AAOMS TODAY



November/December 2018

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American Association of Oral and Maxillofacial Surgeons

100 YEARS

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Priorities connect with goals of Strategic Plan

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AAOMS TODAY

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Once-in-a-lifetime celebration

Annual Meeting honors
100 years of AAOMS

Thank you for the service you have provided to your fellow citizens over those 100 years.

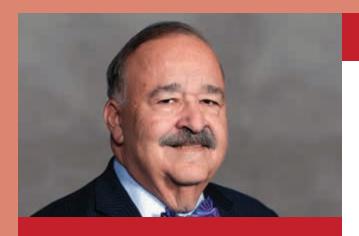
 Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.)

IN MY VIEW **ADVOCACY** 37 Top 7 state issues OMSs will face New President takes the reins Priorities connect with goals of Strategic Plan. Issues include opioid abuse, anesthesia, Medicaid. PRACTICE MANAGEMENT NOTES 39 **ANNUAL MEETING** 26 4 steps to prevent House of Delegates update embezzlement, fraud Delegates tackle resolutions, hire officers. OMS practices are not immune to this type of crime. **CENTENNIAL** 28 **GUEST ARTICLE** 47 Honoring 100 years of AAOMS Receiving a master's in education Former President recalls headquarters move. from Harvard OMS tackles 'educational gap.' CONTINUING EDUCATION 30 Simulcast available for **CODING CORNER** 50 **Dental Implant Conference** Some 2019 code changes to affect OMSs Event to feature general sessions, keynotes. No changes to CPT will impact oral and maxillofacial surgery. **OMS FOUNDATION** 33 TREASURER'S ACCOUNT **Stories bring Centennial Tree to life** Meeting garners positive results Annual Fund nears its \$1 million goal. Final results appear to be slightly better than budget. **EDITOR'S CORNER** 34 The use and abuse of off-label drugs Using drugs or devices off-label involves risks. **ADVOCACY** 36

Seattle OMS hosts member

Opportunity fosters relationship building.

of Congress



A. Thomas Indresano, DMD, FACS AAOMS President

I follow in the footsteps of a dynamic President – and so many more before him.

Priorities of new president

stand ready to begin my presidency of the American Association of Oral and Maxillofacial Surgeons after 100 great years of our organization. We have traveled so far and achieved so much for this specialty. We have forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare.

I follow in the footsteps of a dynamic President – and so many more before him. What is it I can do?

Like my predecessors, I stand on the shoulders of many and try to keep my shoulders straight for the next to step upon.

I want to share with you today my vision for what I hope we can achieve over this one short year. As you know, AAOMS has developed a formalized three-year Strategic Plan that will help guide every decision, every program and every activity through 2020. In the plan, we identify four priority goals and objectives. The strategic priorities on my presidential agenda tie neatly into those four goals.

Preserving anesthesia

A top AAOMS priority is "preserving anesthesia" – which includes protecting our OMS anesthesia delivery model, advancing standards and offering enhanced continuing education opportunities, including emergency preparedness training. I can assure you our commitment to the OMS team model of office-based anesthesia remains as strong as ever. However, there are those who do not understand our delivery model, resulting in the need to inform those who fear our model through education and advocacy.

Through collaboration we are working toward finding a common ground with other participating groups, including the American Society of Anesthesiologists, Society for Pediatric Anesthesia, American Academy of Pediatric Dentistry and American Academy of Pediatrics. We are hoping next spring's AAOMS Pediatric Anesthesia Patient Safety Conference might create an opportunity for these groups to discuss standards, competencies and lengths of training to determine what is agreeable to all. The conference is the second anesthesia meeting of this type hosted by AAOMS.

Another goal we have is to continue to develop and distribute model state legislation that codifies our anesthesia team model in the hope states will recognize our sedation-anesthesia



connect with four goals of AAOMS Strategic Plan

education, training and experience are rigorous, thorough and measurable at every level.

The Board of Trustees agrees with me that the professional and educational development of OMS staff is of the utmost importance. Our members need to encourage their dental anesthesia assistants to participate in AAOMS courses and become DAANCE certified. At the same time, AAOMS must continue to serve as the resource for OMS assistants. To that end, the AAOMS Committee on Practice Management and Professional Staff Development soon will be performing a comprehensive job analysis, including a review of state regulations, job classifications and responsibilities. With that information, we can develop strategies to strengthen our anesthesia team model.

Member value, engagement

Our second Strategic Plan priority objective is to increase member value and engagement. The proposed OMS Institute for Education and Innovation does exactly that. This education center - to be housed on the second floor of AAOMS headquarters in Rosemont after being approved by the House of Delegates – will offer a seamless educational experience to the membership and increase the availability of courses.

Think of it – after an easy flight into O'Hare International Airport and a short ride, AAOMS members and their staff will be able to attend courses and events at our beautiful headquarters office building.

The education institute would not only house simulation centers offering the Basic Emergency Airway Management or BEAM – module of the National Simulation Program, but it will play host in large classrooms or meeting rooms to a variety of events currently held at hotels at a much-higher cost. These events include CSIOMS, the Clinical Trials Methods Course, the patient safety conference, state leadership conference, Emerging OMS Leadership Workshop and Resident Transitions into Practice Conference. Coding and practice management sessions also could be offered here.

Because of the importance of protecting our anesthesia team model, BEAM – and its companion Office-Based Crisis Management module – are vital to our future and the way in which we practice. BEAM offers state-of-the-art technology to run standardized simulation drills for OMSs to evaluate their preparedness for office anesthesia emergencies and then practice and master techniques.

Advance the specialty

The goal of our third strategic priority - to advance the specialty – involves unifying OMSs around the AAOMS mission of assuring excellence in patient care. I believe one of the ways to assure excellence in patient care is an initiative already underway - the development of an OMS National Curriculum, a learning management system for OMS residency programs.

Our Committee on Education and Training is working with the Surgical Council on Resident Education (SCORE) to create customized modules for OMS residency programs within SCORE. The first modules developed will be in the domains of anesthesia and dental implants. Our standardized curriculum will offer consistency across residency programs and definitive expectations.

We have the ability to partner with the American Board of Surgery – to use its established general surgical curriculum and add our OMS-specific curriculum. I envision a day in the not-too-distant future when every training program would offer the same basic training. As an "academic," this goal would be a dream come true.

Healthcare transformation

As a key part of our fourth strategic priority – to influence healthcare transformation – in the coming year, we will continue our efforts regarding opioid prescribing, ensuring the OMS retains the right to appropriately prescribe medications to adequately provide pain relief.

I am confident we, as AAOMS members, care deeply about this crisis, and our opioid survey shows this to be true. Fewer of us are refilling prescriptions for our third molar patients. Eighty percent of us are saying we are decreasing our opioid prescriptions. The overall messaging bears repeating: It is vital for us to responsibly prescribe according to individual patient needs and use non-opioids when appropriate. There are new formulations of non-opioid medicines to provide pain relief to our patients.

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We also continue to advocate and monitor this issue from a regulatory and legislative perspective. AAOMS has made sure our concerns were heard throughout the legislative process, as Congress has been working to finalize a comprehensive package. All of us need to understand what is at stake here. This has been called an opioid epidemic. The misuse and addiction to opioids including prescription pain relievers, heroin and synthetic opioids such as fentanyl - have created a serious national crisis that affects overall public health

as well as the social and economic welfare of our nation.



New President Dr. A. Thomas Indresano gives his Inaugural Address to the House of Delegates.

My journey

Those four goals summarize my vision for what I know will be a busy and productive year ahead: the 101st year for AAOMS, and the first year of our second century.

I look back on my life and appreciate how fortunate I am. I started in a very meager household and worked hard to get where I am. I had a lot of breaks along the way. Dr. Lou Rafetto perhaps sums me up best: I am the kid from the neighborhood who made good - a little rough around the edges.

I contemplated my future as I proceeded through Latin school, Boston University and Harvard and eventually to Dr. Walter Guralnick's office, where he encouraged me to go to Vanderbilt. There, along with my education, I had the good fortune to be influenced by Dr. Don Chase. I left there knowing academics was going to be my path, and I had to give back to my specialty. I landed at the University of Illinois and was able to see a complete, functioning OMS department run by Dr. Dan Laskin, who also happened to be President of AAOMS at the time. That experience gave me a working model of what I wanted to achieve. After building my credentials in Chicago, Cleveland and Wisconsin, I ended up in California. Shortly after my arrival to the Golden State, I was encouraged by then-CALAOMS President Dr. Mary Delsol to apply for a position on the CALAOMS Board of Directors. I felt it was a duty and honor

to serve the state society, but I had no further leadership ambitions – yet, here I am.

That is my OMS journey, but I would be so remiss if I did not tell you of my family. The greatest influence in my life has been my wife, Rita. She has always been the centering point of my life. She has taught me humility, respect and to focus on what is higher in this life. She has provided me with a family to love, a reason to work hard and has always been supportive of all my ambitions. My five children have given me the reasons to achieve. I am proud of them all.

I am so fortunate to have a second family – my residents whom I have trained over the years. A friend once told me to treat your children like residents and your residents like your children. That is the way I have always operated. My residents have always been the center of my teaching, the pride of my work, and the reason for my existence in academics. I am proud to say there are well over 100, from Dr. Rick Crinzi forward, who have in some way been shaped by me.

So here I am – fulfilling a dream – ready to begin my year as President of AAOMS. I asked forgiveness of my wife and family for all the years that have been centered on this guest, and I ask for the aid of my able Board of Trustees, the Senior Management Team, and all the members of AAOMS to carry out this agenda.

For me, this year will culminate at the 2019 AAOMS Annual Meeting in Boston, where we will mark our theme of "Envisioning the Future of Research and Innovation."

So let's all begin together. ■



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100 years: History, future focal points of centennial celebration







Clockwise from bottom left: Trustee Dr. J. David Morrison helps with the annual service project; attendees leave their signatures in the History Museum; former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), delivers the Keynote Lecture; and 2017-18 President Dr. Brett Ferguson is recognized at the House of Delegates.

With a bustling History Museum full of displays and numerous sessions that touched on the specialty's storied past, the 100th AAOMS Annual Meeting provided a wealth of opportunity for attendees to appreciate and reflect on the Association's centennial.

More than 4,000 members, staff, residents and guests flocked to Chicago to attend the educational sessions, Exhibit Hall and other activities of the Annual Meeting at Hilton Chicago and McCormick Place West.

In this same city, AAOMS was founded 100 years ago when 29 doctors gathered for the first meeting of the American Society of Exodontists. The 100th Annual Meeting featured more than 150 educational sessions and over 200 vendors displaying the latest products and services in the Exhibit Hall for the largest and most comprehensive educational conference in the world developed exclusively for oral and maxillofacial surgeons and their staff.

"I am so honored, and so proud, to have served as your President during this centennial year," Dr. Brett L. Ferguson said during his President's Address to the House of Delegates. "My thanks to all of you for being here to celebrate this momentous occasion."

Naturally, history was a central theme - and the 7,000-square-foot History Museum provided a glimpse of specialty artifacts, an illustrated timeline of Association and world milestones and an assortment of congratulatory letters from allied organizations and exhibitors. Attendees left their colorful signatures on a centennial banner, took in a wall featuring all the past presidents and watched an hourlong, looping video of past president interviews. Members were invited to contribute letters, photos and other small items for inclusion in a time capsule.

"It's a great addition because I don't think they've had this before, showcasing our progress through the century," said Sanil Nigalye, DDS, MD. "We would like to see more memorabilia in future meetings."

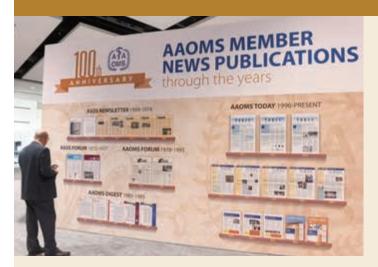
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Top: 2017-18 President Dr. Brett L. Ferguson gives his President's Address at the House of Delegates. Bottom: Attendees check out a display at the History Museum.





COVER STORY (continued)









Clockwise from bottom left: A video plays interviews of past presidents; attendees read a timeline of AAOMS and world events; a wall displays AAOMS news publications; and attendees remember past presidents.

Cases and displays presented such artifacts as an S.S. White portable dental chair with a patent date of 1895, an S.S. White cable-driven, motorized dental drill and the first arthroscope used to visualize the TMJ in the United States in the early 1970s. Blades, laryngoscopes, tongue clamps and nostril openers also were on display.

"It's one of the nicest things they've put on, and I've been doing this since the '80s," said Mike McCoy, DDS. "Most of the people, particularly the young residents and the young guys starting out, they've never seen these (instruments) and very few of them know what was done in the old days. I also like the (timeline) board because it talks about all the problems we went through to become what we are today.

"It was funny, for the presidents, how far back I knew them. That's a bad sign for me."

More history

With a standing-room-only crowd, the 100 Years of AAOMS educational session helped kick off the meeting on Oct. 10. Eight speakers provided perspective on advancements in areas such as TMJ, maxillofacial trauma and dental implants.

"The changing personality of the specialty deserves some mention," said speaker R. Bruce Donoff, DMD, MD. "I'm looking around, and I see women in the audience.



From left: Educational sessions cover dental implants and 100 Years of AAOMS.

"Diversity and inclusion have become a mantra for everybody, including our specialty."

Speakers paid homage to the specialty's pioneers and reviewed a century of progress while taking a glimpse at the future and what innovations might occur.

"The state-of-the-art is this: it includes virtual surgical planning; it includes custom plating; it includes taking an operation that used to be an extraoral approach that took six hours and a lot of sweat, blood and tears," R. Bryan Bell, DDS, MD, FACS, said while discussing the evolution of orthognathic surgery.

"And now we can do it transorally through the mouth with custom plating and apply a greater degree than ever of accuracy and predictability and then finally combining that

From left: The Exhibit Hall showcases products, and the Social Media Bar informs how to use the Informational Campaign.



with TMJ reconstruction has been the icing on the cake for a century's worth of progress in orthognathic surgery and in our profession."

"We stand on the shoulders of giants, some of whom are still with us and some of whom are not," he added in conclusion.

Among the meeting's new features, nine clinical tracks covering the scope of OMS practice included plenary sessions that addressed history, the present and the future before shifting to repeating breakout sessions.

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Attendees from different countries discussed how to treat oncology and deformity cases at the World Café.

During the head and neck oncology plenary session, speaker Joseph I. Helman, DMD, discussed evidence of head and neck cancer in ancient populations and famous cases in Ulysses S. Grant, Grover Cleveland and Sigmund Freud.

As for the future, "we need to continue the movement for expanded scope in oral and maxillofacial surgery," Dr. Helman said. "We have to have more effort put into research and innovation. We have to increase our national and international activity and visibility."

Several speakers referred to the opportunity for singledegree OMSs to be inducted in the American College of Surgeons as a specialty advancement. About 40 attendees gathered for an update on the ACS during the meeting.

This fall, 46 single-degree OMSs were inducted into the College, raising the number of OMSs in the world's largest surgical organization to approximately 500.

The speakers reviewed the advantages of joining the College, requirements for application and AAOMS's accomplishments, including the approvals of an OMS advisory council and an OMS seat on the Board of Governors this year.

"Every year that passes, we are getting stronger and more active and participating and contributing more in the College," said speaker George M. Kushner, DMD, MD, FACS. "I just love to see the steady growth."



The Anesthesia Update reviews the past, present and future.

Other highlights

Several other events of the meeting were well-attended. The preconference Anesthesia Update: Office-based Anesthesia – Past, Present and Future drew nearly 500 attendees, and 1,200 visited the Art Institute of Chicago for the meeting's top social activity, the President's Event that celebrated Dr. Ferguson and his family.

The new full-day schedule on the final day of the meeting offered master classes and three team-based learning sessions covering anesthesia crisis planning, implant digital work flow and the OMS role in international surgery programs.



From left: The Hands-on Cadaveric Workshop and coding courses provide guidance.

At the new World Café, attendees from 10 countries including Spain, Qatar and Saudi Arabia – discussed in small groups their thoughts about how to treat oncology and deformity cases.

"It was really nice to collaborate with our colleagues from around the world and get a chance hear how they would do the treatment there compared to how we do it here," said Rania Habib, DDS, MD, from the University of Florida - Jacksonville. "I'm in fellowship, so it was really nice to hear the different opinions of the more senior faculty and the more senior surgeons compared to what we would do based on training. It was very valuable."



Attendees shared their recommendations for diagnostic workup for each case in their part of the world. Group leaders wrote down ideas from the other group members and discussed them in the session.

"It worked out very well and achieved its objectives," said Dr. Eric Kahugu of Kenya, who is on the IAOMS executive and education committees. "It added an international feel to the AAOMS meeting. Being in a smaller forum, not one of the big plenaries, it allows for more interaction."

OMS Foundation offers service opportunity for residents through GIVE

erism and

A new travel scholarship offered by the OMS Foundation offers opportunities for residents to volunteer with surgical teams to provide healthcare to underserved populations around the world.

The Global Initiative for Volunteerism and Education (GIVE) was unveiled at the Annual Meeting. The Foundation intends to award as many as five \$2,500 GIVE scholarships in 2019 to OMS residents seeking to expand their experience through international volunteer service.

To qualify for consideration, residents must first be accepted to accompany a medical team that has been vetted and approved by the Foundation and submit an application to the Foundation. Resident applications and a

> list of approved volunteer surgical programs are available at OMSFoundation.org/GIVE.

Volunteer surgical teams seeking GIVE eligibility for their residents also are required to submit an application to the Foundation. Program applications are available at OMSFoundation.org/GIVE.

The OMS Foundation Alliance and individual donors provide support for GIVE. For more information or to donate, visit OMSFoundation.org/GIVE.

Powell delivers leadership lessons during keynote lecture

Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), shared lessons about leadership and even made some jokes to a standing-roomonly crowd during the Keynote Lecture at the Hilton Chicago.

"Thank you for the service you have provided to your fellow citizens over those 100 years," Powell told the packed International Ballroom.

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.

