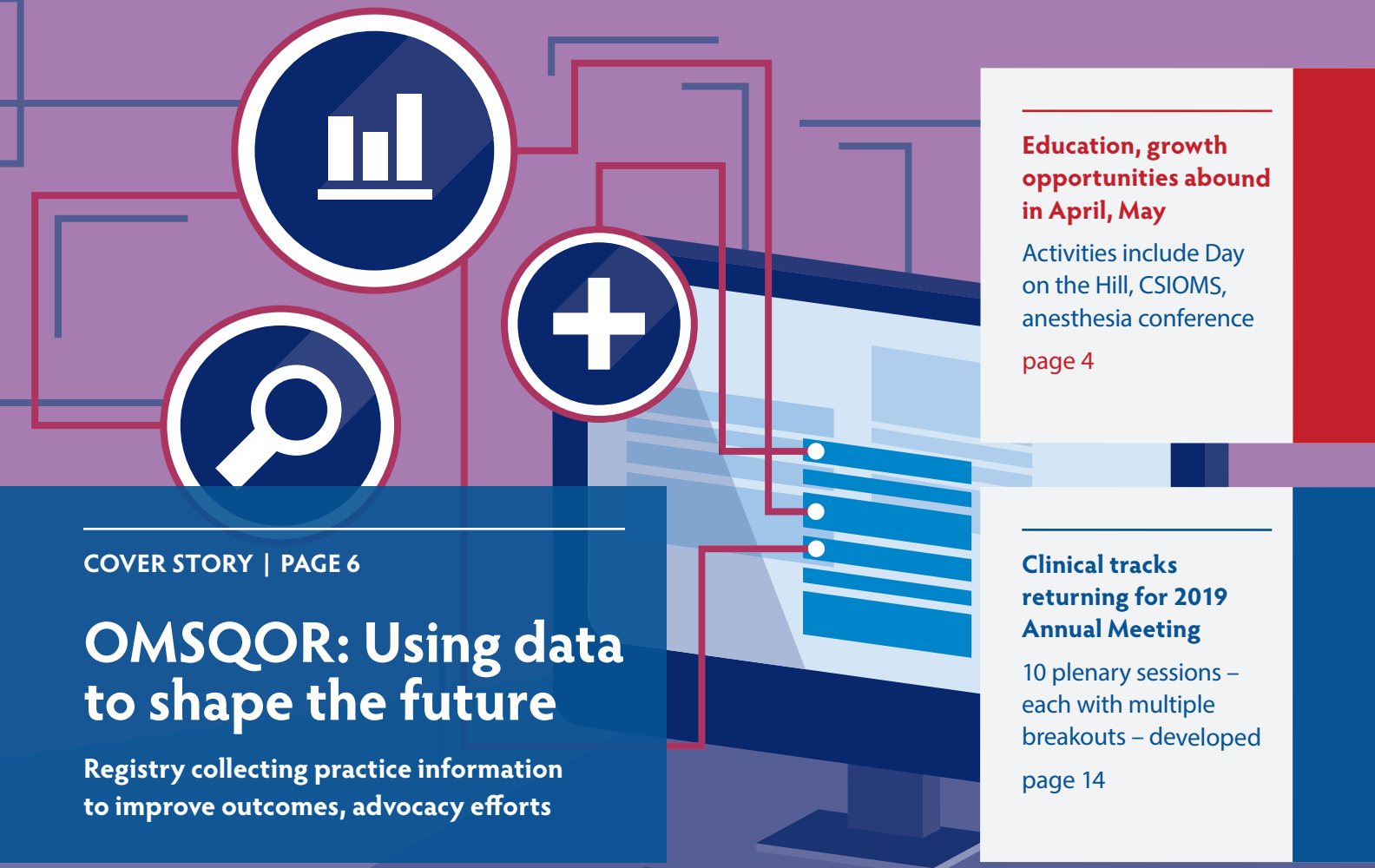
AAOMS TODAY

March /April 2019
VOLUME 17, ISSUE 2

A publication of the
American Association of Oral and Maxillofacial Surgeons



COVER STORY | PAGE 6

OMSQOR: Using data to shape the future

Registry collecting practice information to improve outcomes, advocacy efforts

Education, growth opportunities abound in April, May

Activities include Day on the Hill, CSIOMS, anesthesia conference

page 4

Clinical tracks returning for 2019 Annual Meeting

10 plenary sessions – each with multiple breakouts – developed

page 14

Focusing on facial protection, oral cancer

Member resources available for national campaigns

page 24

PRSRT STD
US POSTAGE
PAID
PERMIT 2237
CHICAGO IL

AAOMS TODAY

March / April 2019 Volume 17, Issue 2

AAOMS Today is published six times a year by the American Association of Oral and Maxillofacial Surgeons. Unless specifically stated otherwise, the opinions expressed and statements made in *AAOMS Today* do not imply endorsements by, nor official policy of, AAOMS.

Daniel M. Laskin, DDS, MS
Editor

Scott Farrell, MBA, CPA
Executive Director

Jolene Kremer
Associate Executive Director

Sarah Trotto
Editorial Manager

Julie Carr
Production Designer

AAOMS

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

SHAPING THE FUTURE
Page 6

OMSQOR: Using data to shape the future

Registry collecting practice information to improve outcomes, advocacy efforts

"The value is immeasurable over the long term."
– AAOMS President Dr. A. Thomas Indresano

A. Thomas Indresano, DMD, FACS
AAOMS President

Through these opportunities, we can help better ourselves and the specialty as a whole.

Education and growth

As OMSs, we strive to advance our skills, gain insights and remain up-to-date on the newest innovations. Many of us also help extend the reach of the specialty through our advocacy efforts. In April and early May, AAOMS will host four distinct opportunities to help facilitate these objectives.

This wide array of valuable opportunities solidifies our commitment to education, research and advocacy for all our members. We hope you will join us as we discuss legislation with government officials, showcase the latest in anesthesia safety for pediatric patients, learn about advances in topics such as imaging technology and allotransplantation as well as discover strategies to help our practices.

Day on the Hill

Legislation can have a tremendous impact on our specialty. As such, AAOMS invites all fellows, members and residents practicing in the United States to attend the 19th annual Day on the Hill being held April 9 to 10 in Washington, D.C.

OMSs will be able to address critical matters affecting the specialty with federal policymakers. Last year during their congressional office visits, attendees discussed the prominent issues of student loan reform, expanded access to FSAs/HSAs, insurance coverage for patients with craniofacial anomalies and prevention of prescription drug abuse.

Unsure of what to discuss during these congressional meetings? Political or advocacy experience is not needed – we welcome first-time attendees and will ensure all are prepared through the session on "Tips for Conducting Congressional Visits" and a morning program reviewing AAOMS's priority legislative issues.

Rounding out the program will be keynote speaker Nathan L. Gonzales, editor and publisher of Inside Elections, elections analyst for Roll Call, political analyst for CNN, and founder and publisher of PoliticsinStereo.com.

Our voices are critical to the specialty's future. To participate, visit AAOMS.org/DayontheHill.

Pediatric Anesthesia Patient Safety Conference

Anesthesia safety remains an area of profound importance for our specialty. AAOMS sponsored its first

opportunities abound in April and May

anesthesia patient safety conference in 2017, and this year will focus on the pediatric patient.

More than a dozen speakers will share the most up-to-date research and innovations at the AAOMS Pediatric Anesthesia Patient Safety Conference being held April 25 in Rosemont, Ill.

Improving the safety and efficiency of administering anesthesia in our pediatric patients is an essential goal of our Association. The conference aims to enhance understanding of pre-anesthetic risk management and discussions with parents or guardians before treatment.

Sessions will cover techniques, emergencies and the use of opioids in pain management. The program will address enhancing anesthesia team models to provide and sustain a culture of safety. The differences between adult and pediatric patients will be outlined, particularly in regards to risk management techniques to enhance the quality of patient care.

The conference will showcase AAOMS's National Simulation Program – which allows participants to practice and master critical techniques for administering and monitoring office-based anesthesia – and the AAOMS Dental Anesthesia Incident Report System (DAIRS), which records and analyzes incidents in order to improve care.

Additional information is available at AAOMS.org/SafetyConference.

CSIOMS

Rich research opportunities continue with the complimentary Clinical Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference being held April 26 to 28 in Rosemont.

Offered every two years and exclusive to AAOMS fellows and members and OMS residents, this conference helps condense the myriad advancements in our specialty. Over three days, world-class researchers from various disciplines will address the latest in diverse areas of research and technological progress with the aim of fostering collaboration.

Friday's speakers will review vascularized composite allotransplantation and how technical elements have shifted since the first facial transplantation in 2005 in France. Breakthroughs in immunosuppressive regimens will be reviewed, along with ethical and psychological implications.

On Saturday, sessions will focus on improvements in imaging technology, treatment of autoimmune conditions as well as processes, principles and clinical management of wound healing. Sessions will explore such topics as the use of magnetic resonance neurography for trigeminal nerve injuries, the growing role of immunotherapy for managing oral cancer and the molecular anatomy of oral wound healing.

Sunday will center on a matter of value to all of us – surgeon wellness and longevity. To take care of our patients, we also must nurture ourselves. These sessions will address preventing burnout, building and sustaining a career, and recognizing the importance of ergonomics in surgery.

See the full schedule at AAOMS.org/CSIOMS.

Educational Weekend

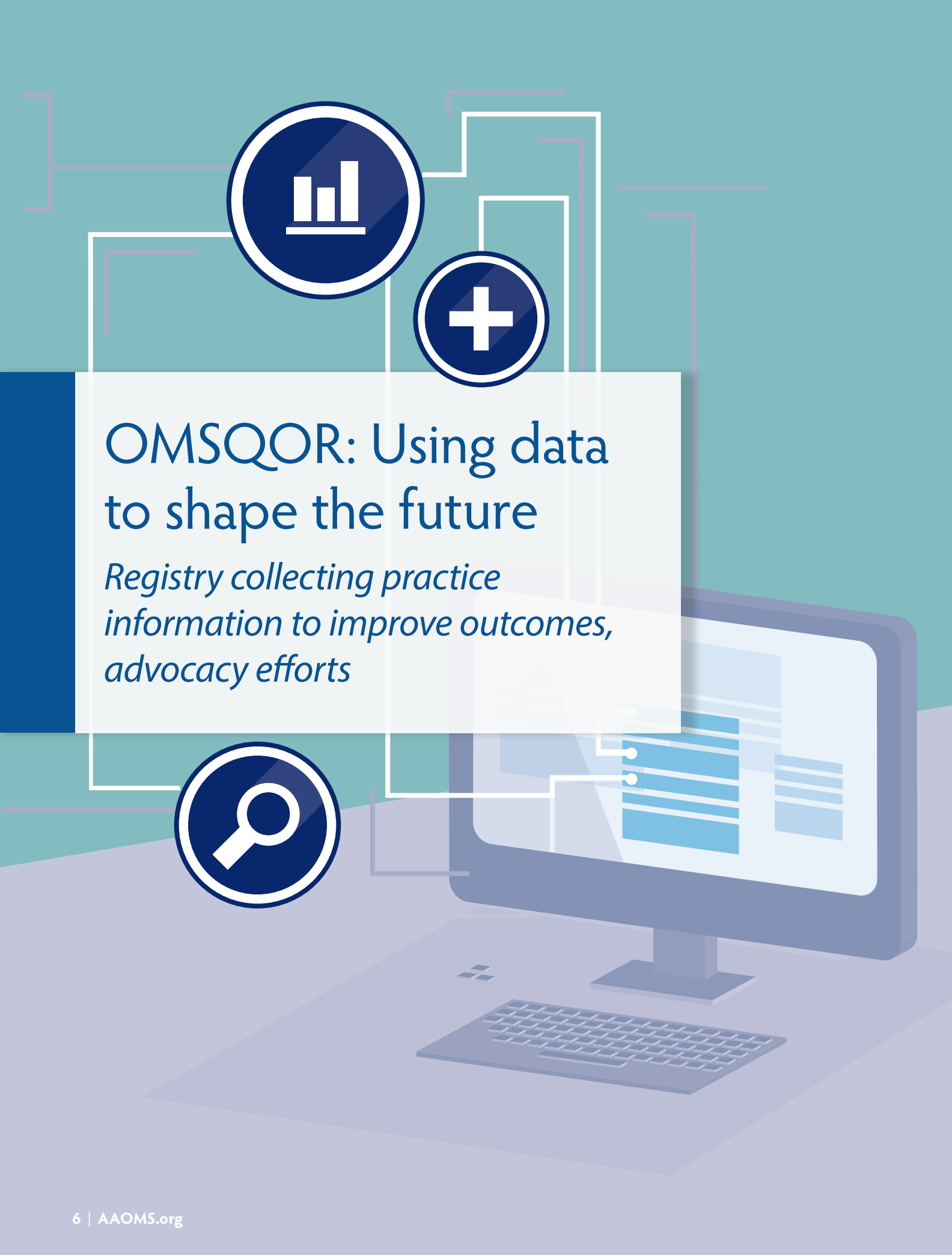
The AAOMS Educational Weekend being held May 4 and 5 in Rosemont will educate each member of the OMS team.

The Practice Management Stand-Alone Meeting on May 4 will offer three different courses and outline strategies to enhance practices. Sessions will examine how to prioritize and organize to achieve a balanced day and explore tips for key performance indicators, branding and marketing.

The two-day Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office will help OMS assistants identify potential and real emergencies, evaluate underlying causes and plan appropriate responses. In addition, the two-day Beyond the Basics Coding Workshop will cover OMS specific diagnosis and procedural coding, reimbursement issues, guidelines, managed care contracting and state insurance laws.

A successful OMS practice requires a full team working toward a common goal. This weekend is an opportunity to guide all in the practice. Discover more about each course at AAOMS.org/EduWeekend.

We hope you will be able to join us for one or more of these activities that will provide a diverse set of benefits, impacting advocacy, education, patient safety and staff development. Through these opportunities, we can help better ourselves and the specialty as a whole. ■



OMSQOR: Using data to shape the future

Registry collecting practice information to improve outcomes, advocacy efforts

AAOMS has reached a new milestone intended to benefit its members and the specialty: the official launch of the first data registry in all of dentistry.

Through the OMS Quality Outcomes Registry – OMSQOR® – treatment data from participating members will be collected in a national registry that will enable AAOMS to better advocate for the specialty, conduct research and help members improve the quality of care delivered and patient outcomes. Aggregate and de-identified data from the registry are expected to help AAOMS preserve members' ability to deliver anesthesia and support continued reimbursement for procedures conducted in the office.

OMSQOR will deliver quality data that allow the specialty and surgeons to track and potentially discover procedure outcomes, surgical complications and gaps in care. OMSs will be able to access reports on their patient population, benchmark their performance against their peers and identify possible areas for quality improvement.

"It is our goal that OMSQOR be the primary source of information for data collection, advocacy, education, research and quality improvement in the clinical practice of oral and maxillofacial surgery," said AAOMS President A. Thomas Indresano, DMD, FACS. "As payers, hospitals and states place higher emphasis on quality improvement, participation in OMSQOR is expected to increase in addition to the benchmarking and advocacy benefits."

Participation is open to U.S.-based practicing AAOMS members, and the Association hopes all practicing OMSs participate in the complimentary registry. Its success depends on member participation and the quality of data captured from members' electronic health records (EHRs).

"AAOMS members providing data through OMSQOR is the key to future development and success of our registry," said John Hillgen, DMD, MBA, chair of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement. "With your participation, AAOMS can effectively advocate to protect the delivery of anesthesia and strive for fair and equitable reimbursement for our services. Recognizing the necessity of specialties reporting to registries, AAOMS committed significant financial resources to building OMSQOR. It's easy and anonymous, so sign up to participate today."

How it all started

Clinical data registries collect information about healthcare and may focus on a condition, procedure or medical device. Registries are used for such purposes as evaluating effectiveness of treatments and procedures, tracking safety of drugs and devices and pinpointing knowledge gaps, according to information from the American Medical Association.

Registries also provide data to recognize improvement activities to enhance patient care, complete maintenance of certification activities, demonstrate commitment to and delivery of quality care to patients as well as fulfill quality reporting requirements to external stakeholders.

More than five years ago, the then-AAOMS Committee on Health Care and Advocacy recognized the importance of a clinical data registry for the specialty and recommended a Special Committee on Registries be formed. The special committee met in 2014 and reviewed the environmental influences set to affect the specialty, including changing reimbursement models related to the Affordable Care Act and the requirement to deliver outcomes assessments for full reimbursement. That same year, the Board of Trustees voted unanimously for AAOMS to partner with an outside agency to create a registry specific to the specialty.

In 2016, AAOMS partnered with FIGmd, Inc., to develop OMSQOR and its component, the Dental Anesthesia Incident Reporting System (DAIRS). FIGmd, which offers data reporting and analytics assistance in healthcare, has developed and maintained registries for several specialty societies, including the American College of Cardiology.

continued on next page

From more than 175 EHR systems, FIGmd has incorporated data into clinical registries.

OMSQOR officially launched in mid-January with 10 practices participating and several others registering based on word of mouth at state and regional meetings.

"AAOMS has committed significant financial and staff resources because we believe in the project," Dr. Indresano said. "Being the first dental specialty to enter into a registry has its growing pains, and we have come a long way in a short amount of time thanks to the volunteer members of our committees and beta site users."

How OMSQOR works

After a member registers his or her practice for OMSQOR, FIGmd extracts data from the EHR database via secure, read-only software. These extracts are scheduled to run during off-peak hours and require no downtime of the practice EHR. Key information collected includes patient demographics, procedures, diagnoses and medications administered to the patient. FIGmd maps the data to parameters specified in a data dictionary that provides the specific codes and elements for the OMSQOR reports.

When members log in, they will see their data, including number of patients, visits and procedures and most frequently performed procedures. For general anesthesia, for example, a participant can view data by patient age group and billed units of anesthesia or other filters selected to customize the views of the reported data.

Aggregated reports provide participants with access to information about other clinical practices they would typically not have.

"I have always wanted to track this information myself, but the internal reports and data transfers have been cumbersome," said Joshua Everts, DDS, MD, FACS, member of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement. "When I realized that OMSQOR was going to be able to compile information for me from the information already in my practice management software, I knew I wanted to see the results."

Other examples of data the registry could provide are information on the procedures performed with general anesthesia or the number of bone grafts placed with extractions, including the level of extraction.

Patterns and trends will emerge

Across the country, AAOMS will be able to see practice patterns of its members and identify trends and reasons why procedures were conducted.

"As an owner and provider in a group practice, I have a huge interest in how each location and surgeon performs month in and month out," Dr. Everts said. "These data are especially important when looking at the trends over time.

OMSQOR at-a-glance: How it can help members, OMS specialty

What can OMSQOR do for AAOMS members and the OMS specialty?

■ **Advocacy** – Aid federal and state advocacy efforts that could:

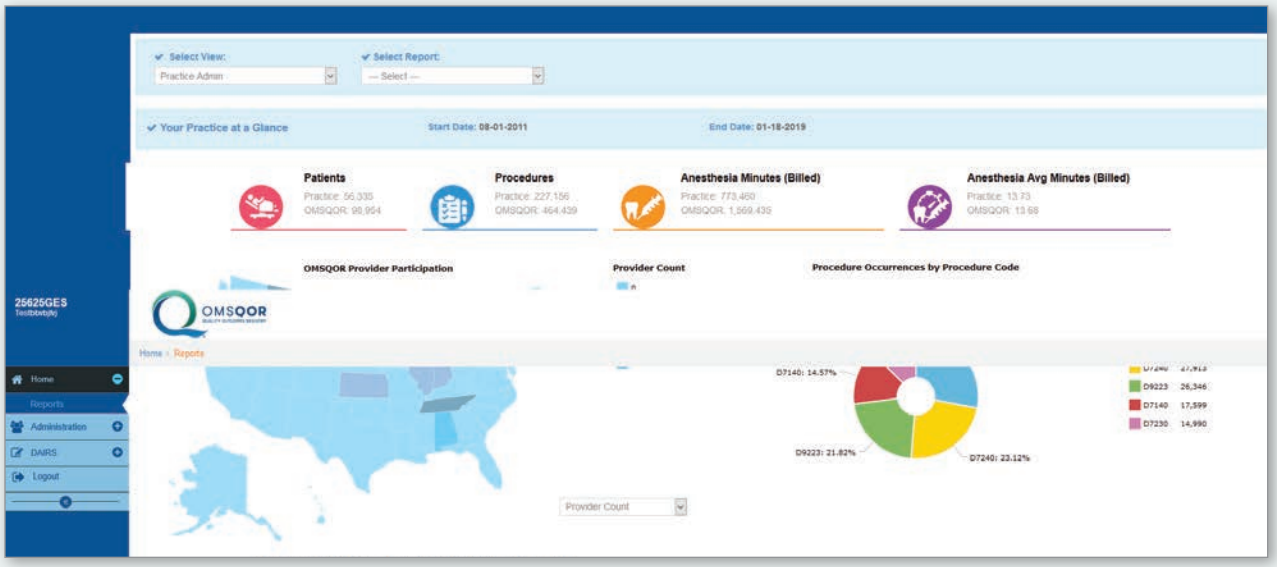
- Protect the delivery of anesthesia and the OMS team model.
- Seek fair and equitable reimbursement for services.
- Identify common diagnoses for specific bundled procedures.

