AAOMS TODAY

May/June 2019
VOLUME 17, ISSUE 3

A publication of the
American Association of Oral and Maxillofacial Surgeons

COVER STORY | PAGE 6

Advancing advocacy

Day on the Hill generates support for ELSA, REDI bills

Annual Meeting to focus on research, innovation

Sessions to showcase cutting-edge techniques, materials

page 18

New infographics explain OMS scope to public

Visual materials educate patients about OMS expertise, treatments

page 28

Member making a difference in Ghana

Doctor assists with healthcare, books and water

page 56

PRSRT STD
US POSTAGE
PAID
PERMIT 2237
CHICAGO IL

AAOMS TODAY

May / June 2019 Volume 17, Issue 3

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

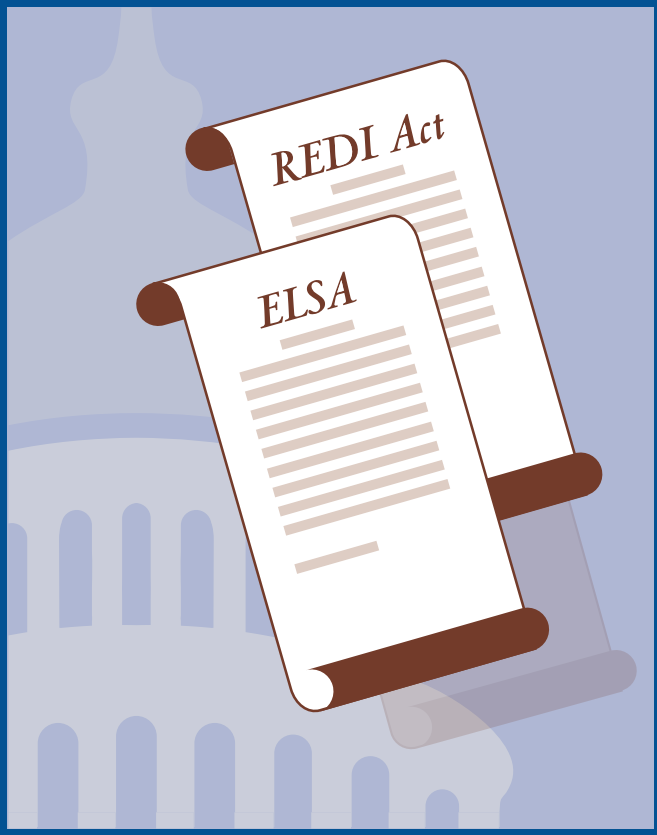
Sarah Trotto
Editorial Manager

Julie Carr
Production Designer

AAOMS

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

COVER STORY
Page 6



Advancing advocacy

Day on the Hill generates support for ELSA, REDI bills

"We are able to personally explain our position on issues to those who govern us."

– AAOMS President Dr. A. Thomas Indresano

AAOMS Today: **Award-winning AAOMS member magazine**

2018: Distinguished Dental Editor Award to Dr. Daniel Laskin

2018: Most Improved Magazine

2018: Bronze Award in Newsletter category

2018: Newsletter Division I winner

2018: Platinum Award for feature article

2018: Gold Awards for association magazine and overall writing and design

A. Thomas Indresano, DMD, FACS
AAOMS President

The Informational Campaign benefits the OMS specialty, individual members as well as the Association.

Informational Campaign

When focus groups in 2013 revealed the public's lack of knowledge of oral and maxillofacial surgery treatments and the expertise of OMSs, the House of Delegates wisely voted to launch a national brand awareness program. The AAOMS Informational Campaign was born.

I look back on that pivotal decision and appreciate the importance and impact these AAOMS efforts have had, and continue to have, in changing the public perception of our specialty. What started with the MyOMS.org website and a series of videos has grown into a strategic multichannel endeavor to reach prospective patients in all 50 states. And it's working.

Annual surveys conducted since 2015 show exponential growth in the percentage of consumers who say they have seen or heard advertising or promotions about consulting an OMS – from 3 percent that first year to 7 percent in 2016, 14 percent in 2017 and, remarkably, 25 percent in 2018.

The campaign now includes cost-effective digital marketing using Google and YouTube; a WebMD microsite; TV, radio and airport public service announcements (PSAs) on oral cancer, OSA and third molars; continually updated content on MyOMS.org to increase our rankings in organic search results; social media outreach; a new patient video series; and infographics covering the entire OMS scope of practice.

Why the campaign is needed

It's important our members remember the Informational Campaign boasts significant value:

- **Consumer online health searches** – With internet access, the public sometimes first turns to "Dr. Google" about health issues. One national study shows the internet is the initial stop for 8 of 10 people looking for health information. The most-visited health website in 2018 was WebMD.com – which tallies 89.9 million unique visitors each year.

To enhance its WebMD presence, AAOMS switched in 2017 from article sponsorships to a six-page microsite concentrating on OMS-specific conditions and treatments. Last year, WebMD generated 26 percent of "referral" traffic (clicks to the website outside Google) to MyOMS.org. About 27 percent of those visitors then used the Find-a-Surgeon function to search for an OMS in their area and/or clicked on member names and/or their website in the results.

AAOMS's digital marketing now focuses on targeted Google AdWords, Yahoo/Bing ads, Google Display Network and YouTube preroll advertising. In 2018, 117 million people saw these ads!

essential to OMS specialty, individual members

In addition, AAOMS initiated a search engine optimization project last year to add enhanced content and pages on MyOMS.org to help our pages rank higher in Google results without sponsoring an ad. This content – which aims to answer frequently asked consumer questions about OMS treatments – is showing promising results. One of our maxillofacial keywords jumped from the eighth page of Google results to the first page in just one month.

- **Other dental specialty campaigns** – It's paramount that AAOMS continue its national presence as other dental specialties are operating national campaigns to inform the public of their members' expertise, skill and training.

- **OMS message to specific audiences** – Legislators, policymakers, other healthcare providers, dental students and dental hygienists all hear about our specialty through the campaign. Legislators and policymakers see AAOMS messages at Day on the Hill, and healthcare providers view the campaign's digital elements and press releases. The campaign informs dental students about the specialty as a career path and builds awareness for future referrals. And dental hygienists see ads on their association websites and magazine – with 57 percent in 2018 saying they saw OMS ads or promotions compared to just 18 percent in 2016.

What does the campaign do for members?

Although the campaign is national in scope, it benefits individual members:

- **Advertising in every state** – Our digital, TV, radio and other advertising reaches across the country to generate clicks to our website. Our PSAs – which fill air time when TV and radio stations don't have enough paid ads – have played more than 155,000 times on more than 730 stations to a potential audience of 861 million viewers/listeners. That airtime has an equivalent ad dollar value of $19 million.

AAOMS tracks the number of "impressions" – people who saw or heard one or more of the TV, radio or online initiatives. A person who searches for information about an OMS treatment might see one of our Google AdWords, read information on WebMD and see one of our YouTube preroll videos. That counts as three impressions.

In 2018, each member paying the $350 special assessment netted nearly 170,000 impressions thanks to the Informational Campaign. If we individually paid for even AdWords to reach that many people, it would cost us each seven times that amount annually (not adding development, management and distribution costs!). As you can see, the campaign provides a larger reach and a more expansive resource pool than a single member could ever develop on his or her own.

- **More prospective patients** – Display ads, paid search ads, search engine optimization, PSAs, referrals and social media posts all drive traffic to MyOMS.org. In 2017 and 2018, the website had 1.32 million page views, and the Find-a-Surgeon function attracted 321,000 page views. More than 115,000 prospective patients used Find-a-Surgeon.

- **Consumer awareness of OMS expertise** – AAOMS commissions annual national surveys to measure public knowledge of OMS treatments and the Association. After seeing ads or promotions about consulting an OMS, 58 percent of consumers last year said they are more likely to choose an OMS and 28 percent said they visited MyOMS.org.

- **Videos, infographics for download** – For our members to download and use on their websites or social media, AAOMS has produced 40 videos, including patient testimonials about treatments and informational videos about clinical procedures. Members also can download or share the 18 infographics covering OMS treatments, training and expertise.

- **Social media** – Members are encouraged to like and follow our accounts on Facebook, Twitter, Instagram and Pinterest and share/retweet/pin content on their practice social media.

A long-term commitment

The Informational Campaign benefits the OMS specialty, individual members and the Association. The campaign also remains a priority of our Strategic Plan and champions AAOMS's mission – our core values. AAOMS strives to ensure excellence in patient care by advancing, promoting and preserving the specialty and its members' skills and professionalism – and the Informational Campaign is committed to this purpose.

Finally, our staff has so expertly and professionally run the campaign. Today when I am in conversation with a medical, dental or even layperson, I am struck by how knowledgeable he or she is about who we are – so different from the past when we were always a mystery. That knowledge can't help but support all our professional lives. ■

DAY ON THE HILL

Advancing advocacy

Day on the Hill generates support for ELSA, REDI bills

Top: Drs. Rawle Philbert of Brooklyn, N.Y., Patrick Geneau of New York, N.Y., and Arman Yazdan of Great Neck, N.Y., meet with a staffer of Congresswoman Yvette Clarke (D-N.Y.). Bottom left: Drs. Frank Paletta and Mohammad Banki of Warwick, R.I., meet with a staffer of Congressman Jim Langevin (D-R.I.). Right: Drs. Erik Warren of Rocky River, Ohio, and Ihor Danko of Bay Village, Ohio, meet with a staffer of Congresswoman Joyce Beatty (D-Ohio). AAOMS offers a variety of ways to advocate.

With two of AAOMS's four top legislative priorities already introduced in the 116th Congress, the 2019 Day on the Hill focused on pursuing additional support for the Ensuring Lasting Smiles Act (ELSA) and the Resident Education Deferred Interest (REDI) Act.

Nearly 100 AAOMS members attended the annual grassroots advocacy event to meet personally with House and Senate members and staff – whether in offices or crowded hallways – to ask for additional ELSA and REDI bill cosponsors, offer an overview of oral and maxillofacial surgery and discuss other federal issues impacting OMS practices and patients.

During a morning informational session before everyone headed to their appointments, members were reminded of the importance of advocacy efforts.

"If you're not here, someone else is filling that space. If your voice isn't being heard, someone else is talking," the AAOMS lobbyists told attendees.

Day on the Hill continues to be a high priority for the Association, said AAOMS President A. Thomas Indresano, DMD, FACS.

"Every year, we make more connections. We are able to personally explain our position on issues to those who govern us," he said. "It's our opportunity to talk about our profession and protect our patients."

Their efforts produced results: six new cosponsors for ELSA and two new cosponors for the REDI Act.

Ensuring Lasting Smiles Act (ELSA)

First introduced in 2018, ELSA would require health plans to cover medically necessary treatments, including dental procedures, for patients with congenital anomalies into adulthood. The 2019 bill (S 560 / HR 1379) has bipartisan support and the backing of more than 30 health professional and patient advocacy organizations.

From left: Congressman Dr. John Joyce (R-Pa.) meets with Dr. Gary Dwight of East Lansing, Mich., and AAOMS President Dr. A. Thomas Indresano.

Birth defects that would be covered include – but are not limited to – cleft lip and palate, skeletal and maxillofacial deformities, facial paralysis, microtia, hypodontia and craniosynostosis. A series of corrective surgeries are typically performed to aid a patient's ability to breathe, eat and speak.

ELSA would help patients because:

- Health insurance, if required by a state, might be limited to minor patients or patients with specific conditions.
- ERISA plans are exempt from state laws, making federal legislation essential to ensure coverage for all patients.
- Insurance companies cover preliminary procedures but routinely deny or delay follow-up or corrective procedures – especially those involving dental implants or orthodontia – deeming them cosmetic or covered by dental plans.

continued on next page

Dr. Steven Roser and other attendees listen to the presentation on Tips for Conducting a Congressional Visit.

AAOMS Committee on Governmental Affairs Chair Dr. Herbert Stith addresses attendees at the Tips for Conducting a Congressional Visit session.

- Dental plan coverage limits are not as expansive as that of health plans, causing patients to incur significant out-of-pocket expenses.

"Often a series of several different operations are required over time to correct the birth defect," Dr. Indresano explained to the staff of Rep. Lauren Underwood (D-Ill.). "A person's face continues to grow and mature, sometimes to 21 or 22 years of age. These surgeries are related to the deformity, not age."

Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) and Reps. Collin Peterson (D-Minn.) and Denver Riggleman (R-Va.) introduced ELSA.

Rep. Riggleman, newly elected to represent Virginia's 5th Congressional District, told AAOMS members he became the original Republican House sponsor after meeting 3-year-old Kannon Koser and his family. Kannon suffers from hypohidrotic ectodermal dysplasia.

"Especially after meeting the Koser family, I'm with you that we have to get this bill going," Rep. Riggleman said to James M. Solomon, DDS, and Thomas B. Padgett, DMD – both from Virginia – after emerging from a Financial Services Committee hearing. Joining them were AAOMS President-Elect Victor L. Nannini, DDS, FACS; Vice President B.D. Tiner, DDS, MD, FACS; and Speaker of the House Steven Nelson, DDS, MS.

After hearing the details of the bill in a later meeting, Rep. John Joyce, MD, (R-Pa.), said he understood why ELSA is important.

"I treated a patient with ectodermal dysplasia," he told AAOMS leadership. "I know that one evaluation can lead to a lifetime of care."

Joining AAOMS in supporting ELSA are the American College of Surgeons, the ADA and organizations representing pediatric dentists, orthodontists, neurologists, dermatologists and plastic surgeons. Patient advocacy organizations include the March of Dimes and almost 20 groups representing patients with rare disorders/diseases.

Resident Education Deferred Interest (REDI) Act

Reintroduced in March as HR 1554, the REDI Act would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. The bill was introduced by Reps. Brian Babin, DDS, (R-Texas); Paul Gosar, DDS, (R-Ariz.); Andy Harris, MD, (R-Md.); Bill Posey (R-Fla.); and Steve Stivers (R-Ohio).

AAOMS worked closely with Rep. Babin to draft the legislation and has successfully signed on more than 30 dental and medical organizations as supporters, including ADA and AMA. The bill has bipartisan support in the House – with seven Republicans and four Democrats as cosponsors – but has yet to have a companion bill in the Senate.

Dental and medical residents currently accrue interest on their loans even if they qualify to have their payments

halted during residency through the deferment or forbearance process, resulting in thousands of dollars of additional interest over the course of the loans.

"This bill will probably end up as part of the Higher Education Act, and we need to make sure that medical/dental students are part of the discussion," the lobbyists told attendees. "Last year, there were probably 100 other student loan bills proposed. We are the only bill to address residents."

Results of recent surveys conducted by ROAAOMS show significant increases in student debt for OMSs primarily due to subsidized graduate loans being eliminated and higher student loan interest rates discouraging OMSs from serving in underserved areas and faculty and research positions. Providing interest accrual relief during residency could make these options more affordable to residents and help underserved patient populations.

Two OMS residents from Texas – Omar Kholaki, DDS, and Pouya Vakilian, DMD – attended their first Day on the Hill and were ready to advocate for the REDI Act.

"This is a powerful opportunity for us to explain the REDI Act to legislators," Dr. Kholaki said. "You know the saying – 'If you're not at the table, you're probably on the table.' We're motivated to share our story."

"This bill directly impacts us," Dr. Vakilian said, "and we need to be involved."

Several Congressmen offered positive feedback:

- Cosponsor Rep. Babin – honored by AAOMS with the 2019 Legislator of the Year Award – told Day on the Hill attendees the REDI Act is a bipartisan bill that provides a "fine example of both sides of the aisle doing something good for the country, for academia and for the profession."
- Rep. Michael Burgess, MD, (R-Texas) – who read a declaration into the Congressional Record on the House floor last year to honor AAOMS's centennial – was provided the REDI Act details and indicated his office could "start looking" at the bill.
- Rep. Riggleman said the bill is on his radar. "Residents have no ability to make payment on their loans while they're in school. Their program schedules are demanding," he said. "It's not as if they're pursuing an MBA and can work a part-time job in the evenings."

continued on next page

First from top: Political analyst Nathan L. Gonzales delivers the keynote speech; second from top (from left): AAOMS Vice President Dr. B.D. Tiner, Congressman Dr. Michael Burgess (R-Texas) and AAOMS House of Delegates Speaker Dr. Steve Nelson; third from top (from left): A staffer from the office of Sen. Kevin Cramer (R-N.D.) meets with Drs. Jeremiah Glosenger of Minot, N.D., Preston Gomez of Bismarck, N.D., Jonathan Gray of Fargo, N.D., and AAOMS District V Trustee Charles Crago.

Joining AAOMS in supporting this bill are the ADA, AMA and more than 30 other medical and dental organizations representing pediatric dentists, orthodontists, neurologists, dermatologists, ophthalmologists, radiologists and plastic surgeons.

Other legislative issues

Day on the Hill events encourage members to directly advocate to Congressional representatives about issues facing the specialty and their patients. Other 2019 priorities address surprise billing, prescription drug abuse issues and antitrust reform.