During his address on "Leadership: Taking Charge," Powell told several stories from his book, "It Worked for Me: In Life and Leadership." He recalled a story of a brigadier general and 100 horses being captured during the early days of the Civil War – and President Abraham Lincoln lamenting the loss of the horses more, commenting it was more difficult to replace them.

Powell said a print version of the story was given to him in a frame the day he was promoted to brigadier general. This tale drew laughter from the audience.

"It reminds me, 'Pal, the only reason you're a leader is because you have followers' – horses, privates, maybe they're dental assistants in your offices. But it's the followers who are more important than you. Don't ever forget that.

"Remember your job as a leader – whether it's a couple of people in a dental office or at a faculty meeting at one the universities you all take good care of or a large Army organization, it's the same – they are the ones who get it done. Make sure you inspire them, make sure you take care of them, make sure you discipline them, you recognize them and that you know and they know there is trust between the leaders and the followers."

Powell also emphasized to avoid looking down at employees because they all perform valuable work needed to be a successful organization.

"That's what leadership is about, taking care of everybody – the horses and the parking garage guys," he said. "And that's what I've tried to do in leadership."

After his lecture, Powell sat with 2017-18 AAOMS President Dr. Brett L. Ferguson to answer a few questions on the stage.



Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), delivers the Keynote Lecture and answers questions from President Dr. Brett L. Ferguson.



Dr. Ferguson asked Powell what he would tell a young person what he or she needed to do to be a member of such an audience of healthcare leaders and staff. Powell recalled his jobs as a teenager in New York mopping floors in a Pepsi plant and working at a toy store. He stressed hard work and discipline, and he remembered bosses at both jobs encouraging him to strive for greater accomplishments.

"What I tell young people is be ambitious. Do your very, very best. See what comes your way and take life as it comes," he said. "If you need to reinforce yourself, do it the way I did it, and that is every day I ask myself, 'Did I do my best today? Did I do all I could have done today?' If the answer is yes, then I'm a success in life and I'm a success to myself."

Art, music and fun at the annual President's Event

More than 1,200 visited the Art Institute of Chicago for the meeting's top social activity, the President's Event that celebrated Dr. Ferguson and his family.

















Abstract, poster authors compete at Annual Meeting

With the presenters' names listed in bold, abstract session winners for the meeting's nine clinical tracks are:

SA1: Dental implant

"Academic and Professional Admission Tools and Outcomes on National Licensure" – **Dr. Kelly L. Dore**

SA2: Pediatrics and cleft

"Long-Term Analysis of Secondary Bone Grafting in 79 Cleft Lip and Palate Patients By Cone Beam Commuted Tomography" – **Dr. Tamir D. Anver**

SA3: Trauma

"The Effect of OMS Curriculum Design on USMLE Step 1 Performance" – Drs. **Adam P. Fagin** and Mark E. Engelstad

SA4: Cosmetic and orthognathic surgery

"Do Steiner or Harvold Cephalometric Analyses Better Correlate with Clinical Impression in Orthognathic Surgery Patients?" – **Brendan W. Wu**, Drs. Leonard B. Kaban and Zachary S. Peacock

SA5: Anesthesia

"Opioid and Pain Genomics By Pharmacogenetic Testing" – Drs. **Suzanne U. Stucki-McCormick**, Douglas W. Fain, Brett L. Ferguson, Sunny Stewart, Richard G. Burton and Pedro Franco

SA6: Reconstruction

"Comparison of Management Strategies of Patients with MRONJ: A Retrospective Cohort Study" – Drs.

Mohamed El-Rabbany, David K. Lam, Prakeshkumar S. Shah and Amir Azarpazhooh

SA7: Head and neck oncology

"Biomaterials-Based Cancer Immunotherapy in Preclinical Models of Treatment-Resistant Head and Neck Cancer" – Drs. **Simon Young**, Neeraja Dharmaraj, David G. Leach, Stacey Piotrowski, Andrew G. Sikora and Jeffrey D. Hartgerink





Poster authors discuss their posters with judges and other attendees.

SA8: TMJ

"TMJ Disc Regeneration By Harnessing Endogenous Stem/Progenitor Cells" – Drs. **Alia Koch**, Chang Lee and Solaiman Tarafder

SA9: Dentoalveolar

"Is Ketamine Effective in Reducing Postoperative Discomfort in Third Molar Surgery? A Randomised Controlled Trial" – Drs. **Wing Shan Choi**, Chi Wai Cheung and Nabil Samman

Winners of the poster session are:

Poster No. 1: "Investigation of the Clinical Feasibility of Incorporating Dexmedetomidine (Precedex) into the Outpatient Anesthesia Regimen of Oral & Maxillofacial Surgery" – Drs. **D. Craig Taylor**, Solon Kao and Kevin Shepherd

Poster No. 2: "Pediatric Anesthesia Training: A Survey of Oral and Maxillofacial Surgery Residents" – Drs. **Michael Lloyd**, William Flick and Michael Miloro

Poster No. 28: "Parents' Perception of Opioid Prescription Patterns Following Third Molar Extraction" – Drs. Jennifer P. Caroline, Jennifer Caughey, Steven Wang and Brian P. Ford

Poster No. 34: "An Opioid Prescribing Protocol Decreases Opioid Prescribing after Third Molar Extraction Procedures" – Drs. Paul Tompach, Chad L. Wagner, **A. Brooke Sunstrum**, Robert A. Nadeau and Harold K. Tu

Poster No. 60: "Outcomes and Survivorship of a Titanium-on-Polyethylene Device: Results from an FDA Study of the Biomet Microfixation Total TMJ Replacement System" – Drs. Eric J. Granquist, Gary F. Bouloux, Douglas Sinn, David J. Dattilo, Joseph P. McCain, Patrick J. Louis, Victor F. Szymela and Michael Warner



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Photo: Giselle Hartill, oral surgery assistant, and Michele S. Bergen, DMD, MD, FACS, oral and maxillofacial surgeon, at Infinity Oral Surgery, Greenwich, Connecticut



30 Years Serving OMS 1988 - 2018









Awards bestowed to OMSs at Annual Meeting

uring the Opening Ceremony, Awards Presentation and Meeting Dedication at the 100th AAOMS Annual Meeting, members, fellows and residents were honored for their accomplishments in research, education, advocacy and other areas.

Meeting Dedication

AAOMS traditionally dedicates the Annual Meeting to a respected colleague in the specialty. To honor the centennial, the 100th Annual Meeting was dedicated to all the AAOMS fellows and members, who have advanced the specialty and shared its many benefits through their research findings, pro bono surgeries, mentoring of students, and diligent care of patients around the country and world.

R.V. Walker Distinguished Service Award



Dr. Epker

This award recognizes AAOMS fellows and members for long-standing contributions to the specialty through clinical, academic, research or public service. **Bruce Epker, DDS, MSD, PhD,** is credited with pioneering a pathway for OMSs to perform orthognathic surgery, craniofacial surgery and cosmetic surgery, allowing

surgeons to gain access to hospital privileges. He trained a generation of residents at John Peter Smith Hospital in Fort Worth, where he was chair of the division of OMS. He also extended opportunities to practicing OMSs to participate in continuing education programs and mini-residencies.

In addition, Dr. Epker served as director of the Center for Correction of Dentofacial Deformities and the Fort Worth Cleft Palate Center at John Peter Smith Hospital. He has authored several textbooks considered benchmarks in the field and more than 100 peer-reviewed articles. He developed a private practice in Weatherford, Texas, where he practices cosmetic facial surgery. Other honors Dr. Epker has received include the William J. Gies Foundation Award and the Donald B. Osbon Award for Outstanding Educator.



The meeting was dedicated to AAOMS fellows and members.

Presidential Achievement Award

This award honors fellows and members who have made significant contributions to the specialty through clinical, academic, research or public service activities. As chair of the AAOMS Committee on



Dr. Todd

Anesthesia from 2015 through 2017 and now a consultant to the committee, **David Todd, DMD, MD,** has been instrumental in revising the Office Anesthesia Evaluation Manual/Program and developing the National Simulation Program.

Under his leadership, the Committee on Anesthesia has developed new tools for patient selection criteria for pediatric and adult patients and steps to resolve perioperative and intra-operative airway management issues as well as expanded protocols for mock drills and an OAE calibration program to ensure evaluations are conducted in a fair and non-biased manner. In addition, he was instrumental in assisting the Board of Trustees in the development of the 2017 Anesthesia Patient Safety Conference.

for contributions to research, education, advocacy

Dr. Todd has authored articles and presented at state, regional and national meetings. He has served as an examiner for ABOMS and co-chair of Section IV and on the Parameter of Care Committee and Subcommittee of Anesthesia. He also has been president of the New York State Society of OMS and an AAOMS Delegate.

Honorary Fellowship



Dr. Robinson

The fellowship is a privilege conferred upon those who have made distinguished contributions to the Association and specialty. **Christopher** Robinson, DDS, has played a crucial role in strengthening the collaboration

between AAOMS and the Canadian Association of Oral and Maxillofacial Surgeons. Since 2001, he served as executive director of that association until his recent retirement. He took the lead in encouraging CAOMS leaders to regularly attend AAOMS Day on the Hill, and he instituted the AAOMS model in working with Canadian legislators on issues important to the specialty.

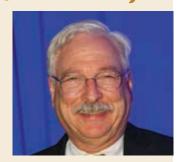
Dr. Robinson served as president of CAOMS in 1998, and he was founding chair of the Canadian Dental Association's Committee on Specialist Affairs. He is president and chair of the Royal College of Dentists of Canada, and he has practiced in Edmonton since 1978. In addition, Dr. Robinson is past president of the Alberta Association of OMS, and he has been a clinical professor in OMS at the University of Alberta.

Board of Trustees Special Citation Award

Andrew Herlich, DMD, MD, is professor and vice chair for faculty development in the Department of Anesthesiology at the University of Pittsburgh School of Medicine. He also is professor of dental anesthesiology at the university's School of Dental Medicine and staff anesthesiologist and site academic director at University of Pittsburgh Medical

Center Mercy. He has been published more than 70 times and been funded by the National Institutes of Health three times.

Dr. Herlich is a long-standing liaison between AAOMS, the American Society of Anesthesiologists, American Dental Society of Anesthesiology and American Dental Association. He is on

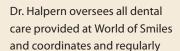


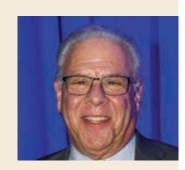
Dr. Herlich

the Board of Directors of the Pennsylvania Society of Anesthesiologists and a Delegate to the American Society of Anesthesiologists. In 2010, he was named an Honorary Fellow of AAOMS.

Humanitarian Award for Fellows and Members

Since 2010, Jerry Halpern, DDS, has been a leader of an international outreach to the Dominican Republic, providing comprehensive dental care to children in the La Romana province. He serves as chief OMS and president of World of Smiles.





Dr. Halpern

participates in the U.S. dental outreach. With his leadership, World of Smiles also provides continuing education to local students and dentists. Each year, Dr. Halpern brings OMS residents from New York-Presbyterian and Weill Cornell Medical Center with him on these service trips. He also has served as chair of the New York Academy of Dentistry's Humanitarian Mission Committee and is an AAOMS Delegate.

The other winner is **David Hoffman**, **DDS**, **FACS**, who is Medical Director of Healing the Children, Missions Abroad Programs, a non-profit organization that provides surgical treatment to children in third-world countries. He has been associated with this organization for more than 20 years, leading more than 40 surgical missions and performing

continued on next page

AAOMS ANNUAL MEETING AWARDS



Dr. Hoffman

surgery on more than 1,000 children with cleft lip, cleft palate and other facial deformities. As president of Healing the Children Florida, Dr. Hoffman oversees its Missions Abroad program.

Since the 1980s, Dr. Hoffman has participated in service trips through such organizations as INTERPLAST, Thousand Smiles Foundation and Healing the

Children, traveling to such places as Colombia, Guatemala and Ecuador. He also has mentored other surgeons on humanitarian efforts. He is Director of the Cleft Lip and Palate Center at Staten Island University Hospital and Maimonides Medical Center in Brooklyn, N.Y.

Humanitarian Award for Residents



Dr. Barker

Wade Barker, DDS, MD, is a resident at Texas A&M University Baylor College of Dentistry. Since 2007, he has been involved with the Texas Dental Association's Smiles Foundation, which aims to improve dental care access. He has provided care, served as information technology chair and participated in more than 40 outreach missions. He is a Smiles

Foundation Trustee and a member of the foundation's Access to Care Committee. Dr. Barker also has been involved with Tejas Missions, which provides medical and dental care in Belize and Guatemala.



Dr. Christopher

Patrick Christopher, DDS, MD, is a resident at the University of Missouri-Kansas City School of Medicine and has been involved with medical missions since 2011. While as an undergraduate at dental school and during residency, he participated in dental/medical mission trips to such countries as Uganda, Southern Sudan and Nigeria.

He has served as a mission team leader in Haiti, Cameroon and Jamaica.

Abigail Estelle, DDS,

MD, is a resident at the University of Florida who founded the humanitarian organization, Willing and Abel, which since 2009 has helped bring children in developing nations to specialist centers, assisting



Dr. Estelle

with visas, passports, transportation and finances. She is a trustee and medical board director of this charity. Dr. Estelle also is a board member of G4, Global Alliance for Surgical, Obstetric, Trauma and Anesthesia Care. She volunteers regularly with Mercy Ships and Medical Centres of West Africa, and she has participated in other volunteer medical experiences in South Sudan, Haiti, Sierra Leone, India, Cameroon and Ghana.

Committee Person of the Year

David Stanton, DMD, MD, FACS,

is recognized for providing outstanding service to the Committee on Education and Training, CODA, the AAOMS Faculty Section, special committees and the



Dr. Stanton

OMS Faculty Section Executive Committee. He was one of the two authors instrumental in the development of OMS education benchmarks to create a blueprint for residents and faculty to track progress during residency.

Working with the Committee on Education and Training, and the AAOMS Board of Trustees, Dr. Stanton also helped enhance the resident surgical log through OMSNIC. As OMS Commissioner, he was a leader in conducting thorough and systematic reviews of the accreditation and fellowship standards for OMS education and training.

Dr. Stanton also served as chair of AAOMS Faculty Section and has been a member of the ABOMS examination committee. He is Associate Professor and Clinician Educator in the Department of OMS at the University of Pennsylvania's School of Dental Medicine. He has written chapters and textbooks, authored scientific journals and lectured regularly at local, national and international meetings.

Donald B. Osbon Award for an Outstanding Educator



Dr. Zuniga

John Zuniga, DMD, MS, PhD, has had a significant impact on the development of educational standards and examinations. He has been the Robert V. Walker Chair in OMS at UT Southwestern **Medical Center** since 2006, and he is

professor in the Departments of Surgery and Neurology and Neurotherapeutics at the center. Previously, he was the graduate program director in OMS at the University of North Carolina for 13 years as well as Co-Director of the Oral and Maxillofacial Pain and Neurosensory Disorders program.

Dr. Zuniga also has authored more than 160 peer-reviewed manuscripts, abstracts and book chapters. He has been the principal investigator or co-investigator in more than 25 grants and contracts. He has served as a member and chair of the AAOMS Faculty Section and received the 1998 OMS Foundation's Daniel Laskin Award for outstanding journal article, the 2008 William J. Gies Award for Clinical Research and the 2012 William J. Gies Foundation Award.

Daniel M. Laskin Award for an **Outstanding Predoctoral Educator**

Dean DeLuke, DDS, MBA, is Professor and Director of the predoctoral program in OMS at Virginia Commonwealth University School of Dentistry. He has been twice named American Dental Education Association Specialty Professor of the Year, an award bestowed by the student body, and he received the Dean's Award for Excellence in Didactic Teaching.

In his efforts to enhance the teaching program, Dr. DeLuke received a grant for developing a simulation program for teaching anesthesia and surgical technique and he

received another grant to produce teaching videos. He also developed a hands-on suturing laboratory exercise and an elective course in OMS for senior dental students.

Dr. DeLuke is past president of the New York State Society of OMS, and he has served in the AAOMS House of Delegates. He also has served on OMSNIC committees,



Dr. DeLuke

authored journal articles and book chapters and lectured frequently.

Clinical Research Award

Deepak Krishnan, DDS, FACS,

has consistently led clinical research efforts since he received an AAOMS FEDA award in 2009. He has published scientific articles in JOMS and other peerreviewed journals, procured other clinical research grants and presented clinical research abstracts at national and international meetings.



Dr. Krishnan

Dr. Krishnan also was the driving force and co-chief clinical investigator in the AAOMS Practice Based Research Network research project on antibiotics in third molar surgery. He guided the project through the University of Cincinnati Institutional Review Board and has overseen data collection and collation resulting in achieving the study's planned objectives.

Dr. Krishnan is Associate Professor of Surgery at the College of Medicine at the University of Cincinnati and Director of Residency Program in Advanced Training in OMS at the university. He serves on the Committee on Education and Training, and he's chair of the Special Committee on Emerging Leaders in OMS and a consultant to the Committee on Anesthesia.

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AAOMS ANNUAL MEETING AWARDS



Dr. Christensen



Dr. Nishimoto



Dr. Sonneveld

Resident Scientific Awards

OMS residents submit scientific manuscripts for consideration by the AAOMS Committees on Research Planning and Technology Assessment and Continuing Education and Professional Development. The abstracts were presented at the

Annual Meeting. The winners are:

- Brian Christensen, DDS, MD
- Rodney Nishimoto, DMD, MD
- Keith Sonneveld, DDS

John F. Freihaut Political Activist Award



Dr. Crago

Charles A. Crago, DMD, MD, has been an avid advocate for the specialty as chair of the AAOMS Committee on Governmental Affairs and independently with his members of Congress in North Dakota. He also is an advocate for OMS participation in the OMS Action Network and through sending grassroots messages to members of Congress.

Dr. Crago previously served as the North Dakota state OMSPAC chair and was the 2011 recipient of the OMSPAC Fundraiser of the Year award. He recently completed three years as chair of the Committee on Governmental Affairs and now serves as consultant. He also has been Caucus Chair for District V of the AAOMS House of Delegates since 2015.