■ **Research** – Aid in OMS research, including:

- Discovering procedure outcomes, surgical complications and gaps in care.
- Accessing reports on patient populations.
- Benchmarking performances against other practices.
- Identifying possible areas for quality improvements.

What should AAOMS members do this spring?

- If required, contact practice management software vendors and request that OMSQOR be allowed to collect data.
- Follow the steps on page 12 to sign up to participate in the registry.
- Be sure the practice is reporting CDT, CPT and ICD-10 codes on all services rendered to every patient during every visit, regardless of claim submission or coverage.



A sample screenshot of OMSQOR displays number of procedures and anesthesia minutes billed.

"Having actual numbers gives us tangible data for analysis. These raw data are a powerful tool to use for profitability and negotiations."

OMSQOR can integrate with practice management systems and OMS EHRs to pull the data needed for OMSQOR reports. If required, AAOMS encourages members to contact their practice management software and EHR vendors to allow free flow of data into OMSQOR. AAOMS also urges members to report CDT, CPT and ICD-10 codes for every service rendered on every patient during every visit, regardless if a claim is submitted, so quality measures and outcomes data are more robust within the registry and a complete picture of patient care is represented.

Benefits 'immeasurable'

OMSQOR's advantages are numerous and its potential regarded as unlimited:

- Advocating more effectively on the national and state levels and to agencies.
- Identifying common diagnoses driving certain bundled procedures.
- Furthering research about such topics as complications associated with third molar removals.

"The value is immeasurable over the long term," Dr. Indresano said.

Using OMSQOR data, AAOMS eventually could more effectively demonstrate anesthesia patient safety and protect the OMS team model. Often, anesthesia advocacy stalls because AAOMS does not know how many anesthetics OMSs safely and routinely use. With OMSQOR, relevant aggregate data can be collected and safety statistics shared with federal and state agencies as well as insurance companies.

Example: If an anesthesia death occurs in Illinois, AAOMS could pull the number of anesthetics reported the previous year. If 550 Illinois OMSs administered 2 million anesthetics and one adverse event was reported, the statistics would help support the safety of the OMS team model.

Registry data also could assist in terms of coding and billing.

Example: Insurance carriers, who do not always sort by provider type, may claim OMSs are over-utilizing a code. Due to incorrect or inappropriate billing for services conducted by non-OMSs, reimbursement decreases and members are paid less. Through OMSQOR, AAOMS can extract data to counteract such claims and help protect the reimbursements its members receive.

Example: If there are 1,648 bone grafts with extractions among 86,050 reported extractions, this demonstrates that – contrary to some third-party payers – most extractions performed by members who have reported to the registry do not always bill a bone graft with an extraction.

In addition, further research will be possible. An objective of OMSQOR is to learn more about complications, such as nerve injuries associated with tooth extractions.

continued on next page

Sometimes, doctors do not bill for follow-up visits. AAOMS is advising members to document postoperative visits with diagnosis codes even if they do not charge so AAOMS will be able to identify the most common complications.

Potential of benchmarks

With greater participation in the registry, more robust data will be available to benchmark practice and clinician services and care provided. Participants will be able to see how their statistics compare to state, regional and national data and potentially identify best practices and possibilities for adjustment. For example, an OMS could benchmark the number of anesthetics performed in a certain age group and for what procedures compared to aggregate data.

"The other thing it could benchmark is providers within the same practice," said Hussam Batal, DMD, member of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement. "Let's say you have a practice with four, five or six providers, are all of them in the same location when it comes to benchmarking or is there somebody doing something different with a different outcome they want to look at? That's where it becomes really beneficial – to look where you are in practice and how do you compare to other people within the same specialty within the same geographical location or other geographical location. That could help you identify if you have any gaps in patient care or anything you can do to improve that patient care."

Participants could benchmark their use of postoperative narcotics for third molars or other surgical procedures against other practices in the area or nationally, Dr. Batal said.

"This will have an impact on better patient outcomes and help with the development of postoperative management protocols," he said. "Also, the narcotic prescription data can be used for advocacy at a national level with government agency in regard to narcotic administration by our providers or for research in the area of postoperative pain management."

Addressing the concerns

Potential hurdles to the success of OMSQOR include members' concerns about data sharing, time commitment and ease of use.

> *You want to have as many members reporting as possible because that's going to give you that big data you're looking for.*
>
> *– Dr. Hussam Batal, member of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement*

- **HIPAA** – Practices that register with OMSQOR enter into agreements with AAOMS and FIGmd that include a HIPAA-compliant Business Associate Agreement. The registry will collect and store Personal Health Information and identifiable provider information in accordance with federal and state laws and regulations, and the information AAOMS receives is de-identified other than the state in which the surgeon practices. FIGmd complies with all HIPAA laws and other security requirements.

- **Provider identity** – OMSQOR will not publish identifiable provider or practice data without permission. AAOMS will have access only to aggregate information and will not sell the data or use the information to market to its members. Instead, AAOMS will use the data for education, advocacy, research and future Medicare reimbursement certification in order to allow members to obtain a higher reimbursement fee.

- **Initial setup** – Typically, according to FIGmd, EHR integration lasts one or two hours each week for three or four weeks as IT staff helps with installation and mapping.

"The support has been incredible," Dr. Everts said. "After an initial training call, the surgeon's actual commitment is that of designating a staff contact for questions, which is rare. The program is able to work in the background with minimal maintenance. The data are just that – data. With de-identified codes and numbers, there are no concerns for HIPAA violations or security compromises."

After installation, no additional work is needed, unless the practice's EHR software changes.

- **Continued time commitment** – Another potential concern involves workflow and labor. After initial signup,

training and initial data upload, participants will mainly monitor their dashboard and the national summary data.

"The platform is super simple for anyone in the office to complete," Dr. Everts said. "The OMSQOR team was able to work with our IT department to quickly set up the data acquisition. It collects data from our three practices and three surgeons with minimal upkeep by our staff. These real-time data are great for trends and analysis in a very easy-to-read and interpret format."

"There's really no disruption of how (providers) do business on a day-to-day basis," Dr. Batal said. "Everything is done in the background once the installation is complete."

What the future could hold

As OMSQOR is fully implemented, future topics for the registry will be explored.

AAOMS hopes to incorporate Medicare quality measures into the registry to offer a mechanism for members who must meet CMS reporting requirements, making OMSQOR a certified clinical quality registry.

In addition, AAOMS anticipates capturing other data elements, such as unique device identifiers. Another possibility is a patient-reported outcome module that could be used to ask questions about such topics as wait times, return visits and ease of making appointments.

Ultimately, AAOMS hopes as many members as possible participate.

"You want to have as many members reporting as possible because that's going to give you that big data you're looking for," Dr. Batal said. "It comes down to compiling all those numbers together of people around the country to look at vital issues – anesthesia, whether it's third molars, implants, trauma, orthognathic. It's going to come down to collecting from different centers and practices around the country."

To allow for aggregation of data for advocacy, research and improvement of patient outcomes, other societies will establish their own registries, Dr. Batal said.

"It's the way to go for the future," he added. ■

Members can sign up for OMSQOR at https://OMSQOR.AAOMS.org/Signup/Login.aspx

Anesthesia incidents and complications can be reported at AAOMS.org/DAIRS

DAIRS collects anesthesia incident data

A component of OMSQOR, the Dental Anesthesia Incident Reporting System (DAIRS) is an anonymous self-reporting system used to gather and analyze information about dental anesthesia incidents in order to improve quality of care.

Some examples of incidents that can be reported include laryngospasms, cardiac events, equipment failures and drug interactions.

All dental anesthesia providers – not just OMSs – are being encouraged to report unintended events related to the delivery of anesthesia.

DAIRS data are kept as privileged in a secure, HIPAA-compliant database. Submissions to DAIRS are converted into aggregate, de-identified data, which can be used for research and education on patient safety and anesthesia delivery. Reported cases chosen for educational presentation will exclude any identifiable patient or provider information.

The submitting provider receives a summary report, which can be downloaded 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 is not automatically connected to EHRs, so some data entry is required on the participant's part.

"We encourage members to use it so we have more data reporting safety issues that can improve outcomes," said Hussam Batal, DMD, a member of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement who has tested DAIRS several times.

DAIRS is offered at no cost to submitting providers and state agencies wishing to verify the submission of a DAIRS report. DAIRS is available at https://OMSQOR.AAOMS.org/DAIRS.

Questions can be directed to dairs@aaoms.org.

How members can sign up for the data registry

Active U.S. AAOMS members can follow these instructions to register their practice with the OMSQOR registry. Members might need to contact their EHR vendor to request access to their data for the registry.

Step 1

The signup portal is at https://OMSQOR.AAOMS.org/Signup/Login.aspx.

Enter the AAOMS member username and password. (Forgot username or password? Contact AAOMS member services at membership@aaoms.org or 800-822-6637.)

Step 2

Complete the remaining mandatory details, including practice name and practice Taxpayer Identification Number (TIN).

Check the provider box if you are an oral and maxillofacial surgeon, anesthetist or surgical assistant.

Step 3

First milestone – Practice information

This milestone captures information about the practice and OMSQOR practice administrator contact.

Select the Create Provider checkbox if the practice administrator also is a provider. The practice administrator for OMSQOR is the individual designated as the key point of contact for OMSQOR participation.

Step 4

Second milestone – Provider information

This milestone allows adding multiple providers to the practice. Click Add New Provider to add each new provider record.

Providers added in this step will be able to access the OMSQOR dashboard. If additional providers later join the practice, the practice administrator can add them through the administration module in the dashboard.

Step 5

Third milestone – TIN information

This milestone allows adding multiple TINs to the practice account.

Click Add New Practice TIN to add new TIN records.

Enter Valid From and Valid To dates.

Step 6

Fourth milestone – EHR information

This milestone captures information related to the EHR and/or practice management systems used in the practice.

IT contact information is sought to identify the individual who can assist the OMSQOR technology vendor with questions about the EHR version, key tables in the EMR, how information is stored and represented in the EMR, etc. Note: EHR information helps the OMSQOR technical team set up processes to accept data.

Step 7

Fifth milestone – Agreement

This milestone allows a member of the practice to electronically sign the standard agreements required for OMSQOR participation. Two options are available to sign the agreement: e-sign now or later.

The standard agreement consists of three agreements:

- Participation Agreement – between the practice and AAOMS
- Business Associate Agreement – between the practice and FIGmd
- Data Warehousing Agreement – between the practice and FIGmd

One individual from the practice must sign these standard agreements before any data can be accepted into OMSQOR.

Step 8

Click on Submit to complete the signup process. The user will receive an email confirming registration that includes a link to the OMSQOR dashboard.

Contact information

FIGmd technical support: omsqorsupport@figmd.com

FIGmd client account manager: acepcams@figmd.com

For questions about member login: AAOMS membership department: membership@aaoms.org or 800-822-6637

For general questions about OMSQOR: omsqor@aaoms.org

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

2019 AAOMS Educational Weekend

May 4 – 5
Rosemont, Ill.

Three different courses make up the AAOMS Educational Weekend, ensuring something for every member of your team.

Practice Management Stand-Alone Meeting

May 4

Speaker Laci Phillips

An efficient practice can translate to greater patient care. Learn specific strategies to improve a practice in three two-hour sessions.

Advanced Protocols for Medical Emergencies in the OMS office (APME)

May 4 – 5

Offered only once a year, this course covers emergencies in the office setting that OMS assistants may encounter and helps prepare them to provide assistance.

Beyond the Basics Coding Workshop

May 4 – 5

This hands-on workshop reviews OMS-specific procedural coding, healthcare reform initiatives, audit tips and reimbursement issues, among other topics.

Learn more at AAOMS.org/EduWeekend.

Clinical tracks returning for second year with

After their successful debut at last year's centennial meeting, education sessions at the 2019 AAOMS Annual Meeting again will be organized into clinical tracks – this time with an increased focus on research.

Registration opens in March for OMS practitioners, faculty, residents and professional allied staff to attend the 101st Annual Meeting being held Sept. 16-21 in Boston, Mass. The meeting's theme – Envisioning the Future of Research and Innovation – sets the foundation for the robust clinical education schedule.

"Research is key to the future growth and development of the specialty," said Deepak Kademani, DMD, MD, FACS, chair of the AAOMS Committee on Continuing Education and Professional Development. "From the plenaries to the breakout sessions, the theme of research and innovation will be found throughout the meeting.

"When we design the educational content of the Annual Meeting, our goal is to make the meeting comprehensive so all the facets of OMS practice are encompassed in the program."

New this year, oral abstract sessions will be held at an unopposed time as the first sessions of the day on Sept. 19. Authors will have the opportunity to present their research in more than 14 topics.

The anesthesia track returns for the 2019 Annual Meeting.

Clinical tracks to expand knowledge

The meeting's clinical education program will be broken into 10 tracks that cover the scope of OMS practice. Each track will begin with a plenary session that will focus on the latest evidence-based research.

After the plenary session, interactive breakouts will provide a chance to engage in peer-to-peer learning as attendees discuss various subjects related to the track.

"Overall, the feedback from the tracks was very favorable," Dr. Kademani said. "I think the educational program was easier to follow. The membership reported they enjoyed the new clinical track structure and how the educational content flowed together."

The 10 clinical tracks include:

- **Anesthesia** – The plenary session will include a thorough evaluation of the pediatric patient, including discussions about patient anesthesia safety and selection as well as comparisons to the adult patient. Breakout sessions will review anesthesia management for the asthmatic pediatric patient; prevention, recognition and management of complications; the pediatric airway; and intravenous techniques. Another breakout will review research and innovation regarding the use of liposomal suspended bupivacaine in the reduction of postoperative opioid use.

- **Cosmetic surgery** – The plenary session will focus on office-based facial cosmetic surgery, including updates on neurotoxins and facial fillers, skin care modalities and marketing strategies. Breakout sessions will review rhinoplasty, skin care regimens, upper facial rejuvenation and cleft nasal reconstruction. Finally, a breakout will showcase emerging technologies for facial cosmetic surgery.

- **Dental implants** – Evidence-based data will support the plenary session's review of the current surgical methods and biomaterials used for dental implants, which will include the use of digital versus analog methods for full arch restorations. Breakout sessions will include implant abutment crown connections and presentations on transformation of the dental cripple from different teams. The research and innovation breakout will provide updates on surface technology.

focus on research

■ **Dentoalveolar surgery** – The plenary session will feature studies showing the removal effects on periodontal health, the rationale for postoperative antibiotics and new concepts in autotransplantation of third molars to replace damaged teeth. Breakout topics will include dentoalveolar treatment modalities, coronectomy of the third mandibular molar, management of third molars and surgical uprighting of unerupted second molars. The breakout session on research and innovation will address magnetic resonance neurography for post-extraction nerve injuries.

■ **Orthognathic/obstructive sleep apnea surgery** – The plenary session will focus on advances in virtual surgical planning, unconventional osteotomies, clear aligner technology and ambulatory orthognathic surgery. Breakouts will center on the complete digital solution in orthognathic surgery, temporary anchored devices in orthognathic surgery, the incorporation of management of OSA patients into practices and surgical treatment of OSA. Another breakout will explore research and innovation in hypoglossal nerve stimulation.

■ **Pathology** – The plenary session will discuss the management of dysplasia and early-stage oral cancer. Breakout session topics will cover neck dissection, ablative techniques, tracheostomy and planning ablative procedures. Another session will look at innovative treatments of giant cell tumors.

■ **Pediatrics and cleft** – Current practices, controversies in treatment sequencing and overall management of patients with hemifacial microsomia are the plenary topics. Breakouts will discuss management of facial skeletal deformity and the ramus condyle unit in the patient with hemifacial macrosomia. Other breakouts will address the hemifacial patient with anotia/microtia and the craniofacial microsomia patient. The research and innovation session will review soft-tissue management of the patient with hemifacial microsomia.

■ **Reconstruction** – The plenary session will address advanced maxillofacial reconstructive techniques, treatment options and planning techniques for midface, orbital and mandibular reconstruction as well as emerging trends and tissue engineering. Breakout sessions will dive into in-house 3D printing, tissue engineering and innovations in soft-tissue reconstruction and monitoring and managing the compromised free flap. The research breakout will compare extra and intraoral incisions for facial reconstruction.

continued on next page

101st AAOMS Annual Meeting

Envisioning the Future of Research and Innovation

Held in conjunction with the Dutch Association of Oral and Maxillofacial Surgeons (NVMKA)

When: Sept. 16 to 21

Where: Boston Convention Center and The Westin Boston Waterfront

Registration: Opens in March.

Housing: Housing rates are available exclusively for AAOMS attendees. Reservations can be made by visiting AAOMS.org/AMHousing. **Note:** AAOMS is the only official housing agent for the Annual Meeting. While resellers may offer housing services, they are not endorsed by or affiliated with AAOMS, and entering into financial arrangements with such entities might have costly consequences.

These early-bird discounts are available:

- OMSs save $200 if they register by July 1.
- Allied staff and other professional staff of an AAOMS member get $100 off if they are registered by July 1.
- AAOMS members and fellows save $100 if they register by July 31.
- Allied staff are eligible for a $50 discount if they register by July 31.
- Retired fellows and members receive a reduced registration rate.

AAOMS.org/Boston

■ **Temporomandibular joint** – The plenary session will explore treatment options available for patients who do not improve after non-surgical therapies. Breakouts will review open-joint surgery, chronic TMD pain, advances in condylar hyperplasia treatment and surgical reconstruction of dentofacial deformities secondary to juvenile idiopathic arthritis. Finally, a session will explore advances in TMJ bioreactors and scaffolds.

More than 200 vendors will display products and services in the Exhibit Hall.

■ **Trauma** – The plenary session will review current and robust compensation models for the provision of craniomaxillofacial trauma care by the OMS, discuss advancements in craniomaxillofacial trauma management and spotlight high-fidelity simulation in the training and skill maintenance for craniomaxillofacial trauma surgery. Breakout sessions will present cutting-edge techniques in soft-tissue reconstruction, bone regeneration and orbital evaluations and explore the use of intraoperative scanning for implants. The research and innovation session will present a high-fidelity simulator for exploring and placing an orbital implant to reconstruct an orbital floor fracture.

"All the tracks have excellent content with superb speakers, and I think that everyone who attends will gain a lot of educational benefit from the program," Dr. Kademani said. "I am really excited we have the opportunity to showcase research and innovation with abstracts from our training programs as a central focus of the meeting. I think this will be an exciting format structure."

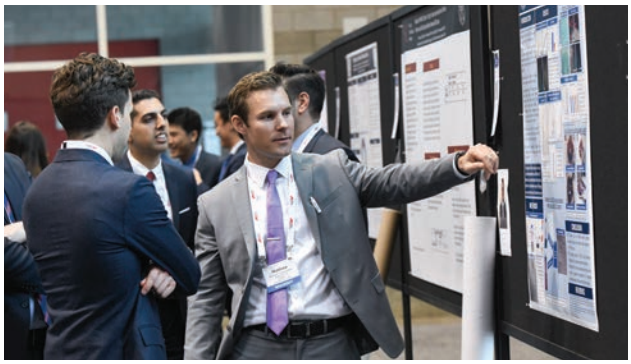
Oral abstracts, posters due March 24

Applications will be accepted until 11:59 p.m. CDT March 24 for oral abstracts and posters to be presented at the 2019 Annual Meeting. Submissions can be made in any of 15 clinical topics.