■ **Surprise billing** – Insurers narrowing their provider networks has resulted in more facility-based providers becoming out-of-network at an in-network hospital. Patients might receive services from an out-of-network provider without any prior knowledge or consent.

Dr. Paul Sims of Butte, Mont., meets with a staffer of Sen. Steve Daines (R-Mont.).

While this issue is not currently included in any legislation, OMSs want to prevent patients from being unfairly surprised by an out-of-network bill while ensuring providers are reimbursed at a fair and reasonable rate.

"This is an insurance-company problem, not a doctor problem," AAOMS lobbyists reminded attendees. "Doctors are not trying to find patients who are out-of-network."

■ **Prescription drug abuse** –AAOMS wants to be part of the solution as Congress continues to address the opioid abuse epidemic at a national level. OMSs were encouraged to discuss continuing education requirements – asking that CE be managed at the state level and AAOMS be included as an accepted practitioner training organization.

In addition, AAOMS supports properly funded prescription drug monitoring programs (PDMPs) that are updated in real time and allow authorized auxiliary personnel to access the system on the practitioner's behalf. If prescribing limits are established, AAOMS would advocate for prescriber discretion.

■ **Federal antitrust reform** – Some AAOMS members also had the opportunity to discuss the Competitive Health Insurance Reform Act (S 350 / HR 1418), which would amend the McCarran-Ferguson Act to repeal the current exemption for health insurers from federal antitrust laws. The bill passed in the House 416-7 last year. AAOMS believes the exemption has likely contributed to a lack of adequate competition in the nation's health insurance marketplace.

DAY ON THE HILL

How to get involved virtually

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

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

Top: Congressman Greg Walden (R-Ore.) (center) meets with Drs. Keith Krueger of Bend, Ore., AAOMS District VI Trustee Mark Egbert and a legislative aide. Bottom left: Dr. Gary Dwight (right) discusses AAOMS's legislative priorities with Congressman Dr. John Joyce (R-Pa.). Bottom right: AAOMS District II Trustee Dr. Paul Schwartz, AAOMS Committee on Governmental Affairs member Dr. Cynthia Trentacosti-Franck of West Chester, Pa., and Dr. Jim Boyle of York, Pa., meet with a staffer of Sen. Pat Toomey (R-Pa.).

Successful connections

When the event concluded April 10, about 90 AAOMS members from 33 states had met with 137 Congressional offices. AAOMS members attending this year ranged from 17 first-timers and 14 residents to 30 members with two to five previous visits and 27 with six or more.

"Day on the Hill has taught us how important these annual visits are to the specialty," Dr. Indresano said. "We need to remember that these advocacy efforts should continue year-round. I encourage all of our members to advocate in their own districts. Together, we can continue to shine a spotlight on the issues important to oral and maxillofacial surgery and our patients." ■

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

REDI Act

B.D. Tiner, DDS, MD, FACS
Candidate for President-Elect

After completing his residency and medical school at the University of Texas Health Science Center at San Antonio in 1987, Dr. Tiner spent eight years in full-time academics at the San Antonio OMS program. When he left the residency program, he was a tenured associate professor and the program director.

In 1996, Dr. Tiner entered a full-scope private OMS practice in San Antonio. During the last 22 years, Alamo Maxillofacial Surgical Associates has grown from three to eight surgeons and from one office to three. He also served as a dental officer in the U.S. Navy for 25 years, retiring as a Captain in 2000.

STATEMENT

Last year, AAOMS celebrated its 100th anniversary. In October, I was humbled and honored to be elected your Vice President by the House of Delegates.

This year, my experience in the governance of our organization has increased significantly with my assignment as the Board liaison to the Committee on Continuing Education and Professional Development, Committee on Education and Training, Committee on Professional Conduct, ROAAOMS, OMS Faculty Section, *JOMS* Editorial Board, the ADA Residency Review Committee and CODA.

In my candidate statement for Vice President last year, my vision for our specialty encompassed three themes. These were *preserving our anesthesia delivery model, protecting our patients* and *promoting our OMS brand*. Under the capable leadership of our President, Dr. A. Thomas Indresano, the Board of Trustees and our dedicated AAOMS staff are working to achieve these goals so that we remain the premier specialty in all of healthcare.

To achieve these goals, we have met with the officers of the American Society of Anesthesiologists to identify areas of common ground that we can collaborate on to forge a stronger relationship between our specialties. In April, we held our second Anesthesia Patient Safety Conference with an emphasis on pediatric anesthesia.

This year, we also are making our state-of-the-art anesthesia simulation programs widely available to our membership. Your Board has continued to be proactive in addressing the nationwide opioid crisis by administering our third annual member prescribing survey, developing educational materials for patients and caregivers, and encouraging the use of non-opioid alternatives for acute pain management. I continue to advocate for the expansion of a *culture of patient safety* that our Board began in 2017, and I am in favor of continuing our award-winning Informational Campaign to promote our brand.

I believe my background in the military, academics and private practice coupled with my experience as Trustee and Vice President have prepared me for the next step in our leadership.

I respectfully request you allow me the opportunity to continue to serve you and our specialty as President-Elect. ■

J. David Johnson Jr., DDS
Candidate for Vice President

For 29 years, Dr. Johnson has been in private practice in Oak Ridge and Powell, Tenn. His contributions to oral and maxillofacial surgery have been made serving the specialty in multiple capacities, including the following: AAOMS and OMS Foundation Treasurer; past AAOMS District III Trustee; past President of the Southeastern Society of Oral and Maxillofacial Surgeons; past President of the Tennessee Society of Oral and Maxillofacial Surgeons; Associate Professor at the University of Tennessee; former member of the ABOMS Examination Committee; former member of the OMSNIC Advisory Board; and former and current member of numerous association committees. He also served as the national OMS spokesperson for the ADA for 15 years.

In 2003, Dr. Johnson received the AAOMS Presidential Achievement Award in OMS.

STATEMENT

It is with pleasure that I announce my candidacy for the Vice Presidency of AAOMS and share with you a few of my ideas about the future of our Association and our specialty.

Our future will be defined by our **R**elevance in patient healthcare, patient **A**ccess to care, **I**nnovative patient care, **S**afe patient care and **E**ducation for the continued improvement of patient care. The common denominator in any equation predicting our future is the **patient**. Our patients are central to every area of OMS practice, and I believe the acronym **RAISE** summarizes the course of action we must follow if we are to serve their needs in an evolving healthcare arena. As Martin Luther King Jr. told us, "Everybody can be great… because everybody can serve."

Allow me to further explain the **RAISE** concept and my vision for our Association.

Relevance

To remain relevant, we must resolve to stay united as a specialty, despite our diversity of scope. As Abraham Lincoln said, "A house divided against itself cannot stand." If the numerous disciplines within OMS do not stick together, our relevance will decline as other dental and medical specialties encroach and erode our scope of practice. It has been said that we all live and work in our own silos and rarely look outside of them. I believe that one of the most important roles of the AAOMS Board of Trustees is to protect each OMS silo and facilitate communication between them.

With a **single**, strong voice, AAOMS can advance healthcare policies to better protect and promote our specialty's diverse and unique array of services. No matter our particular oral and maxillofacial surgical area of interest, we must unite to preserve each and every OMS practice discipline.

If perception is reality, the AAOMS Informational Campaign has done an excellent job of advancing all areas of our specialty. It has focused public and professional perceptions regarding oral and maxillofacial surgery and has effectively educated healthcare providers, legislators, policymakers and the public about our vital role in caring for our patients.

Access

How do we promote patient access to OMS care? The answer is threefold:

1. First, we must keep our model of OMS care *affordable*. By providing office-based care that is less costly than hospital-based care, the OMS anesthesia team model is key to keeping services affordable and available to all patient populations. Our continued ability to provide this level of safe, effective and economical anesthesia care is critical to patient safety and welfare. There are, of course, many other ways to keep OMS care cost-effective, not the least of which is to vigorously oppose unnecessary and costly governmental regulation.

continued on next page

2. The second factor in the promotion of access to OMS care is *competence*. We must – through residency and fellowship education and training – continue to produce an adequate number of truly competent oral and maxillofacial surgeons. At the same time, experienced OMS practitioners must remain competent through lifelong learning. OMS residency and fellowship training standards as well as quality OMS continuing education that includes simulation must always prioritize the competence of the practicing OMS specialist.
3. The third way we can promote patient access to OMS care is for us to be active contributors to *healthcare policy*. Articles such as *JADA's* "A national imperative: Oral health services in Medicare" are, in my mind, cause for concern. It is imperative that we address the legitimate needs of Medicare recipients in a fiscally responsible way that does not "give away the store" for our members. We must educate our dental colleagues about the complexities of Medicare enrollment and regulations so that they know to "be careful what you choose." In this landscape of establishing relative values and budget neutrality, "They just might get it." We must promote our role as specialists, showing that years of training in accredited programs beyond dental school mean improved care for our patients. AAOMS must participate in developing the policies and procedures of the new National Commission on Recognition of Dental Specialties and Certifying Boards. We also must continue our involvement in such issues as student loan reform, opioid abuse, health insurance antitrust, medical malpractice reform, tax-free health spending through expanded FSAs and HSAs, non-covered services, craniofacial anomalies coverage (Ensuring Lasting Smiles Act, or ELSA) and the permanent repeal of the medical device tax.

Innovation

Our future will be defined by our commitment to basic and clinical scientific research. We must actively support research into areas that enhance and advance specialty practice. I am confident that the AAOMS/OMS Foundation Strategic Alliance will create new and expanded research and education opportunities, the results of which must be published if we hope to own any scope of practice.

Worldwide OMS fellowships organized through a coordinated effort between the Foundation and the IAOMS Fellowship Program have the potential to create new and exciting OMS global health initiatives. The Committee on Research Planning and Technology Assessment (CRPTA) has been charged with the development of a roadmap for clinical and basic research. Additionally, the new $2.5 million OMS Institute for Education and Innovation at AAOMS headquarters will enable us to be the first specialty to conduct groundbreaking simulation validity studies.

Safety

OMS competence alone is not adequate to ensure patient safety. The training, professional development and certification of all members of the OMS anesthesia team must be maintained and strengthened with a combination of effective and demanding continuing education and the rigorous and psychometrically valid Dental Anesthesia Assistant National Certification Examination (DAANCE).

Safety is key to **all** areas of OMS practice. We must continue to partner with experts in healthcare from the American College of Surgeons, American Society of Anesthesiologists, American Academy of Pediatrics, American Dental Association, third-party payers and others in an effort to improve patient outcomes.

Concurrently, we must develop and utilize our registries – both **OMSQOR** and **DAIRS** – to evaluate and validate the number of procedures performed and associated outcomes.

Education

Our specialty does an admirable job of educating OMS residents and fellows, but are we teaching them to provide care they will **not** actually offer when they are in practice? How can we continue to teach a comprehensive OMS scope and then encourage the practice of that scope after graduation?

Protocols in which the OMS service is not considered essential can perhaps be best addressed through collaborative efforts with ACS. We also can collaborate with ACS to advocate for the recognition of a single year of general surgery as meeting requirements for state medical licensure. The lack of hospital contracts in which OMS coverage is adequately compensated reveal the need for AAOMS to continue to develop resources for use by our members when negotiating for fair compensation.

Additionally, significant levels of student debt can be addressed though such legislation as the proposed HR 5734, which the AAOMS Committee on Governmental Affairs (CGA) helped draft. This Resident Education Deferred Interest (REDI) Act would

allow for interest-free deferment on student loans for borrowers serving in medical or dental residency programs.

The importance of OMS educators cannot be overstated. Henry Adams wrote that, "A teacher affects eternity. He can never tell where his influence stops." In addition to AAOMS's efforts to develop political leaders, we should develop educational leaders by devoting more AAOMS resources to foster the maturation of OMS **pre-** and **post**-doctoral educators. Listening and responding to the Committee on Education and Training (CET), the OMS Faculty Section and the ROAAOMS Executive Committee will be priorities for me.

Conclusion

Over many years, I have seen our specialty protected and advanced by the wisdom and patience of strong leadership. It is to this I aspire: To protect, advance – to **RAISE** our specialty for the benefit of patients.

I have experienced firsthand the dedication and professionalism of AAOMS staff, and I am committed to preserving the unique culture found at AAOMS headquarters. The AAOMS staff is incredibly loyal to us. We must make certain to reciprocate that loyalty.

The OMS Foundation, OMSPAC, ABOMS, OMSNIC and our state and regional societies are essential to the success of our specialty. I pledge my unwavering support for each of our allied organizations.

I would appreciate your support of my candidacy, as together we pursue the continued success of the American Association of Oral and Maxillofacial Surgeons. As we serve AAOMS, may we all remember the words of John Adams:

"We can't guarantee success, but we can do something better. We can deserve it." ■

MEMBERSHIP

House of Delegates composition changes slightly

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

The 2019 House of Delegates is based on a total membership (fellows, members, life fellows and life members, including unknown addresses) of 7,193, representing 72 fellows/members per Delegate.

The composition of the House of Delegates changed slightly for 2019 with Virginia losing a Delegate and Wisconsin gaining a Delegate.

The full distribution is:

- **District I (Northeastern)** – 15 Delegates; 989 AAOMS members in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont.
- **District II (Middle Atlantic)** – 14 Delegates; 962 AAOMS members in Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, U.S. Air Force, U.S. Army and U.S. Navy.
- **District III (Southeastern)** – 20 Delegates; 1,720 AAOMS members in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico and U.S. Territories (Virgin Islands and Guam), South Carolina, Tennessee, Virginia and West Virginia.
- **District IV (Great Lakes)** – 14 Delegates; 1,007 AAOMS members in Illinois, Indiana, Michigan, Ohio, Wisconsin, Veterans Administration and U.S. Public Health Service.
- **District V (Midwestern)** – 20 Delegates; 1,172 AAOMS members in Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas and Wyoming.
- **District VI (Western)** – 17 Delegates; 1,258 AAOMS members in Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.
- **Resident Organization** – Two voting Delegates and two Alternates.

More specific information is available at AAOMS.org/HOD. ■

Robert S. Clark, DMD
Candidate for Treasurer

After graduating from dental school at the University of Kentucky, Dr. Clark completed his residency at Parkland Memorial Hospital/UT Southwestern Medical Center in 1991. He initially joined a private practice in suburban Atlanta but left in 1993 to return to Lexington, Ky., where he has practiced since. He is the president and senior partner of a five-office, five-doctor private practice based in and around Lexington that will celebrate its 50th anniversary in 2020. He has served in the AAOMS House of Delegates since 1996, on various AAOMS committees and as an AAOMS representative to the Code Maintenance Committee and Dental Quality Alliance at the ADA.

STATEMENT

Thank you for taking the time out of your day to read my candidate statement. I currently serve as the District III Trustee. Away from AAOMS, I have been in private practice since I finished my residency.

AAOMS enjoys a strong financial position due to the prudence and vision of past Treasurers and Boards. It is my goal to continue to advance that financial position as the next AAOMS Treasurer. It will be my role to provide accurate financial information and projections to help the formation of policy for AAOMS. Fiscal prudence and responsibility in the allocation of AAOMS resources will be my primary responsibility.

AAOMS enjoys strong corporate support at our educational offerings, in our Exhibit Halls and through royalties from our Corporate Supporters and ASI Approved Programs. Those relationships must be nurtured and new support opportunities must be explored to improve the practices of our members and affairs of the Association. As chair of the ASI Projects Committee, I will look to expand our ASI programs with new services beneficial to our members and the Association. Our relationship with the OMS National Insurance Company is of particular importance, providing benefits for our membership and both organizations at multiple levels. That relationship must be preserved and enhanced.

The prudence of past Treasurers is perhaps best illustrated by our improvements compared to budget. The last three years, these have been $1.5 million in 2017, $1.3 million in 2016 and $1.7 million in 2015. Any AAOMS expenditures need to stand the test of serving the interests of the membership as a whole while advancing, promoting and preserving our specialty. Prudent budgeting will allow us to address challenges in the future, such as the attacks on our anesthesia delivery model that continue to intensify. AAOMS should continue to support state society endeavors as we have in California. The investment we have made in our Informational Campaign should be protected and the gains we have achieved cemented in the thoughts of the public. Programs that support the expanded scope of our specialty will keep us at the forefront of medicine and dentistry.

Prudent budgeting and investing also will allow us to seize opportunities and advance the vision and Strategic Plan of AAOMS. The planned investment in the OMS Institute for Education and Innovation is the latest example of a project enabled by cautious investing and smart budgeting. Similar to the headquarters building, the center should provide member benefits and value for years to come while saving the Association money. It is my hope the educational offerings and utility of our center can be expanded to maximize the investment we are making.

If elected AAOMS Treasurer, I also will serve as Treasurer of the Oral and Maxillofacial Surgery Foundation. Dr. J. David Johnson Jr. has done a great deal of work to bring the Foundation finances into line with AAOMS accounting principles. This work will continue and will enhance the mission of the Foundation to invest in research, education and the future of our specialty.