Dr. Crago has served as a Delegate for North Dakota and New Mexico, and he has been President of the North Dakota Society of OMS, New Mexico Society of OMS and Southwest Society of OMS. This year, he was elected the District V Trustee by the House of Delegates.

Outstanding Legislator of the Year Award

Congressman Earl L.
"Buddy" Carter (R-Ga.)
is serving his second
term in the U.S. House
of Representatives and
is a member of the
Committee on Energy
and Commerce. He sits
on the committee's
Subcommittee on
Health, which oversees



Congressman Carter

several issues impacting the specialty – from prescription drug abuse to health reform. As the lone pharmacist serving in Congress, Rep. Carter is co-chair of the Community Pharmacy Caucus.

Rep. Carter also is a small-business owner of pharmacies, and he is the primary sponsor of AAOMS-supported legislation that would prohibit insurers from capping fees for non-covered services. He also is a cosponsor of one of the priority bills of AAOMS's Day on the Hill that calls for the expanded use of flexible spending accounts. Last year, he voted in support of House passage of antitrust reform and legislation for medical malpractice reform.

William J. Gies Foundation Award

This award recognizes the distinguished achievements of educators in the specialty. **George Obeid, DDS,** has been a leader in training
OMSs around the world. From 1994 to 2014, he served as director of residency training at

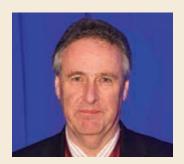


Dr. Obeid

the Department of OMS at Washington Hospital Center. He developed the program from eight to 12 residents and formed valuable relationships with other institutions while elevating the program's status. Dr. Obeid has trained and mentored graduates who have gone on to fellowships, academic positions and leadership positions in the specialty.

Dr. Obeid has been an ABOMS examiner and regional advisor and served on the board's Advisory Committee. He also has been a CODA site visitor for residency programs, authored peer-reviewed articles and book chapters and presented lectures around the world. He is chair of the OMS department at Washington Hospital Center, and he's an attending surgeon at Children's National Medical Center in Washington D.C., where he is part of the craniofacial team. He also is President-Elect of the Middle Atlantic Society of OMS.

Special Honorary Fellowships



Dr. Martin

The Board created this honor to bestow upon leaders of international oral surgeon organizations. British Association of OMS President lan C. Martin, BDS, MBBS (Hons), LLM, FDSRCS, FRCS, was honored this year.

Faculty Educator Development Awards (FEDA)

AAOMS and the OMS Foundation developed the Faculty Educator Development Award in 2002 to encourage promising OMSs to choose an academic career and allow

faculty members with up to five years of experience to remain in academia. This year's recipients

- Andrea Burke, DMD, MD; University of Washington
- Paul Deitrick, DMD, MD; **Temple University**
- Courtney Jatana, DDS, MS, FACS; Ohio State University
- Leonel Perez Jr., DDS, MD; Walter Reed National Military Medical Center
- Andrew Read-Fuller, DDS, MD, MS; Texas A&M University

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Dr. Burke



Dr. Deitrick



AAOMS seeks award nominations

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarianism and other areas. Members are encouraged to consider nominating colleagues for these accolades.

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

For more information on submitting a nomination, visit AAOMS.org/Awards.



Dr. Perez



Dr. Jatana



Dr. Read-Fuller

OMS Foundation Research Recognition Award



Dr. Schmidt

Brian Schmidt, DDS, MD, PhD, is Director of the Bluestone Center for Clinical Research at New York University's College of Dentistry and Professor in the Departments of OMS and Neuroscience and Physiology at the university. He has served as principal investigator of a phase III, FDAregulated clinical trial designed to test cannabinoid agonists for the

management of opioid-refractory cancer pain.

Dr. Schmidt has published complementary studies using mouse models of cancer pain and clinical findings in cancer patients. Since 2005, he has served as principal investigator on eight National Institutes of Health-funded preclinical

and clinical studies. Dr. Schmidt seeks to develop a nonopioid pharmacologic strategy to alleviate pain, and his goal is to take research findings from the laboratory to the clinic for pain treatment.

OMS Foundation Torch Award

This award recognizes individuals or organizations who have provided exceptional service to the Foundation.

Anthony Spina, DDS, MD, has served as a Board Member as well as a member of various Foundation committees,



Dr. Spina

including the Ambassador, Finance, Communications

OMS Foundation and Osteo Science Foundation grant and award winners honored

The following OMS Foundation grants and awards were presented:

Stephen B. Milam Research Award

- Rabie Shanti, DMD, MD; Qunzhou Zhang, PhD
- Research Support Grants
 - Jamie Perry, PhD; Michael Jaskolka, DDS, MD, FACS
 - Simon Young, DDS, MD, PhD; Jeffrey Hartgerink, PhD

Student Research Training Award

• Steven Wang, DMD, MD

Osteo Science Foundation winners also were recognized: *Clinical Observership*

- Wade Barker, DDS, MD
- Jennifer Paress Caroline, DDS
- Brian Cheung, DDS, MD
- Jungsuk Cho, DMD, MD
- Kevin Coppelson, DDS, MD
- John J. Costandi, DMD, MD
- Patrick Gaus, DDS
- Matthew P. Green, DMD
- Matthew Hamedani, DDS
- · Colleen Holewa, DMD, MD

- Timothy Kunkle, DDS, MD
- Jorge Mancia, DMD
- Wendall Mascarenhas, DDS, MD
- Matthew C. Nimmich, DMD
- Christopher Niquette, DDS
- Adam Samji, DMD
- Brian Wolf, DMD

Resident Research Awards

- Aslan Baradaran, MD
- Rodney Nishimoto, DMD, MD

Philip J. Boyne Junior Faculty Awards

- Joshua Segal, DDS, MD, FACS
- Hsiao Hsin Sung Hsieh, DDS

Peter Geistlich Awards

- Shelly Abramowicz, DMD, MPH
- Richard E. Bauer III, DMD, MD
- Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS
- George Feldman, DMD, PhD
- Steven I. Goudy, MD
- · Alireza Moshaverinia, DDS, MS, PhD
- Rabie Shanti, DMD, MD

and Strategic Planning Committees. He also has chaired the Development Committee and the REAP Fundraising Program.

Dr. Spina has been chair of the AAOMS Committee on Healthcare and Advocacy and served on the Parameters of Care Subcommittee on TMJ and as an AAOMS Delegate for Illinois.

Since 2013, Dr. Spina has been on the OMSNIC Board of Directors. He has lectured extensively and been published in numerous journals and textbooks. He was the 2013 AAOMS Committee Person of the Year and received the Foundation's 2010 Ambassador Award.

OMS Foundation Gerald E. Hanson Outstanding Service Award



Dr. and Mrs. Klemmedson

Dr. Daniel and **Adaline Klemmedson** are gold-level Robert V. Walker Society Members who have made planned giving commitments to the Foundation. They also are Annual Fund donors supporting the Foundation to better serve educators and researchers.

Klemmedson, DDS, MD, is in private practice in Tucson, Ariz., and he is an attending OMS on the cleft palatecraniofacial team at Children's Clinics for Rehabilitative Services. He has served as an Arizona Delegate for AAOMS, 2010 OMSPAC chair, president of the Arizona Society of OMS and 14th District Trustee for the ADA.

Mrs. Klemmedson is a retired administrator of University Medical Center/University of Arizona Health Network. She serves on the YMCA of Southern Arizona Board of Directors and is Secretary, Chair Elect and Capital Campaign Chair. She also serves on the Pima Council on Aging Board of Directors, the Angel Charity for Children, and she is a board member of Social Venture Partners of Greater Tucson.



Dr. Bouloux



Dr. Aghaloo



Dr. Kahenasa



This award is presented each year to the authors of the most outstanding article published in JOMS in the previous year. This year, the Journal's Editorial Board has selected "Is Hyaluronic Acid or Corticosteroid Superior to Lactated Ringer Solution in the



Dr. Chou



Dr. Krishnan



Dr. Smith



Dr. Giannakopoulos

Short-Term Reduction of Temporomandibular Joint Pain, and Improving Function and Quality of Life After Arthrocentesis? Parts 1 and 2." The study is by Gary Bouloux, DDS, MD, MDSc, FRACDS, FACS; Joli Chou, DMD, MD, FACS; Deepak Krishnan, DDS, FACS; Tara Aghaloo, DDS, MD, PhD; Nora Kahenasa, DMD; Julie Ann Smith, DDS, MD; and Helen Giannakopoulos, DDS, MD.

House of Delegates elects Officers, votes on

ver three days at the 100th Annual Meeting, the House of Delegates recognized an outgoing President, introduced a new President, elected other officials and voted on several issues during the business sessions at the Hilton Chicago.

Dr. Brett L. Ferguson, the 2017-18 President, delivered his remarks. His wife, Rita, received a pin and bouquet as gifts.

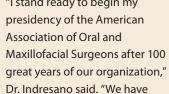
"My joy and pride at being selected to lead AAOMS – with the help and guidance from the House of Delegates and

the Board of Trustees - was a singular achievement, and one that I will always remember as one of my life's best moments," Dr. Ferguson said. Dr. A. Thomas Indresano honored AAOMS's centennial while looking

forward to his presidency during

his Inaugural Address.

"I stand ready to begin my presidency of the American Association of Oral and

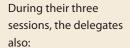


traveled so far and achieved so much for this specialty. We have forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare."

Dr. Indresano noted his strategic priorities align with the four goals of AAOMS's Strategic Plan. He explained the AAOMS objectives of preserving anesthesia, increasing member value and engagement, advancing the specialty and influencing healthcare transformation.

"With those four goals presented to you, that summarizes my vision for what I know will be a busy and productive year ahead - the 101st year for AAOMS and the first year of our second century," Dr. Indresano said. "I am humbled and honored to stand before you today."

AAOMS fellows and members who passed away during the year were memorialized, as District Trustees placed a rose in a vase in memory of the deceased as names were read. Retiring Delegates, Officers and Trustees also were recognized.



- Recognized 2017-18 **Immediate Past President** Dr. Douglas W. Fain.
- Presented awards to the Georgia, Puerto Rico, South Carolina and Virginia Societies of OMS to celebrate their 50-year anniversaries.



New President Dr. A. Thomas Indresano

Elected Dr. David B.

Powers to an eight-year term as director of ABOMS.

■ Elected Mary Allaire-Schnitzer, AAOMS Associate **Executive Director of Advanced Education and Professional** Affairs, to receive honorary fellowship in AAOMS at the 2019 Annual Meeting in Boston.

In other actions, the House:

- Voted to adopt various resolutions on the consent agenda, including resolutions regarding:
 - Dues changes for affiliate and federal service membership.
 - Approval of the amended or added policies in the 2018 Annual Reports and the 2018 Supplementary Report of the Board of Trustees.
 - Increases to the compositions of the Committees on Membership and Practice Management and Professional Affairs.
 - Increase to the honoraria for each of the District Trustees and Officers.

Delegates cast their votes.





2017-18 President Dr. Brett L. Ferguson

resolutions, adopts budget at Annual Meeting

- · Addition of membership bylaws concerning failure to comply with Association financial arrangements.
- Deactivation of the Committee on Hospital and Interprofessional Affairs.
- Accepted the report of the Committee on Membership. It included 101 members elevated to fellowship status, 158 provisional fellows/members moved to full fellowship/ membership and 224 candidates recommended for election.
- Adopted the 2019 operational budget.
- Adopted a resolution supporting construction of an education/simulation center on the second floor at AAOMS headquarters.

- Adopted a resolution tasking the Committee on Constitution and Bylaws with updating the Governing Rules and Regulations (including Constitution, Bylaws, Policies, Code of Professional Conduct and House of Delegates Manual) to incorporate gender-inclusive language.
- Defeated a resolution that would establish the formation of an adverse outcome database that would allow

reporting of patients encountered by our membership following treatment by a midlevel provider or dental health aide therapist.

Delegates share their perspective.



New AAOMS Officers, Trustees sworn in at Annual Meeting

The House of Delegates reinstalled and elected Officers and Trustees during its third session Oct.10:

- President A. Thomas Indresano, DMD, FACS
- President-Elect Victor L. Nannini, DDS, FACS
- Vice President B.D. Tiner, DDS, MD, FACS

- Speaker of the House Steven R. Nelson, DDS, MS
- Trustee Paul J. Schwartz, DMD (District II)
- Trustee J. David Morrison, DMD (District IV)
- Trustee Charles A. Crago, DMD, MD (District V)
- Trustee Mark A. Egbert, DDS, FACS (District VI)



The 2018-19 Officers and Trustees are: (back row from left) District IV Trustee J. David Morrison, DMD; District I Trustee David Shafer, DMD; District III Trustee Robert S. Clark, DMD; District II Trustee Paul J. Schwartz, DMD; District V Trustee Charles A. Crago, DMD, MD; District VI Trustee Mark A. Egbert, DDS, FACS; and (front row from left) Speaker of the House of Delegates Steven R. Nelson, DDS, MS; Treasurer J. David Johnson Jr., DDS; Vice President B.D. Tiner, DDS, MD, FACS; President A. Thomas Indresano, DMD, FACS; President-Elect Victor L. Nannini, DDS, FACS; Immediate Past President Brett L. Ferguson, DDS, FACS; Executive Director Scott Farrell, MBA, CPA.

Honoring 100 years of AAOMS: Former President

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.



Frank A. Connor Jr., DDS 1988-89 AAOMS President

r. Connor practices in East Greenwich and Pawtucket, R.I. He is Chief of Dentistry and Oral and Maxillofacial Surgery at Rhode Island Hospital in Providence and Clinical Associate Professor of Surgery at Alpert Medical School at Brown University.

In addition, Dr. Connor has served on the examination committee of ABOMS and the Rhode Island State Board of Dental Examiners and was its chair from 2005-07. He also was chair of the Rhode Island Dental Foundation from 2001-16 and president of the Rhode Island Dental Association in 2009.

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

A There are many things that have changed in oral and maxillofacial surgery. One of the most significant involves the ability of the oral and maxillofacial surgeon to practice the full scope of surgery without the approval of or interference from other surgical entities.

Today, our expertise is sought by many in the surgical community, especially in the fields of trauma, oncology and reconstructive surgery. That was not the case 50 years ago, and that has been the most significant change in my practice lifetime.

Changes to full-scope practice involved a long and arduous journey. There were several factors that allowed that to take

place. Academic and political initiatives were very important aspects of this change. However, the overwhelming reasons for the expansive scope were the educational and surgical expertise of our members.

Leaders in medicine and surgery recognized the talent and expertise of oral and maxillofacial surgeons and welcomed their assistance in caring for their patients. Our expertise in trauma, pathology and oncology, as well as treatment of dentofacial deformities, gave patients the benefit of our expertise.

When I finished my residency and started private practice, there were a number of obstacles in achieving the full scope to which I was accustomed during my surgical training. There were many difficulties to overcome, among them were institutional and academic barriers.

With time and experiences, they were eventually overcome, and the talents of oral and maxillofacial surgeons were recognized. Some institutions would not allow oral and maxillofacial surgeons to make a facial incision. This was probably the most egregious example of limiting the scope of practice. Fortunately, these restrictions no longer exist.

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

A Our younger colleagues should remember how difficult it was to practice the full scope of our surgical training. If that history is not remembered and appreciated, we will have difficulty in maintaining what we have accomplished.

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

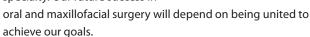
A The future is hard to predict, but the advances in medicine will be tremendous. Research involving genetic engineering and all its subsets will enable future oral and maxillofacial surgeons to replace diseased or injured segments of the face

recalls headquarters move to Rosemont

and jaws. Advances in gene therapy and chemotherapy will be seen as well. Many childhood tumors will be cured using these techniques and may make ablative surgery obsolete.

What is needed in the specialty more than ever?

A Unity in our specialty is surely needed now more than ever. Whether one practices in hospitals, medical or dental schools or private settings is not as important as being able to speak with one voice for our specialty. Our future success in



Webster's Dictionary defines unity as "the state or condition of being one." For our specialty to thrive in the future, unity is absolutely necessary. There are many different types of oral and maxillofacial practices, but to maintain unity, we must stick together. Changing demographics and modes of practice administration are evolving quickly, and this makes it imperative that we support the entire oral and maxillofacial surgery family.

Unity is a somewhat amorphous concept. We should realize we are a coequal specialty with medicine, surgery and dentistry. Combining all those qualities is unique, and we would be well-served to support all our colleagues, regardless of how or where we practice.

AAOMS purchased its own headquarters building in Rosemont, Ill., in December 1986 and relocated its operations Oct. 19, 1987.

• Are there any other memories you would like to share?

A During the presidency of the late Dr. Tony Checchio, he formed a committee to explore the possibility of buying our own building for AAOMS. At the time, we rented space in

> the ADA building on East Chicago Avenue. A number of us served on that committee, and we looked at several sites.

The selection of the Rosemont headquarters was a fairly vigorous process. The Building Committee looked at about six or seven

properties, but when we came to Rosemont, we agreed this building and its location was the best for us.

The last building we looked at was 9700 W. Bryn Mawr. Tony asked me what I thought, and I told him this was it.

What attracted me to the Rosemont property was its construction and design. The building was designed by the famous architectural firm of Skidmore, Owings and Merrill. Another selling point was its location near O'Hare Airport, a 10-minute cab ride versus a 45-minute journey from downtown Chicago.

The location was right, and there was a good chance the property would rise in value. For the first time, AAOMS had a home of its own, and time has shown that this was a wise decision.

Our choice to buy 9700 was one of the best decisions AAOMS has made.



Simulcast available for Dental Implant Conference

Those interested in the Dental Implant Conference have the opportunity to access the latest in implant surgery from afar. A live simulcast will allow access to the two full days of general sessions Nov. 30 and Dec. 1. Participants are able to earn CDE/CME credit.