With the meeting theme of "Envisioning the Future of Research and Innovation," oral abstracts will kick off the meeting Sept. 19. Posters will be featured electronically and on poster boards.

Residents submitting an oral abstract also are eligible to apply for the Resident Research Award. The awards are given every year on the basis of the scientific quality of manuscripts submitted for judging. New this year, the award application can be submitted online through the abstract system by selecting the "Resident Research Award and Oral Abstract" submission type.

Additional information is available at AAOMS.org/Speakers.



Top: The poster session is a popular event. Bottom: More than 30 practice management courses will be available.

Full Saturday schedule returns

Featured again this year is a full day of education on Sept. 21. OMSs and their staff have the option to register for the Saturday-only schedule that includes:

- **Two clinical tracks** – The dentoalveolar and cosmetic tracks will provide the bulk of clinical education.
- **BEAM** – The AAOMS National Simulation Program allows participants to practice and master critical techniques for administering and monitoring office-based anesthesia. In a new development, surgeons can bring up to three assistants to the Basic Emergency Airway Management (BEAM) module at the Annual Meeting.
- **Global Health Café** – After its debut last year as the World Café, the Global Health Café will allow attendees from around the world to hold group discussions about two case studies and share their recommendations for best practices and solutions to the significant surgical concepts. Attendees will learn how cases might be handled differently in various regions of the world.
- **Anesthesia Safety Program: Closed Claims and Near Misses** – Provided by OMSNIC, this course will review closed-case examples to illustrate patient safety and risk management principles for office-based anesthesia administration.
- **Team-based learning** – Three team-based sessions will be offered – one on Sept. 20 and two on Sept. 21. Saturday sessions will explore cleft and craniofacial team development and robotic-assisted dental implant surgery.

Additional CE opportunities

- **Anesthesia preconference** – The popular Preconference on Office-based Anesthesia program on Sept. 18 will provide an update on challenging patients. The program will focus on assessment and safe anesthetic management for patients with significant medical issues. Attendees will discuss case studies.
- **Master Class sessions** – Based on the success of the three Master Classes last year, AAOMS is offering 18 50-minute sessions on Sept. 20 and 21 addressing a variety of topics, including anesthesia simulations, anesthesia for high-risk patients, cleft lip and palate reconstruction, facial cosmetic surgery, obstructive sleep apnea treatments and advanced subjects in dentoalveolar surgery.
- **35 practice management sessions** – Rounding out the educational curriculum are an array of practice management courses that address the day-to-day operations of the OMS practice. These include topics such as infection control, emergency preparedness, financial management, marketing and office and personnel administration.
- **Anesthesia Assistants Skills Lab** – The lab on Sept. 20 and 21 will provide OMS assistants with hands-on clinical training to aid OMSs with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash carts.

continued on next page

President's Event at Fenway Park

When: Friday, Sept. 20

Where: Fenway Park, home of the Boston Red Sox

What: An evening of fun, food and entertainment will help the Association celebrate AAOMS President Dr. A. Thomas Indresano and his wife, Rita. Attendees will be able to go on the warning track, take a swing in an official Major League Baseball batting cage, hang out with mascots Wally and Tessie, and experience the Red Sox virtual reality batting cage.

Left: The President's Event will celebrate Dr. A. Thomas Indresano and his wife, Rita. Bottom: Fenway Park will be the site of the event.

The meeting's top social activity is the annual President's Event.

■ **Hands-on courses** – A full-day, hands-on cadaver course – Rhinoplasty and Lower Facial Cosmetic Surgery – will be held Sept. 18 at the Boston Bioskills Lab. At the Boston Convention Center, other ticketed hands-on courses will be Numb Lip, Numb Chin, Numb Tongue – a nerve repair course – and Stop the Bleed, which will address trauma.

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

Connecting with colleagues

Rounding out the Annual Meeting are special events including:

■ **Keynote Address** – Keeping with the meeting's theme of envisioning the future, "technology futurist" Pablos Holman will serve as the keynote speaker. Holman's ability to think differently has helped reduce the impact of issues such as malaria and hurricanes through the creation of new technology.

■ **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored Sept. 18. The meeting's Welcome Reception will follow the ceremony.

■ **President's Event** – AAOMS President Dr. A. Thomas Indresano and his wife, Rita, will be celebrated at the annual AAOMS President's Event on Sept. 20 at Fenway Park, home of the Boston Red Sox. This event will feature live music, food and entertainment.

"All OMSs should attend the national meeting," Dr. Kademani said. "It provides a tremendous opportunity to get state-of-the-art education, learn the latest research and innovation impacting the specialty, and it provides an ability to interface with training programs and residents and network with colleagues."

More details about the Annual Meeting are available at AAOMS.org/Boston. ■

Exhibit Hall enhancements planned

In addition to nearly 200 vendor booths, the Exhibit Hall will feature the Office of the Future. This hands-on, dynamic experience will bring futuristic technology to attendees.

Meet the Experts will return in 2019. OMS legends will be available to meet with attendees, answer questions and discuss cases.

Also returning are FRED (Focused, Relevant, Exhibitor-Driven) Talks, TED-style presentations hosted by AAOMS exhibitors.

The vendor listing is available through the Virtual Exhibit Hall at AAOMS.org/amvxh.

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

2019 AAOMS ANNUAL MEETING BOSTON

101st AAOMS Annual Meeting, Scientific Sessions and Exhibition

Envisioning the Future of Research and Innovation

Sept. 16-21

Boston Convention and Exhibition Center
Westin Boston Waterfront Hotel

Join your colleagues!

For more information, visit AAOMS.org/Boston

Resident conference offers career guidance

By Thomas Burk, DMD, MD
2018-19 ROAAOMS President

The Resident Organization of AAOMS (ROAAOMS) Executive Committee worked diligently in collaboration with AAOMS staff to organize the Resident Transitions into Practice Conference for a second consecutive year.

More than 75 residents from training programs across the country attended the two-day conference in February in Rosemont, Ill.

The goal of this conference was to provide residents with essential non-clinical information as they move along in their careers from residency into practice. Attendees heard dynamic lectures from OMSs from a variety of practices.

Lecture topics on the first day provided guidance for becoming leaders in the specialty, financial strategies as well as information about solo, group and corporate practice models. The OMS Foundation shared opportunities for residents during registration, and Dental Care Alliance, LLC, hosted lunch and shared insight on the company's operations.

A reception and vendor fair at AAOMS headquarters followed the day of lectures. Residents networked with leaders of our specialty, got their professional headshot photograph snapped and mingled with exhibitors, including Treloar & Heisel, Inc., PLANMECA, KLS Martin Group and OMS Partners, LLC.

OMSNIC kicked off the second day's sessions with breakfast and a presentation on patient safety and risk management. The second day also touched on ways to incorporate "full-scope" oral and maxillofacial surgery into a practice, including lectures on trauma, implants, cosmetic surgery and orthognathic, TMJ and craniofacial surgery.

The reviews from the conference have been outstanding from residents across all years of training. Learning the different career paths available and talking with speakers helped Kiara D. Brown, DDS, a third-year resident at Augusta University, begin to navigate her future.

"The experience has been very encouraging to me as I start to explore all of the options," Dr. Brown said. "My favorite part of the transitions conference was meeting with OMSs who are truly making it work being full-scope practitioners. They're taking call. And there's a lot to gain out of talking to someone who is actually doing what you want to do with your career."

Twenty-five residents received travel scholarships supported by AAOMS and the Osteo Science Foundation to attend the conference.

As a resident in his chief year, Taneenop Aramphongphan, DMD, of John H. Stroger Jr. Hospital of Cook County, recommends this conference to residents.

"This conference is a good opportunity to learn how you will evolve and what fundamentals are expected of you when you get out of residency," Dr. Aramphongphan said.

The conference was a terrific experience for residents. With such useful feedback and areas for expansion on different topics, we hope to continue to host this conference in the years to come. ■

Speakers presented non-clinical information.

More than 75 residents attended the conference.

OMSNIC Empowers OMS with OMSGuard® Protection.

OMSNIC empowers the OMS we insure to confidently treat patients without fear of meritless litigation. The OMSGuard professional liability policy provides powerful protection, defense and support, including our exclusive Patient Safety and Risk Management education and resources. Practicing OMS oversee OMSGuard and review member claims, unlike other insurance companies who don't view the OMS practice from a peer perspective. OMSNIC is owned and operated by OMS. Join us in strengthening the specialty.

800-522-6670 omsnic.com

OMSNIC
DEFENDING THE SPECIALTY

AAOMS Endorsed

Photo: Michele S. Bergen, DMD, MD, FACS, oral and maxillofacial surgeon at Infinity Oral Surgery, Greenwich, Connecticut and New York, New York.

Signage about wisdom teeth now on display in

With television and radio public service announcements generating some of the largest returns-on-investment for the AAOMS Informational Campaign, the logical next step was the development and distribution of PSA airport signs.

Airport PSA signs – just like TV and radio PSAs – fill empty slots when there is no paid advertising.

At airports, PSA signs are usually on display for 30 days or longer – until a new paid advertiser is secured. Then the PSA sign is put into storage until the next opening occurs, meaning it has an unlimited lifespan. (This is why travelers still see airport signs featuring Smokey Bear saying, "Only YOU can prevent forest fires.")

The AAOMS backlit signs – one featuring a picture of a young woman and one with a young man – remind the public that, "Pain or no pain, your wisdom teeth should be checked every year." The AAOMS logo and tagline are featured as well as the call-to-action wording: Find a surgeon near you by visiting MyOMS.org.

This new method to reach prospective patients was added to the Informational Campaign plan in mid-2018 for a variety of reasons:

- Airport advertising reaches a wide cross-section of the population, including business travelers and families.
- Potential viewers can reach 1 million per month per sign.
- The cost to print and distribute each sign is inexpensive (about $300), especially considering the potential return-on-investment.
- Increased airport security and flight delays mean air travelers are spending more time in airports than ever before.

To date, the signs have been installed at LaGuardia Airport in New York, N.Y., Newark Liberty International Airport in Newark, N.J., Cincinnati/Northern Kentucky International Airport in Hebron, Ky., Lehigh Valley International Airport in Allentown, Pa., and Springfield-Branson National Airport in Springfield, Mo.

If AAOMS had purchased the ad space, it would have cost $144,000. To date, it is estimated about 2.7 million people have seen the messaging.

"These new airport signs are a perfect addition to our already effective Informational Campaign that is educating the public about the expertise of OMSs," said AAOMS President A. Thomas Indresano, DMD, FACS. "Over time, these signs have the potential to reach millions of consumers with one of our core messages – third molars should be checked annually even if they aren't causing any discomfort."

More airports are expected to display the signs soon.

Radio PSAs on the air

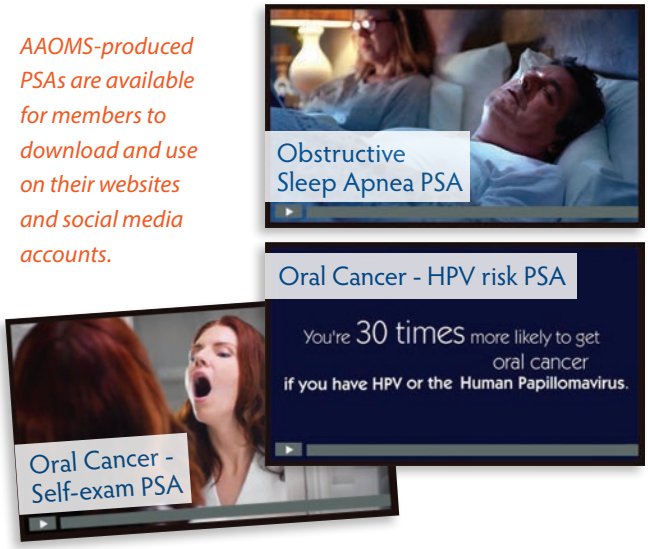
Last spring, AAOMS for the first time produced and nationally distributed radio public service announcements. These no-cost "commercials" – one a 30-second PSA on oral cancer risks and the other a 60-second spot on obstructive sleep apnea – were sent to more than 9,500 radio stations.

PSAs honored with awards

The AAOMS-produced public service announcements have won several awards from national organizations:

- **Aster Awards:** Gold Award for PSA video series and Silver Award for the oral cancer radio PSA
- **Cancer Awareness Advertising Awards:** Gold Award for oral cancer (HPV link) TV PSA and Silver Award for oral cancer radio PSA
- **Hermes Creative Awards:** Platinum Award for the OSA TV PSA and Gold Award for the OSA radio PSA
- **MarCom Awards:** Gold Awards for the oral cancer and OSA radio PSAs

AAOMS-produced PSAs are available for members to download and use on their websites and social media accounts.



multiple airports across the country

Although radio tracking is not as precise as TV tracking – with only 17 percent of radio stations reporting their results – the official reports for 2018 show:

- Some 124 stations have played one or both of the PSAs.
- More than 13,000 broadcasts have been tallied.
- The spots have been heard by 122.8 million potential listeners.
- If AAOMS had purchased the air time, it would have cost $832,000.

The PSAs have been playing in some major U.S. markets, including:

- WBBM-AM in Chicago, Ill.: 413 airings (65.6 million potential audience)
- WRNB-FM in Philadelphia, Pa.: 173 airings (3.7 million)
- KFBK-AM in Sacramento, Calif.: 51 airings (1.9 million)
- WJJL-AM in Buffalo, N.Y.: 1,080 airings (1.6 million)
- KIXI-AM in Seattle, Wash.: 84 airings (615,000)

TV audience continues to grow

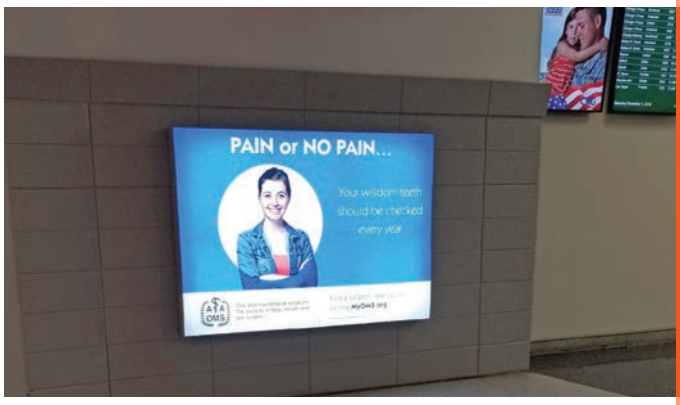
AAOMS distributed three PSAs to TV stations in 2016 focusing on 1) how to do an oral self-exam (60 seconds), 2) the connection between HPV and oral cancer (30 seconds) and 3) obstructive sleep apnea (60 seconds). After TV stations reached out to AAOMS asking for the PSAs in shorter lengths, each was edited and a package of eight videos distributed nationally.

"These television PSAs continue to pay dividends to the Association," Dr. Indresano said. "They reinforce the message that OMSs are experts in treating these conditions, and they are nationally televised thousands of times at no additional cost to AAOMS."

In all, TV stations in 43 states and the District of Columbia have aired one or both of the PSAs to a total broadcast audience of more than 738 million. If AAOMS had purchased those ad spots instead, it would have cost $18.3 million – validating a major return-on-investment.

The breakdown of the networks featuring the PSAs include:

- Independent and other small networks – 39 percent
- CW – 15 percent
- FOX – 23 percent



Signage from the Informational Campaign is on display in several airports, including the Cincinnati/Northern Kentucky International Airport.

- ABC – 8 percent
- CBS – 10 percent
- NBC – 5 percent

Those unsold ad spots are not aired mainly in the middle of the night. More than 67 percent of the eight PSAs have aired during daytime and prime time hours. The specific breakdown is:

- Daytime hours (5 a.m. to 4 p.m.) – 49 percent
- Prime time (4 to 10 p.m.) – 18 percent
- Night hours (10 p.m. to 5 a.m.) – 33 percent ■

Members invited to download, use PSAs

AAOMS members can download any of the three public service announcements and use them on their websites or at educational events:

- Are you at risk for oral cancer? Learn the facts. (HPV link)
- Are you at risk for oral cancer? Learn to perform a self-exam.
- Obstructive sleep apnea is a serious and life-threatening condition.

Also available for members to download and use are three animated explainer videos, seven promotional videos, six educational videos and two sets of patient videos.

The videos are available at AAOMS.org/InfoCampaign.

AAOMS to observe important national awareness

Every April, AAOMS cosponsors month-long, national observations that promote oral health and safety. AAOMS members are encouraged to help spread the word about these two important campaigns.

National Facial Protection Month

For nearly 20 years, AAOMS has shared the importance of National Facial Protection Month. This annual campaign urges parents, caregivers and coaches to support the use of safety equipment to prevent sports-related injuries to the face and mouth.

Fellows and members are invited to contribute to the campaign by advocating in their practices and communities for the use of helmets and mouth guards. A variety of resources and ideas are available to members in the Member Center of the AAOMS website. Free resources include:

- Posters in English and Spanish
- Downloadable video
- Readymade fliers to disseminate to area school districts
- Drafted news releases to send to media outlets
- Infographics explaining the types of mouth guards
- Social media messages
- Shareable web images directing the public to MyOMS.org/SaveFace

AAOMS began this national observation in 2000. Five cosponsors are joining AAOMS in spreading the word about National Facial Protection Month: the Academy for Sports Dentistry, AAO, AAPD, ADA and – new this year – the American Academy of Pediatrics.

Together, these organizations set out to better educate the public about the potential risks and vulnerabilities of the face, mouth and jaws during athletic activities and safety measures that can protect those who participate in sports.

Oral Cancer Awareness Month

AAOMS members are encouraged to support Oral Cancer Awareness Month by providing free oral cancer screenings in April. This annual observation provides OMSs an opportunity to educate the public about the causes, symptoms and treatments for oral, head and neck cancer.

National Facial Protection Month encourages parents, caregivers and coaches to support the use of safety equipment to prevent sports-related injuries to the face and mouth.

Free screenings help draw national media attention to the importance of screenings and early detection. This observance also educates the public about the scope of oral and maxillofacial surgery and the role OMSs play in cancer detection and treatment.

Oral, Head and Neck Cancer Awareness Week

In addition, the Head and Neck Cancer Alliance has designated April 7 to 14 as Oral, Head and Neck Cancer Awareness Week. This annual event encourages practitioners, cancer patients and survivors and other interested individuals and groups to promote head and neck cancer awareness through the use of news releases, public service announcements, free cancer screenings, cancer survivor banquets, walkathons and other community-based activities.

campaigns during April

Free downloadable resources can be found on AAOMS.org in the Member Center. Materials include:

- Posters in English and Spanish
- Oral cancer infographics
- Two public service announcement videos
- Oral cancer awareness video
- Social media messages and shareable web images

AAOMSstore.com also includes a discounted patient information pamphlet on head, neck and oral cancer for use in OMS offices or during community events.

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

OMSs educate the public about the causes, symptoms and treatments for oral, head and neck cancer during Oral Cancer Awareness Month.

"We were working hard to build a successful practice, but, there were so many moving parts that required attention. Addressing issues of staffing and recruiting, sales and marketing, billing and insurance, credentialing and new technologies often had to be sandwiched into our daily schedules on top of the patients who needed to be seen and cared for. We needed a better solution. We needed USOSM."

U.S. Oral Surgery Management relieves the daily burden of managing a surgical practice. Our sustainable partnership model empowers you to enhance the success of your practice, clinically and financially. If you've grown weary of the day-to-day operational and regulatory issues needed to run your practice, call USOSM. We will streamline your operational functions allowing more time for you to deliver superior patient care.

Call today at 469.957.3800 or visit our website at www.usosm.com.

USOSM

U.S. Oral Surgery Management

The Power to Achieve More

www.usosm.com

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

Analyzing the issues of meta-analysis

A review of the various oral and maxillofacial surgery journals in recent times reveals the increased publication of meta-analyses on the outcome of a variety of treatment modalities.

This analytical method is designed to combine the findings of previous studies in order to increase the statistical power and provide quantitative summary conclusions regarding effectiveness.

However, it is important to understand the potential limitations of this process before using such studies to alter clinical treatment.