AAOMS has benefited from the strong financial leadership of our CFO Kim Molley and our Executive Director Scott Farrell, who was CFO before her. The culture of fiscal prudence and responsibility they and past Treasurers have cultivated must continue.

It has been my privilege to work with Drs. Johnson and Ferguson for the past two years on the Finance and Audit Committee. If elected, I will follow the example they have set.

Once again, I thank you for your time and attention. I would appreciate your support. ■

Outstanding Dedication.

A Quality We Share With Your OMS Practice.

OMSNIC provides dedicated protection and support for your OMS practice with the comprehensive OMSGuard® professional liability policy, aggressive claims defense, and exclusive patient safety and risk management education. OMSGuard is the only liability insurance program designed just for OMS, and it's only available from OMSNIC. Practicing OMS own OMSNIC and review member claims, so you can trust that we truly understand your practice. We're proud to be part of your practice team.

800-522-6670 omsnic.com

OMSNIC
DEFENDING THE SPECIALTY

ASA OMS
Endorsed

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

Educational sessions to focus on research,

The 101st AAOMS Annual Meeting will offer insights into the specialty's future – from exploring robotic-assisted dental implant surgery to new medical strategies for managing aggressive giant cell lesions.

In keeping with the meeting's theme of Envisioning the Future of Research and Innovation, this year's clinical tracks, Master Classes, abstracts as well as hands-on and team-based courses will showcase cutting-edge techniques and materials.

"These presentations will provide a glimpse into the promising developments in store for oral and maxillofacial surgery," said AAOMS President A. Thomas Indresano, DMD, FACS. "Our comprehensive educational format continues to cover the entire scope of the specialty – providing OMSs with multiple sessions relevant to their practices."

After their successful debut last year, clinical tracks are returning as the Annual Meeting's core educational element. For each of the 10 tracks, plenary sessions will first provide an overview of the clinical topic and then be followed by five breakout discussion sessions. Each of the five breakouts is offered twice.

One breakout session in each track will encompass the meeting's theme, highlighting pioneering research and ideas advancing the specialty. The topics for these sessions include:

- **Anesthesia** – Use of liposomal suspended bupivacaine to reduce postoperative opioid use
- **Cosmetic surgery** – Emerging technologies
- **Dental implants** – Surface technology updates
- **Dentoalveolar surgery** – Magnetic resonance neurography for post-extraction nerve injuries
- **Orthognathic/obstructive sleep apnea surgery** – Hypoglossal nerve stimulation
- **Pathology** – Treatment of giant cell tumors
- **Pediatrics and cleft** – Reconstruction of soft-tissue abnormalities in patients with hemifacial microsomia
- **Reconstruction** – Extra versus intraoral incisions
- **TMJ** – Advances in bioreactors and scaffolds
- **Trauma** – High-fidelity simulation for placement of an orbital implant to reconstruct an orbital floor fracture

Focusing on research and innovation

Attendees will discover the meeting's research and innovation theme throughout the didactic and hands-on educational offerings, lectures and presentations.

Basic Airway Emergency Management (BEAM)

When: Two four-hour modules available – 8 a.m. and 1 p.m. Sept. 21

What: Part of AAOMS's new National Simulation Program, Basic Airway Emergency Management (BEAM) will now be available for the first time at an AAOMS Annual Meeting. The module offers advanced simulation training for the OMS office-based anesthesia team featuring intensive, real-life experiences. The other two modules in the National Simulation Program are Office-Based Crisis Management (OBCM) and a sedation online module in development.

Details: Participants will practice and master critical techniques for administering and monitoring office-based anesthesia, including those for bag-mask ventilation and Airtraq and laryngeal mask airway insertion. The standardized program ensures every

participant experiences the same simulated events. State-of-the-art technology enables AAOMS to automatically evaluate the performance of participants and identify areas that might benefit from additional training.

Team activity: Participating OMSs can bring up to three assistants. Each participant must purchase a ticket.

Register: AAOMS.org/Boston

innovation in Boston

■ **Master Classes** – Based on member feedback following the three Master Classes in 2018, AAOMS is expanding the number of Master Classes this year to 18. In each session, experts will spend 50 minutes spotlighting a popular OMS topic – ranging from anesthesia simulation, optimal graft materials and pediatric maxillofacial trauma to progressive facial deformities, high-risk anesthesia patients and a discussion of treatment options in OMS clinical areas.

■ **Unopposed oral abstracts** – Oral abstracts will kick off Thursday's educational offerings as unopposed sessions, each focusing on latest research. The abstracts will cover topics such as dental implants, orthognathic surgery and pathology. Each six-minute abstract presentation will allow attendees to pose questions.

■ **Keynote lecture** – "Technology futurist" Pablos Holman will share the importance of innovating at all costs. Holman will explain how the world's most inventive people think, providing a look into next-generation technologies and delving into maintaining a practical relationship with innovation. As part of a team that tackles significant issues such as hurricane suppression and disease eradication, Holman will pull from those experiences to discuss how to turn "wild ideas" into tomorrow's solutions.

■ **Chalmers J. Lyons Memorial Lecture** – With concern growing over the potential long-term effect of concussions and exposure to repetitive head injuries – particularly in athletes and military service members – this annual lecture will provide evidence-based updates on concussion assessment and management as well as discuss in vivo head impact monitoring for athletes, injury biomarkers, post-concussion syndrome and chronic traumatic encephalopathy.

■ **Team-based education** – Sessions will highlight how teams can collaborate:

- **Robotic-assisted Dental Implant Surgery** – Dental implant teams can be inspired to embrace this technology after learning how it compares to other types of navigational implant surgery and how to avoid pitfalls while incorporating the technology into an implant practice. Other future OMS applications of robotic-assisted surgery also will be discussed.

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, Mass.

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, AAOMS does not endorse or affiliate with them, and entering into financial arrangements with such entities might have costly consequences.

Discounts: Early-bird discounts are still available.

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

AAOMS.org/Boston

- **Developing a Cleft and Craniofacial Team** – Three 20-minute lectures will be followed by a panel discussion – all focusing on how these teams are formed, how to manage staffing and finances, the resources required and the vital role OMSs play in cleft and craniofacial care.

Attendees discuss cases at the Global Health Cafe.

■ **Global Health Café** – Known as the World Café during its debut in 2018, this year's Global Health Café will feature group discussions about case studies, best practices and solutions to significant surgical concepts and how these specific cases might be handled in different regions of the world. This session is held in collaboration with IAOMS.

After the session, the new Clinical Interest Group on Global Surgery will hold its first business meeting. Participants can share clinical, educational and training initiatives and network with other surgical organizations. The group's online community is available at AAOMS.org/Communities.

■ **Anesthesia Safety Program** – Closed-case examples provided by OMSNIC will illustrate patient safety and risk management principles for office-based anesthesia administration. The program will cover the patient-selection process for in-office anesthesia, documentation of the patient experience, emergency management planning and preparedness, and postoperative pain management.

Hands-on courses to develop skills in cosmetic surgery,

Hands-on courses will provide a firsthand experience of cosmetic surgery, anesthesia administration and nerve repair. Experts will demonstrate techniques such as Airtraq insertion and cartilage harvesting while explaining finer points and answering questions. Other interactive courses will illustrate life-saving techniques for emergencies.

These ticketed sessions will allow attendees to immediately begin using enhanced skills in a practice environment:

■ **Hands-on Cadaver Workshop** – The full-day Rhinoplasty and Lower Facial Cosmetic Surgery course – being held Sept. 18 at the Boston Bioskills Lab – will feature lectures and hands-on experiences covering rhinoplasty, cervicofacial rhytidectomy, submentoplasty, liposuction, platysmaplasty and chin augmentation. With a focus on functional and cosmetic correction as well as patient safety and quality of outcome, experts will discuss surgical anatomy and principles while demonstrating various procedures on fresh cadaver specimens.

■ **Basic Airway Emergency Management (BEAM)** – New to the Annual Meeting, BEAM allows attendees to practice and master critical techniques for administering and monitoring office-based anesthesia through the new AAOMS National Simulation Program. (See story on page 18 for additional information.)

■ **Numb Lip, Numb Chin, Numb Tongue: What to do When** – This nerve repair course will cover the materials available for nerve repair, demonstrate surgical techniques and provide a hands-on opportunity. The course also will review guidance for patient evaluation and management.

The cadaver lab provides a hands-on opportunity.

■ **Research Open Forum** – Highlights from the Clinical and Scientific Innovations in Oral and Maxillofacial Surgery (CSIOMS) conference will be shared, along with updates on cutting-edge research.

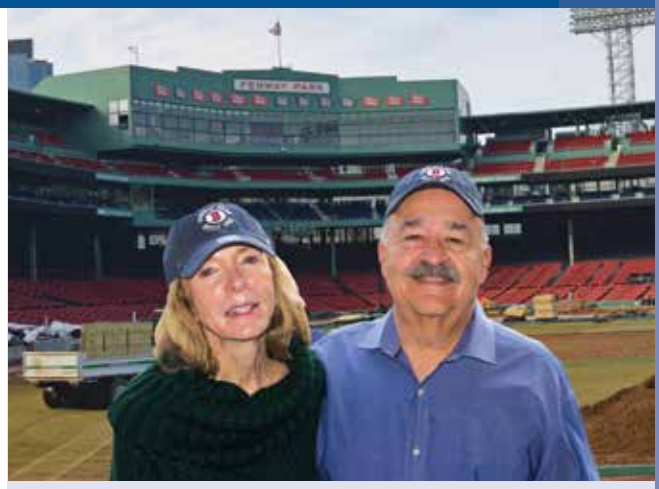
■ **Anesthesia Update** – The popular preconference will focus on office-based anesthesia for challenging patients, including the elderly and diabetics as well as those with cardiac, psychiatric, weight and drug abuse issues. Case-based scenarios will be used to illustrate each issue. The day-long program will end with predictions for how artificial intelligence may improve anesthetic safety in the future.

"Once again, the Annual Meeting will provide numerous valuable opportunities for all members of the OMS team," Dr. Indresano said. "It is fitting the 101st AAOMS Annual Meeting will offer such a rich educational program in my hometown of Boston, a city known for its ingenious technology." ■

anesthesia, nerve repair

■ **Stop the Bleed** – AAOMS is encouraging OMSs – as well as their staff, spouses and other non-medical attendees – to attend either of the two Stop the Bleed sessions that are part of the national awareness campaign that encourages bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives. The campaign was launched after the Sandy Hook school shooting as a result of recommendations called the Hartford Consensus developed by a national committee made up of governmental agency and medical representatives, including from the American College of Surgeons.

■ **ACLS and PALS** – Using the American Heart Association curriculum for Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS), these courses will include a lecture, skills stations and interactive case-based scenarios. Participants receive provider cards after successful completion of skills testing and the written exam. Pre-course preparation is necessary.



The President's Event will celebrate Dr. A. Thomas Indresano and his wife, Rita, at Fenway Park.

President's Event

When: Friday, Sept. 20

Where: Fenway Park, home of the Boston Red Sox

What: The Association will celebrate AAOMS President Dr. A. Thomas Indresano and his wife, Rita, during an evening of food, fun and entertainment at this historic ballpark.

Sessions for faculty, residents available

Annual Meeting sessions are open to residents and faculty. However, certain sessions are designed exclusively for these two audiences.

These sessions include:

- Training OMS Residents: Past, Present and Future – OMS Faculty Educational Program
- Disasters from the Masters: Complications and Management in Orthognathic Surgery
- CODA Site Visitor Training Workshop
- Workshop for Programs to be Site Visited
- ROAAOMS/ABOMS Orientation
- Faculty Section Business Meeting

2019 AAOMS ANNUAL MEETING CE PROGRAM-AT-A-GLANCE

TH	CLINICAL TRACK: Dental Implant	CLINICAL TRACK: Pediatrics and Cleft	CLINICAL TRACK: Trauma	CLINICAL TRACK: Orthognathic Surgery
10 – 11:30 a.m.	PLENARY: **State-of-the-art in 2019** (GP1)	PLENARY: **New Perspectives and Innovations in the Management of the Patient with Hemifacial Microsomia** (GP2)		
1 – 1:40 p.m.	BREAKOUT: **Implant Abutment Crown Connections – Screws, cement, friction fit** (S101) BREAKOUT: **Transforming the Dental Cripple – Team Holland** (S102) BREAKOUT: **Transforming the Dental Cripple – Team Philadelphia** (S103) BREAKOUT: **Transforming the Dental Cripple – Team Dallas** (S104) BREAKOUT: **Research and Innovation – Updates in surface technology of dental implants** (S105)	BREAKOUT: **Management of the Facial Skeletal Deformity in the Patient with Hemifacial Microsomia** (S201) BREAKOUT: **Management of the Hemifacial Patient with Anotia/Microtia** (S202) BREAKOUT: **Management of the Ramus Condyle Unit in the Patient with Hemifacial Microsomia** (S203) BREAKOUT: **Management of the Craniofacial Microsomia Patient – Orbitozygomatic reconstruction in the patient with craniofacial microsomia** (S204) BREAKOUT: **Research and Innovation – Reconstruction of soft-tissue abnormalities in the patient with hemifacial microsomia** (S205)	PLENARY: **Crisis Averted – Contemporary compensation models for facial trauma care by the oral and maxillofacial surgeon** (GP3)	PLENARY: **Special Topics in Orthognathic Surgery** (GP4)
1:50 – 2:30 p.m.	BREAKOUTS: **Earlier Dental Implant Breakout sessions are repeated** (S106, S107, S108, S109 S110)	BREAKOUTS: **Earlier Pediatrics and Cleft Breakout sessions are repeated** (S206, S207, S208, S209 S210)		
3 – 3:40 p.m.			BREAKOUT: **Advanced Soft-tissue Reconstructive Options for CMF Trauma** (S301) BREAKOUT: **Adaptable Osseous Regenerative Options for CMF Reconstruction** (S302) BREAKOUT: **State-of-the-art Trauma Orbital Evaluation** (S303) BREAKOUT: **True Costs and Benefits of Patient Specific Implants** (S304) BREAKOUT: **Research and Innovation – Presentation of a high-fidelity simulator for the exploration and placement of an orbital implant to reconstruct an orbital floor fracture** (S305)	BREAKOUT: **Bimaxillary Surgery – Planning, sequencing and execution** (S401) BREAKOUT: **Orthognathic Surgery – Temporary-anchored devices in orthognathic surgery** (S402) BREAKOUT: **OSA – Incorporating the management of OSA patients into your practice (academics and private practice)** (S403) BREAKOUT: **OSA – Surgical treatment of obstructive sleep apnea** (S404) BREAKOUT: **Research and Innovation – Hypoglossal nerve stimulation pearls and pitfalls** (S405)
3:50 – 4:30 p.m.			BREAKOUTS: **Earlier Trauma Breakout sessions are repeated** (S306, S307, S308, S309 S310)	BREAKOUTS: **Earlier Orthognathic Breakout sessions are repeated** (S406, S407, S408, S409 S410)

FR	CLINICAL TRACK: Reconstruction	CLINICAL TRACK: Anesthesia	CLINICAL TRACK: Pathology	CLINICAL TRACK: TMJ
8 – 9:30 a.m.	PLENARY: **Advanced Maxillofacial Reconstructive Techniques** (GP5)	PLENARY: **Pediatric Patient Anesthesia Safety** (GP6)		
10 – 10:40 a.m.	BREAKOUT: **In-house 3D Printing** (S501) BREAKOUT: **Tissue Engineering** (S502) BREAKOUT: **Innovation in Soft-tissue Reconstruction – Incorporate tissue expanders** (S503) BREAKOUT: **Innovations in Monitoring and Management of the Compromised Free Flap** (S504) BREAKOUT: **Research and Innovation – Extra versus intraoral incisions for facial reconstruction** (S505)	BREAKOUT: **Anesthesia Management of the Pediatric Asthma Patient** (S601) BREAKOUT: **Prevention, Recognition and Management of Pediatric Anesthesia Complications** (S602) BREAKOUT: **Mask, Laryngeal Mask Airway and Intubation for Pediatric Patient Anesthesia** (S603) BREAKOUT: **Intravenous Techniques for Pediatric Patient Anesthesia** (S604) BREAKOUT: **Research and Innovation – Use of liposomal suspended bupivacaine in reduction of postoperative opioid use in oral and maxillofacial surgery** (S605)		
10:50 – 11:30 a.m.	BREAKOUTS: **Earlier Reconstruction Breakout sessions are repeated** (S506, S507, S508, S509 S510)	BREAKOUTS: **Earlier Anesthesia Breakout sessions are repeated** (S606, S607, S608, S609 S610)		
1 – 2:30 p.m.			PLENARY: **Management of Dysplasia and Early-stage Oral Cancer** (GP7)	PLENARY: **What do We do after Failure of Non-surgical Treatment of TMJ Disease?** (GP8)
3 – 3:40 p.m.			BREAKOUT: **Neck Dissection** (S701) BREAKOUT: **Ablative Techniques in Oral Cancer** (S702) BREAKOUT: **Modeling and Planning for Ablative Procedures** (S703) BREAKOUT: **Tracheostomy** (S704) BREAKOUT: **Research and Innovation – Medical treatment of giant cell tumors** (S705)	BREAKOUT: **Advances in Condylar Hyperplasia – Current diagnosis, classification and treatment** (S801) BREAKOUT: **Advances in Diagnosis and Treatment of Chronic TMD Pain – What should we do?** (S802) BREAKOUT: **Advances in Open-joint Surgery – What is the ideal procedure?** (S803) BREAKOUT: **Advances in Surgical Reconstruction of Dentofacial Deformities Secondary to JIA** (S804) BREAKOUT: **Research and Innovation – Advances in TMJ bioreactors and scaffolds** (S805)
3:50 – 4:30 p.m.			BREAKOUTS: **Earlier Pathology Breakout sessions are repeated** (S706, S707, S708, S709 S710)	BREAKOUTS: **Earlier TMJ Breakout sessions are repeated** (S806, S807, S808, S809 S810)