The Nov. 30 general sessions include:

- Managing and Avoiding Complications –
 Presentations will cover common complications and
 challenges that relate to implant failures, soft- and hardtissue compromise, failure of restorative materials and
 full-arch restoration management.
- Ridge Augmentation and Prosthetic Solutions –
 A critical evaluation of materials used for grafting a
 deficient ridge will be reviewed as well as advancements
 in prosthetic solutions and the use of digital technology
 for edentulous patients.
- Keynote: Social Media and Dentistry This keynote address will focus on how to protect the professional integrity of a practice and instruct on ways to mitigate social media issues.

The Dec. 1 general sessions include:

 Controversy – Attendees will hear different treatment methods for commonly found clinical problems.
 Speakers will include evidence-based information to explain their techniques.

- Celebrating 100
 years of AAOMS
 - This historical analysis of past lessons will highlight different soft-tissue materials and their advantages and disadvantages, the use of technology for improved accuracy and a review of provisional fabricated restorations



and new methods using tooth replicas.

Keynote: Reconstruction of the Cancer Patient
using CAD/CAM Digital Technology – This address
will feature the use of virtual planning for a vascularized
bone graft for a new jaw. This keynote address also will
show how virtual implant planning can be used to help
with placement and prosthetic management.

Archived access of the simulcast will be available for 60 days after the event. Simulcast registrants will receive instructions via email.

Register today at AAOMS.org/DICsimulcast. ■



Simulcast at no cost to residents

AAOMS resident members can receive access to the simulcast at no cost. Registration is not required. Residents should contact their program director for complimentary access to the simulcast, including the 60-day event archive. Note: This complimentary access does not include continuing education credit.





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

Friday, Nov. 30

Time	Session Name
8 a.mnoon	Managing and Avoiding Complications
8:15-9 a.m.	Anterior Natural Teeth Failure in the Esthetic Zone: How to Manage Soft- and Hard-tissue Compromise
9–9:45 a.m.	 Failure of Implants Placed into the Esthetic Zone: Etiology of Failure, Management and the Effect of Chronic Tissue Inflammation and Subsequent Changes on Management
10:15–11 a.m.	Failure of Restorative Materials: Wear, Fracture and Opposing Arch Problems
11 a.m.—noon	Long-term Success/Failure of Full-arch Restorations: Maintenance Failures, Prosthetic Problems and Implant Failure
1-4:30 p.m.	Ridge Augmentation and Prosthetic Solutions
1–1:30 p.m.	Ridge Augmentation in Severely Atrophic Esthetic Zone
1:30–2 p.m.	The Use of Allografts and Xenografts for Ridge Augmentation
2–2:30 p.m.	Total Digital Solutions for the Edentulous Jaw — Reduction to Practice
3–3:30 p.m.	The Use of Pekkton in Implant Prosthetics
3:30-4:30 p.m.	Keynote 1: Social Media and Dentistry: Learning How to Protect your Professional Identity and Practice from a Social Media Disaster

Saturday, Dec. 1

Time	Session Name
8 a.mnoon	Controversy
8-8:20 a.m.	Truths, Half-truths and Lies in Prosthodontics and Implant Dentistry
8:20-10 a.m.	Ridge Preservation at Time of Tooth Removal: Socket Shield Technique vs. Xenograft vs. CT Graft in Fresh Extraction Sites
10:30-11 a.m.	Etiology of Bone Loss around Implants
11 a.m.—noon	Keynote 2: Reconstruction of the Cancer Patient using CAD/CAM Digital Technology
1–3:30 p.m.	Celebrating 100 Years of AAOMS
1–1:30 p.m.	Soft-tissue Substitutes, Indications, Advantages and Disadvantages
1:30-2:15 p.m.	Applying Technology to Accurately Place Implants with Immediate Provisionalization
2:45-3:30 p.m.	Developing Patient-specific Implants to Match Tooth Root Dimensions





If you've been waiting for the right time to give,

your moment is now.



Dec. 1 - 31

Thanks to the generosity of **Treloar & Heisel**, your gift will be matched (up to a total of \$25,000) from Dec. 1 — 31.

Donate today to ensure that research, education and academic excellence are the defining attributes of AAOMS's next, best century.

The future of the OMS specialty is too important to leave to someone else.



Don't miss this opportunity to be a part of AAOMS history. Claim your leaf on the Centennial Tree today.

OMSFoundation.org/donate

Gold \$10,000 Silver **\$5,000**

Bronze \$2,500

"Our relationship with the specialty is deeply rooted, and we truly feel it is important to give back and support the profession. The work of the Foundation is multi-faceted; much of what they do could not happen without the support of AAOMS members and friends of the Association.

The only way to ensure future patient outcomes continue to improve is to invest in the Foundation today."

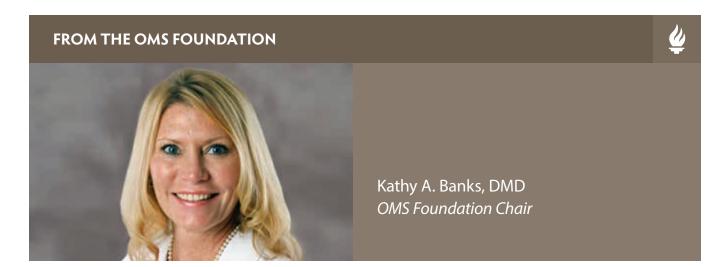
 Scott Fehrs and Kenneth Thomalla, Owners, Treloar & Heisel





From left: Scott and Amy Fehrs, Lisa and Kenneth Thomalla.

Celebrating our Past, Envisioning our Future



Donor stories bring Centennial Tree to life

ust one year ago, AAOMS's House of Delegates approved a Strategic Alliance between AAOMS and the OMS Foundation, effectively "rebooting" the Foundation on the eve of its 59th year. We began 2018 with a new Board, Executive Director, Development Director, bylaws and committees. More importantly, we began the year with ambition, optimism and a clear sense of purpose.

The AAOMS Centennial Tree is the shining embodiment of these attributes and a tangible measure of our success so far. Every new leaf brings us closer to our goal to raise \$1 million during AAOMS's centennial year, and most gifts arrived with a back story, reminding us daily our donors are real people. The inscriptions on the leaves and the stories that accompany them testify to the passions - for family, educators and research - that often inspired our donors to heroic generosity.

Mothers, fathers and mentors are trending strongly in our world. Dr. and Mrs. Guillermo Chacon's gift celebrates the memory of both their fathers. Although Guillermo Chacon Sr. and Scott Raybuck never met, they shared a belief that the best way to create a legacy was by giving others new opportunities.

"By generating funds for research and clinical development, we are empowering future generations of surgeons to provide better care for mankind," Dr. Chacon wrote. "That is a pretty powerful tool."

Our corporate supporters have helped sustain our momentum this year with some heroic giving of their own. OMSNIC led the way with a \$100,000 gift-match challenge in January

that generated more than \$300,000 in additional gifts by April 30.

AAOMS followed with a \$50,000 challenge at its 100th Annual Meeting, and Treloar & Heisel has committed to

match every gift made to the Annual Fund in December up to a maximum of \$25,000.

If you have yet to contribute to the Foundation this year, please consider honoring AAOMS's centennial by making a gift to the Foundation and penning a memorable message for our tree.

While advocacy and fundraising are at the top of my list as Board Chair, the real reward lies in seeing the money we have raised put to good use. It was my privilege to introduce GIVE, the Foundation's new Global Initiative for Volunteerism and Education, at the 100th AAOMS Annual Meeting. The enthusiastic response to this international service opportunity for residents justified all the effort that went into its development. Thanks to the OMS Foundation Alliance's generous support, the Foundation will offer five \$2,500 travel stipends in 2019 to qualified residents seeking to incorporate volunteer service into their experiential education.

GIVE was inspired by the personal experiences of our Board members and developed with input from donors. Our aspiration is to continue to develop innovative, relevant programs that address the priorities of our specialty and resonate with our audiences.

To do that, we will need your support. I invite you to become an informed and active investor in our specialty's future and help us empower future generations of surgeons to provide better care for mankind. To borrow another favorite quote from Dr. Chacon, "It is not who you are, but what you do that defines you."

Thank you for your continued support of the work we do. ■

Double your impact with a gift to the Foundation in December

Treloar & Heisel will match gifts to the Annual Fund up to a total of \$25,000 from Dec. 1 to 31.

To donate, visit OMSFoundation.org, call 847-233-4304 or mail your check to OMS Foundation, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018

EDITOR'S CORNER





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

The use and abuse of off-label drugs

The risks of using drugs or devices for off-

label indications include the possibility of

represents an effective form of therapy?

However, what if such use actually

adverse reactions and ineffective treatment.

S ince passage of the Federal Food, Drug, and Cosmetic Act in 1938, the U.S. Food and Drug Administration (FDA) has been responsible for approving drugs and medical devices for specific uses. Once approved, companies can then market the drug or device for that purpose, as stated on the label.

However, these drugs and devices often are used for off-label purposes. In these circumstances, the FDA does not evaluate their safety and efficacy, and manufacturers cannot advertise such uses.

Some examples of successful and unsuccessful off-label use of drugs in oral and maxillofacial surgery have included chlorhexidine gluconate gel and almost every antibiotic for prevention of alveolar osteitis; injectable botulinum toxins for masseteric hypertrophy,

certain cosmetic purposes, bruxism and masticatory muscle myofascial pain, and drooling; tricyclic antidepressants for chronic neuropathic pain; and bone morphogenic protein in reconstructive bone grafting and around implants.

There also are less obvious off-label uses about which we may be unaware, such as when a drug is approved as a capsule and instead given in an oral solution, when it is given in a dose different from that noted on the label, or when it is used in patient populations in which it has not been tested, such as children, pregnant women or older adults.

The risks of using drugs or devices for off-label indications include the possibility of adverse reactions and ineffective treatment. However, what if such use actually represents an effective form of therapy?

There are certain precautions one can take to reduce the risks of the off-label use of a potentially beneficial treatment and to avoid the legal implications of a wrong choice.

First and foremost, carefully evaluate the literature describing its use. Are there one or two case reports, or are there higher levels of supportive evidence? I can think of very few instances in which the conditions we face in oral and maxillofacial surgery may justify being among the first to try a new form of therapy.

Secondly, a truly informed consent from the patient is imperative. There is no law that requires a provider to obtain such consent for prescribing an FDA-approved drug or device, or even when they are used off-label.

However, not to do so in the latter instance is particularly risky. This is especially important

when early use may be interpreted as experimental. Although it may be frightening to patients, they must be told it is an off-label use. In those patients who then exercise informed refusal, this needs to be thoroughly documented in the record along with the fact they understood the risks and possible outcomes associated with that decision.

It is evident that using medications or devices to treat conditions for which they are not FDA-approved can raise concerns about ineffective treatment, adverse reactions and possible litigation.

On the other hand, they may represent an effective therapeutic approach. Careful evaluation of the existing supporting evidence, thorough informed patient consent and careful monitoring of their outcome effects should help clinicians make proper use of potentially beneficial off-label treatments and avoid the potential risks.



SAVETHE DATE!

WEDNESDAY APRIL 10, 2019

WASHINGTON MARRIOTT AT METRO CENTER WASHINGTON, D.C.

AAOMS Day on the Hill allows the specialty to make its mark with federal lawmakers. Join fellow OMSs as they head to Capitol Hill to meet with members of Congress during this premier advocacy event.

Registration for the 2019 Day on the Hill opens in early January.

For more information, contact Adam Walaszek at 800-822-6637 or awalaszek@aaoms.org.





Seattle OMS hosts member of Congress in office



By Elizabeth A. Kutcipal, DDS District VI Representative, AAOMS Committee on Government Affairs; Washington OMSPAC Chair

s a member of AAOMS's Committee on Government Affairs (CGA) and the current state OMSPAC chair for Washington, I know how important it is to actively participate in advocacy efforts on behalf of the specialty.

What I have learned is advocacy can take on many forms, ranging from sending a letter to a member of Congress about one of our issues to participating in our annual Day on the Hill event in Washington, D.C. Though I have roles on the CGA and in OMSPAC, I am experiencing many of these different ways to participate in advocacy efforts for the first time.

I was recently presented with a unique opportunity to be an OMS advocate right in my own practice when AAOMS staff reached out to see if I would be willing to provide a tour of my practice to a member of Congress from my state, U.S. Rep. Jaime Herrera Beutler (R-Wash.).

Though I had never hosted a legislator at our office before, I know how important it is to build relationships with local members of Congress, so I was excited to accept the offer. Knowing Rep. Herrera Buetler has supported many of our issues, I knew building a relationship with her would be a

valuable experience for me, but more importantly, a worthwhile investment for the specialty. I secured the support of my partner, Dr. John Tidwell, who joined me in showing the Congresswoman our office.

AAOMS staff and lobbyists aided me in coordinating the visit with Rep. Herrara Beutler's staff and made sure I was wellequipped with up-to-date information on our issues. I know it can be difficult to explain what OMSs do, but being able to host Rep. Herrara Beutler in our practice made it much easier to give a firsthand description of the specialty.

When Rep. Herrara Beutler arrived, I gave her a tour of our practice, which was in full-swing with my partner seeing patients. Observing our practice in action prompted many thoughtful questions on anesthesia and sterilization and helped Rep. Herrara Beutler connect her own experiences with third molar extraction to our profession.

Our conversation then transitioned into a discussion of our priority issues of reforming student loan repayment and ensuring coverage for patients with craniofacial anomalies. She expressed her understanding of patients with craniofacial anomalies, as her own daughter experiences congenital issues.

Being able to host a member of Congress at my practice was a great opportunity that enabled me to help establish a relationship between me, AAOMS and Rep. Herrara Beutler. I would encourage all my colleagues to arrange similar meetings in their own practices and spread the word on why supporting OMS advocacy is so important to the future of the specialty.



Help available for Congressional meetings

AAOMS members who would like to learn more about how to plan a meeting with a local member of Congress can reach out to Government Affairs staff at 800-822-6637 or advocacy@aaoms.org.



From left: Dr. Elizabeth Kutcipal, U.S. Rep. Jaime Herrera Beutler and Dr. John Tidwell



The top 7 state issues OMSs will face in 2019

Do your part by becoming involved with

your state societies and paying attention

to the issues being discussed in your states.

These issues matter and will affect us all.



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

t has certainly been a busy year at the state level. In total, more than 180,000 bills were proposed – and more than 850 had some sort of impact on oral and maxillofacial surgery.

As 2018 draws to an end, we will take inventory of those newly enacted bills. Be sure to be on the lookout for our full summary in the President's e-newsletter in February.

Based on what we saw over the past year, we have some sense of what will generally take priority in states. The following is our expectation of the top seven state issues our specialty will face next year:

■ Opioid abuse – To stem the opioid epidemic, states continue to take action, including limiting prescriptions for opioids, requiring use of state Prescription **Drug Monitoring Programs and** mandating provider CE. Those who have yet to implement any reforms will likely follow suit,

building on successes from other states.

- Specialty recognition/advertising In recent years, the nation has debated - and not just within dentistry - how to define a specialist. With the ADA's creation of a specialty commission and various lawsuits, states have been discussing how they should define dental specialties. While discussion on this began in earnest in 2018, we expect a surge of action in 2019, mainly through the state dental boards.
- Surprise/out-of-network billing With the narrowing of provider networks, patients are increasingly forced to receive out-of-network care, particularly at hospitals. While many states discussed various measures in 2018 – including those to mandate mediation or prohibit balance billing – few took any meaningful action. As patients continue to face large out-of-pocket costs, state legislators will seek means of relief through legislative or regulatory means.

- Insurance Coverage mandates, claims processing procedures and payment determinations - there never seems to be an end to the changes needed in how insurance covers our patients and processes our reimbursements. While not every issue with insurance processing has a legislative fix, recent legislative trends have addressed assignment of benefits, mandated coverage for hospital-based treatment for medically compromised patients and prohibited insurers from dictating fees for non-covered services.
- Anesthesia Anesthesia is frequently under review by states at some level, whether through the normal regulatory review process or in reaction to an adverse event. With anesthesia serving as the life force of the specialty, it is important any changes are in the interest of patient safety and recognize our specialty's superb safety record.
- Medicaid After the adoption of the Affordable Care Act, states were provided the option to expand Medicaid eligibility for their citizens. States continue to debate such expansion while others have suggested implementing work

requirements to qualify for coverage. Debate on this will continue in 2019. We also can expect states to debate the issue of adult dental coverage.

Mid-level dental providers - Four states now allow relatively widespread practice by dental mid-

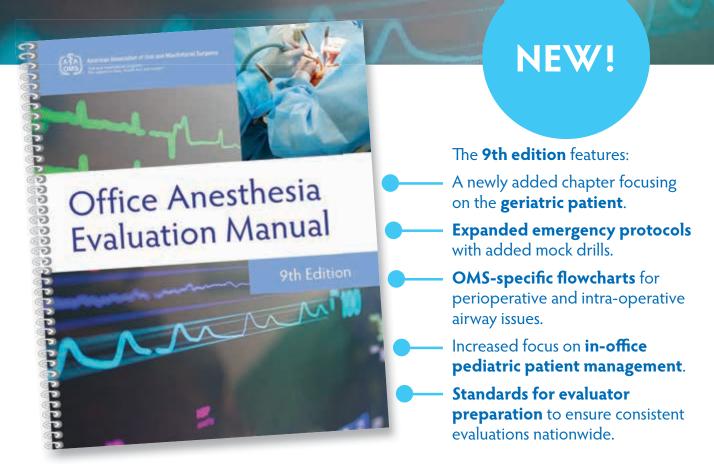
level providers. With recent successes in Arizona and on tribal lands, we can expect a renewed push to allow these professionals wider authorization.

Many of these issues can have a significant impact on the way OMSs practice. Your AAOMS Committee on Government Affairs is committed to providing states the tools necessary to help us battle these and any unforeseen issues that may affect our practices and our patients.

Do your part by becoming involved with your state societies and paying attention to the issues being discussed in your states. These issues matter and will affect us all.

For more information, contact the AAOMS government affairs department at 800-822-6637 or advocacy@aaoms.org. ■

Meet revised anesthesia requirements Updated OAE Manual available



The popular Office Anesthesia Evaluation (OAE) Manual has been completely revised to better address patient safety and reflect revisions made to the AAOMS Office Anesthesia Evaluation requirements.