One of the first things to look at is the type of studies that have been included. Research studies vary in quality, and the types included can significantly alter the results. For example, the results of randomized clinical trials are obviously more reliable than case series.

There also is the issue of publication bias, with studies that show a positive treatment effect being more likely to be published than those that show a negative effect.

There also is the potential of search bias, in which relevant studies may have been inadvertently missed in the data bases used.

Sample size difference is another issue that can alter the results of a meta-analysis, with studies having a large number of participants and favoring one particular method outweighing smaller studies supporting the opposite viewpoint.

In addition to the various issues that can affect the general reliability of the findings from a meta-analysis, there are the specific issues related to oral and maxillofacial surgery that present special challenges.

When comparisons are made involving a particular surgical operation, there are frequently various unmentioned nuances involved in the procedure when done by different surgeons or in postoperative management that go unrecognized, and yet these differences could affect the results.

> *Perhaps the greatest problem with the majority of meta-analyses in oral and maxillofacial surgery is the paucity of good studies currently being published.*

There also is the fact that with surgical operations, it is not always possible to do randomized clinical trials, and one has to rely on observational studies, which are more subject to variation.

Notwithstanding all these issues, perhaps the greatest problem with the majority of meta-analyses in oral and maxillofacial surgery is the paucity of good studies currently being published.

The often-heard metaphor is "garbage in, garbage out." Too frequently, carefully done meta-analyses end up including only three or four reliable studies and concluding that more studies are needed.

Perhaps the logical conclusion should be, as Dr. Ernest Rutherford once pointed out, if one needs statistics to make results significant, you would be better off doing better experiments. ■

Kathy A. Banks, DMD
OMS Foundation Chair

$1 million in gifts was just the beginning

A year ago, we announced our intent to raise $1 million in new gifts to our Annual Fund in 2018 to commemorate AAOMS's centennial. One year later, I am proud to say we accomplished our goal, but the real reward is still to come.

"Envisioning our Future" was a central theme of the campaign, and our board was inspired to envision how the Foundation could better serve the specialty as AAOMS embarks on its second century. Now we are working to turn our vision into reality.

GIVE program

The Foundation introduced the Global Initiative for Volunteerism and Education (GIVE) program last October, offering travel stipends to residents seeking to integrate international humanitarian service into their educational experience. This program evolved from conversations with our volunteers and donors, and collaboration was key to its development and execution.

Its architects – Drs. David Frost, Lawrence Herman, Louis Rafetto, Sanford Ratner and Thomas Williams – drew on their considerable experience delivering humanitarian healthcare to far-flung regions of the world to design a program that would simultaneously educate and inspire the next generation of volunteers. The committee enlisted OMSNIC's help to document GIVE participants' surgical experiences, and the OMS Foundation Alliance stepped forward with a commitment to fund five $2,500 travel stipends in 2019.

This month, the first of our 2019 GIVE awardees will accompany Dr. Shahid Aziz's Smile Bangladesh surgical team to south Asia to offer life-changing care to children and adults afflicted with cleft deformities.

The experience promises to be life-changing for our residents as well. Reviewing their applications, I was gratified to learn many of our next-generation OMSs are already deeply committed to community service and "giving back." Several of our 2019 applicants listed extensive volunteer service alongside impressive academic credentials on their CVs. Their GIVE experience will be the next step of their development as world-class OMSs and exemplary citizens of the world. We will share their stories as they unfold – prepare to be inspired.

Clinical Research Support Grants

Similar conversations with our donors also identified clinical research as a top priority among OMSs, and it has become a top priority for the Foundation. The Foundation expects to fund a new Clinical Research Support Grant in 2021; applications for funding will be available early next year. Watch OMSFoundation.org/research-education for more details.

This is the fruit of AAOMS's Centennial Tree now on display at AAOMS headquarters. Its leaves represent the generosity and commitment of hundreds of donors, and inscriptions hint at the stories of our community.

I invite you to find yours and browse the others at OMSFoundation.org/our-donors/centennial-tree-donors to relive the excitement of the centennial celebration, and I encourage you to stay engaged with the Foundation and contribute to the fulfillment of its vision for the specialty. ■

Thanks a Million!

Thanks to **you**, the OMS Foundation surpassed $1 million in new gifts to our Annual Fund in 2018

OMS FOUNDATION

OMSFoundation.org

Special thanks to OMSNIC, AAOMS and Treloar & Heisel for their leadership and generosity in 2018

Celebrate 60 years
serving the specialty
1959–2019

Your Foundation is 60 years strong!

In 2019, help us commemorate the Foundation's 60th birthday by ensuring our Centennial Tree has strong roots and continues to bear fruit.

Extend a helping hand to the next generation of OMSs by becoming an active and engaged investor in your specialty.

OMSFoundation.org/donate

The Centennial Tree is now on display at AAOMS

Its inscriptions pay tribute to the extraordinary generosity of our donors

"Giving is the key to the preservation of the specialty" — Dr. Colin and Mrs. Susan Bell

"To those who fought to bring OMS to the forefront " — Dr. Daniel Laskin

"Thank you AAOMS"— The James and Carmen Hupp Foundation

For a complete list of inscriptions,
visit **OMSFoundation.org/our-donors/centennial-tree-donors**

The OMS Foundation is a 501(c)(3) nonprofit organization.
Your contribution is tax-deductible to the fullest extent allowed by law.

Versah®
THE OSSEODENSIFICATION COMPANY

Your Patients Deserve It

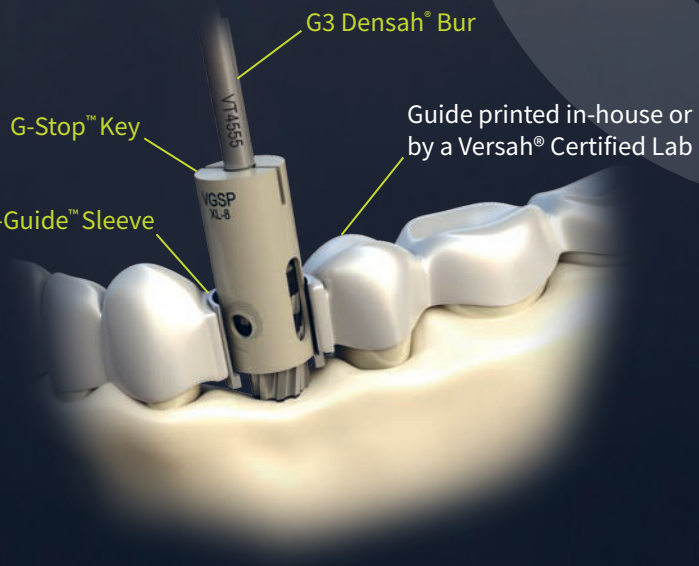
Introducing the Next Generation

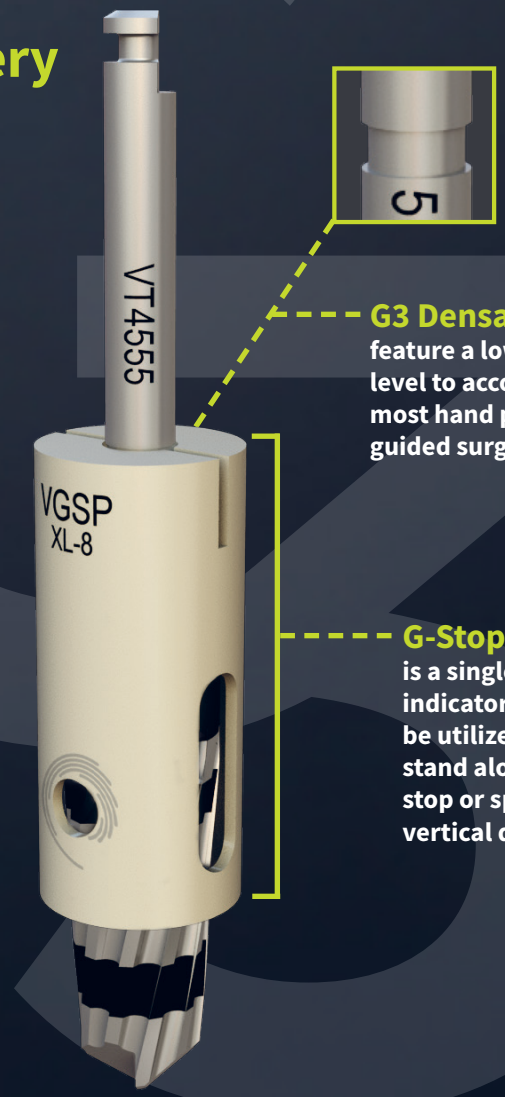
Powered by Densah® Bur Technology

G3 Streamlined for Guided Surgery

The new G3 line is now fully optimized for guided surgery cases.

- Compatible with most handpieces
- G-Stop™ Key comes in 4 sizes and 7 lengths
- More Versah® Certified labs





G3 Densah® Burs feature a lower notch level to accommodate most hand pieces for guided surgery cases.

G-Stop™ is a single depth indicator that can be utilized as a stand alone vertical stop or specific vertical depth key.

The G-Stop™ key is available in 4 sizes - S, M, L, XL, and 7 different lengths:

Full Day Osseodensification Hands-On Training

- March 8, 2019
- April 5, 2019
- May 3, 2019
- June 28, 2019

Register now!

versah.com/training or by calling 844-711-5585

versah.com

CGA discusses advocacy priorities in Washington

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

The AAOMS Committee on Governmental Affairs (CGA) traveled in January to Washington, D.C., for our first committee meeting of the year.

As with any new Congress, and under the shadow of a partial government shutdown, my fellow CGA members and I certainly had our work cut out for us as we discussed federal and state legislative and regulatory issues impacting the specialty and what the Association's priorities should be in the 116th Congress.

We also discussed arrangements for the 2019 AAOMS Day on the Hill scheduled for April 9 and 10 in Washington, D.C., and submitted a number of recommendations to the AAOMS Board of Trustees for their consideration.

CGA took advantage of being in the nation's capital by meeting with officials in both the administration and Congress. From the administration, we met with Cpt. Renée W. Joskow, DDS, MPH, FAGD, senior dental advisor with the Health Resources and Services Administration (HRSA), to discuss HRSA's role in expanding access to oral health. We also convened with Thomas A. Mason, MD, chief medical officer of the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services, to discuss the administration's health information technology initiatives and their impact on healthcare providers.

Dr. William V. Jordan III (right) meets with staff from the office of Rep. Brian Babin (R-Texas).

Dr. Thomas A. Mason, chief medical officer of the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services, discusses health IT priorities for the federal government.

From Congress, we met with Kimberly Espinosa from the office of Congressman Ben Ray Luján (D-N.M.) to discuss potential healthcare priorities in the new Congress.

In addition, we visited the halls of Congress to take in meetings with key members. In total, we met with seven congressional offices to educate them about the specialty and discuss two priority bills that are expected to be reintroduced this year: the Ensuring Lasting Smiles Act, AAOMS-led legislation to require health plans to cover dental-related treatment in conjunction with a craniofacial anomaly; and the Resident Education Deferred Interest (REDI) Act, AAOMS-initiated legislation that would allow medical and dental residents to qualify for interest-free deferment during residency.

Finally, CGA represented the specialty at an OMSPAC-hosted fundraiser for U.S. Rep. Suzan DelBene (D-Wash.). The congresswoman is serving her fifth term in Congress and sits on the House Ways and Means Committee, which has jurisdiction over health issues. The fundraiser was attended by nine medical provider organizations, including the American College of Emergency Physicians and the American College of Surgeons.

Our time in Washington, D.C., was highly successful. Be sure to check out the next issue of *AAOMS Today*, where we will recap the 2019 Day on the Hill and the issues we discussed during our congressional visits.

CGA has an exciting Day on the Hill planned for the Association, and I hope to see everyone there in April. ■

Newcomers welcome at AAOMS Day on the Hill

The 19th annual AAOMS Day on the Hill – the premier advocacy event for the specialty – will be held April 9 and 10 in Washington, D.C.

The event begins April 9 with a Tips for Conducting Congressional Visits session geared toward newcomers followed by a reception and dinner program featuring keynote speaker Nathan L. Gonzales.

Gonzales is editor and publisher of Inside Elections, which provides nonpartisan analysis of campaigns for the U.S. Senate, U.S. House, governor and U.S. president. Gonzales also serves as elections analyst for the newspaper and website Roll Call, a political analyst for CNN, and founder and publisher of PoliticsinStereo.com. Regularly seen on the top media outlets discussing the latest in politics, Gonzales takes a distinctive approach to his punditry, personally interviewing nearly all candidates to project the results.

April 10 begins with a breakfast and morning program featuring discussion of AAOMS's priority legislative issues. Attendees then proceed to their congressional visits on Capitol Hill. All events will be held at the Washington Marriott at Metro Center in Washington, D.C.

No political or advocacy experience is necessary to attend. AAOMS welcomes first-time attendees and will ensure they are adequately prepared for congressional meetings.

AAOMS is encouraging attendance from the following states that have not been represented in recent years: Alaska, Hawaii, Idaho, Mississippi, Nevada, New Hampshire, South Dakota, Vermont and Wyoming. OMS representation from these states is crucial to increasing OMSs' impact on Capitol Hill.

Day on the Hill

What: Advocate to members of Congress

When: April 9 and 10

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

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

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

DAY ON THE HILL

Registration is open at AAOMS.org/DayontheHill.

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

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

AAOMS President Dr. A. Thomas Indresano and Immediate Past President Dr. Brett Ferguson meet in 2018 with staff of then-House Minority Leader Nancy Pelosi (D).

Attendees prepare for their appointments and review advocacy priorities.

Where to locate an OMS practice

By Scott McDonald
President and Owner
Doctor Demographics, LLC,
and Scott McDonald & Associates Research

Whether the decision is to purchase an office, open a satellite or create a practice from scratch, the selection and evaluation of a practice site is a decision that will need to be made.

Recently, the magical word "demographics" has been invoked to provide an objective criterion to determine what makes one site better than another. The relative value of one demographic statistic over another has somewhat eluded many oral and maxillofacial surgeons.

There is a simple fact every oral surgeon knows but often doesn't think about: the vast majority of people out there don't want or need oral surgery. The people who do need your services can be selected demographically. True, there are people of every age, income group, race and ethnicity who are going to need an oral surgeon, but look in terms of trends and tendencies to determine those locations that will be more fruitful for your efforts – who tends to need and want your services.

These three elements are vital to every OMS practice site:

- Proximity to a referral base
- Access to a major transportation artery
- Population with a tendency to need/want OMS services

Being close to a hospital may or may not be important based on the kind of oral and maxillofacial surgery you want to do. The smaller the town, the more important proximity to a hospital will be because this will satisfy the three elements listed. In larger communities and metropolitan areas, that is not so much the case.

Referral base

This is the most important element in determining a location for an OMS practice. It is even more important than competition. After all, surgeons tend to cluster around healthcare hubs. Putting the practice close to referring practices only makes sense. The means of defining "close" may need a little explanation.

The number of referring practices that create a threshold minimum for a practice is a function of how many cases will come from the offices. In some rare cases, a single oral surgery practice can survive with as few as five large general practices that refer all their patients. This is not likely nor is it desirable.

Most general practices refer to several oral surgeons. As a rule, the average OMS practice should have no fewer than 10 general practices in its target geography. While it is terrific to find some degree of exclusivity in an area, it is not realistic in most U.S. markets. As an aside, when looking at a community with only one oral surgeon, the number of extractions done by general dentists goes up dramatically.

Transportation accessibility

An "isochrone" is a distance measured in time. Due to the advent of the automobile, most people determine distance by how long it takes to get from one spot to another. One may say, "It takes 15 minutes to get to our office." There is a limit to how far a particular demographic group will travel to a dental office. The more densely populated a practice area is, the less time people are willing to travel for most professional services.

The difference between a practice area in Duxbury, Mass., and one in Boston, Mass., is primarily the commute times in Duxbury are much longer than in most parts of Boston. Duxbury will tend to draw from a much more scattered population.

For this reason, a map showing the relative practice area of a rural or isolated suburban population will show more square miles than one in an urban area. This is important because even though there may be relatively few people living and working around a particular practice site, the practice map will take in more area. When considering the ideal population-to-dentist ratio, it is necessary to accept a set radius won't tell you what you need to know. A four-mile radius in Chicago, Ill., is not the same as a four-mile radius in Lake Forest, Ill.

Isochrones also are important because they relate to the distance between a practice and large transportation

continued on next page

arteries with high speeds. Close access to a turnpike or expressway off-ramp means people are often willing to travel from a greater distance because the time it takes to get to the office is shorter. An isochronic map will show the potential reach of a practice is longer along highways than unpaved streets.

In urban areas, an OMS practice should be located within 20 minutes of the core (60 percent) of the referral base. In suburban areas, it should be no more than 30 minutes. In rural areas, it can be as much as 40 minutes (with much more flexibility in rural sites).

Population and households

It is vital to have sufficient numbers of people to treat. Without the people, there can be no practice. But the simple population statistic can be deceptive. People in any geographic area are divided into daytime (workers and shoppers) and nighttime (residents) populations.

Daytime populations may be far more important. This is especially true of areas dominated by large employers in office buildings surrounding a practice site. The resident population may be poor while the daytime population may be quite desirable.

The number of people in a given geographic area is a dynamic rather than static matter. Many areas have a large, stable population. Homeowners don't move for decades. Generally speaking, this population tends to be tied to their present dental practices. On the other hand, if there are many new residents because of transplants or a net increase in the number of housing units, the number of available patients will be higher. For this reason, an area of little growth or an aging population will not be as desirable as one that is growing or at least changing.

Establishing the critical mass of population to justify an OMS practice is not a simple matter. It is tempting to provide an optimum population-to-dentist ratio to evaluate the value of a site. But as you doubtless know, not everyone visits to seek treatment. Women usually outnumber men by 10 percent in dental visits. Blue-collar workers seek treatment less often than white-collar workers. Older patients are more faithful referrers than young ones. Therefore, additional demographic statistics are required to evaluate their relative worth.

Assuming other statistics show a population that is affluent, well-educated and motivated to seek treatment, the population-to-dentist ratio can be as low as 1,100-to-1. On the other hand, with 5,000-to-1 ratios, some practices suffer for want of available patients. In short, the character of the population (more than its size) is a crucial statistic.

Prime OMS demographic factor: age

Age is one of the most important facts about a population to determine the value of a given practice site. Age so often predicts dental need. For example, pediatric dentists will want children ages 3 to 10, and orthodontists will want youths ages 10 to 18.

Most dentists already understand the relationship of age to given dental procedures. They know 18- to 25-year-olds do not often seek treatment of any kind (with the exception, perhaps, of third molar extractions) because their physical condition is as good as it will be in their lives and because they don't have money and little insurance to pay for it. Conversely, people 45 to 60 years of age often have significant dental need (including dental implants) and the resources to pay for it.

If the practice desires many third molar extractions, there must be significant numbers of people who have that need. As stated, age is one of the primary indications of this expressed need.

Age is measured in three ways:

- Absolute number of the population broken out by age
- Relative distribution of age
- Median age

The first figure tells us how many people of a specific age are in any geographic area. This will help provide an idea of how many age-related dental procedures can be performed on the base population.

The second measurement takes the entire population and breaks it into age groups by percentage of the total population. This is particularly useful in comparing one area of similar size to another. It tends to show the character of a population.

The third measurement, median age, is figured by taking the ages of every person in the community and finding the age that falls in the middle of the bell curve. This statistic is good for comparing one area to another but also is helpful to use as a marketing baseline for direct mail. Typically, if one were ordering a mailing list, one would choose heads-of-household who fall near the median age. Median age also figures prominently in determining a psychographic profile (discussed later).

It is extremely useful to compare the median age of a practice area to the median age and age-distribution of a patient base. This exercise will indicate how closely the practice's patient population matches the community profile. Most dentists (GPs and OMSs) who have worked in a practice for five years or more will have a median age for their patients within five years of their own age, either younger or older. It is important, therefore, for a purchasing oral surgeon to understand this if the practice is being sold by an older, retiring doctor. A patient base that is much older than him or her will tend to have less loyalty and require additional marketing efforts to replace patients who move on.

Local economics

Just as an investor may make a fortune when the rest of the stock market is down, local economies differ from the larger state or national economies. Each practice area has a different economic potential from the larger geographic setting.