2019 AAOMS ANNUAL MEETING CE PROGRAM-AT-A-GLANCE

SAT	CLINICAL TRACK: Dentoalveolar	CLINICAL TRACK: Cosmetic
8 – 9:30 a.m.	PLENARY: **Third Molar Surgery: Current Concepts** (GP9)	PLENARY: **Office-based Facial Cosmetic Surgery** (GP10)
10:30 – 11:10 a.m.	BREAKOUT: **Surgical Uprighting of Unerupted Second Molars** (S901) BREAKOUT: **Indications for Coronectomy of the Third Mandibular Molar** (S902) BREAKOUT: **Management of Third Molars** (S903) BREAKOUT: **Update on Dentoalveolar Trauma Treatment Modalities** (S904) BREAKOUT: **Research and Innovation – Magnetic Resonance Neurography for post-extraction nerve injuries** (S905)	BREAKOUT: **Cosmetic Rhinoplasty** (S1001) BREAKOUT: **Skin Care Regimens** (S1002) BREAKOUT: **Upper Facial Rejuvenation** (S1003) BREAKOUT: **Cleft Nasal Reconstruction** (S1004) BREAKOUT: **Research and Innovation – Emerging technologies for facial cosmetic surgery** (S1005)
11:20 a.m. – noon	BREAKOUTS: **Earlier Dentoalveolar Breakout sessions are repeated** (S906, S907, S908, S909 S910)	BREAKOUTS: **Earlier Cosmetic Breakout sessions are repeated** (S1006, S1007, S1008, S1009 S1010)

OTHER CE SESSIONS	
TH 7:30 – 9:30 a.m.	**Oral Abstract sessions** (SA1-SA6)
10 a.m. – 5 p.m.	HANDS-ON: **Advanced Cardiovascular Life Support** (ACLS) (XACLS)
Noon – 4 p.m.	HANDS-ON: **Numb Lip, Numb Chin, Numb Tongue: What to do When – A hands-on nerve repair course** (XH02)
FR 7 – 7:50 a.m.	MASTER CLASS: **Introduction to Anesthesia Simulation in Your own Office: Cost-effective Team Learning** (SS01) MASTER CLASS: **Reconstruction of Cleft Lip and Palate: Infancy through Adolescence** (SS02) MASTER CLASS: **Choosing the Optimal Graft Material based on Clinical Need: Extraction Site vs. Sinus Graft vs. Onlay Graft** (SS03) MASTER CLASS: **Cone Beam CTs like a Box of Chocolates: You Never Know what You're Gonna Get!** (SS04) MASTER CLASS: **Contemporary Maxillomandibular Advancement for Obstructive Sleep Apnea: The Latest Data** (SS05) MASTER CLASS: **Management of Progressive Facial Deformities: Tips for Achieving Optimal Outcomes** (SS06) MASTER CLASS: **Indications for Implants in the Reconstruction/Cancer Patient** (SS07) MASTER CLASS: **Sialoendoscopy and Minimally Invasive Salivary Gland Surgery** (SS08) MASTER CLASS: **Diagnostic and Operative Arthroscopy of the TMJ** (SS09) MASTER CLASS: **Pediatric Maxillofacial Trauma** (SS10)
8 a.m. – 3 p.m.	HANDS-ON: **Pediatric Advanced Life Support (PALS)** (XPALS)
10 – 11:30 a.m.	SPOTLIGHT SESSION: **Chalmers J. Lyons Memorial Lecture: Updates on Concussion and Repetitive Head Impact Exposure** (GS12)
1 – 2 p.m.	SPOTLIGHT SESSION: **Challenges in Pain Management** (SS13)
1 – 2:15 p.m.	HANDS-ON: **Stop the Bleed** (XH03A)
2:45 – 4 p.m.	HANDS-ON: **Stop the Bleed** (XH03B)
3 – 4:30 p.m.	**Research Open Forum** (SOF2)
SAT 7 – 7:50 a.m.	MASTER CLASS: **Office Anesthesia for the Obese, Substance Abuse and High-risk Patients** (SS14) MASTER CLASS: **Craniosynostosis: Diagnosis and Contemporary Surgical Management** (SS15) MASTER CLASS: **Minimally Invasive Facial Cosmetic Surgery for Today's OMS** (SS16) MASTER CLASS: **Algorithm Treating Maxillary Edentulism with Dental Implants and Immediate Provisional Teeth** (SS17) MASTER CLASS: **Advanced Topics in Dentoalveolar Surgery** (SS18) MASTER CLASS: **Overview of Obstructive Sleep Apnea and its Surgical and Nonsurgical Treatments** (SS19) MASTER CLASS: **Airway Management** (SS20) MASTER CLASS: **Medication-related Osteonecrosis of the Jaws: Update** (SS21) TEAM-BASED EDUCATION: **Robotic-assisted Dental Implant Surgery: A Team Approach to Incorporating Yomi into Clinical Practice** (SS22)
8 – 9:15 a.m.	TEAM-BASED EDUCATION: **Developing a Cleft and Craniofacial Team** (SS24)
8 – 9:30 a.m.	SPOTLIGHT SESSION: **Global Health Café** (SS23)
8 a.m. – noon	HANDS-ON: **AAOMS National Simulation Program Basic Emergency Airway Management (BEAM) module** (XSIM1A)
1 – 2:30 p.m.	SPOTLIGHT SESSION: **Anesthesia Safety Program** (GS25)
1 – 5 p.m.	HANDS-ON: **AAOMS National Simulation Program Basic Emergency Airway Management (BEAM) module** (XSIM1P)

	PRACTICE MANAGEMENT SESSIONS (included with general registration)		TICKETED PRACTICE MANAGEMENT SESSIONS	
TH 7:30 a.m.				**Beyond the Basics Coding Workshop; Day 2** Note: Beyond the Basics Coding Workshop: Day 1 will be held from 7:30 a.m. to 4 p.m. Wednesday
8 a.m.	**The First Step in Infection Control is Hand Hygiene – You've Only Got One Pair so Protect Them** (P701)	**Fifty Ways to Jumpstart Your Implant Practice on Monday Morning** (P705)	**Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies** (XMEA)	
8:30 a.m.				
9 a.m.	**Communication Solutions: Attitudes, Breakdowns and Conflict Resolution** (P702)			
9:30 a.m.	**Maximizing Effective Collections in the Oral Surgery Office** (P703)			
10 a.m.				
10:30 a.m.	**Build or Buy? Your Pathway to Practice Ownership** (P706)			
11 a.m.	**Say it Right so People will Listen** (P707)			
11:30 a.m.				
Noon	**Social Media, Digital Communications and the Law of High-tech Surgery** (P708)			
12:30 p.m.				
1:30 p.m.	**The Staff's Point of View: Effective Organization of the Crash Cart, Emergency Equipment and Supplies** (P709)	**You Got This – Leading with Charisma and Confidence** (P713)		
2 p.m.				
2:30 p.m.	**Mitigating Your Cybersecurity Risk and Protecting Patient Trust by Implementing Cybersecurity in the OMS Practice** (P710)	**Employee Embezzlement and Fraud: Detection, Protection and Prosecution** (P714)		
3 p.m.	**The Price is Right** (P711)			
	Practice Performance Indicators: Run Your Practice like a CEO (P712)			
3:30 p.m.				
4 p.m.				
FR 8 a.m.	**Pharmacology for the Oral Surgical Assistant** (P801)	**All I Get are Nebulous Answers** (P804)	**Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies** (XMEB)	
8:30 a.m.	**Your New Job as an Implant Coordinator! What Now?** (P802)			
9 a.m.	**The New Patient Experience – Let's Give Them Something to Talk About** (P803)			
9:30 a.m.				
10 a.m.				
10:30 a.m.	**People will Forget Everything Except how You Made Them Feel!** (P806)			
11 a.m.				
11:30 a.m.	**Leading and Managing the Modern Oral Surgery Practice** (P807)			
Noon	**Instrument Processing Step-by-Step-by-Step** (P808)			
12:30 p.m.				
1 p.m.			**Anesthesia Assistants Skills Lab** (XASL01)	
1:30 p.m.	**HIPAA Workforce Training: What You Don't Know can Hurt your Practice** (P809)	**Turning Your Patient's 'Oh no' into 'Woohoo!' Are Your Systems Built to Stand the Test of Time?** (P813)		
2 p.m.				
2:30 p.m.	**Top 10 Management Tools** (P810)	**Infection Prevention and Control 2019: Evaluating Your Compliance** (P814)		
3 p.m.	**OMS Quality Outcomes Registry (OMSQOR)** (P811)			
	Plan to Live: Turning Your Assets into Income (P812)			
3:30 p.m.				
4 p.m.				
4:30 p.m.				
SAT 8 a.m.	**Maximizing Profitability** (P901)		**Anesthesia Assistants Skills Lab** (XASL02)	
8:30 a.m.	**Establishing and Maintaining Homeostasis within Your OMS Practice** (P902)			
9 a.m.	**Surgeon Ergonomics: Injury Patterns and Fitness Strategies for Longevity** (P903)	**Achieving Accreditation for Office-based Surgery from AAAHC** (P904)		
9:30 a.m.				
10 a.m.		**High-impact Communication: Words to Use and Words to Lose** (P905)		
10:30 a.m.				
11 a.m.				
11:30 a.m.				

Dozens of sessions to help enhance the OMS practice

Designed to address the growing needs of the OMS practice, 33 practice management sessions will help with enhancing day-to-day functions. These sessions will spotlight subjects such as practice ownership, social media and cybersecurity.

New this year, practice management sessions will be included in the general registration fee, so day passes are no longer required for admission. This change allows members to attend these sessions at their leisure without needing to purchase an additional ticket each day. Attendees will be able to more easily include practice management sessions in their schedule, enriching the breadth of their educational experience. Examples of these sessions are:

- **Build or Buy? Your Pathway to Practice Ownership** – Strategies for making the transition from new OMS to owner of a flourishing practice will be presented. How to buy in or buy out a partner also will be reviewed.
- **Social Media, Digital Communications and the Law of High-tech Surgery** – The laws for the use of digital records, social media and communications will be described, and the law of marketing through the web and social media will be explained. The legal exposure for malpractice claims regarding digital records and communications also will be outlined.
- **Mitigating Your Cybersecurity Risk and Protecting Patient Trust by Implementing Cybersecurity in the OMS Practice** – This session will instruct on how to train staff on cybersecurity, how to mitigate cybersecurity risks and what a practice can do to better protect its patient data.
- **Practice Performance Indicators: Run your Practice like a CEO** – Crucial numbers and responsibilities, practice performance indicators and best practices for running a successful practice will be highlighted.
- **Surgeon Ergonomics: Injury Patterns and Fitness Strategies for Longevity** – The impact of surgeon ergonomics and workplace injuries will be addressed, and results of a pilot study on injuries and disabilities common to OMSs will be presented. Strategies to combat musculoskeletal injuries and disabilities and promote longevity also will be shared.
- **Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies** – This new course will help ensure the OMS team is prepared for managing office emergencies. Participants will discover how to respond to specific emergencies, function as an integral part of the team during office emergencies and explain the anatomy and physiology related to treating medical emergencies. Other topics – which will share detailed examples – will include loss of consciousness, respiratory distress, chest pain, acute coronary syndrome, allergic drug reactions, altered sensation and blood pressure abnormalities.

Vital areas of the OMS practice will be discussed during workshops geared toward allied staff supporting the OMS. These ticketed sessions will cover such anesthesia administration issues as airway obstruction and defibrillation technique and advanced coding topics including compliance and laws:

- **Anesthesia Assistants Skills Lab** – OMS assistants will receive hands-on clinical training to aid OMSs with emergency scenarios. Multiple stations will include airway management, crash cart, defibrillations, intubation, preparation of emergency drugs and venipuncture.
- **Beyond the Basics Coding Workshop** – The two-day workshop for OMSs and their allied staff will explain key healthcare reimbursement issues, analyze clinical case studies to code OMS-specific procedures and discuss managed-care contracting and health plan audits among other topics. Separate registration is required.

The Anesthesia Assistants Skills Lab will provide hands-on clinical training.

Versah
THE OSSEODENSIFICATION COMPANY

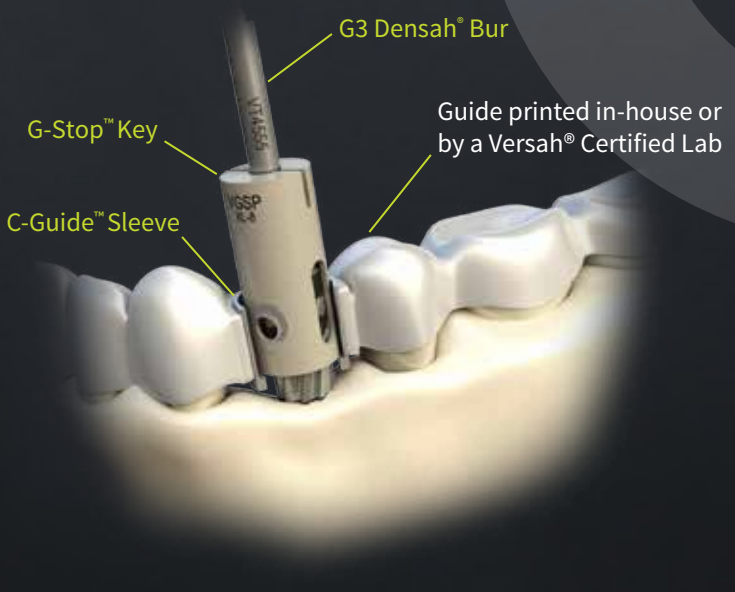
Your Patients Deserve It

Introducing the Next Generation Densah® Bur & G-Stop™

G3 Streamlined for Guided Surgery

The new G3 Densah® Burs and Guided Surgery G-Stop™ Keys are now fully optimized for guided surgery cases.

- Burs are compatible with most handpieces
- The 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:

LIVE SURGERY

2 Day Hands-On Course

July 18-19, 2019

Guaranteed to Place 2 Implants!

Register now!

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

versah.com


Dental Implant Surgery
What is an OMS?
TMJ and Facial Pain
Wisdom Tooth Surgery
Cleft Lip and Palate Surgery
First Aid 101 for Head, Neck and Face Injuries
Craniofacial Surgery
Wisdom Tooth Management
The Path to Become an Oral and Maxillofacial Surgeon
Facial Cosmetic Surgery
Corrective Jaw Surgery
Obstructive Sleep Apnea
OMS Anesthesia Team Model
Other Oral Surgeries

New infographics explain OMS scope to public

To generate even greater awareness of the specialty, a series of 18 infographics covering the entire OMS scope of practice is now available for member use as part of the extensive resources of the AAOMS Informational Campaign.

These infographics – which translate information into a visual presentation using illustrations, graphics and charts – will help educate prospective patients about the expertise and training of OMSs as well as the treatments they provide.

Members are encouraged to join AAOMS in utilizing these engaging infographics across multiple channels – including websites and social media platforms such as Pinterest, Facebook, Instagram and Twitter.

OMS-specific infographics are the latest no-cost downloads offered to members, joining a growing list of patient and animated videos and other resources on AAOMS.org/InfoCampaign.

"These infographics are an important addition to our consumer outreach efforts," said AAOMS President A. Thomas Indresano, DMD, FACS. "We hope these easy-to-understand, yet comprehensive materials will help the public understand the work we do – especially with all the other marketing messages out there today."

The AAOMS infographics are intended to:

- Tell the OMS story through visual presentations.
- Be more engaging than plain text.
- Simplify and/or explain dental/medical language to prospective patients.
- Communicate statistics and details about oral and maxillofacial surgery.