Select algorithms from the Advanced Cardiac Life Support (ACLS), American Heart Association's Pediatric Advanced Life Support (PALS) and AAOMS Parameters of Care are included in this comprehensive manual.

Studying for the Dental Anesthesia Assistant National Certification Examination (DAANCE)? While not required for certification, the OAE also serves as supplemental material for exam prep.

Order online at AAOMSstore.com.





4 steps to prevent embezzlement, fraud

By Donald P. Lewis, DDS, CFE Consultant, AAOMS Committee on Practice Management and Professional Staff Development

raud and embezzlement in healthcare are crimes causing growing concern. As a matter of fact, embezzlement has become one of the nation's favorite financial crimes. The cost of white-collar crime in the United States is staggering and increasing every year.

Recent reports have losses due to embezzlement and fraud as high as \$500 billion annually. That is roughly half the projected cost of healthcare reform!

Unfortunately, oral and maxillofacial surgery practices are not immune to this type of crime. Some practices have been financially ruined due to this silent enemy. These perpetrators not only cost jobs but also important healthcare delivery. They are enemies of oral and maxillofacial surgery practices.

Even though newspaper articles chronicle different types of fraud and embezzlement schemes every day, many have not had any experience with an embezzler. But employee theft is rising, and taking precautions can help avoid this crime happening to you.

The true danger of embezzlement is that it is indicative of larger weaknesses in your practice – you are not just losing income that is rightfully yours. With any type of fraud, your patient data integrity, payer information and historical records (if you use an EHR) are all compromised.

There are four critical steps you can take to monitor your business processes and employees more closely.

What is fraud?

Anything from a small amount of cash taken from a deposit to an elaborate scheme of "lapping" accounts to loss of data by computer fraud are considered fraud losses. Of course, strong feelings about your personal/business income are normal and can be very motivating to protect your practice assets.

But a truly secure practice is required by law to protect the assets of its patients as well. You may know some data losses are prosecutable by law, but you need to be aware you can be prosecuted if you are not taking sufficient measures to protect sensitive information.

In practices connected to the internet, all manner of vulnerabilities threaten patient health and payment data when a practice does not properly ensure hardware and network security – and sometimes even when it does. Under HIPAA, you are federally mandated to protect your patient data. This is not so with your personal and business income.

Fortunately, building simple controls into your practice management and accounting systems can help forestall embezzlement and fraud in your office. The proper internal controls may document incriminating evidence, helping estimate your losses for recovery purposes or even prove a crime was actually committed.

Of course, no practitioner wants to run his or her office like a boot camp. But if you have a built-in system of controls, administer it fairly and tightly, and audit it frequently. You may prevent fraudulent activity that can lead to losses.

Before you can protect yourself, you need to become familiar with some common fraud methods. Dishonest employees succeed in theft because they are trusted with sensitive information. In many cases, the embezzler has been given more authority than the position calls for. Their methods of embezzlement are limited only by the imagination.

Methods and symptoms

Fraud – similar to an oral surgery problem – has signs and symptoms. An increase in patient refunds might represent a concealment of accounts receivable payments. Unusual baddebt write-offs or an unusual amount of accounts turned over to the collection agency also may signal a cover-up. Declines in practice gross income or profits can be legitimate, or they may be a sign that cash is being stolen. Unauthorized data exports may signal an electronic breach. These symptoms are simply red flags that something abnormal is going on. To diagnose the cause, you need to know the possible diseases.

Skimming

In one of the simplest embezzlement schemes, cash received from a patient's payment is simply "skimmed" or removed from the practice and remains in possession of the thief. This is done without making any record of the transaction. A scam of this type is extremely difficult to prevent or detect. No cash is recorded as an entry and therefore is not shown on the accounts receivable records.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)

To reduce this type of scheme or the temptation to perpetrate this fraud, pre-numbered invoices or cash receipts should be used at all times when receiving cash in your practice. These receipts are used regardless of the amount of cash being paid. Spot checks also can help assure cash received is actually being recorded.

Lapping

In a more elaborate type of embezzlement scheme, the computer can be used as a tool of the crime. A scheme commonly known as "lapping" is instituted. This involves the temporary withholding of receipts, such as payment on accounts receivable. These payments can be in the form of cash, check or credit card. The lapping scheme usually starts with small amounts of missing funds, but as the scheme becomes more complicated, the amounts typically increase until the embezzler is caught.

Lapping requires the employee to have control of many different aspects of your practice. For example, the employee involved in the lapping scheme opens the mail, receives the cash or checks and is responsible for payments on the open accounts. But how does the lapping scheme work? Let's take a simple look at one.

Patient A makes a payment of \$100, and this payment is not entered and is stolen by the embezzler. To avoid suspicion, \$100 is then taken from a \$200 payment of Patient B. Patient A's account is then credited the \$100, and the embezzler pockets the extra \$100 without entry. Now Patient B's account is off \$200, which the embezzler has taken.

The embezzler may look at this newfound income as only borrowing. The intent may or may not be to repay this debt. The embezzler continues to steal increasingly larger amounts of money involving more accounts.

A fraud of this nature can run for years. It will require detailed recordkeeping by the embezzler in order to keep track of the shortage and transfer it from one account to another to avoid suspicion. Any indication an employee is keeping personal records of business transactions outside your regular books of accounts is a red flag and should be looked at. This scheme will continue to increase in amounts taken, culminating with the embezzler either purging accounts in an attempt to remove the trail, or the embezzler finally getting caught in his or her own web.

Usually an embezzler who is carrying on a lapping scheme also will have access to the accounts receivable records and patient statements. He or she may alter the statement sent to your patients. Thus, the fraud can continue for a long period

of time until something unusual happens. A patient complaint may bring the scheme to light. Or this crime may surface through a simple audit of the patient's statements compared with the total accounts receivable.

Payroll fraud

Payroll fraud is another source of lost income to your practice. Occasionally, an enterprising embezzler has added the name of a relative or fictitious individual to the office payroll and collected several paychecks instead of one. They may even increase the gross pay and keep the net pay the same, all the while waiting for the income check to arrive to "collect the bonus."

Data loss, exploitation, identity theft

Loosely protected medical data are a prime source of information for identity thieves. Be aware you are liable if your patient data are not protected, and charges can even be brought for negligent business practices. Data hackers and thieves can access your system and export your patient data to discs, unmarked spreadsheets in your own system, online services set up to host data or even just email data exports to themselves.

Once exported data go online, they are virtually impossible to trace or get back - dishonest employees know this. Your practice management system should be able to show you what reports have been run in the past and what data have been exported. Unauthorized data exports may indicate a loss of data integrity. Be aware of what data permissions level each of your employees has, and limit any data export, email and storage permissions to as few employees as possible. You need to understand and monitor frequently any systems that have access to patient data or allow export or external storage.

Additional guidelines are available under HIPAA, and a savvy practice management software will have reports for you to monitor data transfers and integrity.

Red flags

If employees responsible for the payment entry, accounts receivable, billing and collection are the same employees responsible for patient complaints, they will be able to avoid detection for many years. The amount of shortage can reach such levels that the employee will not dare take a vacation for risk of detection. Your practice should have a policy requiring regular vacation to keep some "indispensable employee" from dispensing with your practice assets.



Employees can always figure out ways to defraud an unsuspecting employer. Other fraud methods include accepting "kickbacks" from suppliers by over-ordering supplies and waiting for the refund check to arrive at which point the employee accepts and cashes the check after forging the payee's name.



Personal items can be bought and charged to the practice. The employee may undercharge friends and relatives for services performed. False vouchers and bogus receipts can be used to conceal theft from petty cash accounts. Overtime can be falsely recorded.

Moreover, quite substantial amounts of money can be lost from the cumulative effect of such seemingly minor abuses as personal use of office postage, supplies, equipment and magazine subscriptions. More elaborate schemes have seen defrauders set up dummy companies and falsify documentation of fictitious purchase transactions to collect the payment from the office. As previously mentioned, these schemes are only limited by the imagination.

Four steps to better protect assets

So how can you make your office fraud-proof? Four specific steps will help you on the path to full transparent documentation of business practices. When implemented, these steps will help you both prove transparency and sound business practices to authorities and add to the paper trail of fraud if you suspect illegal activity.

- **Set a good example.** It is easy to see that an employer who frequently helps himself or herself to petty cash, is careless with insurance/payment processing or does not restrict access to important records sets an example of loose business behavior and indifference to the well-being of the practice assets. An established policy of enforced accountability will discourage dishonest activity and advise employees they should know their jobs and feel trusted, but they also are accountable for the records and information that pass through their position.
- Use a complete practice management software system. In order to enforce the first step, this second step aids accounting capabilities to help document records, evidence and losses. One potential obstacle to filing a fidelity loss claim is proving the amount of funds that were lost or stolen.

You must be able to support all loss claims with evidence of the facts and figures from your records. A good practice management system will help with this if it contains or integrates with electronic accounting systems for managing patient payments and insurance claims.

Even better, your practice management system should require each employee to log on individually when working with records or data. You can set each employee's password level to sensitive practice information, ensuring limits on access and enabling you to easily monitor individual employee activity without requiring exhaustive reporting. Of course, the proper data backup is just common sense.

Have your certified accountant set up recordkeeping. Be sure to test it for reliability and accuracy by regular independent audits. Your accounting system should have certain minimum capabilities. An audit trail that reports all financial transactions transpiring since the last audit trail was printed should be presented to you every day. These audit trails need to be reportable by user and dated and numbered for accuracy.

Any audit trail that is not numbered is not an accurate representation of the report requested. Any unusual or unexplained variations should be discussed with the employee involved or your accountant. This will alert potentially dishonest employees you are taking a proactive approach to the financial well-being of your office.

Another crucial element of proper recordkeeping is a strong electronic backup system that must be in place should anything happen to your physical records. In recent years, electronic recordkeeping has become standard business practice, not only for ease of use and space saving, but because electronic systems can be backed up with remotely hosted services should disaster strike your physical practice. Your primary practice management system should feature – or at least integrate with - this tool as a minimum requirement. Additional precautions should be taken to ensure any records not controlled by your practice management system also are protected electronically.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)



Separate the duties of all employees. In particular, separate the duties of those employees who prepare the daily cash deposits and those who receive the cash and checks. Basically, no individual employee in your practice should handle any transaction from the beginning to the end. For example, the employee who receives payments from patients (either in person or through the mail) should not be the same employee who is responsible for making the bank deposits. This includes accounts receivable and accounts payable transactions. Be sure you get a duplicate bank deposit slip from the bank, and do not be afraid to make the bank deposits yourself on a routine basis.

A few other common-sense business practices will strengthen your systems and enable you to monitor processes further:

- Check the background of prospective employees whether or not they are going to be involved in the handling of the financial portion of your office.
- Be aware of any changes in financial or personal problems with your employees. Employees living beyond their means are all too common in embezzlement cases. Also, employees with personal or financial problems may take advantage of loose business practices to help their own situations.
- Be sure no one is placed on the payroll without prior written authorization from you.
- Arrange for all bank statements to be sent to you directly and unopened. If there is concern in these regard, they can be sent to your home or a Post Office Box.
- Personally examine all canceled checks and endorsements to see if there is anything unusual. Make sure the bank returns your canceled checks and not just the statements.
- Spot-check your patient records and their corresponding financial accounts. This will let your staff know you are interested in the financial well-being of your practice.

- You should have direct responsibility for any bad debt or uncollectable write-offs.
- Do not delegate the signing of checks and approval of cash disbursements, and never approve any payment of an invoice without proper, accurate and original documentation of the transaction.

Steps help to minimize risks

These four principal steps will help you minimize the possibility of your practice falling victim to this white-collar crime. Each step is critical, each is dependent on the other to be effective and each could alert you sooner to the possible perpetration of fraud.

If you are troubled by the red flags you are seeing, do not jump to any hasty conclusions. What at first may appear to be a clear-cut case of fraud or embezzlement may be nothing more than weak internal controls with a perfectly valid explanation. Institute controls immediately for optimum visibility into potential weaknesses.

If it becomes apparent you have good reason to suspect a crime, contact your attorney immediately for guidance through the proper steps to proceed. In our technology-dependent healthcare environment, data fraud or theft is just as serious as financial embezzlement, and immediate involvement with the local law enforcement authorities is of utmost importance. Prosecution is paramount and not prosecuting could constitute charges against you, and even leave you vulnerable to further attack.

In summary, no legitimate "busyness" claim will compensate if you are eventually victimized by this silent crime. Time, diligence and processes must be applied to ensure you and your practice assets are as safe as possible. Not one control will guarantee your safety against a determined perpetrator, but the proper system of controls will protect your employees, your practice and, ultimately, your career and family.



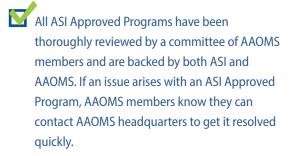
This is number 164 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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

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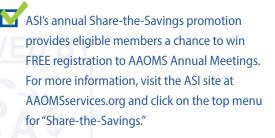
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Federal and state legislatures seek to wrap up

Information about issues affecting the specialty is available in the monthly Advocacy Flash Update, a short video summary of the month's activities.

These updates can be viewed at the Government Affairs Publications section under the Advocacy & Government Affairs tab on AAOMS.org.

Federal level

AAOMS priority issues see movement as the 115th Congress enters its final stretch before the Midterm Elections and a new Congress in January.

■ Craniofacial anomalies: The Ensuring Lasting Smiles Act (S 3369) – craniofacial anomalies coverage legislation OMSs advocated for during the 2018 AAOMS Day on the Hill – was introduced in the Senate in August by Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa).

The House version (HR 6689), sponsored by Reps. David Young (R-lowa) and Collin Peterson (D-Minn.), also was introduced in August. This legislation, which AAOMS helped draft, would close a gap in dental coverage for those suffering from congenital craniofacial anomalies.

OMSs can encourage members of Congress to support this legislation at AAOMS.org/takeaction.

- Prescription drug abuse: Congress finalized work on opioid legislation (HR 6) after the Senate approved its version of the legislative package designed to address the opioid epidemic in September by a vote of 99-1. The House passed its version of HR 6 in July. The bill was then conferenced to reconcile differences between the House and Senate versions, with the final bill being sent to President Donald Trump in early October. Neither the House nor the Senate package includes any CE mandates or new prescribing limits. President Trump is expected to sign the bill into law ahead of the November midterm elections.
- Appropriations: Congress passed a Labor, Health and Human Services, and Education appropriations bill before the start of the new fiscal year for the first time in 22 years. The bill, which was passed Oct. 1 and combined Labor, Health and Human Services, and Education and Defense department

AAOMS launches Advocacy 101 page

Those who want to get involved with advocacy but are unsure where to start can visit the Advocacy 101 page on AAOMS.org/Advocacy101. This page features three short videos with steps and tips on how to engage in advocacy, including meeting with elected officials, sending messages or testifying before a government panel.

The page also features links to helpful handbooks – Government 101 and the Grassroots Toolkit. These tools help prepare members to advocate for the specialty. Members remain the specialty's best advocate at all levels of government.





Right: The Advocacy 101 page features videos with tips.



work before the conclusion of 2018

spending, accounts for more than 60 percent of all discretionary spending. President Trump signed the funding bill into law Sept. 28. It also includes a Continuing Resolution to fund the government until the remaining appropriations bills for FY 2019 are finalized.

State level

OMS advocacy was successful in California, and changes in Illinois and Montana will provide greater clarity for patient care.

■ California – Gov. Jerry Brown (D) signed SB 501, the comprehensive piece of dental anesthesia legislation sponsored by CALAOMS. The new law revamps the current system of providing dental anesthesia to pediatric patients by mandating competent, well-trained personnel and updated safety technology.

The bill also addresses the question of whether or not a mandated second licensed anesthesia provider would impede access to care by requiring a study to determine the appropriateness and the efficacy of a second provider.

The provisions of the SB 501 do not take effect until 2022 but will serve as a starting point to make pediatric dental anesthesia safer in the state.

■ Illinois – Gov. Bruce Rauner (R) signed SB 2851 in August. It requires dental insurance cards to include specific information identifying whether the plan's coverage is subject to regulation by the Illinois Department of Insurance.

This new requirement will provide greater clarity as to whether a health plan is governed by the Employee Retirement Income Security Act (ERISA) or subject to state mandates. The bill was championed by the Illinois State Dental Society and takes effect Jan. 1.

■ Montana – The Department of **Public Health and Human Services** finalized a regulation that, among

other provisions, eliminates prior authorization for dental anesthesia and implants and clarifies the dental anesthesia benefit.

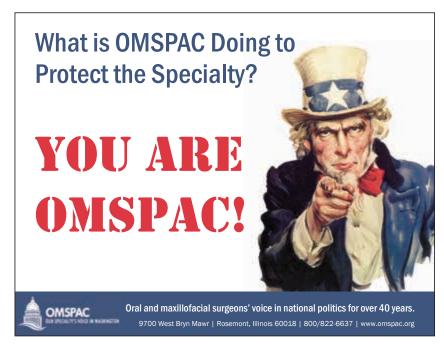
This change is intended to streamline dental care by removing the requirement for prior authorization for these services. It also is intended to allow providers to follow bestpractice standards. The regulation is retroactively effective to Nov. 1, 2017.

OMSPAC update

Between Oct. 1, 2017, and Sept. 30, 2018, OMSPAC raised \$401,009 from 16.5 percent of the membership.

In addition, OMSPAC has contributed \$438,000 to federal candidates so far during the 2017-18 election cycle.

Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed.