The local economic outlook is determined by several factors such as household income, consumption potential and employment.

Household income

Just as with age, household income can be looked at in three ways:

- Absolute income earned
- Relative distribution of incomes
- Median income

It is possible to find out how much money is being produced or earned in a given geographic area. Perhaps the easiest geography to comprehend is the ZIP code. Its boundaries are well-defined, and it is useful as a marketing area as well.

It also is possible to determine the relative categories of income are being earned per household. For example, it is useful to know the percentage of people in earning categories per ZIP code. The standard categories used by the U.S. Census Bureau include:

- Under $15,000
- $15,000 to $25,000
- $25,001 to $50,000
- $50,001 to $100,000
- $100,001 to $150,000
- Over $150,000

These data can be used in comparing one area to another. The median household income is useful in the same way as median age to determine a character of the population in the site as well as for making marketing decisions.

Consumption potential

Everyone spends money on different things. Demographers have long-tracked the various things people buy to determine the nature of the population's choices. For example, if people in a given area spend a great deal of money on investments,

continued on next page

we can conclude they have investment income. Therefore, this population is meeting its other financial obligations to the point it has disposable income. There are many categories of consumption potential that are measured. A few examples include:

- Insurance
- Home repair
- Pet supplies
- Health insurance
- Movie rentals
- New car loans

Most of the time, the consumption potential is expressed as an index. This index has a baseline of 100, which represents the national norm. Any score above or below this line indicates there is more or less spending in that category for that geographical site.

Employment

Some areas have as their economic base a single large industry. As an example, for decades, Gloucester depended on fishing as the sole base for its economy. When demand, technology and foreign competition threatened, a financial crisis ensued. This is the case of many Rust Belt communities that depended upon a single large factory or plant for employment.

Diversity in the economic base is much more common than ever before. Nevertheless, many communities in the state continue to be dependent on one or two industries for support. At first glance, it appears some industries are immune to market forces. Such was the thinking of several communities in California such as Sacramento. Nevertheless, when the U.S. military decided to close four military bases around the city, dental practices had to scramble to reconsider the economic base of their patients. Property values shifted as did insurance plans, population growth and character as well as transportation patterns.

Those parts of Massachusetts that depend only on government-granted funding (including colleges and universities), tourism and the military may look secure but are not always.

Many sites depend on the economies of surrounding communities. This is certainly true of suburbs. Residents earn their money elsewhere and return home with it, often crossing state lines doing so. In fact, these communities tend to have more inherent stability because they draw from several diverse sources for their ultimate economic base.

Another variation on this is the retirement community. In this case, people have earned their money elsewhere (often in a different state) and are spending their savings and retirement income to live. For that reason, retirement communities are often the communities with the most stable economic outlook.

It is useful to consider the ratio of employers to employees per area (such as a ZIP code) as it will reveal the impact of a specific business or industry on the practice base.

Psychographics (lifestyles)

While it is very useful to determine the individual characteristics of a population, demographers have created a kind of shorthand to look at groups of people. They classify them according to characteristics they have in common. Using algorithms of the available data, they have divided the U.S. populations into several lifestyle clusters. The various vendors of this information differ in the number of categories (from nine to 50) with each company using its own algorithms to determine the differences between them.

The demographic/market research provider EBIS-ESRI has developed a system to break the U.S. population into consumer groups. The product is called Tapestry. These clusters carry names that are somewhat descriptive. Two groups found in large numbers in most of the United States are Suburban Splendor and Main Street USA. Each is quite different from the other. Both lifestyle groups are relevant to oral and maxillofacial surgery (among others).

- **Suburban splendor** – These are typically high-income, married couples with children. They live in owner-occupied, single-family detached units in new suburban areas. They have a high level of education and work in white-collar occupations.

These adults are more likely than average to be in the age ranges between 40 and 54 and over 10 percent more likely than average to have children ages 10 to 17. They are among the top 10 percent of wage earners in the United States.

- **Main Street USA** – This segment consists of married couples who are divided into single-family homes (which they likely did not purchase new) or multifamily apartments. They live in smaller communities, mostly in the Midwest. They

have gone through some college education, have medium income and work in management, skilled and service-oriented jobs.

Adults in this segment are more likely than average to be between 31 and 39 years old. They have a high likelihood of having a teen in the home. A significant percentage will be baseball fans and watch a significant amount of network TV.

Obviously, these two lifestyles are quite different. The relevance to dentistry is most clear when one considers each group will have its own particular wants and needs for dental care. As a rule, non-married people are more mobile. They represent most of the new patients found in any given area. They also are less stable and difficult to establish a relationship with. Frankly, those practices that rely upon new resident mailing lists get far more singles and renters than married homeowners.

Knowing lifestyles or psychographics is important because it can provide valuable insights into:

- The nature of the wants and needs of a population for a particular treatment, location, method of practice or payment model.
- The media and messages used to market to them can be crafted to be more cost-effective.
- Inappropriate or undesirable lifestyles that can be avoided as the targets for marketing.
- How a practice's patient base can be analyzed to determine how alike or dissimilar they are from the general population.

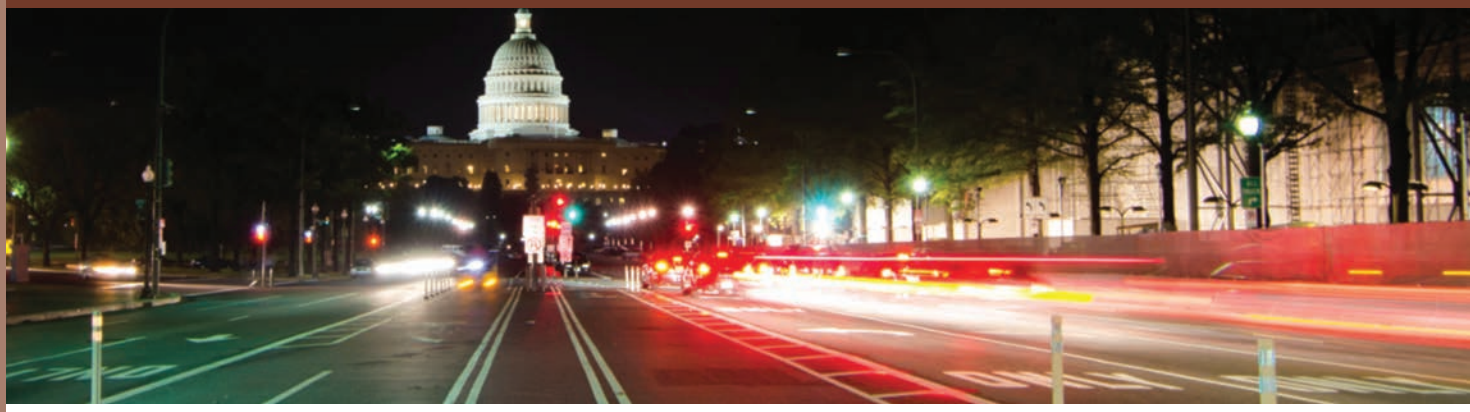
This information on psychographics is invaluable, therefore, in evaluating a practice site and practice database. It also is very useful as a tool to base future internal and external marketing activities by providing a rational target market that will bring the kind of patients the practice most desires.

'Know thy practice site'

The famous Oracle at Delphi has engraved above it, "Know Thyself." Using modern demographic and psychographic research, it is both possible and practical to "know thy practice site" so these important and risk-filled decisions can be made rationally.

It is always a good idea to get these facts and analysis from someone familiar with the dental profession and the factors that lead patients to join a practice. ■

This is number 166 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.



New year shaping up to be a busy time for AAOMS

Both federal and state governments are addressing issues affecting the specialty.

Federal level

A new Congress convened in January, and legislators spent the first two months dealing with a partial federal government shutdown, electing leadership and finalizing committee rosters. Congress is expected to begin addressing healthcare-related issues in the coming months.

■ **Appropriations** – The federal government went into a partial shutdown beginning Dec. 22 over a dispute between the Trump administration and Democratic leadership on funding for security at the southern border. With both parties agreeing to a short-term funding agreement Jan. 25 to end the shutdown, Republican and Democratic leaders were able to finalize negotiations ahead of the Feb. 15 expiration date. The remaining seven appropriations bills were passed under a $333 billion spending package for FY 2019. President Donald Trump signed the legislation into law Feb. 15 to avert another partial government shutdown.

■ **AAOMS comments** – AAOMS provided comments to the National Institute of Dental and Craniofacial Research in response to its request for input on the upcoming 2020 Surgeon General's Report on Oral Health and to the U.S. Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force on its draft report.

State level

The state legislative sessions officially kicked off in January, and AAOMS is tracking hundreds of bills that could affect the specialty. The bills being discussed can be viewed at AAOMS.org/trackingmap.

The following is a summary of issues that were finalized as of January:

■ **California** – Gov. Gavin Newsom (D) appointed Dr. Nadine Burke Harris, a pediatrician, as the state's first surgeon general. Dr. Burke Harris is founder and chief executive of the Center for Youth Wellness in San Francisco, Calif., which

advocacy for the specialty across the country

aims to improve the health of children exposed to toxic stress and trauma early in life. California is now the fourth state to have a surgeon general, following Arkansas, Florida and Pennsylvania.

■ **Michigan** – In the final days of the 2018 legislative session, a bill (SB 541) passed allowing practice by dental therapists. Under the new law, dental therapists are authorized to practice statewide, provided they practice in low-access areas and the majority of patients are on Medicaid. Five states now allow statewide practice of dental therapists.

■ **Oklahoma** – The U.S. District Court for the Western District of Oklahoma announced Jan. 10 a suit brought forth by two dental anesthesiologists against the Oklahoma Board of Dentistry may proceed. The suit alleges the state's regulations violate free speech by failing to recognize dental anesthesiology as a dental specialty. This case is unique among other specialty recognition challenges because Oklahoma has specialty licensure.

In addition, the specialty licensure is stipulated in state statutes, but a provision grants the dental board the ability to recognize other specialties not listed in the statutes.

A full summary of 2018 issues is discussed in the *State Issues Review*, which was included in the Feb. 20 President's newsletter.

OMSPAC update

Between Jan. 1, 2018, and Nov. 31, 2018, OMSPAC raised $439,707 from 19 percent of the membership. In addition, OMSPAC has contributed $450,000 to federal candidates so far during the 2018-19 election cycle.

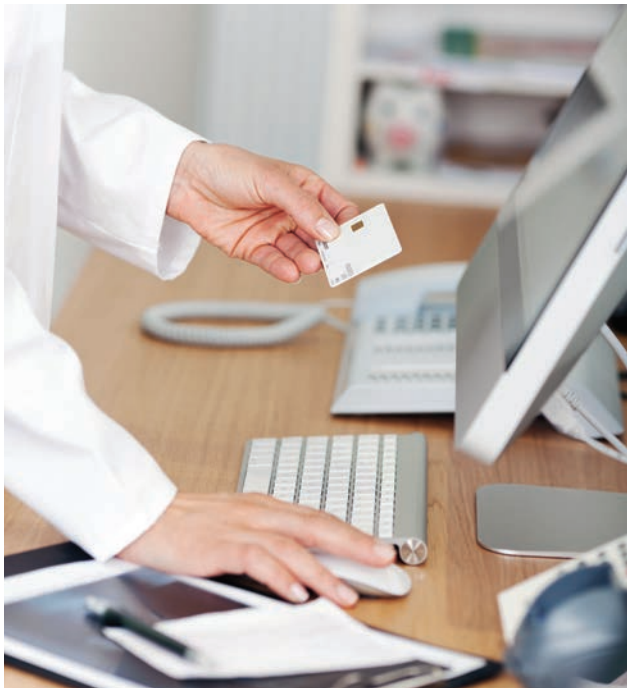
Information on member contribution totals and a list of candidates to whom OMSPAC has contributed are available at OMSPAC.org. ■

Key steps: Gather patient information, verify

An essential step in discussing treatment and finances in a practice is collecting all pertinent insurance information from the patient before rendering services. This makes for a smooth transition for patient financial obligation and treatment plan acceptance.

At the first visit, the patient should be asked to complete a patient registration form that includes this information and provide copies of pertinent documents:

- Patient's name, address, date of birth, gender and marital status.
- The patient's type of insurance.
- Subscriber's full name, date of birth, employer's name and address.
- Relationship to the patient.
- Reoccurring patients also should be asked yearly if there is any change to their insurance benefits or status.
- A photocopy or scan of both sides of the subscriber's insurance card. (Sometimes the subscriber does not have a card and accessing the insurance company's website may be necessary.)



- A photocopy of the subscriber's/patient's driver's license.

A financial policy statement also should be presented to the patient at pre-paperwork check-in. Financial policies are crucial for offices to set the proper expectations for payment and let the patient know the office's role in submitting to insurance for reimbursement. This helps avoid misunderstandings and difficult conversations after treatment has been completed.

Predetermination/preauthorization

Predetermination is the process of verifying coverage and acquiring an estimate of potential treatment cost reimbursement. When determining predetermination of benefits, this information should be obtained:

- Insurance representative's name and phone number.
- Date of conversation.
- Provider's network status – participating or non-participating? If the provider practices at multiple sites, is he or she a participating provider to all locations? Is there a specific fee schedule applicable if the provider has PPO status?
- Coverage guidelines, parameters and limitations within the payer plans.
- Payer polices, exclusions and trends.
- Details of the patient's inpatient and outpatient benefits.
- Amount of deductible (including how much of the deductible has been met).
- Percentage/rates of reimbursement.
- Whether specific CPT/CDT codes relating to possible treatment are covered. If so, are there provisions or preauthorization requirements?
- Annual maximum benefit and if any dollar amount has been used toward the current calendar year.
- If multiple insurers, determine primary and secondary coverage along with coordination of benefit policies used by the insurance companies.
- Fax number for a complete insurance benefit breakdown.

insurance benefits before services

Preauthorization/precertification is an approval process in which the provider is required to obtain permission from the insurance carrier before the patient's inpatient admission, visit to a specialist, elective service or expensive diagnostic test. Though a procedure may be medically necessary, failure to precertify treatment could result in reduced reimbursement or denial of payment under the patient's benefit package.

ABN for Medicare providers

Medicare providers should use an Advance Beneficiary Notice (ABN) each time they suspect or know a service will not be covered based on Medicare coverage rules. The beneficiary acknowledges treatment may not be covered under Medicare and agrees to pay the provider fees. The ABN needs to be signed before treatment is rendered and submitted to Medicare. When a provider fails to obtain an ABN and services are denied, the patient will not be financially responsible for the balance. OMSs who have opted out of Medicare do not need to supply an ABN to their patients.

Treatment plan acceptance

Once benefits have been confirmed and before services are rendered, the expected costs and reimbursement should be reviewed with the patient. How much will be expected at the time of service (e.g., copays, coinsurance, deductibles) should be communicated to the patient, alleviating increased account receivables and resulting in prompt payment on the day of service.

When presenting treatment options, it is important to remember the patient has visited you for a service. Your financial coordinator should be trained and comfortable with presenting and discussing financial options. Multiple payment choices should be offered – cash, check, credit card and CareCredit are possible solutions. An open dialogue for questions or concerns can reveal hurdles that can be overcome so treatment can move forward. Treatment should be referred to as an "investment" so patients understand the value they will receive.

Managed care contracts

Provider managed care contracts may have a great impact on the final reimbursement collected. For instance, contracts may obligate you to accept the contracted rate for non-covered services, or a payer may bundle payment of anesthesia with the payment of the surgical procedure and prohibit you from billing the patient. Providers should be familiar with such policies and contract provisions by reviewing their network contracts and considering a renegotiation of fee schedules and contract exclusions on a yearly basis, if needed.

Payers often post their coverage policies on their websites. Becoming familiar with payer websites and policies will eliminate surprise claim decisions. Doing so will demonstrate a communicative, proactive approach to the carriers and your patients and help increase your bottom line. ■

This information was compiled from AAOMS billing manuals and coding courses.

Understanding digital work flow for implants

With the increased use of a digital work flow for implant placement, guidance is available for coding the different aspects of a surgical guide fabrication via a digital work flow.

Commonly the digital workflow will involve:

- A clinical examination.
- Digital diagnostic casts of the maxilla and/or mandible.
- A wide-field Cone Beam CT (CBCT).
- Implant planning software to merge the digital cast data with the CBCT DICOM file. Once this process is completed, virtual planning of implant placement is completed.
- After the surgical plan is completed, a surgical guide will be fabricated using a 3D printer or a third-party company.

Available implant codes

There are codes to use for each aspect of the digital work flow:

Clinical examination – CDT codes D0140-D0160 may be used for the oral evaluation. The level of evaluation reported must be supported by your documentation in the patient's chart. Alternatively, if billing medical, the appropriate CPT code for the level of evaluation and management performed also may be used to report the clinical examination based on medical necessity.

Diagnostic casts – CDT code D0470 – diagnostic cast is reported for the digital analog diagnostic cast of the maxilla and/or the mandible.

CBCT – A variety of codes may be used to report the CBCT. Normally, a wide field of view is required with CBCT. The code selection will depend on the field of view of one or more dental arches, if only the CBCT capture was taken or if the CBCT capture was taken with interpretation. These are codes that can be reported for the CBCT:

- D0367 CBCT capture and interpretation with field of view of both jaws with or without cranium.
- D0366 CBCT capture and interpretation with field of view of one dental arch with or without cranium.
- D0381 CBCT capture with field of view of one full dental arch – mandible.
- D0382 CBCT image capture with field of view of one full dental arch – maxilla, with or without cranium.

Virtual implant planning – CDT code D0393 – treatment simulation using 3D image volume is used to report the merging of the CBCT data and the digital cast information and the virtual planning of the implant position.

The use of 3D treatment simulation image volumes can be used for the following treatments including, but not limited to, dental implant placement, orthognathic surgery and orthodontic tooth movement.

Digital surgical guide – The coding and ability to bill for the fabrication of the guide depends on who is fabricating the guide. When the surgeon is fabricating the guide, you may follow the coding guidance below. If an independent lab or facility is performing the fabrication and billed by that facility or lab, the OMS should report a supply code (such as CPT code 99070) along with a copy of the invoice.

When the surgeon fabricates the surgical guide, you may report CDT code D6190 – Radiographic/surgical implant index, by report.

This code is "by report," so it can be used to report different types of surgical guides, digital vs. non-digital, fully or partially guided, single or multiple unit. It is important to include a detailed description of the guide when submitting the code.

When the surgeon's fabricated guide is reported to the medical payers based on medical necessity, you may report CPT code 21085 – impression and custom preparation; oral surgical splint with the appropriate diagnosis code.

Some OMSs have reported certain medical payers will not accept CPT code 99070 by an OMS when an independent lab or facility fabricated the guide. In this case, the OMS may try CPT 21085 with a reduced modifier -52, noting the fabrication was done elsewhere. The OMS may only bill for the full fabrication if he or she actually fabricated the guide. ■

PBHS www.pbhs.com

3X More Bookings

from Your Oral Surgery Website.

LAUNCHCHAT

24/7 Live Chat Online Reception

GET STARTED TODAY!
CALL **(800) 840-5383**

FREE Setup ($500 value)
Promo Code: AAOMS19

"Launch Chat has been the most cost effective lead generating tool we have used to date. Prospective patients are engaged by the Live Chat operator and efficiently screened while their contact information is seamlessly obtained and sent to our office. During office hours Launch Chat can even transfer online chats to in-office phone calls. Launch Chat has exceeded our expectations!"

★★★★★ - M. Kirsch, DDS.

Call PBHS today for a free assessment: **800.840.5383**

WEB DESIGN | SEO | SOCIAL | VIDEO | BRANDING | REPUTATION

ASI Approved Programs

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

APPROVED BY

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

› Featured programs

ASI Approved Programs have the answer for more efficiency in your OMS practice . . .