The infographics available for members to download include:

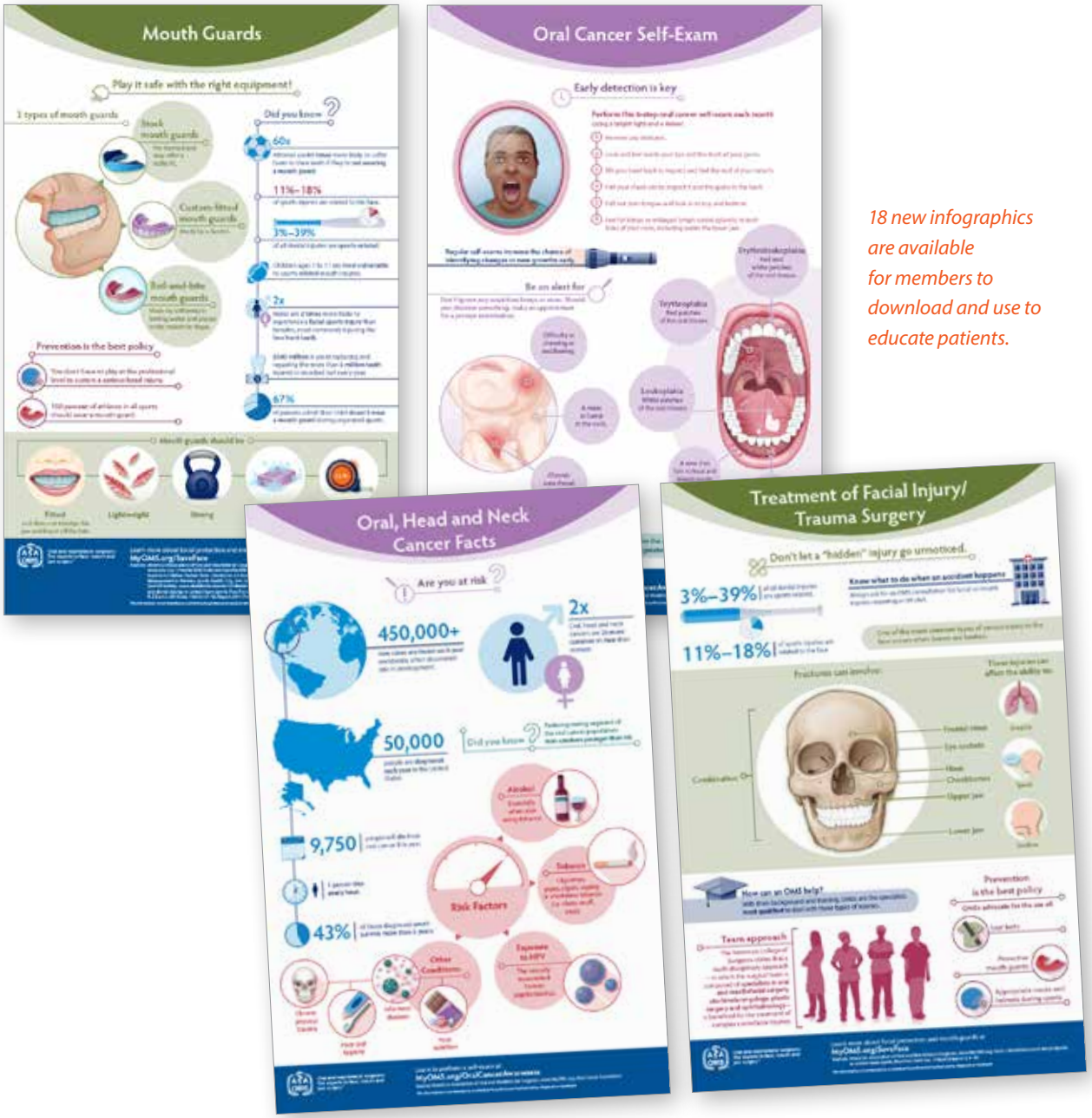
- **Anesthesia** – Describes the various types of anesthesia and showcases the OMS team model.
- **Cleft Lip and Palate Surgery** – Illustrates the difference between a cleft lip and a cleft palate and lists treatment considerations for these patients.
- **Corrective Jaw Surgery** – Explains surgical plans for the various misalignments that can be addressed with corrective jaw surgery.
- **Craniofacial Surgery** – Features medical illustrations showing the various craniofacial anomalies, syndromes and conditions OMSs can treat.
- **Dental Implant Surgery** – Features the benefits of long-lasting dental implants while noting the drawbacks of bridges and dentures. The dental team implant team also is introduced.
- **Facial Cosmetic Surgery** – Lists the types of cosmetic surgeries that an OMS can perform and explains how OMSs support the function and esthetics of the face, mouth, teeth and jaw.

> *These infographics are an important addition to our consumer outreach efforts.*
> *– AAOMS President Dr. A. Thomas Indresano*

- **First Aid 101 for Head, Neck and Face Injuries** – Presents first aid tips for these types of injuries.
- **Mouth Guards** – Emphasizes the importance of using protective gear when participating in recreational and athletic activities with illustrations of different types of mouth guards.
- **Obstructive Sleep Apnea** – Shows the various treatments for OSA, depicts how OMSs are a member of the sleep team and includes statistics about the risks of untreated OSA.
- **Oral Cancer Self-Exam** – Illustrates the signs and symptoms to be cognizant of when performing a monthly self-exam.
- **Oral, Head and Neck Cancer Facts** – Includes numerous statistics about oral cancers and identifies a number of risk factors.
- **Other Oral Surgeries** – Features a variety of oral surgery procedures, including frenectomy, soft-tissue grafts, tooth extractions and TADs.

continued on next page

- **The Path to Become an Oral and Maxillofacial Surgeon** – Shows the many years of training and education needed to become an OMS – a top factor when patients choose a professional to perform their procedure, according to AAOMS national consumer survey results.
- **TMJ and Facial Pain** – Describes the symptoms and potential treatments for TMJ disorders, along with a medical illustration of the joint.
- **Treatment of Facial Injury/Trauma** – Shows the types of fractures that can occur and injury statistics with an emphasis on the importance of an OMS consult when an injury requires an ER visit.
- **What is an OMS?** – Supports the campaign's strategic initiative to educate the public about what an oral and maxillofacial surgeon does.
- **Wisdom Teeth Management** – Includes medical illustrations depicting impacted teeth complications and their growth over time.



18 new infographics are available for members to download and use to educate patients.

- **Wisdom Teeth Surgery** – Presents tips for before surgery and showcases do's and don'ts for after surgery. Members are encouraged to share this infographic on social media during heavy wisdom teeth extraction periods.

Four of the infographics can be featured in conjunction with the two April national observances that AAOMS co-sponsors – National Facial Protection Month and Oral Cancer Awareness Month – both of which promote oral health and safety. Members are encouraged to post these infographics on social media every April: 1) Mouth Guards; 2) Oral Cancer Self-Exam; 3) Oral, Head and Neck Cancer Facts; and 4) Treatment of Facial Injury/Trauma.

"All of these new infographics tie directly into the purpose of the AAOMS Informational Campaign – to provide accurate, clear and memorable information to the prospective patients, educate them as to why OMSs are the experts in face, mouth and jaw surgery, and when to utilize our services," Dr. Indresano said. "We're finding the infographic format is popular with the public. In just two weeks after being posted to MyOMS.org, the Wisdom Teeth Management infographic garnered more than 15,000 views."

The infographics already are featured on MyOMS.org. This consumer outreach joins other tactics – including digital marketing Google/Yahoo ads, YouTube pre-roll and other cost-effective strategies – to drive web traffic to MyOMS.org, where prospective patients are encouraged to search for an OMS in their area. ■

Infographics on AAOMS.org

Download the Informational Campaign's infographics, videos and social media resources from AAOMS.org/InfoCampaign.

New wisdom teeth PSA airing

Produced as part of the Informational Campaign, AAOMS television and radio public service announcements focusing on third molars have been on the air across the country since early 2019.

By repurposing the wisdom teeth animated-explainer video, AAOMS was able to disseminate a new 60-second, 30-second and 15-second PSA to TV and radio stations. These no-cost "commercials" air during breaks when stations have not sold advertisements.

The AAOMS public service announcements continue to provide the greatest return-on-investment of any tactic executed as part of the campaign. The "Wisdom Teeth: Pain or No Pain" PSAs have been airing on TV stations about 450 times each month to a broadcast audience of about 3.5 million – with an equivalent ad dollar value of $60,000. At radio stations, the PSAs are playing about 200 times each month to an audience impression of 4.25 million with an equivalent ad dollar value of $14,000.

Members can use videos on websites, social media

In addition to the Informational Campaign's infographics, AAOMS-produced educational, promotional and public service videos are available for members to download at no cost and use on their practice websites or in social media.

All videos can be downloaded from the Member Center (under Downloadable Media). The digital library includes:

- Animated explainer (YouTube) videos
- Promotional videos
- Patient videos
- Public service announcement videos
- Educational videos

Silent Partners Invest Cash In Oral Surgery Practices

Claim Your No Cost Valuation

In the last six months we have helped our client doctors put over $100,000,000+ in their pockets from silent partners. Doctors remain as partial owners, running their practice under the doctor's brand and management. The silent partner provides capital, support and broad resources as needed to accelerate growth.

When ready to retire—years or decades in the future—doctors have a known exit strategy. LPS clients are not seeking a short term retirement strategy, but a cash secured future and a silent partner which provides the tools and ammunition to compete more effectively and profitably.

We have advised clients across the U.S. that values are peaking. The unique LPS approach creates value not possible with other advisors. We can confidentially show you the value of your practice under various custom structures at no cost or obligation.

Even if you are not interested in monetizing all or part of your practice today, it pays to understand what makes your practice more or less valuable to an "**Invisible DSO**."

Recently Achieved Values:

Four-Doctor Oral Surgery in CO, 3.9X Collections, Age: 30s
One-Doctor Periodontist in AZ, 2.6X Collections, Age: 40s
One-Doctor Oral Surgery in AR, 2.7X Collections, Age: 50s

Visit MyOMFSWebinar.com to register for the next webinar.

LPS
Large Practice Sales

MyOMFSPartner.com
Call **877-671-6116** or email
OMFS@LargePracticeSales.com
to arrange a confidential discussion with a Large Practice Sales principal.
You might be surprised...

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

OMS volunteerism: Is it time for a change?

Volunteerism at home and abroad has always been an important part of the tradition of oral and maxillofacial surgery, creating educational and training opportunities for residents and practitioners while providing care for the less fortunate.

While volunteerism is beneficial to this limited group of individuals, questions have been raised about whether such short-term activities actually make a significant and long-lasting contribution to overall general oral health in the region. There is certainly a need to reduce the burden of oral disease and its effect on the general health and quality of life in underprivileged and underdeveloped areas, but do our current efforts really have a significant impact or are there better ways in which this might be accomplished?

One of the problems with the traditional approach to volunteer oral and maxillofacial surgery care is the lack of coverage and sustainability. Such volunteer activity is generally not continuous, involves mainly the relief of pain via tooth extraction and serves only a relatively small number of those needing such treatment.

For those undergoing more major procedures, there also often is the question of appropriate aftercare. Another consideration is the creation of dependence on volunteer programs rather than for communities and countries to develop their own healthcare systems.

Moreover, despite the considerable time, effort and resources expended on volunteer healthcare programs, evidence is still lacking in regard to whether they really result in improvements in general oral health. Taking all these various issues into consideration, while volunteering may be a greatly rewarding experience for those who engage in these activities, such programs potentially could be causing more harm than good.

Perhaps it is time to accept the current volunteer model has its limitations and to consider what might be done to improve the situation.

The first consideration is to increase the focus on prevention as well as treatment. I am aware our services do not involve caries prevention, and cleft lip and palate are not preventable. However, we can ensure our teams always include one or more general dentists whose job would involve group patient and non-patient education on oral healthcare. In addressing these groups, the emphasis should not only be on their own issues, but more importantly, on those of their children – helping them understand what they need to do to prevent them from ultimately falling victim to the same problems.

As oral and maxillofacial surgeons, we also can improve the effectiveness of the volunteer situation by extending our own educational efforts in several areas. First, whenever possible, we need to continue to train local surgeons in the primary care of specific surgical conditions as well as follow-up management so eventually they could assume such care. Secondly, we also should educate the local healthcare workers regarding proper infection control to prevent the inadvertent spread of life-threatening conditions such as HIV and hepatitis. Finally, we can teach non-patient groups as well as patient groups in the recognition of common oral lesions and early cancer detection.

Changing the paradigm of volunteerism in oral and maxillofacial surgery to focus on prevention and extended educational efforts as well as treatment will not only help expand our ability to provide needed care for the underserved, but it also should improve the capability of local health personnel, strengthen the local healthcare structure and hopefully eventually reduce the treatment demands. ■

Kathy A. Banks, DMD
OMS Foundation Chair

'Investments' pay continuing dividends

As we celebrate our 60th anniversary in 2019, it's safe to say the OMS Foundation has proven the adage that long-term investments are more likely to pay dividends.

We have success stories in abundance across the spectrum of the specialty from "investing" in research, education, our faculty and residents – all with the goal to improving the lives of our patients. Through grants, scholarships, awards and support of various education and training offerings through the years, the Foundation also has been making a difference in the lives of individual members.

Dr. Tara Aghaloo's story, featured in this spring's *Torch* Foundation newsletter, is a textbook illustration of how strategic doses of financial support and encouragement can help shape a leader and educator of the highest caliber. Early in her career, she was the recipient of a Faculty Educator Development Award and Research Support Grant and her program was given a Student Research Training Award.

Those investments supported her career development and have produced returns beyond measure.

Today, she is assistant dean of clinical research and professor of oral and maxillofacial surgery at the UCLA School of Dentistry and director of its Clinical Research Center.

Far from being self-satisfied with her success, Dr. Aghaloo sees it as an opportunity to inspire and guide the next generation to reach its full potential. She served as moderator for the 2019 Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) and gives generously of her time and expertise to support the Foundation's Committee on Research.

There are countless stories similar to this one – of early-career OMSs who grasped a helping hand when it was offered, ascended the ladder to success and are now extending their own hand to someone else. This is the culture of our specialty, and it fills me with pride to see it.

That culture was on full display at February's Resident Transitions into Practice Conference. Dr. James Swift – whose lifelong passion for research and education was kindled and stoked by Research Support Grants from the Foundation – spoke on behalf of OMSNIC as chair of its Board of Directors. Dr. Jennifer Woerner, a 2014 FEDA award recipient and now Louisiana State University's OMS resident program director, shared her story during the "Becoming a Leader in OMS" panel.

Though the conference's topics were wide-ranging, the underlying theme was consistent: we love this specialty, and we're committed to helping you succeed.

The Resident Transitions into Practice Conference is a popular course for those OMSs preparing for post-residency life. Similar to the Clinical Trials Methods Course and CSIOMS, there is no fee to attend; program costs are covered by AAOMS, the Foundation and other supporters. These are programs that we support with confidence, knowing that our investment will yield generous returns.

As AAOMS embarks on its second century, I urge you to take stock of the many benefits that accrue from a career in oral and maxillofacial surgery and extend your own hand to help shape our specialty's future. Not everyone is called to teach, but all of us are obligated to give of ourselves in some way. Your annual gift empowers us to change a life, and I can testify from experience (and prove it with data) that generosity pays its own dividends.

Thank you for joining me in this important work. ■

It's our turn.

"I was an early beneficiary of the Foundation's generosity; now it's my turn to help others reach their full potential and realize their career goals."

– Tara Aghaloo, DDS, MD, PhD
Assistant Dean of Clinical Research and Professor of Oral and Maxillofacial Surgery, UCLA School of Dentistry

USOSM
U.S. Oral Surgery Management

Your gift to the OMS Foundation supports innovative research, education opportunities for residents and a strong academic sector. **Donate now to DOUBLE YOUR IMPACT! U.S. Oral Surgery Management will match every gift to the Foundation received May 1 - June 1 – up to a total of $25,000.**

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

OMS FOUNDATION

Celebrate 60 serving the specialty 1959–2019

OMS Foundation
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018
OMSFoundation.org/Donate

Congress and states seek to address several issues

In addition to hosting approximately 100 OMSs in Washington, D.C., during the 19th annual AAOMS Day on the Hill to discuss issues impacting the specialty with members of Congress, AAOMS continues to monitor a variety of federal and state issues. Those issues range from anesthesia to prescription drug abuse to access to oral healthcare.

Federal level

The 116th Congress spent its first few months focused on several healthcare issues of interest to the specialty. Members can visit AAOMS.org/TakeAction or download the VoterVoice app to email constituent members of Congress about issues facing the specialty.