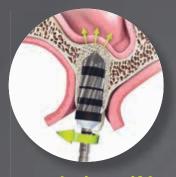




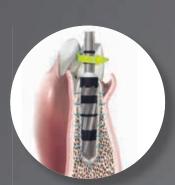
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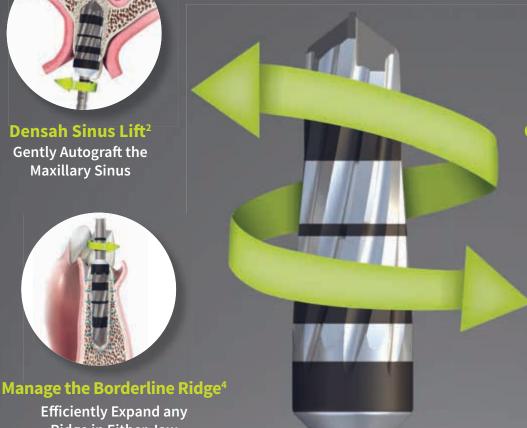
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Clinical Versahtility

Receiving a master's in education from Harvard



By Eric R. Carlson, DMD, MD, EdM, **FACS**

ral and maxillofacial surgery faculty should teach contemporary residents the way they learn rather than expecting residents to learn the way the faculty teach.

This was an epiphany that came to me in April 2015 in recognition of my lack of formal training in the theory and practice of pedagogy, despite 28 years of experience in a teaching environment in our specialty. My perceived educational gap led me to propose a plan for a sabbatical in my role as chair of the Department of Oral and Maxillofacial Surgery at the University of Tennessee to seek a master's degree program in education.

It was my specific intention to sit in a classroom to learn from renowned educators and perform research in pedagogy while earning a master's degree. I identified a program in a university that offered exceptional branding and tradition, as well as a curriculum consistent with my primary goals and objectives. Completing the Graduate Record Examination with

a competitive score and completing the application process to my university of choice were the next orders of business.

Therein, in March 2017, I received acceptance to the Harvard University Graduate School of Education to enter the class of 2018 in the Specialized Studies Program. This was an intense one-year program that would be fast-paced and stimulating while addressing the gap I had recognized in my credentials as an educator in OMS.

I began my program in the summer of 2017. The program focused on educational innovation and technology, leadership and faculty development. While the deliberate strategy of my program centered on improving my teaching skills, the emergent strategy of my program became gaining an understanding of faculty development. My emergent strategy would realize the ability to reach more residents in OMS by having the opportunity to globally engage in coaching and faculty development in OMS.

My research took place at a Harvard teaching hospital wherein I had the unique opportunity to provide adaptive leadership training for five members of the faculty in that hospital. This research was performed under the guidance of Dr. Eileen McGowan, Harvard University Graduate School of Education faculty member and faculty director of the Specialized Studies Program, seen with me in the accompanying photograph at the May 24, 2018, Harvard commencement exercises. ■



Drs. Eric R. Carlson (left) and Eileen McGowan at the 2018 Harvard graduation exercises.

Harvard director: Learning valued by surgeons

Dr. Eileen McGowan, Harvard University's faculty director of the Specialized Studies Program, shared her observations of Dr. Carlson's work on his master's degree.

"Eric humbly joined our ranks and became an integral member of the Specialized Studies Program. Personally, I was honored to support Eric's research," she said. "He grew not only in his own knowledge, but he also generously shared those insights and contributed enormously to the pedagogy of his surgical colleagues.

"The learning from that intensive study and intervention was valued by each participating surgeon and was recognized by the whole team at the study's conclusion. I have no doubt Eric will bring those insights back to the University of Tennessee and share them through future writing with the medical and surgical world."



Medicare changes proposed for new year

MS issued the proposed 2019 Physician Fee Schedule rule in the July 27 Federal Register. CMS also released a fact sheet summarizing the rule and provided a number of tables and addendums mentioned in the rule on its website

The following is a list of some of the significant changes projected for the next year. Among the many changes, CMS has proposed historical alterations to coding and documentation requirements of office-based evaluations and to the Quality Payment Program (QPP) structure. Various key elements of the proposal are:

- Restructuring of Evaluation and Management reporting and documentation guidelines with blended payment rate distribution.
- Acknowledging telecommunication technology and proposing a separate payment for virtual check-ins and "store and forward" images.
- Lowering drug costs and reducing out-of-pocket expense under Medicare Part B.
- Practice flexibility for radiologist assistants.
- Price transparency from providers and suppliers for healthcare services and out-of-pocket costs to beneficiaries.
- Establishing hardship criteria and coding methods to include G-codes and modifiers to the Appropriate Use Criteria for Advanced Diagnostic Imaging.

QPP intends to reduce clinician burden, focus on outcomes and promote interoperability of electronic health records. Significant items proposed are:

- With low-volume threshold, a third criterion has been added to qualify for physicians providing more than 200 covered professional services to Part B patients.
- An opt-in policy for practices to participate in the Merit-based Incentive Payment System (MIPS) program or create a virtual group when meeting or exceeding one or two but not all low-volume threshold elements.
- For the quality performance category, adding 10 new quality measures, removing 36 immediately and planning to remove 52 current measures over a period of time.

 Promoting the interoperability performance category and an implementation requirement for eligible MIPS physicians to use 2015 Certified EHR Technology in 2019.

A summary of the final rule, including the status of these proposed changes, will be published in the January/February *AAOMS Today*.

Guardian updates third molar policy

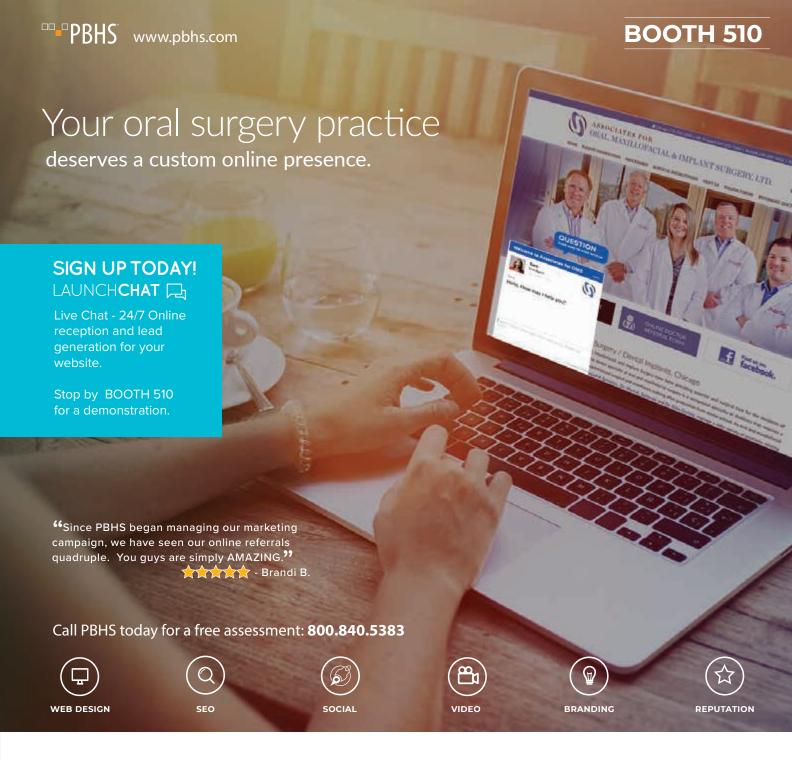
In early May, AAOMS was notified of Guardian's revision to its third molar policy. Some of the conditions in the revised policy not qualifying for benefit coverage were asymptomatic impacted teeth and impacted teeth with no apparent pathology.

While Guardian stated the changes stemmed from the AAOMS White Paper, "The Management of Third Molar Teeth," some of the verbiage from this paper was taken out of context and main points from the paper were disregarded.

Members of the AAOMS Health Policy, Coding and Reimbursement Committee met with Guardian to discuss the new policy and advocate for changes. Since this meeting, Guardian has reversed its clinical review policy and will no longer apply medical necessity review criteria to third molars and associated IV sedation or general anesthesia.

Guardian automatically reprocessed any denied claims retroactive to April 26, 2018. Guardian also stated it has mailed postcards to OMSs in its database relaying this information.

While this became a favorable policy for OMS, AAOMS continues to strongly encourage that members document details of the work involved with each extraction to support the codes reported as well as document the reason for performing the extraction. If the procedures performed meet the payer's coverage criteria, OMSs should be sure to indicate as such during the preauthorization process and/or on the claim submission. Being proactive with these efforts can only benefit OMS practices with receiving fewer denied claims in the future.



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Some code changes in new year will affect oral and

Several ICD-10-CM and CDT code changes will affect oral and maxillofacial surgeons in 2019, with no changes to CPT impacting OMS.

In all, there have been 435 code changes to the 2019 ICD-10-CM manual that include 247 new codes, 139 revised codes and 49 deleted codes. Most of the newly proposed ICD-10-CM codes are found in Chapter 2 (neoplasms), Chapter 7 (diseases of the eye and adnexa) and Chapter 19 (injury, poisoning and certain other consequences of external causes).

AAOMS submitted requests to expand codes for various TMJ disorders as well as myalgia of the mastication and auxiliary muscles, although most were not accepted.

While AAOMS plans to resubmit new proposals for TMJ disorders, the following three myalgia codes were created and will take effect Oct. 1:

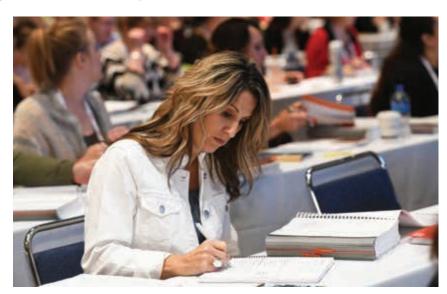
- M79.10 Myalgia, unspecified site
- M79.11 Myalgia of mastication muscle
- M79.12 Myalgia of auxiliary muscles, head and neck

The following CDT code proposals were accepted and take effect Jan. 1 (a complete list of code changes is included in the 2019 CDT manual):

- D9613 Infiltration of sustained release therapeutic drug single or multiple sites. An AAOMS submission, the creation of this code results from the demand for non-narcotic alternatives to the use of opioids.
- D0412 Blood glucose level testing: in-office using a glucometer.
- D9990 Certified translation or sign language services per visit.
- D9961 Duplicate/copy patient's records.
- D9130 Temporomandibular joint dysfunction non-invasive physical therapies

The following codes will be revised:

 CDT D7283 – Revised to read "Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280."



 CDT D9219 – Revised to include all levels of anesthesia. The code will read: Evaluation for moderate sedation, deep sedation or general anesthesia.

New coding manuals

The ICD-10-CM, CDT and CPT manuals are updated annually. Therefore, it is important to purchase new coding manuals every year to assure compliance with the most recent guidelines. Using an outdated coding manual may cause delays in reimbursement and claim denials if using invalid codes or following outdated guidelines.

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.



HEALTH IT BYTES



maxillofacial surgeons



Plan now to attend 2019 workshops

Coding and billing workshops in 2019 will provide OMSs and their staff with the necessary tools to achieve coding compliance, attain optimal reimbursement and prevent fraud and abuse. Attendees are encouraged to register early as these workshops are expected to sell out. The workshops include:

■ Beyond the Basics Coding Workshops – Two workshops are offered in 2019. The first is May 4-5 at the Lowes Chicago O'Hare Hotel in Rosemont, III. - held in conjunction with the Practice Management Stand-Alone meeting and Advanced Protocols for Medical Emergencies. The second workshop is Sept. 18-19 in Boston, Mass. – held in conjunction with the 101st AAOMS Annual Meeting.

Additional information is at AAOMS.org/CodingBilling.

AAOMS Masters Coding and Reimbursement **Masters Workshop** – AAOMS recently introduced this customized coding program for members and their coding and billing staff. This program is an interactive session tailored to the coding and billing concerns unique to each practice participating in the program.

The workshop is an extension of the existing AAOMS coding and billing courses and is being offered only to those AAOMS members and their coding and billing staff who have completed the AAOMS Coding Certificate Program and/or have at least five years of experience with complex medical and dental coding.

Workshops will be held at a date to-be-determined at AAOMS headquarters in Rosemont, III., with registration limited to 20 attendees. Most programs will consist of individuals from a variety of practices. A discounted rate for a private session consisting of staff from an AAOMS member group practice also will be available.

For more information, contact AAOMS coding and reimbursement staff at 800-822-6637.

Cybersecurity – The U.S. Government

Accountability Office (GAO) issued a report stating the federal government has failed to remedy cybersecurity vulnerabilities in its systems. The report notes GAO has made more than 3,000 recommendations to agencies addressing cybersecurity shortcomings, and 1,000 have yet to be implemented. The report also notes HHS and CMS "were at risk of compromising Medicare beneficiary data due to a lack of guidance and proper oversight," and "CMS had not fully protected the privacy of users' data on state-based marketplaces." GAO has made several recommendations to Congress to correct these deficiencies.

Bluetooth security – Developers identified a flaw in the Bluetooth wireless standard that allows attackers to intercept and tamper with data exchanged over a Bluetooth connection. Many wireless healthcare and personal entertainment devices pair with other devices using Bluetooth connections. OMSs are encouraged to install all security patches on practice and personal Bluetooth devices as soon as they are released to minimize the risk of vulnerability.



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Retention requirement for the OMS office

Q Record retention requirements are set at both the federal (HIPAA) and state levels. If they vary, should the OMS practice follow the federal or state requirements? What are some other things to know about recordkeeping?

A The HIPAA administrative simplification rules require a covered entity to retain required documentation for six years from the date of its creation or the date when it last was in effect, whichever is later. HIPAA requirements preempt state laws if they require shorter periods.

However, some states may require longer retention periods. A practice should retain records according to the more stringent requirements.

One purpose of a medical record is to obtain a complete perspective on each patient so appropriate care can be given in a safe and expedient matter. In addition, records serve to document the evaluation and care delivered for patient management purposes, education, motivation and professional liability prevention. Records should be thorough and complete, recorded within computer software programs or written legibly in black ink within the patient's paper chart.

All paper records should be stored in a safe place for the required length of time in your state - attorneys and malpractice carriers should know the requirements for your state.

For electronic forms, all records should be saved within the software program and backed up daily to a remote site. Medical records are confidential and can be disclosed or released to other parties only with proper authorization.

The HIPAA Privacy Rule requires covered entities to apply appropriate administrative, technical and physical safeguards to protect the privacy of medical records and other protected health information for whatever period such information is maintained by a covered entity including through disposal.

The following are the basic components in an office chart with recognized abbreviations: Chief Complaint (CC); History of Present Illness (HPI); Past Medical History (PMH); Dental History; Review of Systems (ROS); Physical Examination (PE); Diagnostic Tests; Diagnosis/Assessment; Treatment Plan; Informed Consent; Changes in Treatment; Chronologic Treatment Entries.



Q What responsibilities do OMS assistants have in helping their surgeons postoperatively? What topics should be covered in written postoperative instructions?

A Before dismissing the patient from the operating area, the assistant should inspect the patient to be sure there is no blood or other debris on the face or clothing. If bleeding appears to be excessive, the assistant should advise the surgeon so he or she may reexamine the patient.

After a procedure, vital signs should be taken and recorded in the chart. The surgeon should be notified if there is a great difference between pre- and postoperative findings. After the patient is judged to be stable from a surgical and anesthetic standpoint, he or she can be transferred to the recovery area.

It is necessary to provide postoperative instructions to patients – after receiving oral instructions, allow the patient and/or their escorts to ask questions. Written instructions should be given as well. These written instructions should include (but are not limited to) the following topics: bleeding, swelling, pain, infections, medications, diet and follow-up.

It is important to educate patients on the expectations of postoperative pain management and the anticipated levels of relief. Inform the patients on the recommended maximum daily dose for both acetaminophen and ibuprofen. All instructions for patient analgesia and analgesic prescriptions should be carefully documented.

Understanding how to file a claim for disability

By D. Scott Fehrs, ChFC Chief Executive Officer Treloar & Heisel, Inc.

nsurance is one of those things in life you buy and hope to never use. Disability income insurance is one of the primary insurances you *really* hope not to have to use. And yet, should that day ever arrive, you will be happy you bought it.

Pretty much everyone knows someone who was disabled through accident or illness and – whether temporarily or permanently – was unable to return to work. When that happens, first is the immediate shock of what happened to you: "Will I be OK? Can I go to work again? How will I provide for my family?"

Assuming you had the foresight to buy disability income insurance, the next question is: "Will the insurance company pay my claim?" To some degree, every claimant experiences the dread of not knowing if his or her claim will be accepted.

Once you file your claim, the insurance company will need to ascertain a number of things about you. It needs to know your occupation at the time of the disability, the nature of your disability and your income. As simple as this may seem, a lot of energy goes into giving the insurance company this information so it can produce an answer for you.

Being better educated about the claims process could put you in a better place emotionally and help you move through this time efficiently. An explanation of some concepts will help you understand the process:

■ Occupation – The insurance company cares about your occupation at the time of disability. Say you bought your insurance policy when you were an oral surgeon, but now you are a consultant to a national implant company. Well, this change may make a difference as to how the company evaluates your claim. (By the way, how an insurance provider defines the word "occupation" is one of the most important things an OMS needs to understand about a disability income policy.)

■ Elimination period – The elimination period is the period of time that needs to lapse *before* the insurance company starts accruing your benefits. Many people mistakenly believe this is when you start receiving your checks – it is not.

A personal disability policy will typically have a 90-day elimination period, though other options exist. A business overhead policy may have a 30-, 60- or 90-day elimination period.

If you have a 90-day elimination period, it is important to realize you are not going to start receiving checks on the 90th day after your disability. You will start accruing benefits after 90 days, with payments usually beginning a short time thereafter.

■ **Due diligence** – It is easy to be cynical and say insurance companies do not pay claims. They absolutely do pay appropriate claims; they just need to thoroughly research your claim. This process is known as due diligence.

Due diligence includes getting statements from your attending physician. It also includes getting your tax returns. While this may feel highly invasive, it has nothing to do with the insurance company being "nosy." The statements from your medical providers help the insurance company determine the nature of your disability.

Your financial statements help provide a picture of your financial health. Some companies will look back as far as five years to



income insurance

determine your income. This can be advantageous for you. In 2008 and 2009, many clients' incomes were down, and clients could look back as far as 2005 to determine income. So you see, it is not necessarily bad to give them the information they seek.

■ Establish your cash reserve NOW – You would be surprised at how many (even those high-earning) do not have adequate cash reserves. By now, you will have figured if an insurance company has a waiting period of 90 days before even starting to look at your paperwork, realistically you are not receiving a check until at least 120 or 130 days after your disability event. This represents at least four months you may need to pay for your ongoing expenses out of pocket.