› MedXCom

Automated answering service

Designed with input from noted oral and maxillofacial surgeons, MedXCom is a cost-saving, dependable and incredibly easy-to-use, HIPAA-compliant automated answering service with a live operator option. AAOMS members receive a 10 percent discount.
Visit MedX.com/AAOMS | Call 877-633-9776

› NEA Powered by Vyne

Transmit claim attachments electronically

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

› Optum360

Coding Guide for OMS and other coding essentials

In addition to the Coding Guide for OMS and other coding essentials, the company has a powerful online coding program (EncoderPro.com) along with other products to help accelerate cash flow in your OMS practice – all at a discount to AAOMS members.
Visit Optum360coding.com/AAOMS | Call 800-464-3649, option 1

› PCIHIPAA

HIPAA compliance made easy and affordable

Enroll in PCIHIPAA's OfficeSafe Compliance Program and receive the peace of mind and convenience to protect your practice from a HIPAA violation or a data breach. The program includes unlimited access to the OfficeSafe HIPAA compliance portal, $500,000 in Data Breach and Network Security Insurance, Identity Restoration Protection and more. AAOMS members receive a discount on OfficeSafe and your mandatory 2019 HIPAA risk assessment.
Visit PCIHIPAA.com/AAOMS | Call 800-588-0254

› Sowingo

North America's Leading Dental Inventory Management Software

Designed specifically for oral and maxillofacial surgery practices, Sowingo offers specialized features to control everything from implants and medications to those gloves you forgot you had. Manage expirations with reorder alerts and instantly access usage and spending analytics from anywhere. With Sowingo, the average practice saves more than $8,000 per year by reducing waste from expired supplies and last-minute ordering fees. Decreasing staff hours spent managing inventory allows your practice to focus on excellent patient care. AAOMS members receive a 10 percent discount.
Visit Sowingo.com/AAOMS | Call 888-997-3133

New! TruPay

Payroll, timekeeping solutions and human resources services

AAOMS members can now manage their employee payroll with a powerful tool that is straightforward, affordable and backed by a friendly, helpful TruPay support team. AAOMS members will receive a 10 percent discount, FREE first-year W-2 processing, FREE HRForum and the ability to go paperless. To learn more, contact Emily at **emily.vantornhout@trupay.com.**

To check out all 18 ASI Approved Programs, visit

AAOMSservices.org

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

Topics: Hand pieces, employee handbooks

Q What guidelines exist for reprocessing dental hand pieces?

A The CDC provides the following guidance: clean and heat-sterilize hand pieces and other intraoral instruments that can be removed from the air lines and water lines of dental units. For hand pieces that do not attach to air lines and water lines, use FDA-cleared devices and follow the validated manufacturer's instructions for reprocessing these devices. If a dental hand piece cannot be heat-sterilized and does not have FDA clearance with validated instructions for reprocessing, do not use that device.

More detailed information is available at CDC.gov/oralhealth/infectioncontrol/statement-on-reprocessing-dental-handpieces.htm.

Q Do dental hand piece manufacturers provide reprocessing instructions?

A Dental hand pieces are medical devices regulated by the FDA, and the CDC recommends dental healthcare personnel follow current FDA regulations for these devices.

In 2015, the FDA released updated guidance for reprocessing medical devices in healthcare settings. It provides recommendations to manufacturers of reusable medical devices for how to write and scientifically validate reprocessing instructions.

Importantly, reusable devices that received FDA clearance before 2015 might not have reprocessing instructions that meet the requirements of the updated guidance.

The FDA's guidance on reprocessing medical devices is available at FDA.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM253010.pdf.

Q What kind of information should be included in an OMS practice employee handbook?

A An employee handbook details the rules and policies of a workplace. As employment laws are subject to change, this document should be updated regularly to ensure the rules and policies outlined are consistent with federal and state regulations and laws. It should be clearly stated the workplace reserves the right to modify the handbook.

Aside from rules and policies, an employee handbook details what benefits the practice provides. For example, this could include information on paid holidays and time-off accrual, health insurance or retirement plans.

In addition, practice policies on compensation, performance reviews, personnel files and recordkeeping, employee personnel actions (e.g., disciplinary, misconduct, exit interviews), dress code, workplace health and safety, use of office facilities and property, policies prohibiting harassment and discrimination, and principles of conduct can all be included in the employee handbook.

As a best practice, employers should regularly review the handbook and make updates as necessary. Before implementing anything in the practice, the handbook should be reviewed by the practice attorney to ensure it is compliant with federal and state laws. When the handbook is distributed to employees, it is best practice to have all employees sign a letter of acknowledgement they have both received and reviewed the handbook. ■

ADVANCING THE PROMISE OF REGENERATION HAS ALWAYS BEEN OUR GOAL

To deliver the true promise of regenerative medicine means investing in the power of forward-thinking research, education, and collaboration. This is at the heart of our work, and that's why we've contributed over $2,000,000 to research and education in Oral and Craniomaxillofacial Surgery since our launch in 2013.

Meet the programs that are helping shape the future of regenerative medicine.

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

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

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

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

CONFERENCES AND SYMPOSIA: The Foundation offers a range of educational programming focused on current and innovative trends in tissue regeneration.

PARTNERSHIPS: The Foundation is proud to support the work of its many OMFS partners, most notably, the American Association of Oral & Maxillofacial Surgeons (AAOMS).

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

Osteo Science Foundation

Research • Education • Improved Care
Shaping the Future of Regeneration

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

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

Time-limited versus unlimited certificates

The ABOMS administrative office often receives inquiries about the difference between time-limited and unlimited certificates. Board-certified oral and maxillofacial surgeons are expected to maintain current skills and knowledge through ongoing professional activities. Many attributes learned through these processes are necessary to remain a skilled oral and maxillofacial surgeon.

Recognizing this fact, the Board implemented a Recertification Examination process in 1990. Certification applications approved in that year or after were to automatically receive time-limited certificates.

Board-certified surgeons are held to a higher standard. It is a constant reminder the Diplomate is doing exceptional work to improve his or her ability to practice in a safe and contemporary manner.

Similar to many processes, with time comes change. To maintain the highest level of certification in an ever-changing medical specialty, the Board regularly reviews each of its processes. In those efforts, the Certification Maintenance (CM) process has gone from a Recertification Examination to incorporating continuing education and hospital privileges and now implementing a method to self-assess and continuously learn.

The 1,400 Diplomates with unlimited certificates are not required to complete these processes. However, they are highly encouraged to join the approximately 5,000 of those who are required. These processes tell insurance companies you are staying immersed in the specialty and can bring comfort to your patients that you are knowledgeable and experienced.

ABOMS has been informing its Diplomates about the upcoming changes to its CM program. Details can be found on the ABOMS website and blog portion of its site or questions can be directed to an ABOMS staff member. ■

Do you know your 'Retirement Ready Score'?

By Jeffrey E. Wherry, CFP, CLU, ChFC
Managing Director, Wealth Management
Treloar & Heisel Wealth Management

Financial planners often wish they had a crystal ball to tell the future. The reality is they don't. One of the questions they are most frequently faced with is: "Am I on track for retirement?"

This surely is a challenge for any saver. All want an optimal balance between living in the present and being comfortable in the future. No one wants to experience discomfort in either scenario.

Thankfully, there are some robust tools that may help determine whether one is adequately prepared for retirement. The concept of the "Retirement Ready Score," also known as "stress-testing" a portfolio, is used. Basically, this entails taking your existing investments and entering them into financial planning software that calculates thousands of scenarios of the various ups and downs that your bundle of investments may experience in real life. In some scenarios, you may end up in positive territory; in others, you may not fare as well.

Your age is entered, and the final generated report shows how many scenarios actually result with you having money at age 100. Say in 80 percent of the scenarios you still have money – then your score would be 80. The hope is you will have a minimum score of 70 in order to feel fairly confident you are possibly on track for retirement.

Q What if I'm not on track for retirement?

A If a retirement score is low, it's an indicator of one or more foundational issues.

First, you may not be saving enough. How much you have to start out with absolutely plays a role in how much you will have at age 100. So, if you're not saving enough, it would be recommended you increase how much you are setting aside.

Q What do you need to do in order to raise your Retirement Ready Score to an acceptable range?

A Some people are actually setting aside a healthy amount of money on a regular basis and still find their Retirement Ready Score falls short. This is an indication your portfolio may not be adequately allocated for your situation. By simply changing your risk tolerance a bit (but still not being over aggressive),

you may be able to get more return and raise your score to a higher range.

All too often, we find raising the Retirement Ready Score may be resolved by a combination of two factors: saving more and reallocating into more appropriate investments that align with your goals and risk profile.

The financial planner's job is to continue to monitor your performance because investment returns certainly are not guaranteed going forward. So, if there is a lower-than-anticipated returns environment, some of the parameters may need to be changed. In a higher-return environment, the risks taken may actually be able to be scaled down.

Stress-testing your portfolio once a year is recommended. By doing so, you will have a much better understanding of what is realistically achievable given your current actions. And while stress-testing is not an exact science, it could help see if you continue in this vein whether you will get to your destination or if you may have to make some alternative decisions later in life. ■

you know the relief your patients experience when they finally realize they are in the

right hands?

we do.

Because our clients feel the same way about us. As a financial services provider to dental and medical professionals across the country, we assist thousands of clients from residency to practice and through retirement with a comprehensive suite of financial services, custom-tailored advice, and a strong national network focused on delivering a higher level of service.

CALL US **800.345.6040**

Treloar & Heisel

Financial Services for the Dental and Medical Professional

ASA OMS

www.treloaronline.com

TH-170045

ADVANCED EDUCATION

BEAM sessions scheduled for this summer to instruct on anesthesia

The AAOMS National Simulation Program will offer Basic Emergency Airway Management (BEAM) modules June 14 and 15 at the Medical University of South Carolina in Charleston, S.C. and July 19 and 20 at the University of Minnesota in Minneapolis, Minn.

The program allows participants to practice and master techniques and evaluate their preparedness for office anesthesia emergencies. BEAM sessions include instruction and simulation on the oxygen tank, bag-mask ventilation and laryngeal mask airway scenarios as well as instruction and simulation on Airtraq and pediatric emergencies.

The cost per registrant is $800.

BEAM also will be offered at the AAOMS Annual Meeting on Sept. 21 in Boston, Mass. OMS staff will be allowed to participate.

More information is available at AAOMS.org/Simulation.

MEMBERSHIP

Office Anesthesia Evaluation recertification due for certain members

Office Anesthesia Evaluation (OAE) recertification is now due for current fellows and members who last completed an OAE or exemption form in 2013 (or 2012 in New Jersey and Delaware).

Members of their state OMS society should contact the state society to schedule the next evaluation. Those grandfathered from state society membership and where the OMS state society is unable to evaluate them should contact the AAOMS Department of Professional Affairs for assistance.

Members whose AAOMS records show they are due for evaluation were sent correspondence late last year. This correspondence included information regarding exemption from the requirement. Eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

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

Questions regarding membership status should be referred to AAOMS Membership Services at membership@aaoms.org or by calling 800-822-6637.

OMS FOUNDATION

Research grants available from OMS Foundation for next year

Applications are being accepted from April 15 through July 15 for these OMS Foundation research grants:

- **Research Support Grants:** One-year grants of $75,000 are awarded to institutions for basic, translational and patient-oriented research addressing priority areas of interest.
- **Clinical Research Support Grants:** Visit OMSFoundation.org/research-education to learn about these grants that start in 2020.
- **Student Research Training Awards:** Two-year grants of $12,500 are awarded to institutions to encourage students to engage in OMS-specific research and explore OMS careers.

ADVANCED EDUCATION

AAOMS assists with single-, dual-degree applications for ACS Fellowship

AAOMS is now offering assistance with application review for American College of Surgeons Fellowship to dual-degree OMSs that is similar to the assistance it has offered to single-degree OMSs.

Dual-degree surgeons will still directly apply to ACS. The change merely provides case log review for dual-degree applicants. Case logs for dual-degree applicants should be sent to acsfellowship@aaoms.org by May 1.

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

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. Single-degree applicants can submit the following materials to acsfellowship@aaoms.org by June 1:

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

The committee will assess for an appropriate volume and combination of cases. Applicants should note whether they are single- or dual-degree.

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

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

MEMBERSHIP

Second dues notices mailed

Second dues notices were mailed in January to those who have yet to renew for the 2019 membership year. Professional staff previously sponsored for allied staff membership were included on the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped.

Third notices were scheduled to be mailed in March and, per AAOMS policy, will include a late fee.

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

OMSNIC

OMSNIC unveils new website

OMSNIC has launched a redesigned website at OMSNIC.com. The site has streamlined design, enhanced search functionality and refined navigation in addition to robust information on patient safety and risk management.

After registering, OMSs and their staff can search OMSNIC's offerings of online and live seminar courses, earn continuing education credits and obtain informed consent forms in English and Spanish for patients.

The site will be updated with new patient safety and risk management information for OMSs.

MEETINGS

BAOMS-AAOMS meeting in July to feature theme of controversies

The joint BAOMS-AAOMS Annual Scientific Meeting will be held July 3 to 5 at the International Convention Centre in Birmingham, United Kingdom.

Online registration is expected to open in March.

With a theme of controversies, the meeting will feature a three-day educational and social program, allowing attendees to learn about the most recent developments in research, audit, education, surgical techniques, clinical patient management and outcomes in the OMS specialty. Seminars, master classes, short papers and e-posters will share the latest research and developments.

The full preliminary program is expected to be available in March.

Additional information about the meeting can be found at BAOMS.org.uk.

Golf day scheduled

A BAOMS-sanctioned golf day will take place July 2 at The Belfry. An 18-hole, four-ball, match play tournament will be at the Brabazon Course, which has hosted the Ryder Cup.

Breakfast, a round of golf, lunch and prizes will be included. For more information, email mattidle@me.com.

MEMBERSHIP

Online CIG communities provide opportunity for OMSs to network

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.

Three Clinical and Special Interest groups are new: the CIG on Global Surgery and SIGs on Pre-Doctoral Education and Allied Staff.

Additional information is available at AAOMS.org/Communities. Members can log in using their AAOMS credentials and access the CIGs page and request access. Approval processes within 24-48 hours.

Questions? Contact conteducate@aaoms.org.

COMMUNICATIONS

Service stories requested

AAOMS Today occasionally shares stories in its Giving Back section about its members' volunteer work. The magazine is gathering story ideas about service performed by AAOMS members in the United States or abroad.

Those interested in being featured in a future story can send their information to strotto@aaoms.org.

COMMUNICATIONS

Seeking book authors for story

AAOMS Today is looking for members who are authors of books other than textbooks.

If you are an author of a book that is fiction or nonfiction and is not a textbook, and you are interested in being part of a story in an upcoming issue of the member magazine of AAOMS, send your information to strotto@aaoms.org.

ADVANCED EDUCATION

Complimentary CSIOMS conference to present research, technologies

Led by experts in the OMS specialty and beyond, the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference will deliver the latest in OMS research and innovations relevant to patient care.

Registration is open for the complimentary conference being held April 26 to 28 at the Hilton Rosemont/Chicago O'Hare in Rosemont, Ill. Session topics will include:

- **State-of-the-art of Facial Transplantation** – Technical aspects of vascularized composite allotransplantation, advances in immunosuppressive regimens and ethical and psychological implications of this evolving field will be reviewed.
- **Advances in Imaging for Oral and Maxillofacial Surgery** – This session will cover basics of magnetic resonance (MR) neurography, normal anatomy and pathology of the trigeminal nerve, injuries identified on MR neurography, and the role of nuclear medicine imaging technique in the assessment of inflammatory disease of the maxillofacial region.
- **Diseases of Immune Function** – Autoimmune processes for diseases affecting the maxillofacial region, mechanisms for modulation of autoimmune diseases and the role of immunotherapy in anti-tumor therapy will be addressed.
- **Surgeon Wellness and Longevity** – This session will focus on preventing surgeon burnout, building and sustaining a carrier, reinventing oneself, and ergonomics in surgery.
- **Wound-healing Symposium** – Principles and clinical management of wound healing in the oral and maxillofacial region will be discussed. The symposium also will address basic biological processes of wound healing through research and offer more detailed information and discussion on processes such as platelet-derived growth factors, molecular and microscopic mechanisms of epithelialization, angiogenesis and tissue engineering.

More than a dozen speakers will present on the latest technologies and research impacting the full scope of oral and maxillofacial surgery, leading into panel question-and-answer segments.

A resident oral abstract session will help round out the program.

Held biennially, CSIOMS is exclusive to AAOMS fellows and members and OMS residents. Attendees can earn complimentary CDE/CME credits.

Additional information is available at AAOMS.org/CSIOMS.

CONTINUING EDUCATION

CE on Demand session from Annual Meeting focuses on specialty history

A new, complimentary CE on Demand session is now available. The popular "100 Years of AAOMS" session from the 100th AAOMS Annual Meeting in Chicago, Ill., has been added to the online library.

Over the last 100 years, the specialty of oral and maxillofacial surgery has evolved into a diverse and exciting profession. Originally exodontists, oral and maxillofacial surgeons are now the experts in facial trauma, orthognathic surgery and reconstructive surgery. This session highlights advances over the last century since the development of AAOMS.

Featuring presentations by Drs. Stuart Lieblich, R. Bryan Bell, Michael Block and others, this session offers up to two CDE/CME credits. The complimentary access will be offered for a limited time. It is available at AAOMS.org/CEonDemand.

ADVANCED EDUCATION

Conference to address anesthesia safety for the pediatric patient

The AAOMS Pediatric Anesthesia Patient Safety Conference being held April 25 at the Hilton Rosemont/Chicago O'Hare in Rosemont, Ill., will address updates on anesthesia and related topics relevant to the safe and efficient administration of pediatric anesthesia. The program also will highlight protocols that promote practice models providing and sustaining the culture of safety.

The conference will outline strategies for the future of anesthesia in the specialty with an emphasis on enhancing the OMS anesthesia team model and pediatric patient safety. Differences between pediatric and adult patients will be explained, and approaches to the delivery and management of techniques in pediatric anesthesia will be described.

In addition, the conference will address elements of emergency management unique to the pediatric patient, responsible prescribing protocols to manage pain in the pediatric patient as well as anesthesia incidents and risk management techniques to enhance patient care quality.

Speakers from various specialties will present on topics ranging from oral sedation techniques, intravenous techniques, laryngeal mask airway and intubated closed airway techniques to patient selection criteria and opioid prescribing.

Sessions also will describe AAOMS's new National Simulation Program, which addresses the needs of the OMS office-based anesthesia team, and the AAOMS Dental Anesthesia Incident Reporting System (DAIRS), which collects and analyzes anesthesia incidents in order to improve the quality of care.

Additional information is available at AAOMS.org/SafetyConference.

ADVOCACY

Members urged to participate in survey about opioid prescribing

AAOMS is working to address the opioid epidemic in several ways, including issuing a white paper with prescribing recommendations and advocating for the use of state-sponsored prescription drug monitoring programs.

The Association is interested in learning how its members have changed their prescribing habits. Members are urged to take the third annual member survey on opioid prescribing patterns. The survey is available at AAOMS.org/OpioidSurvey.

Last year's survey revealed encouraging results, including: 85 percent of respondents said they prescribe less than a three-day supply of opioids and 83 percent of respondents use a long-acting local anesthetic or other agent.

Through these annual surveys, AAOMS hopes to recognize trends for its advocacy efforts to show legislators and regulatory officials AAOMS membership is aware of the epidemic and has taken steps to reduce the amount of opioids they prescribe to patients. AAOMS also can use the survey results to inform membership of prescribing trends, and members may alter their prescribing habits.

OMS FOUNDATION

Scholarships available for attending CSIOMS conference in April

The OMS Foundation will grant a maximum of 10 $1,000 scholarships for residents to attend the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference being held April 26-28 in Rosemont, Ill. Each recipient will be reimbursed up to $1,000 for lodging and travel costs directly associated with the program. Applications are due March 29.

Additional information is available at OMSFoundation.org/research-education/funding/resident-travel-scholarships.

CALENDAR

AAOMS Opportunities

April 9–10

AAOMS Day on the Hill
Washington Marriott at Metro Center in Washington, D.C.

April 25

Pediatric Anesthesia Patient Safety Conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

April 26–28

Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

May 4 and 5

AAOMS Educational Weekend
Loews Chicago O'Hare in Rosemont, Ill.

June 14 and 15 and July 19 and 20

AAOMS National Simulation program Basic Emergency Airway Management (BEAM)

- Medical University of South Carolina in Charleston, S.C. (June 14 and 15)
- University of Minnesota in Minneapolis, Minn. (July 19 and 20)

July 3–5

Joint BAOMS-AAOMS Annual Scientific Meeting
International Convention Centre
in Birmingham, United Kingdom

Sept. 16–21

101st AAOMS Annual Meeting
Boston Convention Center
The Westin Boston Waterfront in Boston, Mass.