Two of AAOMS's legislative priorities for 2019 have been reintroduced:

- The Ensuring Lasting Smiles Act (ELSA) was reintroduced Feb. 26 as S 560 in the Senate by Sens. Tammy Baldwin (D-Wis.), Joni Ernst (R-Iowa), Sherrod Brown (D-Ohio) and Lisa Murkowski (R-Alaska) as well as HR 1379 in the House by Reps. Collin Peterson (D-Minn.) and Denver Riggleman (R-Va.). The AAOMS-led legislation would require health insurers to cover treatment for patients with congenital anomalies, including adjunctive dental, orthodontic and prosthodontic support. AAOMS has been working with the National Foundation for Ectodermal Dysplasias and the American Society of Plastic Surgeons on these bills.
- Also initiated by AAOMS, the Resident Education Deferred Interest (REDI) Act was reintroduced March 6 as HR 1554 in the House by Reps. Brian Babin (R-Texas), Paul Gosar (R-Ariz.), Andy Harris (R-Md.), Bill Posey (R-Fla.) and Steve Stivers (R-Ohio). The bill would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. An AAOMS-led coalition of 33 organizations sent a letter to the lead sponsors thanking them for introducing the bill.

Other AAOMS-supported legislation reintroduced in the first quarter includes the Competitive Health Insurance Act (HR 1418/S 350). The act would amend the McCarran-Ferguson Act to remove the exemption for health and dental insurers from federal antitrust laws; the Protect Medical Innovation Act (S 692), which would repeal the 2.3 percent excise tax on medical devices ahead of the deadline for the moratorium that expires Dec. 31; and the Responsible Additions and Increases to Sustain Employee (RAISE) Health Benefits Act (S 503/HR 1366), which would expand the availability and usage of FSAs.

State level

With the end of most states' 2019 sessions, a number of bills will be enacted or fail to pass in the coming weeks. Members can reach out to their state OMS and dental societies for information on which bills were enacted in their states and the deadlines for implementation:

■ **Arkansas** – Gov. Asa Hutchinson (R) signed legislation that requires all controlled substances be e-prescribed. The new law takes effect Jan. 1, 2021, but provides for waivers from the requirement due to economic hardship or technological limitations.

■ **Idaho** – Legislation authorizing the practice of dental therapy (S 1129) was signed by Gov. Brad Little (R). The governor also signed S 1069, which revises the definition of "covered service" in the state's non-covered services law to exclude services for which a patient had met their annual maximum.

impacting the specialty and members

■ **Kentucky** – Gov. Matt Bevin (R) signed HB 342, which mandates by Jan. 1, 2021, that all controlled substances be e-prescribed. The new law provides exceptions for specified scenarios.

■ **Montana** – Due to the adoption of HB 86, practitioners will be required to review the state's prescription drug monitoring program (PDMP) prior to issuing a prescription for an opioid or a benzodiazepine unless the prescription is intended to last the patient seven days or less and cannot be refilled. In addition, all opioid prescriptions will be limited to a seven-day supply when issued to an opioid-naïve patient.

■ **New Mexico** – Gov. Michelle Lujan Grisham (D) signed HB 308 into law, allowing for the licensure of dental therapists. The new professional will be limited to practice in low access areas and on tribal lands.

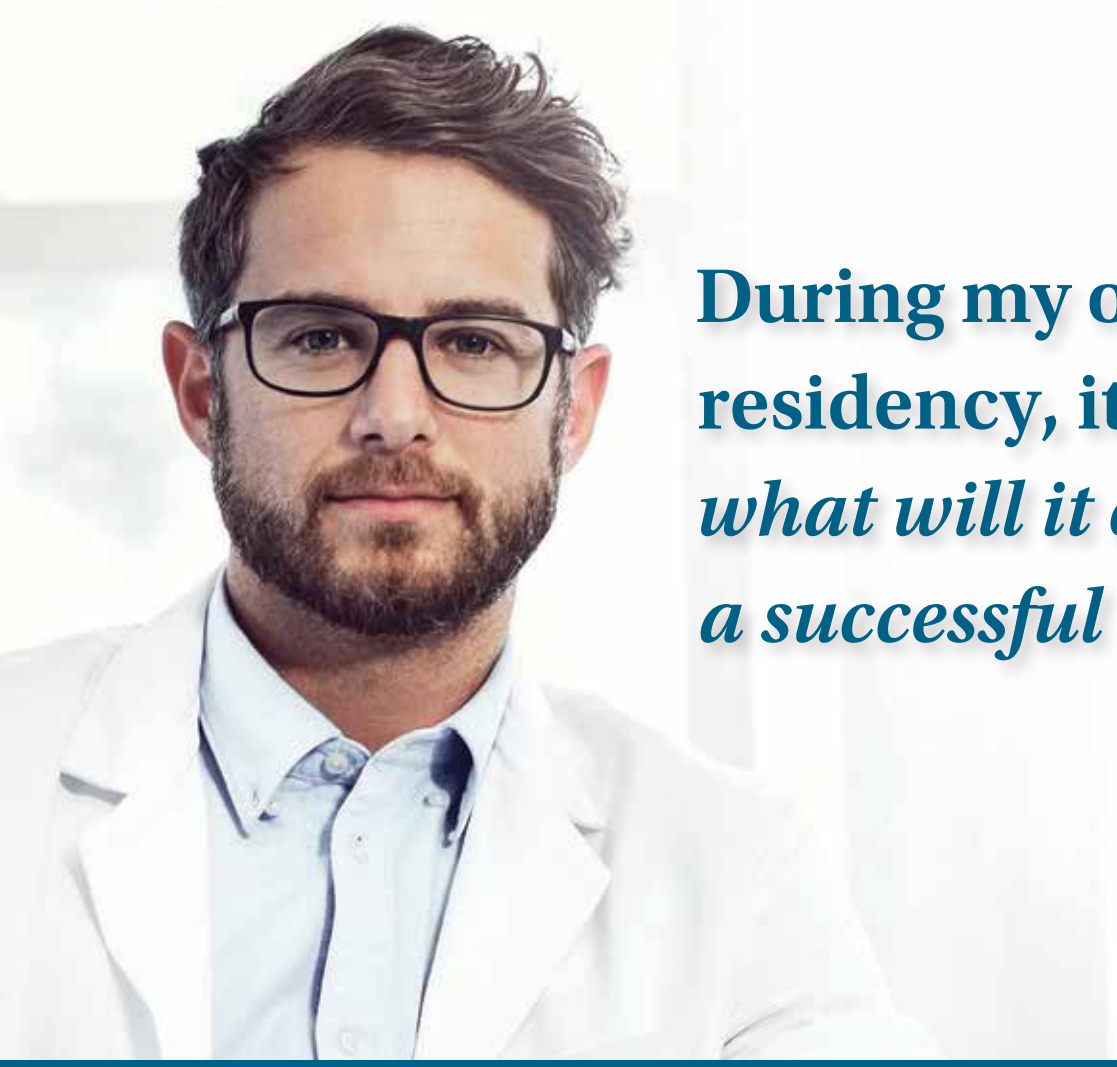
■ **West Virginia** – The state successfully passed legislation (SB 310) prohibiting insurers from capping fees on non-covered services. The state is now the 39th with such provisions. Gov. Jim Justice (R) also signed legislation (SB 400) that moves the state's current specialty licensure provisions from regulations to statutes. The move will protect the dental board from potential antitrust lawsuits.

■ **Wyoming** – Gov. Mark Gordon (R) signed legislation (SF 46) that limits all opioid prescriptions to a seven-day supply. The governor also signed SF 47, which requires practitioners to complete three hours of CE in controlled substances every two years and check the PDMP prior to issuing a prescription for an opioid as well as mandates all opioid prescriptions be e-prescribed as of Jan. 1, 2021.

OMSPAC update

Between Jan. 1, 2019, and Feb. 28, 2019, OMSPAC raised $59,912 from 3 percent of the membership. In addition, OMSPAC has contributed $54,500 to federal candidates so far during the 2019-20 election cycle.

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



During my oral surgery residency, it hit me ~ *what will it cost to join a successful practice?*

Getting your degree is only part of the long, challenging and quite expensive process of joining a successful practice. Many residents have significant debt from years of education and training. Transitioning to a successful private practice where you can focus on patient care, rather than the business aspects of running a practice, is where U.S. Oral Surgery Management can help.

U. S. Oral Surgery Management's physician partners can provide an opportunity for new surgeons to join an established group where all the daily operational functions are already in place. This allows you to hit the ground running from day one where your focus is patient care. Not only will you be able to focus on clinical care, with USOSM, you will have the opportunity to become an owner of the leading specialty shared services organization for premier oral surgery practices. USOSM offers a variety of practice locations and an array of practice sizes and we are adding more all the time. One of them may be right for you.

Email today - HR@USOSM.com to discuss your career options with USOSM.

USOSM

U.S. Oral Surgery Management

The Power to Achieve More

www.usosm.com

Calculating human resource metrics

By Research Institute at Kronos, a TruPay affiliate

A variety of metrics focused on human resources (HR) and business can be analyzed or tracked. However, metrics should not be viewed in a vacuum and should be considered with other factors in mind.

Metrics have become a vital component of HR and HR service delivery, allowing companies to measure HR program performance while providing actionable insights and information on efficiency and effectiveness.

Similar to how an organization's HR programs and strategic choices are made in support of broader business objectives, HR metrics and measurement tools should focus on HR's contribution to overall business issues.

Defining HR metrics

So, what are HR metrics? HR metrics assign value to various aspects of employee performance. These metrics are useful for measuring an organization's performance overall and uncovering HR-related issues that can have a major impact on a company's bottom line – for example, revenue per employee, benefits costs and cost of employee turnover.

While data used to be used to understand what was happening, HR measures are now allowing organizations to better understand why it is happening and provide input into predicting what could happen.

If your organization is interested in using HR metrics, the first step is determining what to measure. Creating and sustaining high performance in organizations, metrics need to be simple, clear and connected to the organization's priorities and overall strategy. The Society for Human Resource Management (SHRM) advises organizations to select and define the data that align with their business strategy.

From there, they will need to define a formula for each metric. For example, the formula for the turnover rate metric is total separations divided by average number of employees.

When a practice has a problem, one of the first steps in addressing it is to evaluate the impact of the issues or progress toward the goal. Organizations that track and evaluate metrics such as these are more successful in achieving their strategic goals or vision.

Using metrics

What key data are useful for practices to evaluate?

General HR – This category may include revenue per employee, profitability, benefits costs and employee counts, which can be important in determining which federal regulations and requirements apply to a practice.

Compensation – These data may include metrics such as pay range and compa-ratio (an employee's salary divided by the market rate for their role), which can help a practice identify and mitigate potential turnover risks.

Examples of compensation metrics include:

- **Prorating merit increases** – This metric is calculated by totaling the number of months actually worked divided by the number of months under the current increase policy, then multiplied by the increase percentage the employee would otherwise be entitled to receive. This metric reveals an employee's pay increase appropriate to the period of time the employee worked.
- **Range penetration** – The salary (minus range minimum) is divided by (range maximum minus range minimum). This metric helps determine the degree to which an employee's pay rate has expanded in his or her current pay.

Recruiting – These metrics focus on the costs of obtaining a new employee and could include advertising, agency fees and travel. Tracking the recruiting metrics can assist in determining the costs of hiring new employees versus retaining existing employees.

Examples of recruiting metrics include:

- **Cost per hire** – Add advertising, agency fees, employee referral fees, travel costs from applicants and staff, relocation costs, recruiter pay and benefits divided by the number of hires. This metric provides the total cost of a new hire.
- **Yield ratio** – Identify the percentage of job applicants from a specific source who proceed to the next stage of the hiring process. The yield ratio compares the

continued on next page

number of applicants among different stages of the hiring process.

- **Time to fill** – Add the total costs of separation, plus the cost per hire, plus training and the cost of the vacancy. Using the time-to-fill ratio calculates the efficiency, time period and productivity of the company's recruitment process.

■ **Turnover** – Turnover metrics deal with the flow of employees into and out of an organization over a specific period of time and the costs associated with the loss of employees through retirement, terminations and resignations.

■ **Employee engagement** – Employee engagement metrics focus on the degree to which employees care about their jobs and are committed to the organization's success. Such metrics are directly related to turnover, efficiency and a practice's overall financial health.

Guiding metrics

The following are some tips you can use that will help in taking a practical approach in developing, deploying and managing metrics:

1. Determine and be able to show how the metric is important. For example, it must be connected to a practice priority or strategy. A good rule is to align metrics within the balanced scorecard approach (i.e., financial, customer or business process). Some examples to help illustrate how the metric is important would be to ask these types of questions:
   - Do we have enough skilled employees for current and/or future projected workloads?
   - Do we have the right people?
   - Do we have an engaged workforce?
   - Have we identified high-potential employees, and are we at risk of losing any?
2. Keep it simple. The metric must be clear, and its meaning must be easily understood by all throughout the organization. This includes items such as:
   - Metric definition
   - How it is calculated
   - Where do data come from
   - Who owns the metric

   - What is the frequency for update and review
   - Involve key stakeholders up front to make sure there is buy-in and clarity surrounding the metric meaning and expectations.
3. Involve key stakeholders up front to make sure there is buy-in and clarity surrounding the metric meaning and expectations.
4. Once metrics have been established, promote and communicate them throughout the organization to ensure everyone is connected and sees their importance.

Reviewing metrics

Having HR metrics that align to the organizational strategy and are clearly understood are only the first steps. Now that you have meaningful metrics in place, you must ensure they are proactive and reviewed at a frequency that will allow for the proper adjustments to be made to move the practice forward and drive sustainable results.

The increase of human capital management solutions have expanded HR technological capabilities within organizations. HR technologies have traditionally been used to automate processes and drive operational efficiencies, which often resulted in a cumbersome user interface. Organizations are now using these new enabling technologies and improved graphic displays to enhance the overall customer experience and help achieve organizational goals and objectives.

The adoption of HR – and HR operational services – cloud technologies has continued to increase as organizations take advantage of an evolving marketplace and can identify a clear return on the value of investing in new solutions.

One of the reasons why organizations are implementing new HR systems is to increase their HR measurement capabilities. It is extremely important to leverage the metrics to drive action, challenge targets, recognize wins and see if there are opportunities to pull in other metrics over time based on the ever-changing needs of a practice. ■

This is number 167 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.

Understanding steps for negotiating managed

Mastering how to read the language of a managed care contract can be difficult and often frustrating to office staff and providers.

While managed care contracts can vary, common clauses are often found in provider contracts that remain consistent throughout the industry. Negotiating a managed care contract requires preparation, collaboration and compromise. It is essential doctors fully understand exactly what is included in their provider contracts, such as fee schedules and termination clauses.

For instance, claim denials or payment limitations could stem from the terms of a provider contract, not necessarily from the payer's policy. Claim denials or payment limitations also may stem from a benefit limitation outlined in the patient's benefit plan. For this reason, it is imperative to be familiar with contract terms and payer websites, as many contain their reimbursement policies as well as the patient's benefit summaries. Be sure to check the following:

- **Non-covered services** – Many OMSs may have encountered situations in which the payer indicated they may only bill their patient the contracted rate for services that are deemed non-covered. This is because some managed care contracts contain clauses stating the OMS must follow the payer's fee schedule even if the procedure is considered a non-covered service.

Thirty-eight states prohibit a payer from limiting the fee a dentist or OMS may charge for a service unless the service is covered under the insurer's plan or contract. However, in these states, the non-covered service clause and associated limiting charges may depend on the date the contract was entered into or signed versus the effective date of the law.

Another exception to this law are self-funded benefit plans. They do not have to abide by state insurance law as they are self-governed.

- **Disallow clauses** – Disallow clauses prevent contracted providers from billing their patients for services even after the OMS has deemed the treatment necessary. Plans will disallow a procedure and deny it as a non-covered service or consider it inherent to another procedure (such as an extraction and an alveoloplasty) and prohibit the doctor from balance billing the patient because of a disallow clause in the contract.

Disallow clauses often dictate that not only will the third-party payer not pay for the procedure, but the OMS also is prohibited from charging the patient for the procedure.

- **Medicare exclusions and provider obligations** – Dependent upon whether a provider is participating, non-participating or opted-out with Medicare, it is important to understand the contractual obligations to status choice. Medicare participation status determines how services are reported, for what and how much a provider may charge the beneficiary and whether a private contract or an Advanced Beneficiary Notice is required before moving forward with treatment.

Additional information about Medicare enrollment options and billing requirements is available at AAOMS.org/practice-resources/coding-reimbursements/information-material/medicare/opting-out-of-medicare.

- **All-products clauses** – All-products clauses typically state that if the doctor participates in a particular plan offered by the Managed Care Organization (MCO), the doctor must participate in all of the MCO's health plans. The MCO contract will identify or define the provider and the insurer. Many MCOs offer a variety of products or forms of insurance to different populations. Without knowing it, a provider may be agreeing to accept all insurance programs offered by the company – HMO, PPO, Point of Service, Medicare or indemnity. This is referred to as an all-products clause.

When patients who are insured through state marketplaces present to a practice, current managed care contracts may automatically make the provider a participating provider within the marketplace plan if an all-products clause is in the contract. This clause also can affect dental contracts if the provider has opted out of Medicare.

