes with beaches, performing arts, theme parks, NBA and NASCAR within an hour's drive and MLB, NFL, NHL and top universities within two hours. Reply to AAOMS Classified Box S-70318.

Florida

OMS practice for sale in Southeast Florida. Strong referral base. Flexible transition. Digital with CBCT, 40% implants, 28% dental alveolar, WinOms practice management. Coastal location with growth potential. Contact Stuart M. Auerbach, DDS, 954-298-4575.

Georgia

Successful modern solo practice for sale in SW Georgia. Includes CBCT, building, equipment: \$200,000. 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 Classified Box S-31804.

New Hampshire

OMS practice for sale. Owner retiring from a 43-year solo practice located in the Dartmouth-Lake Sunapee region. Doctorowner, 2,000 sq. ft. timberpeg building with 3 surgical suites and 2 recovery rooms. Great staff and referral base. Currently earning \$750,000+ per year, working 3 days per week and having 12 weeks off. Email thomashillebrand@comcast.net.

New York

Sound opportunity! Long-established OMS practice with extensive referral base for sale and ready for transition. Located next to hospital, this property is

ready for the upgrades you want. Email dave@practiceevolutions.com.

North Carolina

Great opportunity! OMS practice available for sale including two locations ready for immediate transition. Updated equipment and attractive price allows for minimal updates if desired. Overall, region has potential for significant growth. Email dave@practiceevolutions.com.

Ohio

No down payment!!!! Successful solo practice which has been updated approximately eight years ago, modern and ready for transfer to an energetic OMS who would like to be his/her own boss. A full-scope OMS practice located 35 minutes from Pittsburgh in the lovely Ohio Valley. Present practitioner has enjoyed a very successful practice in this area and wishes to transfer his name and good will to a qualified OMS at no cost. Great referral base and great staff. Reply to nlse10@comcast.net.

Oklahoma

OMS practice available for sale including two locations ready for immediate transition. Updated equipment and attractive price allows for minimal updates if desired. Overall, region has potential for significant growth. Email dave@practiceevolutions.com.

Rhode Island

Exceptional opportunity! OMS practice available for sale and ready for immediate transition. Modernized equipment and appealing price allows for minimal changes if desired. Region 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 Carillion 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 Classified Box S-31802.

Virginia

Well-established OMS practice in Northern Virginia in an area of exceptional and continued growth. Offices (lease or purchase option) in medical and dental professional buildings with excellent referral and patient base. State of the art equipment, digital radiography, CBCT, new computers and server. Practice has high collections with low overhead. Practice focuses on dentoalveolar, implants and office-base anesthesia. Doctor is very flexible with transition timetable (1-3 years) and will be available to train or assist new doctor(s) with high-end procedures, i.e. all-on-4 immediate implant supported fixed prosthesis, major alveolar bone grafting, orthognathic surgery and Botox/dermal filler

cosmetic procedures. This is a tremendous opportunity for an OMS to have a significant, immediate income with a turn-key practice. Reply to AAOMS Classified Box S-70218.

Practice Transitions

Connecticut

Central Connecticut solo OMFS offering opportunity to transition into fore eventual buyout of well-established practice. Office recently renovated. Strong referral base. Digital with panorex upgradable to conebeam. Great community to live and work in. Reply to AAOMS Classified Box PT-90118.

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 Classified Box S-31804.

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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.

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(bupivacaine liposome injectable suspension

Brief Summary (For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks

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 amidecontaining products.

Avoid additional use of local anesthetics 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 other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

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

- patients younger than 18 years old
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies
The safety of EXPAREL was evaluated in 10 randomized, double-blind,

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

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

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, and post-procedural hematoma.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL

Bupivacaine

Bupivacaine HCI 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 HCI may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCI solution to EXPAREL does not exceed 1:2

Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine,

may cause an immediate release of bunivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

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

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

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

Lactation

Risk Summary

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

Pediatric Use

Safety and effectiveness in nediatric nationts have not been established

Geriatric Use

Of the total number of patients in the EXPAREL local 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. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531) 241 patients were greater than or equal to 65 years of age and 60 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.

Henatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

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. This should be considered when performing dose selection of EXPAREL.

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bunivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of

circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, may be indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSAGE AND ADMINISTRATION

Recommended Dosing in Adults

Local Analgesia via Infiltration

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266 mg (20 mL), and is based on the following

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) 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

Regional Analgesia via Interscalene Brachial Plexus Nerve Block

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

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 HCI 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 local anesthetic systemic 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 FXPARFI

Non-Interchangeability with Other Formulations of Bupivacaine

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

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of hunivacaine for extended duration when compared to local infiltration Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.



Pacira Pharmaceuticals, Inc. San Diego, CA 92121 USA

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

April 2018

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 HCl (n=69) in a total knee arthroplasty. Primary endpoints: area under the curve of visual analog scale pain intensity scores 12-48 hours postsurgery; total opioid consumption 0-48 hours postsurgery. Rescue opioids for pain were available upon patient request. Rates and types of adverse events were similar between treatment groups. The most common adverse events in the EXPAREL group were nausea, muscle spasms, and vomiting.

 † In patients undergoing a TKA; reductions are measured through 48 hours.

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

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

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.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks other than interscalene brachial plexus nerve block, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

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 paresthesia. 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. J Arthroplasty. 2018;33(1):90-96.

Find out more by visiting www.EXPAREL.com and request to meet with one of our representatives.