Regional & State Society Meetings

April 4–6

Southwest Society of OMS, Texas Society of OMS and Midwestern OMS Chapter
Eldorado Hotel & Spa in Santa Fe, N.M.

April 5–7

VSOMS Annual Meeting
Hilton Norfolk the Main in Norfolk, Va.

April 7

New York State Society of OMS Annual Meeting
Weill Cornell Medical College in Manhattan, N.Y.

April 12–13

Jack Kent OMS Foundation and Louisiana Society of OMS
Pearls of Office-based Anesthesia, Digital Implants and Marketing
New Orleans Marriott in New Orleans, La.

April 13

Wisconsin Society of OMS Annual Session
Madison Marriott West in Middleton, Wis.

April 26–27

Houston Society of OMS Hinds Symposium
Houstonian Hotel in Houston, Texas

May 1

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

May 4

OSOMS Annual Conference for OMSs and Staff
Renaissance Hotel in Westerville, Ohio

May 4–5

CALAOMS 19th Annual Meeting & Anesthesia Update
Island Hotel in Newport Beach, Calif.

Aug. 3

TSOMS Summer Meeting
Franklin Marriott Cool Springs in Franklin, Tenn.

Aug. 9–11

FSOMS Summer Meeting
The Ritz-Carlton Amelia Island in Amelia Island, Fla.

Aug. 9–11

GSOMS Summer Meeting
The Ritz-Carlton Reynolds, Lake Oconee in Greensboro, Ga.

ASI Approved Programs

J. David Johnson Jr., DDS
Treasurer

"ASI Approved Programs provide crucial non-dues revenue to the Association as well as benefits to you as a member."

Through various revenue sources, AAOMS maintains its educational and operational program offerings. However, only one of those revenue sources provides substantial contributions to the bottom line of both the Association and our members.

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

Currently, this AAOMS for-profit subsidiary has 18 ASI Approved Programs. Each company must pay a quarterly royalty to AAOMS and ASI based on usage while featuring a special benefit to members they would not receive on their own.

A dedicated ASI Projects Committee made up of AAOMS members thoroughly reviews potential programs – including examining financial solvency and member references. If a company's proposal is acceptable to the committee, the application advances to the AAOMS Board of Trustees and ASI Board of Directors for final review and approval.

Your assurance ASI has reviewed and approved a program is the "Approved By" logo.

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

The newest ASI Approved Program is TruPay, which offers industry-leading payroll, timekeeping and human resource services to help organizations achieve efficiency using an intuitive cloud-based system. AAOMS members now have access to tools that help eliminate errors and inconsistencies while streamlining processes for managing and paying their workforce. As a bonus, AAOMS members receive access to HR Forum, a one-stop shop for HR-related workplace information, including customizable employee handbooks, forms and policies.

Other ASI Approved Programs include:

- **Bank of America Merchant Services** – This credit card processing program offers specially negotiated rates for AAOMS members.

benefit both AAOMS and our members

- **Bank of America Practice Solutions** – This practice financing service offers customized solutions for OMSs – whether they are just getting started or restructuring or expanding.
- **CareCredit** – This healthcare credit card provides an additional financing option for patients, making it easier for them to get needed surgery.
- **MedXCom** – This HIPAA-compliant hybrid answering service allows doctors and practice managers to communicate, track and preserve night calls using a mobile app.
- **NEA Powered by Vyne** – This secure service offers electronic transmission of claim attachments using FastAttach and FastLook.
- **Nuell, Inc.** – This service offers repairs of powered dental and surgical instruments and accessories.
- **Office Depot/OfficeMax** – This retail chain offers AAOMS members discounts and GPO National Account pricing on office supplies and other services, such as document shredding.
- **Optum360** – This one-stop coding resource offers a variety of printed materials – including its popular *Coding Guide for OMS* – as well as its EncoderPro.com, an online encoding program.
- **PCIHIPAA** – This service provides in-depth Payment Card Industry (PCI) and HIPAA compliance services to navigate the complexities of compliance and protect OMS practices.
- **PD-Rx Pharmaceuticals** – This service offers more than 6,000 prepackaged medications for in-office dispensing needs with a specially priced formulary for OMS practices.
- **Practice Quotient, Inc.** – This national managed dental care contract firm negotiates fair market PPO compensation for members.
- **Scientific Metals** – This precious metals refining program assays scrap metals for an accurate value and offers free insured pickup of metals.

- **SoFi** – This student loan refinancing service can save members thousands of dollars while consolidating and refinancing federal and private loans.
- **Southern Anesthesia & Surgical, Inc.** – Since 1997, this company has offered an AAOMS Member Buying Group Program that features OMS specialty products, supplies and pharmaceuticals.

APPROVED BY ASA OMS ASI AAOMS Services, Inc.

- **Sowingo** – This cloud-based inventory management system is specifically designed for oral and maxillofacial practices.
- **StemSave** – This company offers OMSs a non-invasive, convenient and affordable stem cell banking service for their patients.
- **TSI** – Offering fixed-fee pricing, this collection agency integrates with most dental software to allow clients to get paid faster through early intervention.

ASI Approved Programs provide crucial non-dues revenue to the Association as well as benefits to you as a member. I encourage you to check them out.

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

Dr. Ghali named Specialty Society Governor

Dr. Ghali

G.E. Ghali, DDS, MD, FACS, FRCS(Ed) – LSU Health Shreveport chancellor and chair and professor of oral and maxillofacial surgery – has been elected to the American College of Surgeons' Board of Governors as a Specialty Society Governor.

Dr. Ghali will serve as the representative for OMS in a three-year term. Specialty Society Governors are a direct communications link between Fellows of the College and members of the Board of Governors. Dr. Ghali was named an ACS Fellow in 1998.

Joint Commission elects Dr. Perrott

Dr. Perrott

David Perrott, DDS, MD, senior vice president and chief medical officer of the California Hospital Association, has been elected board chair of The Joint Commission Board of Commissioners for a two-year term. He also will serve as board chair of the Center for Transforming Healthcare and on the Board of the Joint Commission Resources. The Joint Commission accredits and certifies approximately 21,000 healthcare organizations across the country.

NIH grant awarded to Dr. Lam

Dr. Lam

David Lam, DDS, MD, PhD, is part of a research team that has been awarded a $1.7 million National Institutes of Health grant to validate bone regeneration technology in the craniofacial tissues.

Dr. Lam, professor of surgery and oral and maxillofacial surgery and chair of the Department of Oral and Maxillofacial Surgery, and Srinivas Myneni, BDS, PhD, MS, assistant professor and director of periodontal research, are leading the project at Stony Brook University. The grant is a 2 ½-year Small Business Innovation Research Fast-Track Grant through the National Institute of Dental & Craniofacial Research.

Their research into the viability of NuShores Biosciences LLC's NuCress bone scaffolds in craniofacial tissues has the potential to offer bone regeneration solutions for patients with issues including tooth loss and cancer, congenital defects, infections and craniofacial trauma, according to a university news release.

Dr. McMunn appointed to task force

Dr. McMunn

William McMunn III, DDS, MD, has been appointed to the Nurse-Physician Advisory Task Force for Colorado Health Care, which was established to promote public safety and improve healthcare in the state by supporting collaboration and communication between nursing and medicine. Dr. McMunn was appointed to a term until September 2021 to serve as a representative of the physician community.

Dr. Lewis named distinguished alumnus

Dr. Lewis

Donald P. Lewis Jr., DDS, has been named 2018 Distinguished Alumnus of the Year at Case Western Reserve University School of Dental Medicine. The award is the highest given to a graduate of the school and recognizes dedication to the school and excellence in the profession.

Since 1976, Dr. Lewis has been an associate professor at the school, and he has served as president of the Alumni Association since 2015.

For AAOMS, Dr. Lewis coauthored *Advanced Protocols for the Medical Emergencies: An Action Plan for Office Response* and wrote the Anesthesia Assistants Review Course and its online version. He is founding chair of the AAOMS Committee on Software Development and Computer Technology, which produced the practice management software OMSVision, for which he received AAOMS's Special Citation Award in 2007. He also serves as a consultant on the Committee on Practice Management and Professional Staff Development.

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

HEALTH IT BYTES

Cybersecurity – The Department of Health and Human Services (HHS) released "Health Industry Cybersecurity Practices (HICP): Managing Threats and Protecting Patients." The four-volume, industry-developed document aims to provide voluntary cybersecurity practices to healthcare organizations of all types and sizes, ranging from local clinics to large hospital systems.

The publication was in response to a mandate set forth by the Cybersecurity Act of 2015 Section 405(d) to develop practice cybersecurity guidelines for the healthcare industry.

Additional information and a copy of the document are available at the 405(d) website at PHE.gov/Preparedness/planning/405d/Pages/default.aspx.

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

Faculty Positions

Alabama

The University of Alabama at Birmingham School of Dentistry is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Major responsibilities include patient care, resident teaching and research. This position is mainly clinical and the candidate should have an interest in major oral and maxillofacial surgery. The University of Alabama at Birmingham is a large Level 1 trauma and teaching hospital with 8 full-time surgeons and 3 full-time research faculty. The University of Alabama at Birmingham School of Dentistry has a high patient volume with many dental specialties and research opportunities. The UAB Department of Oral and Maxillofacial Surgery is a clinical department within the University of Alabama Hospital and School of Dentistry. Candidates must be eligible to acquire a license to practice dentistry and medicine in the state of Alabama. Fellowship training is encouraged and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants. The anticipated start date of this position is July 1, 2019. Send inquiries to Dr. Peter Waite, MPH, DDS, MD, FACS: email pwaite@uab.edu or phone 205-934-4345.

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, 2020. 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 e-mail: carlos.ramriez@ascension.org.

Nebraska

The University of Nebraska Medical Center in Omaha, Neb., is currently seeking an oral and maxillofacial surgeon and invites applications. As a full-time faculty member, the successful applicant will provide clinical care to patients and actively engage in teaching residents in academic and clinical settings in a 72-month, fully accredited OMFS residency program. The faculty member will join the medical staff of Nebraska Medicine, the only nationally certified Level I trauma center in Nebraska serving both children and adults. The range of services we provide includes (but is not limited to) corrective jaw surgery, wisdom tooth removal, facial injury treatment and dental implant procedures. Highlights of this outstanding opportunity include: potential for transition into program director role; substantial incentive program; highly competitive benefits package, including paid malpractice and relocation allowance. 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 the best care for patients, and to serve Nebraska and its communities through award-winning outreach. The successful candidate must be an MD/DO (or equivalent degree) who is board-certified in oral and maxillofacial surgery. Candidates should have outstanding interpersonal skills along with enthusiasm for patient care, medical student and resident education. Applications are currently being accepted online at unmc.peopleadmin.com/postings/42661. Individuals from diverse backgrounds are encouraged to apply.

Ohio

Associate/Professor of Clinical Division Chief - Division of Oral & Maxillofacial Surgery Department of Surgery; College of Medicine University Of Cincinnati. Vibrant OMS practice with well-respected, accredited residency training program affiliated with UC Health and Cincinnati Children's Hospital Medical Center, both Level I trauma centers, and Cincinnati Veteran's Medical Center. Candidate should have strong vision to promote divisional growth effective leadership, administrative skills with experience in resident education/ research, strong interpersonal skills to nurture/expand existing collaborations within/beyond the rich UC Health network. Required: DDS or DMD; completion of CODA-accredited OMS residency, Ohio Dental Board licensure, Certification by the American Board of Oral and Maxillofacial Surgery. Apply online 34661 https://jobs.uc.edu. FOR ALL FACULTY HIRES OFFICIAL ACADEMIC TRANSCRIPTS WILL BE REQUIRED AT THE TIME OF HIRE The University of Cincinnati, as a multi-national and culturally diverse university, is committed to providing an inclusive, equitable and diverse place of learning and employment. As part of a complete job application you will be asked to include a Contribution to Diversity and Inclusion statement. As a UC employee, and an employee of an Ohio public institution, if hired you will not contribute to the federal Social Security system, other than contributions to Medicare. Instead, UC employees have the option to contribute to a state retirement plan (OPERS, STRS) or an alternative retirement plan (ARP). The University of Cincinnati is an Affirmative Action / Equal Opportunity Employer / M / F / Veteran / Disabled.

Tennessee

The University of Tennessee Health Science Center, College of Dentistry seeks applicants for the position of Chair, Department of Oral and Maxillofacial Surgery. This is a full-time, tenure track, faculty position. Salary and academic rank are commensurate with the candidate's qualifications and experience. Primary responsibilities of this position include: (1) manage a diverse faculty, staff and student body; (2) department administration; (3) faculty and staff development; (4) develop and manage undergraduate preclinical and clinical oral and maxillofacial surgery educational programs; (5) develop and supervise all oral and maxillofacial surgery resident activities with the residency program director; and (6) facilitate department research and service activities. The Department also is involved in interprofessional (IPE) education collaboration. This position reports to the Dean of the College of Dentistry. The successful candidate must have a DDS/DMD degree from an ADA accredited dental program or equivalent degree and be eligible for licensure in the state of Tennessee. Applicants must have completed an accredited oral and maxillofacial surgery residency training program and be certified by the American Board of Oral and Maxillofacial Surgery. The successful candidate should have a work history of involvement in teaching, service and scholarly activity. Excellent interpersonal skills and prior administrative experience in health science education will be favorably considered. Review of applications will begin

immediately and continue until the position is filled. The UTHSC College of Dentistry was founded in 1878, making it the oldest dental college in the south, and the third-oldest public college of dentistry in the United States. For immediate and confidential consideration, applicants should submit a letter of interest, current curriculum vitae, contact information and three professional references via email to joestanley@greenwoodsearch.com or patriciagibbs@greenwoodsearch.com; Tel: 252-267-1956 / Fax: 850-650-2272. The University of Tennessee prides itself of being an Equal Opportunity Employer. The University of Tennessee does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits. This policy extends to both employment by and admission to the University. The University does not discriminate on the basis of race, sex or disability in its educational programs and activities pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990. Inquiries and charges of violation concerning Title VI, Title IX, Section 504, ADA or the Age Discrimination in Employment Act (ADEA) or any of the other above referenced policies should be directed to the Office of Equity and Diversity, 920 Madison Avenue, Suite 420, Memphis, TN 38163, telephone 901-448-5558 (V/TTY available).

Virginia

Virginia Commonwealth University (VCU) School of Dentistry is seeking candidates for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. This position is a term position. The salary and academic rank will commensurate with experience and qualifications. Responsibilities include supervision and teaching of dental students and residents in Oral and Maxillofacial Surgery. Participation in faculty practice and research is emphasized. Qualifications: Candidates must have a dental degree, have completed an approved oral and maxillofacial surgery residency, be eligible for licensure in Virginia, and be board-certified or an active candidate for certification. Interest and/or experience in facial esthetic surgery is preferred. The candidate must have demonstrated experience working in and fostering a diverse faculty, staff and student environment, or a commitment to do so as a faculty member at VCU. Application Process: Candidates must apply to this faculty position through the university's career website at vcujobs.com to be considered for faculty position: F63070. For further information about this position, please contact Dr. George Deeb, Search Committee Chair, Department of Oral and Maxillofacial Surgery, VCU School of Dentistry at gdeeb@vcu.edu. VCU is an urban, research-intensive institution with a richly diverse university community and commitment to multicultural opportunities. Virginia Commonwealth University is an equal opportunity, affirmative action university providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability.

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 ABOMS-eligible 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

Alabama

A one-year post graduate fellowship in orthognathic surgery & pediatric surgery is offered to recent graduates of accredited oral and maxillofacial surgery programs. The fellowship is sponsored by the University of Alabama at Birmingham Department of Oral and Maxillofacial Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the state of Alabama. A clinical appointment in the Department of Oral & Maxillofacial Surgery will be obtained. The philosophy of the fellowship is to enhance skills in facial esthetic analysis; assessment of head and neck functions, including the upper airway; the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentofacial deformities, the airway, the secondary cleft lip and palate issues. This intensive fellowship program will focus on facial cosmetics, reconstruction, and some amount of trauma, TMJ and complex dental implants. 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 work closely with Dr. Waite and other select faculty, 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 Dr. Peter Waite, MPH, DDS, MD, FACS: email pwaite@uab.edu or phone 205-934-4345.

California

UCSF-Fresno Department of Oral and Maxillofacial Surgery offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow position per year. Clinical activities include: head and neck cancer and benign tumor surgery – neck dissections, resections such as glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; trans Oral Robotic Surgery and skull base surgery; airway management – tracheostomies and its variations including emergency airway management; reconstructive surgery of major oral/head and neck defects – microvascular free flaps, pedicled and other conventional flaps to reconstruct complex composite head, face and neck defects; radiation and medical oncology – one month rotating with radiation oncology, and one rotating with medical oncology to fully

continued on next page

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

Fellowships Non-CODA Accredited

continued from previous page

comprehend the multidisciplinary aspects of care for the head and neck cancer patient; craniomaxillofacial trauma – also will be involved in trauma ranging from frontal sinus/skull base fractures to penetrating tracheoesophageal injuries. Large avulsive soft tissue injury management also is included. The fellow will act in a teaching capacity supervising residents in the surgical treatment of craniomaxillofacial trauma; sleep apnea surgery – not officially part of the fellowship, the fellow will have involvement in the work-up and treatment of sleep apnea patients; research activities – complete at least 2 clinical research papers related to head and neck oncology and reconstructive surgery or other topics of interest. Interested applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include a CV, photo, two letters of recommendation and a letter describing your intentions/plans after fellowship training. If additional questions, also can email Brian Woo, DDS, MD, bwoo@communitymedical.org.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for the July 2020 as well as July 2021 positions. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Florida

The Pediatric Maxillofacial and Craniofacial Surgery Fellowship Program at University of Florida – Jacksonville, Department of Oral and Maxillofacial Surgery is offering a one-year postgraduate fellowship commencing July 1, 2019, and ending June 30, 2020. This fellowship encompasses all aspects of pediatric maxillofacial and craniofacial procedures (15 years old and younger). In conjunction with the attending, our fellows work to provide comprehensive treatment of pediatric soft and hard tissues, and abnormalities of the maxillofacial and craniofacial region. This includes primary repair of cleft lip and palate as well as transcranial procedures. In addition, the fellow will work alongside a multidisciplinary team of specialists in head and neck oncology, ENT, plastic surgery and other disorders of the maxillofacial region in a dynamic surgical and clinical setting. Our fellows also have the opportunity to conduct research projects at both UF Jacksonville and Wolfson Children's Hospital. The fellow chosen for this position will be on-call for cases operated on by the pediatric craniomaxillofacial service. It is expected that the fellow will also cover the pediatric cranial and maxillofacial trauma, as well as PICU and NICU consults from UF Jacksonville and Wolfson Children's Hospital. The fellow will attend clinic one half-day per week along with a full multidisciplinary cleft and craniofacial clinic two times per month. Interested candidates should contact 904-244-3689 or submit a letter of interest and CV via email to Barry Steinberg, MD, PhD, DDS, FACS, at barry.steinberg@jax.ufl.edu.

Maryland/District of Columbia

A one-year postgraduate fellowship in orthognathic surgery is offered to recent graduates of accredited OMS programs. The fellowship is sponsored by Posnick Center for Facial Plastic Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the State of Maryland and the District of Columbia. A clinical appointment in the Department of Otolaryngology/Head and Neck Surgery at Georgetown University Hospital will be obtained. The philosophy of the fellowship is to enhance skills in facial esthetic analysis; assessment of head and neck functions, including the upper airway; the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentofacial deformities, the airway, and secondary cleft lip and palate issues. Each patient is followed through their initial consultation, further evaluation, collaborative treatment, immediate preoperative workup, operation, postoperative care and long-term follow up. The fellow will be Dr. Posnick's right-hand person, evaluating and managing the patient through all phases of care. There will be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Jeffrey C. Posnick, DMD, MD, email jposnick@drposnick.com or phone 301-986-9475.