For example, a provider may be prohibited from treating Delta Dental Medicare Advantage (MA) patients because of their opted-out status with Medicare. However, the same

care contracts

provider also is prohibited from refusing care to Delta MA patients because of the terms of their Delta contracts. The provider would either need to become a participating provider of Medicare or terminate its contract with Delta Dental because the terms of its contract are not being met. Coverage and fee schedules also may differ from one plan to the next. Some states have even banned MCOs from including the all-products clause in their contracts.

■ **Rental network (or silent) PPOs** – Many doctors may have unknowingly signed a contract with a rental network PPO, which allows multiple payers to access its network's lowest contracted discount rates. In doing so, they also may unknowingly have agreed to accept discounted rates with affiliated plans or networks. These clauses allow the MCO to sell or rent the provider's fee schedule to another third-party payer.

If this clause is approved, the OMS is essentially agreeing to accept the same negotiated, discounted rates from the payer renting the fee schedule. Some states have passed laws making these clauses illegal.

It is important to review payer websites for coverage polices and/or patient's benefit language related to a specific procedure. Although some payers may cover a procedure, the patient's benefit package may state otherwise. Obtaining this information will help alleviate misunderstandings in benefit coverage between the provider and its patient.

AAOMS encourages members to discuss and review their contract negotiations with their practice attorney and thoroughly review and understand the contracts before entering into an agreement with a third-party payer. ■

More information available

More resources and courses – including the recent webinar, "Understanding the Insurance Contract Negotiations for the OMS Practice" – are available at AAOMS.org/continuing-education/practice-management-workshops-webinars.

Impaction definitions guide reimbursement

Removal of impacted teeth is an everyday occurrence for most oral and maxillofacial surgeons. Yet, many surgeons and payers remain confused over the definition of partial and complete bony impactions.

Many AAOMS members report payers often down code their complete bony impactions to partial bony and/or partials to surgical extractions. A review of the definition of these impactions and suggestions for documentation may be helpful to the surgeon and coding staff in obtaining proper reimbursement. Any tooth that is unable to erupt into normal position in the oral cavity is defined as an impacted tooth. Teeth most likely to be impacted are maxillary and mandibular third molars, maxillary canines, mandibular canines and mandibular premolars.

With a thorough clinical and radiographic examination, the OMS can determine – in consultation with the patient – the desired treatment options for any impacted teeth. Complete documentation is essential in enhancing the third-party coverage for any surgical procedure. Indications for removal of these teeth, specifically third molars, may be found in the AAOMS clinical paper, "The Management of Impacted Third Molar Teeth," at AAOMS.org/docs/practice_resources/clinical_resources/impacted_third_molars.pdf.

Reimbursement for surgical procedures to remove impacted teeth is based on position and extent of bone coverage. AAOMS has chosen to refer to the ADA position paper on impacted teeth. According to the ADA, the coding for removal of impacted teeth is dependent on the definition of an "anatomical crown." The anatomical crown is defined as "that portion of the tooth normally covered by, and including, enamel."

The CDT manual for coding of partial and complete bony impactions is:

- **D7230** – removal of impacted tooth – partially bony. Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
- **D7240** – removal of impacted tooth – completely bony.

Most or all of the crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

The ADA states: "Given this definition, the 'crown' referenced in these code descriptors is the portion of the tooth above the cemento-enamel junction. It follows that 'part of the crown' should be interpreted as 'less than 50 percent of the entire crown' and 'most of the crown' should be interpreted as 'at least or more than 50 percent of the entire crown.'"

The ADA position papers also states: "An interpretation that some portion of the occlusal surface must reside below the bone in order for D7240 to apply is an incorrect interpretation."

The ADA's position paper can be found at ADA.org/~/media/ADA/Publications/Files/D7230andD7240_GuidanceforImpactedTeethRemovalProcedure.pdf?la=en.

From these definitions, one can see that accurate documentation of the tooth position and procedural means to remove the tooth are essential in obtaining correct reimbursement. Studies have shown radiographic evaluation by general dentists, health insurance consultants or oral and maxillofacial surgeons provided accurate classification of the impacted teeth in only approximately 50 percent of the time.

Therefore, it is incumbent that surgeons provide, in their operative narrative, a detailed description of the position and bone coverage of any impacted tooth as well as the procedure involved in removing the tooth.

Occasionally, there may be instances where the impacted tooth is in a position near vital structures, such as the inferior alveolar nerve, and there are clinical indications for removal of the tooth. In these situations, it may require removal of the crown of the tooth (coronectomy) while leaving the root portion.

Coding for this would be:

- **D7251** – Coronectomy – intentional partial tooth removal.

Radiographic imaging may not provide complete or accurate information as to the tooth position and surgical technique indicated for removal of impacted teeth. Therefore, detailed documentation of the procedure and the surgeon's finding is strongly encouraged for proper reimbursement. ■

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 AAOMS ASI AAOMS Services, Inc.

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

We have the answer for supplies and specialty services in an OMS practice . . .

Supplies/Repairs

› Southern Anesthesia & Surgical, Inc.

Pharmaceuticals, surgical supplies and OMS specialty products – For more than 30 years – and a relationship of more than 20 years with AAOMS – SAS has been known for top-notch service and dental surgical expertise. Enroll in the AAOMS Buying Group to receive a 5 percent upfront discount. Call **800-624-5926** or visit **SASrx.com.**

› Nuell, Inc.

Repair of powered dental instruments – Nuell, Inc., specializes in the repair of pneumatic and electrical drills as well as the accessories that are used in conjunction with them (i.e., cords, bur guards and foot pedals). AAOMS members receive a 10 percent discount off all repairs along with other special benefits throughout the year. Contact Nuell at **800-829-7694**. If you have not yet enrolled in this Approved Program, you will need your AAOMS ID number when calling to enroll for the first time.

› Office Depot/OfficeMax

Office supplies and custom printing – AAOMS members (U.S. only) enrolled in this Approved Program receive up to an 80 percent discount on a list of office supplies – online or in a retail outlet. The deeper-discounted items are updated quarterly at **Business.OfficeDepot.com** through a special login ID for AAOMS members. To enroll, call ASI staff at **800-822-6637, ext. 4319,** or send an email to **asi_inc@aaoms.org** with the AAOMS member's name, practice address and work phone number.

Specialty Services

› PD-Rx*

Prepackaged medication for in-office dispensing – PD-Rx offers over 6,000 prepackaged medications for in-office dispensing needs, with a specially priced formulary for OMS practices. Their no-cost, easy-to-use, web-based software enhances the dispensing experience, from managing your medication inventory and facilitating online ordering to ensuring state regulatory compliance with PDMP programs. Visit **PDRx.com** or contact PD-Rx sales or call **800-299-7379**.

› Practice Quotient, Inc.

PPO analysis and negotiation – Practice Quotient, Inc., a national dental network contract analysis firm, increases your revenue by negotiating higher reimbursements from PPO fee schedules. They evaluate the merits of being a participating provider for the various insurance companies in your region based on provider compensation and patient acquisition strategies. The consultation fee for AAOMS members is $150 (normally $395). Visit **PracticeQuotient.com/who-we-serve/oralsurgeons** or call **470-592-1680** to schedule a consultation.

› Scientific Metals*

Refine old crowns and bridges – This approved refining program assays your scrap metals for an accurate value. Learn more about this ASI program that includes FREE pickup of metals. Visit **ScientificMetals.com/AAOMS** or call **888-949-0008** and identify yourself as an AAOMS member.

› StemSave*

Stem cell banking from teeth – Enhance your practice and expand your care by providing stem cell banking services to your patients. Members enrolled in the program earn an administration fee for their help with each successful tooth collection. Visit **StemSave.com** or call **877-783-6728** (and mention you are an AAOMS member for additional benefits).

**These ASI Approved Programs offer residual income.*

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: CMS medical records, opioid tool

Q What information is required for proper medical record documentation?

A The Centers for Medicare and Medicaid Services (CMS) website has posted a fact sheet to assist providers in supplying accurate and supportive medical record documentation.

The fact sheet also describes common errors related to medical record documentation. The information includes third-party additional documentation requests, insufficient documentation errors and additional resources. More information is available at CMS.gov.

Q What is an example of insufficient documentation?

A Per the CMS fact sheet, reviewers determine that claims have insufficient documentation errors when the medical documentation submitted is inadequate to support payment for the services billed. Specifically, the reviewer could not conclude that some of the allowed services were actually provided, provided at the level billed or medically necessary.

Reviewers also may find documentation to be insufficient when a documentation element that is required as a condition of payment, such as physician signature on an order, is missing. Other insufficient documentation errors identified in the fact sheet include incomplete progress notes (e.g., unsigned, undated and insufficient detail); unauthenticated medical records (e.g., no provider signature, no supervising signature, illegible signatures); and no documentation of intent to order services and procedures.

Q What is the CMS Opioid Prescribing Mapping Tool?

A This tool is intended to provide opioid data transparency and use data to better inform local prevention and treatment efforts, particularly in rural communities hit hard by the opioid crisis.

In February, CMS released an expanded version of the tool to ensure access to the most complete and current data needed to address the opioid epidemic. For the first time, the tool includes data for opioid prescribing in the Medicaid program.

In addition, users can now make geographic comparisons of Medicare Part D opioid prescribing rates over time for urban and rural communities. ■

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

Verifying a surgeon's board certification

Credentialing agencies and hospitals often have questions when verifying a doctor's board status. Those who want to employ, recommend or personally see a doctor want to make sure the doctor has reached the gold standard of board certification.

For this reason, ABOMS offers official verification letters upon request.

How does it work?

- A verification letter can be generated by filling out and submitting a short form online at ABOMS.org/verifications. Each verification letter costs $60; the fee can be paid by credit card or by check (mailed with a letter of request to the ABOMS administrative office).
- A patient looking for a certified doctor can search (free of charge) in the "Find a Certified Doctor" box at ABOMS.org. This is not an official letter but a directory of those who are board-certified (unless they have chosen to not include themselves in this public listing).
- If running a verification online, an email will be sent that contains a link to the verification letter. This link must be accessed within a 24-hour timeframe to download or print the letter. If the mail option is chosen, a mailed response will be sent within seven to 10 business days.
- The verification letter will contain the surgeon's status, original certification date, date of most recent certification and the date the current certification expires. The status will show one of the following:
  - **Active:** A Diplomate who is actively engaged in the practice of oral and maxillofacial surgery or receives remuneration by being an OMS and is currently in good standing with ABOMS.
  - **Candidate:** An OMS who is actively pursuing board certification and has been approved to take the Qualifying Examination and/or Oral Certifying Examination.
  - **Not board-certified:** Neither active nor a candidate. There are several reasons why a surgeon may not currently hold an active status, but ABOMS letters will disclose only whether a doctor is or is not board-certified.

For more details and to submit a request, visit ABOMS.org/verifications. ■

MEMBERSHIP

Confirmation of OAE recertification due for some 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.

MEMBERSHIP

Application requirements due

All candidates who would like to be elected as provisional or active members and fellows of AAOMS need to meet their respective application requirements by July 31.

For additional information about application status, email membership@aaoms.org.

COMMUNICATIONS

AAOMS Today requests stories

AAOMS Today occasionally shares stories in its Giving Back section about members' volunteerism. 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.

CONTINUING EDUCATION

2-part webinar series available

Registrants receive $50 off when signing up by June 6 for both webinars in the two-part clinical webinar series on dental implants:

- Salvage of the Failing Implant at 6 p.m. CDT June 6
- Avoiding Augmentation by Using Short and Ultra-short Implants at 6 p.m. CDT June 13

The cost per registrant for each webinar is $125 for AAOMS members.

Each webinar is worth one CDE/CME credit. Register at PathLMS.com/AAOMS.

ADVANCED EDUCATION

AAOMS offers assistance in reviewing applications for ACS Fellowship

The American College of Surgeons and AAOMS have forged a way for single-degree OMSs who meet eligibility criteria to apply for full Fellowship to ACS.

AAOMS initially reviews 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 typically is 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.

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

Dual-degree surgeons still will 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 each year.

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.

OMS FOUNDATION

OMS Foundation accepting applicants for research grants

Applications are being accepted through July 15 for these OMS Foundation 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.
- **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.

More information on these grants is available at OMSFoundation.org/research-education/funding.

Applications for the 2019 Norma L. Kelly Resident Spouse Scholarship are due July 1. With financial support from OMSNIC and the OMS Foundation Alliance, these $1,000 awards defray costs of attending the AAOMS Annual Meeting for resident spouses. More information is available at OMSFoundation.org/Alliance/Scholarships.

MEETINGS

BAOMS-AAOMS meeting to share latest research, developments

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

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.

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

Golf day planned

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.

CONTINUING EDUCATION

CE on Demand recordings from 2018 Annual Meeting now available

More than 25 new recordings – including track breakouts and the Anesthesia Safety Program – from the 2018 AAOMS Annual Meeting have been added to the CE on Demand library.

Among the new additions are two updated sessions on cosmetic skin care and advanced topics in dentoalveolar surgery, four dental implant breakouts and the SIG on Women's presentation on "Interpersonal Violence and the Role of the OMS," presented by Ashton Lofgreen, PhD, and Alexandria Hawkins, DMD.

Course credit ranges from 0.75 to 2 hours CME/CDE, and prices start at $40. All AAOMS CE on Demand offerings are available at AAOMS.org/CEonDemand.

OMSNIC

New website enhances searching

OMSNIC has launched a redesigned website at OMSNIC.com. The site has a simplified design, enhanced search functionality and refined navigation in addition to its 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.

COMMUNICATIONS

AAOMS Today seeks authors

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 information to strotto@aaoms.org.

OMSQOR

AAOMS launches data registry to better advocate for specialty

AAOMS has launched a national registry that will collect aggregate and de-identified data from participating members to help enable the Association to better advocate for the specialty, conduct research and aid members in improving quality of care and patient outcomes.

Through the OMS Quality Outcomes Registry – OMSQOR® – participating members will be able to access reports on their patient population, benchmark their performance against their peers and identify potential gaps in care.

In addition, OMSQOR will 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 and identify common diagnoses for specific bundled procedures. The success of OMSQOR will be determined by the number of OMSs who participate and the quality of data captured within each practice's electronic health record system.

Active U.S. AAOMS members can register their practice at https://OMSQOR.AAOMS.org/Signup/Login.aspx. Members might need to contact their EHR vendor to request access to their data for the registry.

Questions about member login? Email the AAOMS membership department at membership@aaoms.org or call 800-822-6637. General questions about OMSQOR? Email omsqor@aaoms.org.

A component of OMSQOR is the Dental Anesthesia Incident Reporting System (DAIRS), which collects and analyzes anesthesia incidents – such as laryngospasms, cardiac events, equipment failures and drug interactions – in order to improve the quality of anesthesia care. Submissions to DAIRS are converted into aggregate, de-identified data, which can be used for research and education on patient safety and anesthesia delivery.

Incidents can be submitted at https://OMSQOR.AAOMS.org/DAIRS. For more information, contact dairs@aaoms.org.

MEMBERSHIP

Members urged to update profiles

The AAOMS membership database is as accurate as the information provided by its members.

Members are asked to log in and review their profile on AAOMS.org to ensure their contact information is correct, their office locations are up-to-date, they are included in the appropriate directories on MyOMS.org (public-facing) and AAOMS.org (members-only) and their degrees are listed correctly.

If members have any changes in personal education, they should email membership@aaoms.org with the type of degree, institution attended and completion year, and that information will be added to their profile.

CONTINUING EDUCATION

2020 application coming soon

Submissions will be accepted beginning in early July and due Sept. 30 for 2020 Annual Meeting courses.

The application can be submitted in clinical and practice management topics in a variety of formats, including hands-on courses and Master Classes. The 2020 meeting theme will be The Digital Workforce: Improving Efficiency and Safety for our Patients.

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

MEMBERSHIP

Networking for members available through AAOMS Connect

AAOMS Connect – an 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.

Questions? Contact conteducate@aaoms.org.

CONTINUING EDUCATION

Complimentary '100 Years of AAOMS' session added to online library

A 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.

During 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.

CE onDemand by AAOMS™

OSTEO SCIENCE FOUNDATION

Applications due June 1 for research and junior faculty awards

The next submission period for Osteo Science Foundation research grants closes June 1.

The Peter Geistlich Research Awards are open to clinicians and medical researchers, the Philip J. Boyne Junior Faculty Awards are for junior faculty and the Resident Research Awards are exclusively for residents and fellows.

In addition, the Foundation's Clinical Observership Program is designed for residents interested in pursuing a career in private practice. This is an opportunity for residents to spend two to four weeks with a senior clinician for intensive, individualized training. Applications are taken on a rolling basis and reviewed quarterly.

Additional information is available at www.osteoscience.org.

CALENDAR

AAOMS Opportunities

July 3–5

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

Sept. 16–21

101st AAOMS Annual Meeting,
Scientific Sessions and Exhibition
Boston Convention and Exhibition Center
Westin Boston Waterfront Hotel in Boston, Mass.