You should have a minimum of six months' worth of expenses in cash. Ideally, nine months or even a year's worth would give you the peace of mind you are covered in the event of an unexpected mishap.

■ Work with your 'support team' – Make sure your broker is experienced in handling claims like yours. Your broker could be your chief advocate during the claims process. Also, it cannot be stressed enough how important it is to work with your accountant, doctor's office and everyone else who is going to help you as you go through this process.

Let everyone on your support team know time is of the essence. The faster they move to give the insurance company the information it needs, the faster you will have your check in hand. Time is money.

If you follow these steps, you should be in good shape. Good luck with your claim. ■

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What to know about board certification

re you familiar with the American Board of Oral and Maxillofacial Surgery (ABOMS) and the process of becoming board-certified? What kind of impact does the status of Diplomate carry?

ABOMS is considered an expert resource for the public to find oral and maxillofacial surgeons who have met the gold standard in the specialty. Diplomates have been granted their title by successfully passing two intensive application and examination processes demonstrating their experience, knowledge and achievement in oral and maxillofacial surgery.

The board processes are cyclical, with each exam administered once a year. The first step in becoming board-certified is successfully passing the Qualifying Examination, a computer-based examination that tests an applicant's knowledge in the central principles of OMS. The examination is made up

of 300 questions covering 10 subject areas designed to test competency in OMS.

The second step in becoming certified is taking the Oral Certifying Examination, an oral-based examination designed to test a candidate's clinically applicable knowledge and judgment. It is given in three sections, each with four 12-minute cases for a total exam time of 144 minutes.

Once candidates successfully pass both exams, they are officially board-certified and granted their Diplomate status.

But this is, of course, not the end of the road. ABOMS strives to ensure each Diplomate engages in a continuous process of learning, self-assessment and testing to maintain skills and knowledge through Certification Maintenance (CM).

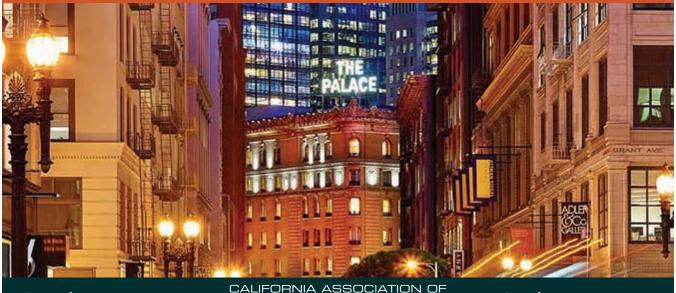
Visit ABOMS.org for more information on becoming board-certified and the upcoming changes in the CM process. ■







CALAOMS "2019 January Meeting" Palace Hotel, San Francisco January 19 & 20, 2019



ORAL & MAXILLOFACIAL

SURGEONS

Saturday Presenter:

Michael Block, DMD

Sunday Presenters:

Nor-Cal OMS Residents

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MEMBERSHIP



2019 membership dues notices have been mailed to members

All fellows, members and candidates have been mailed 2019 membership dues notices. Those who sponsored allied staff members in 2018 will see those names on their annual statements to allow for convenient renewal of their membership.

Retired fellows and members received an annual notice (without the dues charge), which provided an opportunity to subscribe to JOMS at the member rate and to remit voluntary contributions to the OMS Foundation, OMSPAC and IAOMS.

Again this year, members will notice an assessment on their annual statement in support of the AAOMS Informational Campaign. AAOMS launched the campaign to educate the public and dental professionals about OMS training, skills and expertise. The campaign shares this information through websites, WebMD, advertisements, videos and other vehicles. Over the years, the campaign has earned numerous awards and reached millions of viewers and readers.

Dues payments can be made in one of three ways: fax, mail or at AAOMS.org. Allied staff members wishing to renew on their own can log in to their individual membership account on AAOMS.org and pay online at any time. Because the online system is set up for individual log-ins, sponsoring members cannot pay for their allied staff members when they log in to their own online accounts.

Payment for 2019 dues and assessments is due by Dec. 15. Payments received in-house by this date are guaranteed processing by year-end. Payments made online at AAOMS. org can be made as late as Dec. 31 for recognition as a 2018 transaction.

Those who did not receive their annual statement or need to report a change in status should email membership@aaoms.org or call 800-822-6637.

MEMBERSHIP



Update profiles for directory

Included in the recent AAOMS membership dues mailing was information about membership directory verification and member profiles. Members are asked to carefully review this information to assist in keeping Association records up-to-date with the most current contact information.

All addresses, emails, websites, phone and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the AAOMS.org members-only directory and the MyOMS.org public directory.

The AAOMS.org members-only and MyOMS.org public directories are updated daily, so changes can be made throughout the year.

CONTINUING EDUCATION



Application period to open

The application period for oral abstracts and posters for the 2019 AAOMS Annual Meeting being held Sept. 16-21 in Boston, Mass., will run from Dec. 3 through March 24.

Applications will be accepted for a variety of clinical topics. The meeting theme will be "Envisioning the Future of Research and Innovation."

The application will be available at AAOMS.org/speakers.

COMMUNICATIONS



Nominations due for JOMS Editorial Board, Section Editors

JOMS is accepting nominations for Section Editors. Their duties 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 Editors.

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 to which they seek appointment. A solid history of publishing in the topical area of the Section to which they seek appointment is strongly preferred.

Nominees must state to which Section they seek appointment and submit a statement for why they would

be an effective Section Editor for that Section, along with a current curriculum vitae to joms@aaoms.org by Nov. 15. The three-year term will begin Jan. 1, 2019.

In addition, *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 may also be nominated. The Editor-in-Chief and Associate Editor will review nominations and forward their recommendations to the AAOMS Board of Trustees for approval.

CONTINUING EDUCATION



CE credit available for sessions

The deadline to evaluate Annual Meeting sessions and claim CE credit online is Jan. 31.

Visit AAOMS.org/MyCE and select the 2018 Annual Meeting. Log in using the eight-digit member ID/badge number and last name. Evaluate the sessions attended and print or save the CE certificate.

Questions? Contact conteducate@aaoms.org.

CONTINUING EDUCATION



CE on Demand available

AAOMS members can earn last-minute CE credit before the year ends. Archived webinars, conference recordings and OMSKU are available at AAOMS.org/CEonDemand.

More than 200 CDE/CME credits are available through these on-demand courses.

ADVANCED EDUCATION



Conference to prepare residents for post-residency life

The 2019 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the transition from residency to practice.

The free conference will be held Feb. 2 and 3 at the Hilton Rosemont/Chicago O'Hare in Rosemont, III.

Topics will include:

- Leadership, practice models and early career prep
- OMSNIC Brunch and Learn
- Incorporation of "full scope" OMS into practices

The conference includes a reception and exhibits at AAOMS headquarters on the evening of Feb. 2.

Visit AAOMS.org/Transitions for more information and to register.



2019 Resident Transitions into Practice Conference:

Preparing for Post-residency Life

Feb. 2 - 3 | Rosemont, III.

MEMBERSHIP



AAOMS Connect provides networking opportunity

AAOMS Connect - a new online community for AAOMS members – features a discussion forum, private messaging and more. AAOMS Connect is a resource to network with colleagues or become involved in Clinical Interest Groups (CIGs) outside of the AAOMS Annual Meeting.

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

Group to request access to the CIGs. Requests to join are approved within 24 to 48 hours. To participate in a discussion, click Forum on the top-most navigation bar. In each CIG thread, the corresponding officers and liaisons are listed.

Questions? Contact conteducate@aaoms.org.



PRACTICE MANAGEMENT



System collects information on dental anesthesia incidents

The Dental Anesthesia Incident Reporting System (DAIRS) is now available for anonymously reporting dental anesthesia-related incidents. DAIRS is used to collect and analyze anesthesia incidents in order to improve the quality of dental anesthesia care.

All dental anesthesia providers are encouraged to report unintended events related to the delivery of anesthesia for a dental patient. Some examples of incidents include laryngospasm, cardiac event, equipment failure and drug interaction.

The submitting provider is issued a summary report and a unique report ID. The provider is able to download a copy

of this report for inclusion in the patient's health record or submission to a state dental board, professional liability carrier or other organization identified by the practitioner.

DAIRS submissions are converted into aggregate, deidentified data, which can be used for research and educational purposes on patient safety and anesthesia delivery. These data are expected to be vital for patient safety and advocacy efforts.

DAIRS is offered at no cost to submitting providers and state agencies wishing to verify the submission of a DAIRS report. Questions? Contact dairs@aaoms.org.

MEMBERSHIP



AAOMS asks members to help change 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.

CALENDAR



AAOMS Opportunities

2018

Nov. 29-Dec. 1

Dental Implant Conference

Sheraton Grand Chicago in Chicago, III.

Nov. 30-Dec. 1

Anesthesia Assistants Review Course

Sheraton Grand Chicago in Chicago, III.

Dec. 1

Anesthesia Assistants Skills Lab

Sheraton Grand Chicago in Chicago, III.

2019

Feb. 2-3

Resident Transitions into Practice Conference

Hilton Rosemont/Chicago O'Hare in Rosemont, III.

April 9-10

Day on the Hill

Washington Marriott at Metro Center in Washington, D.C.

April 25

AAOMS Pediatric Anesthesia Patient Safety Conference

Hilton Rosemont/Chicago O'Hare in Rosemont, III.

April 26-28

Clinical and Scientific Innovations for Oral and **Maxillofacial Surgery (CSIOMS) Conference**

Hilton Rosemont/Chicago O'Hare in Rosemont, III.

Sept. 16-21

101st AAOMS Annual Meeting, Scientific Sessions and Exhibition

Boston Convention Center

The Westin Boston Waterfront in Boston, Mass.

Dec. 5-7

Dental Implant Conference

Sheraton Grand Chicago in Chicago, Ill.

Regional & State Society Meetings

2019

Jan. 19-20

CALAOMS January Meeting

Palace Hotel in San Francisco, Calif.

Feb. 9

TSOMS Mid-winter Meeting

Franklin Marriott Cool Springs in Franklin, Tenn.

Feb. 23

GSOMS Mid-winter Meeting

Druid Hills Golf Club in Atlanta, Ga.

March 8-10

SCSOMS Annual Meeting

Belmond Charleston Place Hotel in Charleston, S.C.

March 9-12

Western Society of OMS Annual Meeting

Scottsdale Resort at McCormick Ranch in Scottsdale, Ariz.

April 5-7

VSOMS Annual Meeting

Hilton Norfolk the Main in Norfolk, Va.

April 12–13

Jack Kent OMS Foundation and the Louisiana Society of OMS

Pearls of Office-based Anesthesia, Digital Implants and Marketing

New Orleans Marriott in New Orleans, La.

May 4-5

CALAOMS 19th Annual Meeting & Anesthesia Update

Island Hotel in Newport Beach, Calif.

TREASURER'S ACCOUNT



J. David Johnson Jr., DDS Treasurer

It appears final results for the meeting will be better than budget, as strong registration and support from corporate partners completely offset the variance.

Annual Meeting draws

t is a pleasure to report the 100th AAOMS Annual Meeting in Chicago was a tremendous success with strong attendance, great support from our corporate partners and an outstanding preconference on anesthesia.

Although expenses are still being processed, the status of the meeting's revenues is clear. The original budget for the meeting anticipated revenues of approximately \$4.1 million. While there was a slight shortfall in revenue from exhibit booths, it appears final results for the meeting will be better than budget, as strong registration and support from corporate partners completely offset the variance.

The Preconference Program on Office-based Anesthesia was held prior to the official start of the meeting. Now in its 12th year, the anesthesia update drew approximately 469 registrants.

We kicked off the meeting with an inspirational Keynote Lecture delivered by Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), followed by a memorable Opening Ceremony, Awards Presentation and Meeting Dedication to recognize and honor important accomplishments of AAOMS members, and the popular Welcome Reception.

Later in the week, the President's Event honoring AAOMS President Dr. Brett L. Ferguson and his wife, Rita, was held at the Art Institute of Chicago. Approximately 1,200 attendees and their guests enjoyed access to one of the largest art museums in the country, a lavish buffet and the music of a violinist pop/rock revue group.

Business also was accomplished at the meeting, as the House of Delegates convened during the week and reviewed some resolutions with financial impact.

The 2019 budget was approved along with approval of a resolution to increase the honorarium paid to Officers and District Trustees. The last change to the honorarium was in 2005.

In 2017, the House of Delegates passed a resolution charging a House of Delegates advisory committee with reviewing and recommending the amount of the District Trustees' and Officers' honoraria payments every five years. This committee reviewed the duties of the Board members, the historical honoraria levels and comparative data from other organizations to make a recommendation for the increase.



crowds, garners results better than budget

Dues levels for affiliate members were lowered from \$525 to \$422 in an effort to increase the number of international members that has recently decreased.

The House of Delegates also passed a resolution authorizing the use of \$2.5 million from reserves to build a state-of-the-art simulation and education center in part of the second floor space of the headquarters building. When completed, the space will allow us to host more educational offerings, including the BEAM and OBCM courses.

It is important to acknowledge our corporate supporters who provide financial support in addition to their Exhibit Booth payments. A number of services and activities, both meeting and non-meeting related, would not be possible without their generosity. Please join me in thanking those companies that provided corporate support at the 2018 AAOMS Annual Meeting:

Titanium:

OMSNIC

Diamond:

AAOMS Services, Inc.

Platinum:

Carestream Dental, LLC

DePuy Synthes, part of the Johnson & Johnson Family of Companies

Geistlich Pharma North America

KLS Martin Group

Nobel Biocare USA, LLC

Osteo Science Foundation

Treloar & Heisel, Inc.

Gold:

Elsevier, Inc.

OMSVision

Zimmer Biomet



Silver:

Black Talon Security, LLC

Dentsply Sirona

Pacira Pharmaceuticals, Inc.

Southern Anesthesia & Surgical, Inc.

Stryker

U.S. Oral Surgery Management

Bronze:

Boyd Industries, Inc.

CareCredit

Maxxeus Dental

MECC/Dr. Marx Educational Resources

PCIHIPAA

PLANMECA

Straumann USA, LLC

Summit Medical Group

In summary, there are many groups whose efforts contributed to the tremendous success of the 100th Annual Meeting: our committees, the exhibitors and other corporate sponsors, clinicians and other presenters, the AAOMS staff, and of course, all the members and guests who attended.

The members of the Board of Trustees are extremely excited about next year's Annual Meeting, scheduled for Sept. 16 to 21. We hope you, your staff and guests will be able to join us when AAOMS travels to Boston, Mass.



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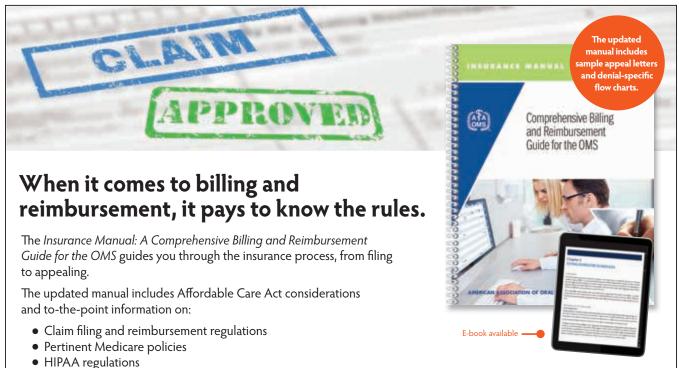
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Dr. Laskin honored with editor award



Dr. Laskin

Daniel M. Laskin, DDS, MS, was recently named recipient of the ADA Council on Communications and AADEJ 2018 Distinguished Dental Editor Award. He is currently the editor of AAOMS Today.

In addition, Dr. Laskin received the Distinguished Service Award from the University of Illinois at

Chicago during its Alumni Awards Luncheon.

Dr. Laskin earned his MS from the university's College of Dentistry and later served as department head.

Col. Bagby to lead Army Dentistry



Dr. Bagby

Col. Shan K. Bagby, DMD, MHA, has been selected to lead Army Dentistry. He received confirmation to become Army Medicine's newest Brigadier Generalselect and the 28th Chief of the U.S. Army Dental Corps. He is serving as the G1/4/6 of the Army Medical Command in Falls Church, Va., and

served as Deputy to the Chief of Staff of the Army Medical Command.

Col. Tan retires from Army duty



Dr. Tan

Col. Peter M. Tan, DDS, MSHS, has retired after 36 years of Army active and reserve duty. He was previously the highest-ranking Dental Corps reservist at the Office of the Surgeon General and the Pentagon and recently retired as the Commander of the 7301st Medical Training Support Battalion, Joint Base

McGuire-Dix-Lakehurst, N.J., after several command positions.

Among his honors, Dr. Tan has received the "A" Proficiency Designator in OMS by the Surgeon General and the Army D7A Additional Skill Identifier by USA NORTHCOM.

Dr. Baur named vice dean at Case Western



Dr. Baur

Dale Baur, DDS - chair of the Department of Oral and Maxillofacial Surgery at Case Western Reserve University - has been appointed vice dean of the university's School of Dental Medicine.

After nearly three decades in the U.S. Army, Dr. Baur retired as a colonel.

His military honors include the Meritorious Service Medal with three bronze oak leaf clusters, ribbons for national defense and the global war on terrorism and qualifications with the Expert Field Medical Badge and the Air Assault Badge. The Surgeon General of the Army presented him with the "A" Proficiency Designator for demonstrated expertise in OMS in 2004.

Dr. Harris named board president



Dr. Harris

Monroe E. Harris Jr., DMD, has been named president of the Virginia Museum of Fine Arts' Board of Trustees, becoming the first African-American in the position in the museum's 82-year history.

He has been a member of the museum's Board of Trustees for five years as

well as executive vice president and vice president. He also has served as president of the Foundation Board of Directors.

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

Reply to a classified box ad in the following manner: AOMS Classified Box 1700 W. Bryn Mawr Ave. tosemont, IL 60018-5701

Faculty Positions

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.