Massachusetts

Junior faculty/fellowship position. Massachusetts General Hospital, Department of Oral and Maxillofacial Surgery. Massachusetts General Hospital (Partners Education Committee approved), announces the offering of a 2-year fellowship (7/1/2019-6/30/2021) in endoscopic oral and maxillofacial surgery under the direction of Dr. Joseph McCain, Program Director. The goal of this unique educational opportunity is to train surgeons in the skills of endoscopic surgery of the maxillofacial region including temporomandibular joint (arthoscopy), salivary gland sialoendscopy, trauma repair and reconstruction. During the two-year fellowship period, scholarly activity and education on translational research, clinical trials, prospective and retrospective studies will be available. Great opportunity for clinical outcomes studies and translational bench work will be provided. The fellow will practice as an attending and gain experience in an academic "protected" environment. They will be expected to function as a primary Attending for Level I Trauma, elective OMS and resident case coverage. They are fully expected to teach residents endoscopy and general OMS. Massachusetts Dental License is required. Interested candidates should submit a letter of interest, curriculum vitae and two letters of recommendation to Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Tempromandibular Joint Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 0211 or email jpmccain@mgh.harvard.edu.

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

Tennessee

The Department of Oral and Maxillofacial Surgery at the University of Tennessee Health Science Center is seeking applicants for a full-time faculty position. Salary and rank will be commensurate with qualifications and experience. Responsibilities include clinical and didactic teaching of residents and dental students, trauma call coverage, scholarly activity and service. Candidates must be American Board of Oral and Maxillofacial Surgery-certified or active candidates for board certification. Applicants must be able to obtain a Tennessee dental license. The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. Interested candidates should send a letter of intent, curriculum vitae and two letters of recommendations to: Dr. Larry Weeda Jr., Professor and Chairman, Department of Oral and Maxillofacial Surgery, 875 Union Avenue, Memphis, TN 38163.

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

Full-time/part-time oral surgeon wanted in Chandler/Phoenix. Modern, privately owned, specialty practice. Flexible transition with partnership opportunities and competitive compensation. Must be board-certified or board-eligible. Email CV: smileupaz@yahoo.com.

Arizona

Well-established, well-respected, busy oral and maxillofacial surgery practice located in the greater Phoenix area seeks a surgeon who is board-certified or board-eligible for association leading to full partnership/ownership. Practice emphasis in dentoalveolar, implants, pathology, orthognathic and trauma. State-of-the-art

continued on next page

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

Available Positions
continued from previous page

facility and equipment. Candidate should be energetic, motivated and passionate. Excellent clinical/surgical skills are important with an emphasis on providing compassionate patient care. Send CV to AAOMS Classified Box A-011901.

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 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 Calif. license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to: apply.oralsurgery@gmail.com.

Colorado

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

Connecticut

Excellent opportunity in a well-established oral and maxillofacial surgery practice in Danbury, Conn. State-of-the-art equipment including 3D imaging (Sirona SL). Practice emphasizes dentoalveolar, dental implants and grafting. Seeking a full-time compassionate oral and maxillofacial surgeon looking to work in a modern office with a great staff. Please send curriculum vitae to ctdentalimplantcenter@yahoo.com or AAOMS Classified Box A-030319.

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

Excellent opportunity in northeast Florida for an OMS who is board-certified or an active candidate for board certification. Busy, well-established, high-quality, full-scope practice. Senior partner retiring 2-3 years. Two-surgeon, three-office practice. Seeking motivated and personable associate leading to partnership. Please reply with CV to AAOMS Classified Box A-4454.

Florida

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

Florida

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/-certified oral surgeon for a one-year associateship leading to ownership. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have two doctors dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. We are looking for co-owners, not long-term associates. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport, multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a population of over 1 million people, Florida has no state income tax and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at cforalsurgery.com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

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, 401(k) retirement plan, malpractice insurance and a genuine opportunity for partnership. Our team is motivated, fun, diverse, high-functioning 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.

Florida

We are seeking a full-time or part-time board-certified/board-eligible oral & maxillofacial surgeon with a caring attitude and a focus on treating patients as family. The expanding practice currently involves one oral surgeon in two offices in the beautiful Daytona Beach area. The practice has a focus on office-based procedures. Partnership opportunities are available! We offer a very competitive salary with a host of benefits. Please contact 386-212-4852 or email arunreddy@hotmail.com for further details.

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

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

Georgia

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

Illinois

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 or 2020. 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 board-certified 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 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.

Illinois

Well-established, three-doctor, multi-office oral surgery practice located in central Illinois is seeking a BE/BC oral and maxillofacial surgeon to join our busy practice. Our practice is a high-grossing, top-tier practice with low overhead and a dedicated referral base. We also have an excellent reputation in the community of providing outstanding care to our patients for over 45 years. All our locations are updated and have state-of-the-art equipment. Excellent opportunity to join an OS office that practices the full scope of oral surgery! Complete benefit package offered to all new associates includes a generous starting salary with a signing bonus, 401(k), profit sharing, paid time off, insurance and much more! After one year, associates become eligible to transfer to partner, which includes a salary increase, monthly bonuses and additional retirement benefits just to name a few. Please call Leigh Slavens at 309-282-1316 for more information or email CV to lslavens@aosillinois.com.

Indiana

Well-established OMS practice of over 50 years in northern Indiana in a college city looking for a personable, well-trained candidate for associateship leading to partnership or buyout. There is an excellent opportunity for the full-scope of oral surgery with all the advantages of a big city with a small-town atmosphere. Huge potential for a great lifestyle. Competitive salary, health benefits, malpractice insurance included in the package. Reply to AAOMS Classified Box A-030419.

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, 401(k), 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

Immediate and summer positions (2019) are available for associates leading to partnerships in a state-of-the-art, highly successful, expanding, multi-location, full-scope oral and maxillofacial surgery practice in Maryland/D.C./Virginia metro area. Our team is looking for a bright, ambitious and caring individual. Our future partner must be proficient in all phases of OMS including outpatient general anesthesia, 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.

Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20

continued on next page

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

Available Positions
continued from previous page

years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington, D.C. We have access to big-city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax: 301-694-7372.

Maryland

Seeking a qualified oral and maxillofacial surgeon with a Maryland license to join our well-established group practice. Multiple locations in Baltimore County. FT. Email resume to dentalapplicant1900@gmail.com.

Massachusetts

Well-established practice spanning over 50 years, located in a sea-coast community of southeastern Massachusetts is looking to hire a full-time associate with strong potential for partnership. This three surgeon office-based practice has a strong referral base and an emphasis on dentoalveolar and implant surgery. Affiliated with the local hospital (0.4 miles). Competitive financial package and benefits available including pension and profit sharing plan. Reply to AAOMS Classified Box A-010419.

Michigan

Busy southeast Michigan oral surgery practice looking for part-time or full-time associate with partnership opportunity if desired. Current practice is concentrated in dentoalveolar sugery, implants and pathology however the opportunity exists to develop your own scope of practice. Please send resume to OMScorp@yahoo.com.

Michigan

Hennig, Woodbury & Howard is a premier mid-Michigan three-surgeon, two-location practice seeking BC/BE personable associate/partner. Are you tired of the corporate practice mentality? Would you like to pursue private practice in an established group and control YOUR OWN destiny? You CAN build your own future and reputation! You do not have to be a pawn for a big box business. We are located in the mid-Michigan area in close proximity to Midland, Bay City and Saginaw. Right at the edge of the Great Lakes and the beautiful freshwater recreational activities they provide. While we are primarily in-office surgeons, we do offer legitimate full-scope opportunities (orthognathics, cleft, trauma and pathology). We will work hard helping you with the nuances of the "business" of OMFS. Partnership is offered in 12-18 months. Base salary of $300K+ would be guaranteed with a structured bonus format based on percentage of collections, which can exceed seven figures. Malpractice, health insurance, 401(k) included. Contact email: howard@hwhpc.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 and CV to DrT@stpauloralsurgery.com or call ph. 651-645-6429.

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 (St. Louis)

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

New Jersey

Upscale, well-established private practice with three locations in northern N.J. offering unique full-time associate and a distinct part-time opportunity to board-eligible or board-certified OMFS leading to partnership. 20 minutes from Manhattan. Multiple area and N.Y.C. hospital affiliations available. Excellent compensation with comprehensive benefits. Long-term experienced staff to assist with transition. Email resumes to info@njcosa.com.

New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural and recreational offerings), seeking a well-trained, highly motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to dr.edkozlovsky@gmail.com.

New Jersey

A well-established oral and maxillofacial surgery practice that has been serving our community for over 45 years is seeking an associate. The candidate must be board-certified or board-eligible and committed to a high level of patient care. We are a multi-doctor practice with multiple locations in northern N.J. Our office provides i-CAT 3D imaging as well as a dedicated operating suite and facility for continuing education. Our practice has excellent growth potential. Early partnership opportunities are available

for a motivated individual. Compensation package includes a guaranteed salary along with incentive program, as well as health benefits and expenses. Please send CV to AAOMS Classified Box A-010319.

New Jersey

Looking for an enthusiastic oral surgeon to join a highly reputable private practice with multiple locations throughout the beautiful suburban areas of Northern New Jersey and near the Jersey Shore. Randolph Center for Oral & Maxillofacial Surgery is a comprehensive provider for oral and maxillofacial surgery with affiliations at Morristown Medical Center and New York Presbyterian Weill-Cornell Medical Center. This well-established, growing practice now has a great opportunity for a new and upcoming oral surgeon looking to gain experience at a state-of-the-art, full-scope practice. Randolph Oral Surgery is offering a full-time position to a board-eligible surgeon – an excellent salary and benefits package is included in this exciting opportunity! If interested in this position, please fax resumes to 973-328-3405. We are looking forward to hearing from you soon!

New York

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

New York (Long Island)

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

New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working 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.

North Dakota

Well-established solo practice in Fargo, N.D., is seeking a board-eligible/-certified single- or dual-degree oral and maxillofacial surgeon to join our practice. It is an economically growing region in the upper Midwest. The practice, at present, is full-scope. I have a very large implant practice and there is growth available in all aspects of the specialty. The practice draws from approximately a 100-mile radius and from about 80-100 possible referral sources. Salary will be negotiable and competitive as well as a two-year associate contract leading to buy-in. Resumes can be mailed to the office (Attention: Amy) or email to amy@prairieoralsurgery.com. Feel free to visit our website at prairieoralsurgery.com.

Ohio

Solo practitioner wishing to retire in the next three years is seeking a partner to transition his orthognathic surgery-centered OMS practice in the Midwest. Located in large Metropolitan area that features a well diversified economy, major league sports and year round cultural activities. It is unusual to find a practice that truly has a full-scope referral pattern. The OMS practice draws from a referral base all over the metropolitan area and receives referrals for orthognathic surgery from over 20 orthodontic practices within a 75-mile radius. One hundred orthognathic surgery cases are in the pipeline with insurance predetermination and patients in orthodontic treatment. Many cases are performed on a full-fee basis. Insurance payment for other orthognathic surgery cases average approximately $8,000 per case. Practice averages 30-40 orthognathic surgery cases each year. Average gross of 1.5 million per year for a 4-4.5-day week. Owner has loyal referral base for dental implants, dentoalveolar surgery, temporomandibular joint arthroscopy and trigeminal nerve reconstruction. OMS does minimal cosmetic surgery trauma. The practice is in good alignment for growth in these areas. Office located next to large and growing suburban hospital. This is an excellent opportunity for OMS who wishes to truly practice full-scope oral and maxillofacial surgery starting the first day. Interested buyer must sign confidentiality/non-disclosure agreement. Reply to AAOMS Box A-010119.

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.

Ohio

Well-established solo practice in NE Ohio seeking BE/BC candidate for associateship leading to ownership upon surgeon's retirement. The focus is on dentoalveolar surgery, third molar surgery, implant surgery and office anesthesia with unlimited opportunity for a full-scope practice. CBCT recently upgraded. Close proximity to regional trauma center. Excellent opportunity for recent graduate, retired military or satellite office. Reply to AAOMS Box A-010219.

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,

continued on next page

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

Available Positions
continued from previous page

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.

Quebec, Canada

A group practice of oral and maxillofacial surgeons with an established referral base and an experienced team seeks an oral and maxillofacial surgeon certified with the Royal College of Dentists in Canada. We have a full-scope practice in oral and maxillofacial surgery specialized in oral surgery, implants, orthognathic surgery, TMJ, sleep apnea and trauma (in a regional trauma center). Fluency in French is required. Please reply with curriculum vitae to: Clinique Maxillo-Mauricie; office: 819-378-4353; fax: 819-378-7661; email: info@maxillomauricie.com.

Saskatchewan, Canada

State-of-the-art full-scope OMFS practice seeking oral surgeon. Associateship that can lead to partnership, full-time or part-time employment limited to dentoalveolar. Contact Dr. Robert Wager, rob@provincialoralsurgery.com.

Virginia

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

Virginia

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

Virginia

Full-scope practice with an excellent opportunity for a vibrant implant, cosmetic facial surgery, orthognathic and very healthy dentoalveolar practice. Beautifully decorated, 5,200-square-foot modern outpatient ambulatory surgical facility with two full OR suites and six additional operatories. Don't miss this opportunity to become a partner at a well-established, highly respected OMS practice with an outstanding team. Send CV and inquiry to AAOMS Classified Box A-030419.

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

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/Virginia Metro area in Hagerstown & Frederick, Md., and Martinsburg, W.V. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board-certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, 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-the-art group practice based out of Charleston, W.V. with offices in N.C. and S.C. as well. We have nine locations and are looking for an exceptional, outgoing, energetic, board-certified/eligible candidate for certification. Our practice encompasses the full scope of oral and maxillofacial surgery, dentoalveolar, orthognathic, trauma, implants, head and neck pathology, and facial cosmetic surgery. We offer a $350,000 base salary with earning potential. Student loan reimbursement opportunities and continuing education. If interested or have any additional questions, please contact Jarod Zelaska 304-720-6672 or email jzelaska@mtstateoms.com.

Wisconsin

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

Miscellaneous

OMS Consulting Firm

Got a practice management problem? Looking to increase profitability? Need help opening a new location or a whole new practice? Need a practice analysis? Team building? We offer full-scope consulting services for oral and maxillofacial surgery practice management. Our team specializes in organization development, practice management, financial management, revenue cycle, coding and billing. To learn more about our 9-domain approach to practice analysis and our services, contact Scott Graham at 833-OMS-FIRM or 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

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 partnership buy-in leading to full ownership. Very desirable community with opportunities for an active outdoor lifestyle. Collections in 2017 $1.75M, and targeted $1.9M in 2018. Send inquiries with letter of interest and CV to bizdocjay@mac.com

Georgia

OMFS practice for sale north of Atlanta. 2,468-square-feet space in a free-standing, medical/surgical building that sits on 1.66 acres close to I-575. Practice grosses $1.3M in a 3-day work week with 80% cash and FFS patients. Practice is priced fairly to sell! For serious buyers that want to learn more, please contact Randall at 770-853-9244 or email colleen@dmacares.com.

Kentucky

Established in 1985 serving eastern and southeastern Kentucky; southwestern Virginia; and southwestern 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 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.

Michigan

Practice for sale in Grand Rapids, Mich. Well-established solo practice in same professional building for 28 years. 2,640 square-feet in business condominium, lease or purchase option. Four operatories, private office with bathroom. Large business office and waiting area. EMR and digital X-ray. Office remodeled two years ago. Gross averages $800,000 on four-day work week. Grand Rapids is a thriving community with three great hospital complexes. Spectrum health is associated with Michigan State and its medical school. Metro Health is associated with University of Michigan Medical Center. Be your own boss. Email rjr@greatlakesjawsurgery.com.

Nevada

Well-established OS practice in med/dental prof. complex on major thoroughfare. Relaxed 4-day work week w/room for financial growth & operatory expansion. 5 ops w/plumbing for 3 add'l. $249k (real estate also available through local N.V. agent). Send inquiries to: wps@succeed.net.

New York

Solo, part-time NYC oral surgery practice for sale. Good starter office for recent graduate. Digital imaging and EMR. Office is low maintenance, attractive and up-to-date. Solid neighborhood referrals. Attractive price. Easy transition desired. Reply to AAOMS Classified Box S-030219.

New York

Solid opportunity! Established OMS practice with extensive referral base for sale and ready for transition. Located next to hospital, this property is ready for the upgrades you want. Email dave@practiceevolutions.com

North Carolina

It's 2019! Your OMS practice is now available with two locations ready for transition. Newer equipment and attractive price mean minimal updates. This is a great opportunity. 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 2,700 sq. ft. of office space, 4 operatories, laser and OMS vision software. No competition and well-established referral base. 2018 collections $920,000 working 3.5 days/week. Email info@almontefallagogroup.com or call 866-211-9602.

Rhode Island

Thinking of going on your own? OMS practice for sale and ready for immediate transition. Modernized equipment and appealing price equal minimal changes if desired. Interested? Let's talk. Email dave@practiceevolutions.com.

Tennessee

Oral surgery private practice sale in Nashville, Tenn. Call 615-414-0123 for details.

Virginia

Oral surgery practice in Virginia. New listing! Gross one million in an area of exceptional and continued growth! 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, implant and office-based anesthesia. Doctor is very flexible with transition timetable. Call or email Tom Bonsack, DDS, at 410-218-4061 or tom@midatlanticdentaltransitions.com for more details.

Practice Transitions

OMS Exclusively-Premier Transition Specialists for Oral Surgeons

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell or buy, transition into retirement, value your practice, restructure your partnership or add an associate/partner? We have over 30 years in transitions, including practice sale experience. We work with residents, experienced surgeons and military. We are not practice brokers, do not charge 10% or sign exclusive agreements. We have buyers/associates, tremendous success! You have seen us at AAOMS/WE PROVIDE YOU PERSONALIZED SOLUTIONS. Web page/National Job Board: www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

Classified Advertising Deadlines
July/August 2019 issue: May 2, 2019
Sept/Oct 2019 issue: July 3, 2019
Nov/Dec 2019 issue: Sept. 2, 2019

AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position
(please check all that apply):

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

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

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

_____

_____

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

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

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Faculty Ad Costs:

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

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

General Classified Advertising Order Form

Ad type:

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

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

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

_____

_____

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

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

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General Classified Ad Costs:

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

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

Mail completed form and check to:
AAOMS Today Classified Ads
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
Or email form to marketing@aaoms.org
Or fax form to 847-678-6279

Please attach a copy of your ad text when returning this form.

Questions?
Visit AAOMS.org/classifieds,
or email marketing@aaoms.org.

Classified Advertising Deadlines

July/August 2019 issue: **May 2, 2019**

Sept/Oct 2019 issue: **July 3, 2019**

Nov/Dec 2019 issue: **Sept. 2, 2019**

EXPAREL®

(bupivacaine liposome injectable suspension)

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

INDICATIONS AND USAGE

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

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

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

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

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

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

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

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

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

- patients younger than 18 years old
- pregnant patients

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

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

Adverse Reactions Reported in Nerve Block Clinical Studies

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

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

Postmarketing Experience

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

DRUG INTERACTIONS

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

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

Bupivacaine

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

Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

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

Water and Hypotonic Agents

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

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

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

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

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

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

Data

Animal Data

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

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

Lactation

Risk Summary

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

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

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

Renal Impairment

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

OVERDOSAGE

Clinical Presentation

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

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

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

Management of Local Anesthetic Overdose

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

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

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

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

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water for injection or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

Recommended Dosing in Adults

Local Analgesia via Infiltration

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

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

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

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block

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

Compatibility Considerations

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

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

  The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.
- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

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

Non-Interchangeability with Other Formulations of Bupivacaine

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

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

CLINICAL PHARMACOLOGY

Pharmacokinetics

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

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

PACIRA PHARMACEUTICALS, INC.

Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

Patent Numbers:
6,132,766 5,891,467 5,766,627 8,182,835

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

Rx only **November 2018**

NEW DENTAL CODE FOR USE IN OMFS PROCEDURES

Effective January 1, 2019 D9613

- Infiltration of a sustained-release therapeutic drug—single or multiple sites
  - Infiltration of a sustained-release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes

For reimbursement questions, please call 1-855-RX-EXPAREL (793-9727), email reimbursement@pacira.com, or visit www.EXPAREL.com/reimbursement.

OMFS, oral and maxillofacial surgery.

Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

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

Please refer to Brief Summary of full Prescribing Information on the following page.

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

PACIRA PHARMACEUTICALS, INC.

Parsippany, NJ 07054 PP-EX-US-4290 12/18

EXPAREL®
(bupivacaine liposome injectable suspension)
OPIOID FREE