Michigan

Head and Neck Faculty Position Oral and Maxillofacial Surgery Faculty. The section of Head and Neck Surgery of the Division of Oral and Maxillofacial Surgery at Ascension-St. John, Michigan is seeking applications for a full-time oncologic faculty position available July 1, 2019. The position is available at the assistant or associate professor level. Candidates must have a Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Medicine (MD) or equivalent and be board certified or active candidates for board certification. Responsibilities of the faculty member will include participation in all aspects of the head and neck oncology and microvascular surgery section. The section offers a wide scope of practice. Involvement in didactic and clinical instruction of the head and neck surgical fellow will be incorporated into practice. The position offers the unique opportunity to develop a full-scope oncologic and reconstructive academic practice while continuing to help develop the curriculum. Candidate must display initiative, flexibility and a commitment to the goals and objectives of the program. Salary and benefits will be commensurate with qualification and experience. Please send a letter of intent and a curriculum vitae to Dr. Carlos A. Ramirez e-mail: carlos.ramriez@ascension.org.

Michigan

Oral and Maxillofacial Surgery Faculty. The Division of Oral and Maxillofacial Surgery at Ascension-St. John Michigan is seeking applications for a full-time faculty position available July 1, 2019. The position is available at the assistant or associate professor level. Candidates must have a Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Medicine (MD) or equivalent and be board certified or active candidates for board certification. Responsibilities of the faculty member will include didactic and clinical instruction at the pre- and post-doctoral levels, patient care as well as scholarly activity. The position offers the unique opportunity to develop a full scope

academic practice while continuing to help develop the didactic curriculum. Candidate must display initiative, flexibility and a commitment to the goals and objectives of the program. Salary and benefits will be commensurate with qualification and experience. Please send a letter of intent and a curriculum vitae to Dr. Carlos A. Ramirez email: carlos.ramriez@ascension.org.

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 full-time 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 Land 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 &S Maxillofacial Surgery, University of Oklahoma HSC, College of Dentistry, 1201 North Stonewall Avenue, 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.

Pennsylvania

Temple University Kornberg School of Dentistry is seeking applicants for a fulltime faculty position in the clinical track at an assistant or associate professor level for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Major responsibilities of this position will include didactic and clinical teaching at the preand postdoctoral levels in addition to direct patient care at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association and must have successfully completed advanced training in oral and maxillofacial surgery at a CODA-accredited institution. Applicants must be eligible for full licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Expertise in predoctoral education and full-scope of oral and maxillofacial surgery with emphasis on office anesthesia, sleep apnea and orthognathic surgery are highly desirable. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae and three references to: Mehran Hossaini, DMD, Professor and Chair, Department of Oral and Maxillofacial Pathology, Medicine and Surgery, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, mhossaini@temple.edu.

Washington

The Department of Oral and Maxillofacial Surgery (OMS) at the University of Washington is searching for a full-time faculty member at the rank of clinical assistant or associate professor, salaried (non-tenure). Minimum requirements include a DMD/DDS degree from an ADA-accredited institution or equivalent and completion of a residency program in oral and maxillofacial surgery. MD or secondary degree in a related field is preferred. Candidates must be ABOMSeligible or qualified and eligible for dental licensure in the state of Washington. Salary and academic rank will be commensurate with qualifications and experience. The Department seeks candidates who can engage productively in clinical activities as part of the faculty practice and contribute to the Department's research mission. The ideal candidate will practice the full scope of oral and maxillofacial surgery with a proven track record of building a clinical practice and a niche clinical interest, e.g. trauma, microvascular reconstruction, orthognathic, TMJ. The candidate will demonstrate a personal commitment to the goals and ideals of academic service, including a desire to work in a teaching environment. collaborate in a dialectic culture and observe evidence-based clinical practices. Interested, qualified applicants should submit a personal statement along with a CV, the names and addresses of three references to Ms. Bridget Doyle (badw@uw.edu). Position is open until filled. For questions, please contact: Thomas B. Dodson, DMD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: tbdodson@uw.edu.

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

continued on next page

eply to a classified box ad in the following manner: AOMS Classified Box_____ 700 W. Bryn Mawr Ave. osemont, IL 60018-5701

Fellowships Non-CODA Accredited continued from previous page

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 be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Jeffrey C. Posnick, DMD, MD, email jposnick@drposnick.com or phone 301-986-9475.

Massachusetts

The Department of Plastic and Oral Surgery and Boston Children's Hospital is pleased to offer a one-year fellowship in Pediatric Craniomaxillofacial Surgery available July 2019. The fellowship provides a unique opportunity for an additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Bonnie Padwa,

DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email bonnie.padwa@childrens.harvard.edu.

Missouri (St. Louis)

2020-2021 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 2020-21 academic year. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma, and airway management. The faculty includes Eric Dierks, DMD, MD, FACS; Bryan Bell, DDS, MD, FACS; Allen Cheng DDS, MD, FACS; Ashish Patel, DDS, MD, FACS; 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, 2019. 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.

British Columbia, Vancouver

Immediate associate position in busy OMS practice located in central Richmond within the Vancouver metropolitan region. Practice focused on dentoalveolar surgery and implants. Must have passed Canadian NDSE

and be eligible for OMS license in British Columbia. Email RLCHAU@hotmail.com.

California

Multiple OMS opportunities currently available throughout California, Full- and part-time positions. Interested parties: please contact Scott Price at Brady Price & Associates at 925-935-0890 or email CV to scott@bradyprice.net.

California

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

California

Part-time/full-time. An oral and maxillofacial surgery office is seeking an associate surgeon. We offer competitive starting salary with benefit package, medical benefit, paid vacation/holidays, sick leave, pension and a production bonus. This is a fully electronic and state-of-the-art practice in the heart of Silicon Valley, northern California. Emphasis of practice is dentoalveolar surgery, oral pathology, bone grafting and dental implants. Our hours and philosophy are family friendly. The primary goal of our practice is to provide outstanding care and service to our patients and communities we serve. Reply to AAOMS Classified Box A-110118.

California

Southern California two-office practice with immediate opening. Offices are located in Orange County and Los Angeles County. Mostly implants and dentoalveolar procedures. Fee-for-service and limited PPOs. Offices are modern and fully equipped with cone beams at both locations. Pleasant and friendly environment to work in. The associate does not have to grow the practice, instead simply provide quality treatment. Associateship leading to partnership. Contact via email; send CV and any other helpful information to oralsurgery49@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 provides 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.

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Available Positions continued from previous page

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

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

Florida

Seeking a bilingual (English/Spanish) OMS associate, possibly leading to partnership and/or buyout. Full-scope, well-established private practice for 29 years in Miami (Coral Gables), Fla. Candidate must be board-certified or candidate for certification. Please call 305-648-3717 or email jcportuondodds@aol.com.

Florida

Full-time oral and maxillofacial surgeon. Our practice allows you to live urban or suburban, as both offices are equidistant from Tampa's growing urban core. We are offering competitive salary plus bonus structure, 401K retirement plan, malpractice insurance and a genuine opportunity for partnership. Our team is motivated, fun, diverse, highfunctioning and capable of supporting a wide scope of OMS procedures at both locations. The offices are well managed, fully digital and integrated to allow secure remote access. We have outgrown our single owner/operator model. The practice can readily accommodate at least one additional OMS and we're still growing due to our pattern of high-case acceptance and substantial number of referrals. BE/BC single or dual degree OMS are welcome to apply. We ensure confidentiality. Reply to advancedOStampa@gmail.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.

Georgia

Excellent opportunity for a board-certified or board-eligible oral and maxillofacial surgeon to join a growing practice in a planned community outside of Atlanta. The practice is full scope and places considerable emphasis on reconstruction and implant rehabilitation. The community has excellent public and private schools and is very family oriented. The office is very modern and well suited for growth. Please send CV to christina@peachtreeomfs.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 state-of-the art equipment. This is an excellent opportunity to join a high quality, well-established and respected surgical practice with an over 60-year history. Benefits include medical & malpractice insurance, society membership, hospital dues, retirement contributions and board examination dues. This is an equal partnership with long-term stability providing quality of life and a fulfilling career in a great location in the Chicagoland area. Reply to AAOMS Classified Box A-31801.

Illinois

Rare opportunity available for OMS boardcertified or active candidates to join a thriving and rapidly growing oral and maxillofacial surgery center. Our main focus is orthognathic surgery and dentoalveolar implant surgery but open to expand in any direction. Our beautifully designed and decorated office is three-year new, equipped with CBCT and other state-of-the-art technology. Join our dedicated team and work with the former program director of a reputable OS residency program. This solo practice is highly visible to traffic but also has loyal referrals by dentists and orthodontists. Only a half-hour drive from downtown Chicago and minutes away from I-390, I-90 and Metra station. Our employment package has a very competitive salary and attractive bonus structure. Please email resume to husseinads@yahoo.com re: oms applicant.

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.

Maryland

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

Associate wanted for busy full-scope oral surgery practice in College Park, Md., area. Paying 40 percent collections but negotiable. Reply to AAOMS Box A-110118.

Maryland

Immediate and summer positions (2019) are available for associates leading to partnerships in a state-of-the-art, highly successful, expanding, multi-location, fullscope oral and maxillofacial surgery practice in Maryland/D.C./Virginia metro area. Our team is looking for a bright, ambitious and caring individual. Our future partner must be proficient in all phases of OMS, including outpatient general anesthesia, dentoalveolar, implant, TMJ, orthognathic and cosmetic procedures. Board-certified or an active candidate for board certification a must. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to Ms. Petersen at mdmosa20850@gmail.com.

Michigan

Board-certified or board-eligible, full-time oral surgeon in Plymouth, Mich. Wellestablished, multiple-location, busy OMS group practice. We have a 25+-year practice with locations in the Plymouth, Ann Arbor/ Ypsilanti and Chelsea, Mich., areas. We have a very strong referral base supported by excellent referral relationships throughout the area. 4.5-day work week – no evenings or weekends; collegial practice - surgeonowned office with modern equipment, including cone beam CT; host of a Seattle-Study-Club-based study club; safe and diverse cities; excellent public and private school opportunities; lakes and rivers within the community allow for a variety of outdoor

activities - kavaking, boating, swimming, hiking, biking, fishing, hunting, zip lining and much more; outstanding cultural opportunities and sporting events, including all Detroit sports teams only 20 minutes away. Contact information: please visit paaoralsurg. com or email Dr. Jeffrey Wasielewski at jeffwasdds@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. Boardcertified 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.

Minnesota

Long-standing, successful group practice in Twin Cities, Minn., is seeking a motivated, personable, board-certified or eligible surgeon to practice full-scope OMS across multiple locations. Compensation includes base salary plus production incentives, auto allowance and a competitive benefits package. The Twin Cities offer some of the best school districts in the country with fun, year-round outdoor recreation. Famous for cultural features such as theater, dining, the arts, shopping and all major sports leagues. This is a great opportunity for anyone looking for a position rooted in work-life balance with professional growth. Thank you for your interest! Contact oralandmaxillofacialsurgery@outlook.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 coordinator@movahedoms.com.

Missouri (St. Louis)

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

New Jersey

Upscale, well-established private practice with three locations in northern N.J. offering unique full-time associate and a distinct parttime opportunity to board-eligible or boardcertified 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.

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Available Positions

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 office-based, full-scope dental alveolar and implant surgery under I.V. sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The Practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining State Licenses and US work permits (including sponsoring green card or U.S. Citizenship). Email CV to robert.bodey@mofsny.com or contact Robert Bodey at 347-590-9910.

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

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

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

vears. 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

Well-established, 38-year-old practice looking for a full-time (4 days a week) OMS. The practice is located near the beautiful Great Sacandaga Lake and a short drive from Saratoga Springs. We have a large referral base, and this is an excellent opportunity for an association leading to early partnership. The practice has full-scope dentoalveolar, pathology and implant surgery under IV sedation in office or general anesthesia in hospital located next to office. Very competitive salary with benefit package. Send CV and inquiry to FoxOralSurgery@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-/hospital-based and provides a full scope of oral and maxillofacial surgery, including cosmetic procedures. A full-time esthetician also provides nonsurgical cosmetic services in our medical spa. We offer an excellent salary plus a comprehensive benefit package that includes malpractice, health, life insurance, 401(k) and profit sharing. Reply to AAOMS Classified Box A-4442.

New York (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.

Ohio

Well-established OMS practice located on the shores of Lake Erie is looking for an associate looking to become a partner. Busy, up-to-date, two-office practice located in a beautiful vacation area with an enormous opportunity. Reply to AAOMS Box A-110318.

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.

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

Coastal Virginia/Virginia Beach practice seeking FT surgeon. 3.5 hours to D.C., 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, D.C./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, D.C./Baltimore/Virginia Metro area in Hagerstown & Frederick, Md., and Martinsburg, W.V. 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

continued on next page

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www.OMS-Exec.com

For practices of the highest caliber.

CLASSIFIEDS | November/December 2018

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Available Positions continued from previous page

included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained 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, boardcertified/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 izelaska@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 management

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

Practices for Sale

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.

Arizona

Well-established in Phoenix. Grossed \$735k. Priced at \$295k! ~6 patients per day and ~50 new patients monthly! This beautiful office is ideally situated in the heart of town! 2,000 sq. ft. with two ops and one additional. Inquire at wps@succeed.net.

California

Desirable Sacramento-area community. Stable patient base that won't be affected by transition! ~10-15 patients per day and ~60 new patients monthly! Gross: \$1.1M; net: \$466k; priced below net: \$450k! ~2,282 sq. ft. with five ops. Send inquiries to: wps@succeed.net.

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

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.

Kentucky

Established in 1985, serving eastern and southeastern Kentucky, western Virginia and western and southern West Virginia. Located two miles from Pikeville Medical Center, a 300-bed hospital and a member of the Mayo Clinic Care Network. Owner is retiring at the end of 2018 but will continue to live in the area to help with transition. Reply to randyandersondmd@gmail.com or wranderson53@bellsouth.net. The office address and phone numbers are as follows: 1152 South Mayo Trail, Pikeville, KY 41501, 606-432-0805, 800-848-5494 or 606-434-2212 (cell).

Kentucky

Excellent 35-year-old, established solo practice for sale with immediate or extended transition. Primarily office-based dentoalveolar and implant practice with many nearby hospitals for easy expansion if desired. Beautiful recently redecorated office in a great location with long-term office staff and referral base. Flexible options available for purchase and transition. Please reply to AAOMS Classified Box S-110218.



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.

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

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.

Virginia

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

V18

When precision becomes truly pervasive, your letters write themselves.

Introducing v18 Automated Correspondence. When you're using OMS-Exec® v18 practice management software, vital data-driven tasks like correspondence to referring doctors can happen the moment patient data is entered. Files are updated. Letters are written. Tasks completed. And that's just one feature that makes OMS-Exec v18 smarter practice management software.

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Practices for Sale

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 Box S-70218.

Practice Transitions

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

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell, transition into retirement, add associate/ partner? We have over 30 years in 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.

Classified Advertising Deadlines

March/April 2019 issue: Jan. 12, 2019

May/June 2019 issue: March 6, 2019

July/August 2019 issue: May 2, 2019



CHAIR, DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

The Louisiana State University Health New Orleans (LSUHNO) School of Dentistry in New Orleans invites nominations and applications for the position of Chair, The Chair reports to the Dean of the School of Dentistry. Major responsibilities include administrative duties related to the department and the academic, research, and clinical programs. The OMFS department is responsible for patient care and teaching of a 6-year OMFS-MD residency in New Orleans and Baton Rouge, as well as pre-doctoral courses and clinic coverage. The chair is also responsible for the fiscal well-being of the department, alumni relations and fund raising. Participation in research and scholarly activities is expected.

Applicants should have demonstrated knowledge and commitment to equal employment opportunity and affirmative action. Highly desirable qualifications also include interdisciplinary and/or interdepartmental work and experience with a variety of teaching methods or curricular perspectives.

Qualifications

Candidates must have a DDS/DMD or equivalent degree, and OMS board certification. Applicants must be experienced in hospital-based OMS with skills in administration of in- and outpatient clinical services. Preference will be given to those with additional degrees, MD, PhD. Candidates should have a proven record of administrative experience that includes academic leadership, education, research, clinical care and community service.

Application Process

Applications will be accepted online on the LSUHSC Careers website: https://lsuh.sc/jobs/?id=3141, Job ID 3141.

LSU Health is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.



Marshfield Clinic Health System

Seeking Oral Surgeons in Wisconsin

Marshfield Clinic Health System (MCHS) is seeking two oral and maxillofacial surgeons to join our Marshfield and Rhinelander locations. Both are wellestablished departments with a robust referral system. The successful candidates must be trained in full scope OMS and committed to providing high quality health care and outstanding customer service. Level II Trauma Center at our Marshfield location.

Competitive guaranteed salary and benefits including:

- Educational loan assistance and/or bonus negotiable
- 4 weeks' vacation, 2 weeks CME to start
- \$5,800 CME annual allowance
- Health, dental, life, disability, and occurrence based malpractice insurance provided
- Fully funded retirement plan plus matching 401(k) plan
- Full-coverage relocation
- Teaching and research opportunities

Established in 1916 and with 700+ physicians in 86 medical specialties and subspecialties as well as over 9,000 employees in 55 clinical locations in 34 Wisconsin communities, MCHS is nationally recognized for innovative practices and quality care.

Please contact:

Heidi Baka, Physician Recruiter Marshfield Clinic Health System baka.heidi@marshfieldclinic.org 715-221-5775

www.marshfieldclinic.org

Manifield Clinic is an Equal Opportunity / Affirmative Action employer. All qualified applicants will receive consideration for employment, without regard to sex, gender identity, sexual orientation, race, color, religion, rusional origin, disabilits, protected veteran status, age, or any other characteristic protected by law.

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Questions?

Visit AAOMS.org/classifieds, or email jwalker@aaoms.org. **Classified Advertising Deadlines** March/April 2019 issue: Jan. 12, 2019 May/June 2019 issue: **March 6, 2019** July/August 2019 issue: May 2, 2019

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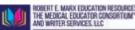


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