Dec. 5–7

Dental Implant Conference
Sheraton Grand Chicago in Chicago, Ill.

Regional & State Society Meetings

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.

Aug. 23–24

NMSOMS Annual Meeting
Savoy Bar & Grill in Albuquerque, N.M.

Sept. 14

LSOMS Annual Meeting
in conjunction with annual implant seminar
L'auberge Casino Hotel in Baton Rouge, La.

Member making a difference in northwest Ghana

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

Paul Ciuci, DMD, MD, FACS, took the first step toward a generous undertaking with a simple gift.

In 2015, a Catholic missionary from Ghana visited Dr. Ciuci's church asking for donations to drill a hole for access to clean water in the West African country. Dr. Ciuci not only funded the well – he became friends with the missionary and kept up with the progress of the project, which concluded in 2016.

The missionary, Peter Claver Sutinga, told Dr. Ciuci he needed to see the area surrounding the well in rural northwest Ghana firsthand.

In 2017, Dr. Ciuci did so. He encountered grass huts, dirt roads, little electricity, no running water and minimal healthcare – including no local recourse for oral health issues. The closest dentist was more than three hours away and sometimes unavailable. The second-closest dentist was five hours away. And those living in these remote villages had no reliable means of transportation.

"They don't have anyone to take care of them when it comes to oral surgery," Dr. Ciuci said. "And there hadn't been an oral surgeon in that area for as long as they could remember."

Dr. Ciuci had just one question for the villagers he met on his trip: "How can I help?"

The answer was water, books and oral healthcare. After the 2017 trip, Dr. Ciuci formed a nonprofit foundation – Hearts United in Giving (HUG) International – with a mission of bringing access to clean water, supporting local schools with educational materials and providing oral healthcare to those in rural parts of the world.

On his second trip, Dr. Ciuci returned with dental instrumentation, his surgical assistant, a friend and 1,000 books. They treated more than 80 patients ranging in age from younger than 10 to their 80s. Conditions included caries, periodontal disease, severe dental attrition and oral pathology. A nearby hospital could provide support for larger surgical issues.

"Whatever they needed, we provided care," Dr. Ciuci said. "The plan has always been, if larger cases present themselves, we have to find a date and time to go back, and I'm always willing to do that."

The difference between treating patients in Ghana versus the United States was stark to Dr. Ciuci. He was surprised how much he could do with so little.

"In the U.S., we have an abundance of instrumentation," Dr. Ciuci said. "We have so much stuff at our disposal, and we can do almost anything with very precise instruments. Over there, we go with the basics, and you would be surprised how much you can do with the basics. Very little goes a very long way for these people."

through treatment, books, access to water

Left page top: Dr. Paul Ciuci interacts with children at a rural school in northwest Ghana. Bottom: The schools Dr. Ciuci visited had minimal supplies and few, if any, books. This page clockwise from top left: The villages Dr. Ciuci visited had no resources for oral health issues; Hearts United in Giving International provides books and other educational materials to schools in need; Dr. Ciuci treated numerous patients during his March visit; (from left) Dr. Ciuci with missionary Peter Claver Sutinga and hospital administrator Remy Nyewie in Ghana.

The reception Dr. Ciuci received overwhelmed him. The villagers were so thankful, he said he felt unable to say "no" to returning.

Dr. Ciuci revisited in March after finishing his duties as a member of the 2018-19 Examination Committee for ABOMS.

At the Martyrs of Uganda Health Centre in Bole, Ghana, Dr. Ciuci treated more than 60 patients in temperatures reaching 100 degrees. He and his team also visited more-remote villages, providing care at local clinics as well as supplies for the clinics to keep.

"Every year, we get bigger and have a greater impact on these local communities," Dr. Ciuci said. "Once we started going, they rely on it. They want to know when we're coming back. We've made lifelong friends over there, and we look forward to seeing them again."

He said OMSs are especially needed in remote regions of the world because of their expertise – they can provide more services with fewer surgeons because of their training in the scope of oral and maxillofacial surgical procedures and techniques.

"The best way for oral surgeons to help is to just do something – to take action even if it is just a little step," Dr. Ciuci said. "But once you take that step, it leads to more steps and, before you know it, something wonderful has really blossomed. The experience is so gratifying and humbling, and everyone should do it. You just have to take that one step out of your comfort zone." ■

J. David Johnson Jr., DDS
Treasurer

"The company's OMS-centric structure ensures OMSNIC remains dedicated to defending the specialty for the benefit of all OMSs."

OMSNIC – bringing value

AAOMS has had a long-standing relationship with OMSNIC since its inception more than 30 years ago. This relationship provides benefits to both AAOMS and its members.

OMSNIC is a proud Titanium corporate supporter of AAOMS and provides support to the OMS Foundation. Beyond monetary support, OMSNIC collaborates with AAOMS on education and advocacy efforts in many ways.

While less expensive options may exist in the malpractice insurance market, it is important to consider the full value of what OMSNIC does for the specialty.

Comprehensive coverage for OMSs – OMSNIC's primary product is its comprehensive medical professional liability policy for OMSs. The OMSNIC policy also includes limited defense coverage for department of professional regulation (i.e., licensing board) complaints that involve bodily injury, employment practices liability and Medicare/Medicaid fraud and abuse allegations.

OMSNIC's policy goes well beyond medical professional liability insurance to provide additional value to OMSs, including:

- Data defense coverage provides cyber liability insurance with a $100,000 annual aggregate limit for an individual OMS to cover many of the costs associated with a data security breach or cyberattack. (Groups of three or more OMSs have annual aggregate limits ranging from $350,000 to $500,000.) Policyholders have the option to purchase up to $1 million in additional data defense coverage at a very competitive rate.
- New-to-practice OMSs receive substantial premium credits in their first four years. All policyholders are eligible for a 5 percent premium credit for taking select OMSNIC patient safety and risk management education courses, and a loss-free premium credit that ranges up to 20 percent is available for policyholders with good claims experience. Part-time practitioners, OMSs teaching part-time or retired OMSs who volunteer at clinics have the same great coverage options with significant reduced premiums.
- OMSNIC's policy provides coverage for the use of cone beam scanners on one's own patients. An endorsement is available for an additional premium to cover scans

in important ways to AAOMS and members

being done for other doctors' patients or as part of an imaging center operation.

- OMSNIC policyholders receive the added benefit of $1 million in personal umbrella coverage and $1 million of uninsured/underinsured motorist coverage for no additional premium under a Chubb Insurance group excess policy. Higher limits may be purchased at the policyholder's option.
- Effective April 1, 2019, OMSNIC's policy provides coverage for an Office Anesthesia Evaluation (OAE) performed under AAOMS's OAE guidelines by qualified OMSs as defined by those guidelines. The coverage applies to OAEs conducted by OMSs for AAOMS, state societies or state dental boards.

Commitment to service – Many of OMSNIC's unique benefits come from OMSNIC's commitment to deliver excellent service to its members. This is most evident in how claims are managed. Claims are overseen by a committee of OMSs who work with the OMSNIC claim analysts and defense counsel to develop the best possible defense of OMS claims. This team works closely with the OMS, who ultimately controls whether his or her claim should be defended or settled.

OMSNIC's national defense attorney panel receives in-depth clinical training at OMSNIC's "Law School," a biennial meeting of more than 100 attorneys who defend OMS claims. The proprietary OMS-driven, claim-handling process OMSNIC has developed is as important as the defense attorney assigned and is only offered by OMSNIC. It is why OMSNIC has handled more OMS claims and taken more OMS cases to trial with a favorable outcome in 94 percent of cases – more than any other insurance company over the past 30 years.

This proprietary claim-handling process is supplemented by OMSNIC's OMS-designed Patient Safety and Risk Management program, the only one of its kind. This exceptional, case-based program has been influential in reducing the frequency and severity of claims OMSs experience. OMSNIC conducts 10 to 20 educational seminars annually under this program, many held in conjunction with state and regional OMS society meetings. Participants receive a 5 percent premium credit for three years.

Additional patient safety and risk management resources include an extensive library of informed consent forms, available in English and Spanish, developed by OMSs specifically for oral and maxillofacial surgery procedures. OMSNIC's informed consent forms are considered the standard for many OMS practices.

OMS involvement – More than 50 practicing OMS are involved in various aspects of the company's operations, most prominently in underwriting, claims, patient safety and risk management and finance. OMSNIC directors and committee members draw from 15,000 closed claims in making presentations during the AAOMS Annual Meeting, most notably at the anesthesia safety presentation.

OMSNIC's closed claims data also has been utilized by AAOMS or component state societies for various advocacy initiatives.

In addition, OMSNIC supports residency training programs and residents in a variety of ways. OMSNIC sponsors a Resident Surgical Log used by nearly all the residency training programs and residents to assist program directors in administering the program and reporting to the accreditation body. OMSNIC further assists residents through ROAAOMS-sponsored presentations and conferences as well as presentations to residents at their residency programs.

Defending the specialty – All OMS policyholders are shareholders in the company and therefore own stock. While past performance is no guarantee of future performance, OMSNIC's stock has provided an attractive return – 12 percent over the long term for OMSs. Over the past 30 years, retired shareholders were paid $43 million when the company repurchased their shares versus their original investments of $8 million.

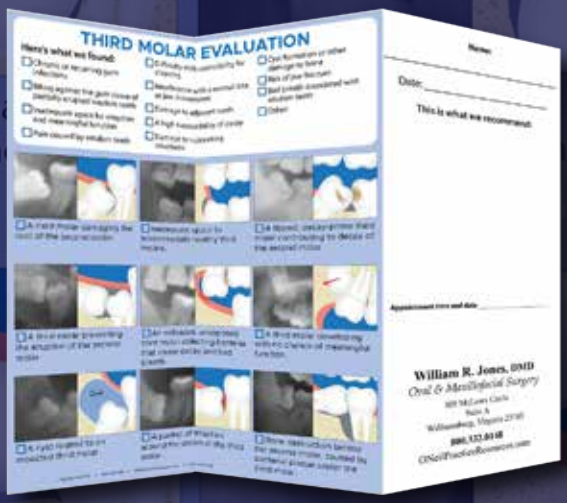
The company's OMS-centric structure ensures OMSNIC remains dedicated to defending the specialty for the benefit of all OMSs.

AAOMS is proud to endorse OMSNIC, and I encourage you to consider it for your insurance needs if you are not already one of the approximately 5,000 national policyholders. ■

Increase Referrals *and* Treatment Acceptance

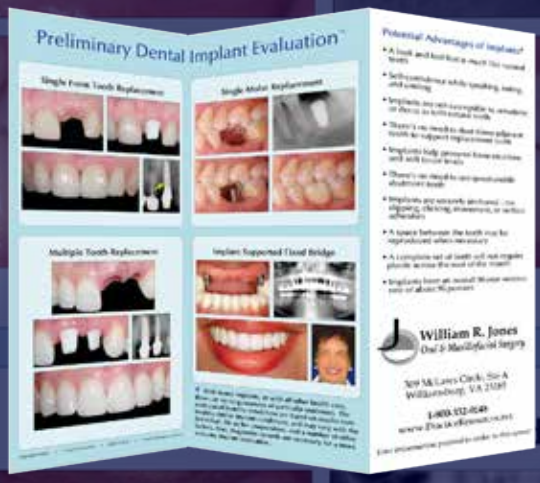
of

Third Molars



&

Implant Placement



THIRD MOLARS

- Reduces emergency visits and increases elective scheduling.
- Increases optimal treatment timing with root development.
- Makes third molar problems understandable
- Reduces treatment procrastination.

BOTH

- Powerful referral tools when placed in dental and orthodontic offices.
- Provide effective scripting for referring professionals.
- Your name is right in front of dentists, orthodontists and hygienists when treatment is discussed.
- Convenient take home report for other decision makers.

IMPLANT PLACEMENT

- Establishes you as the specialist to see for implant placement.
- Helps more patients choose implant dentistry.
- Helps patients understand implant diagnostic and preparatory procedures.

O'NEIL
Practice Resources™

800-332-0148

ONeilPracticeResources.com

call for a free sample

Free personalization
Size: 11" x 8.5"
100 - 92¢/sheet
200 - 87¢/sheet
300 - 82¢/sheet
400 - 77¢/sheet
500 - 72¢/sheet
1,000 - 67¢/sheet

Dr. Hirsch receives NCAA award

Dr. Hirsch

David Hirsch, DDS, MD, FACS, is one of six former college student-athletes selected to receive the NCAA Silver Anniversary Award recognizing college and professional success. Dr. Hirsch was the 1994 NCAA Division I wrestling champion at 126 pounds at Cornell University.

He is head of the Division of Oral and Maxillofacial Surgery/General Surgery at the Department of Otolaryngology, Head and Neck Surgery at Lenox Hill Hospital in New York. During his volunteer service, Dr. Hirsch has performed surgeries including correction of genetic deformities and major head and neck reconstruction.

Dr. Lamb elected treasurer of ACD

Dr. Lamb

Robert M. Lamb, DDS, has been elected to a two-year term as treasurer of the American College of Dentists.

Dr. Lamb retired as a colonel after serving 14 active-duty years in the U.S. Air Force and six years in the Air Force Reserves. He was the first OMS at Tinker Air Force Base and received military awards including the Air Force Meritorious Service Medal and the Air Force Commendation Medal. He is past president of the Southwest Society of Oral and Maxillofacial Surgeons and Oklahoma Society of Oral and Maxillofacial Surgeons, where he was legislative chair for 20 years.

Dr. Freymiller selected as Paul Harris Fellow

Dr. Freymiller

Earl Freymiller, DMD, MD, has been recognized as a Paul Harris Fellow by Rotary International for his more than 30 years of service with the Thousand Smiles Foundation, which provides free oral and maxillofacial surgery and dental care to underserved children in Mexico.

Since 1990, Dr. Freymiller has performed cleft lip and palate surgeries on children with congenital craniofacial deformities four times a year in Ensenada, Mexico.

Dr. Freymiller is chair and professor of oral and maxillofacial surgery and director of the postgraduate training program in oral and maxillofacial surgery at UCLA School of Dentistry and chief of dental services at the Ronald Reagan UCLA Medical Center.

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

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

Assess your readiness for office anesthesia emergencies

Encounter true-to-life airway situations in AAOMS's new state-of-the-art training module

BEAM – Basic Emergency Airway Management – offers four hours of intensive, real-life experiences to practice and master critical anesthesia techniques through advanced simulation training. This hands-on standardized course is one of three modules in AAOMS's new National Simulation Program.

Upcoming sessions:

Sept. 21 in Boston, Mass.

Four-hour sessions are offered at 8 a.m. and 1 p.m.

(Up to three OMS staff may participate. Visit AAOMS.org/Boston for details.)

BEAM

Learn more about the AAOMS National Simulation Program and register for the BEAM module at **AAOMS.org/Simulation**

HEALTH IT BYTES

Phishing – According to a report published in *JAMA Network Open,* training employees to recognize and respond appropriately to email phishing attacks reduces risks to providers' systems. The study demonstrates that the more employees are advised and tested to recognize phishing attacks, the less likely they are to click on a malicious link.

Security gaps – A recent report from the College of Healthcare Information Management Executives (CHIME) indicates the biggest health IT security gaps currently facing provider organizations include lack of security patching, maintenance of data inventory and regulatory alignment. To counter these vulnerabilities, CHIME recommends the adoption of a national health cybersecurity standard and better coordination between federal agencies. The report was issued in response to a request for comment by Sen. Mark Warner (D-Va.).

Chief healthcare officer – Dr. Mark Roche has been hired as the Centers for Medicare and Medicaid Services' first chief healthcare officer. He will be tasked to lead the government's interoperability strategy and MyHealthEData, an initiative to give patients more control over their health information. A former Northwestern University adjunct professor and physician informaticist, Dr. Roche served as a physician advisor for the Office of the National Coordinator for Health Information Technology and HHS.

If only life were this SIMPLE.

Our job is to help protect your income from unforeseeable health setbacks, to educate you on the financial risks and opportunities of your career, and to help protect your family and your practice from the unexpected.

Get started on the right financial footing.
We can help.

CALL US
800.345.6040

PROUD SUPPORTER OF

Treloar & Heisel
Financial Services for the Dental and Medical Professional

ASA OMS

50 YEARS OF PARTNERSHIP

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.

Massachusetts

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine and Boston Medical Center invites applications for a full-time faculty position starting in July 2020. The position requires graduation in oral and maxillofacial surgery from a CODA-accredited program or foreign equivalent. Applicants must be eligible for full and independent dental licensure in the Commonwealth of Massachusetts, although applications from individuals eligible for limited, faculty licensure will be considered. Primary responsibilities include didactic and clinical education of dental students and OMS residents in an outpatient clinical setting with emphasis on office-based surgery including dentoalveolar, ambulatory anesthesia and implant surgery. There are no required hospital-based operating room or on-call responsibilities. Multiple opportunities for scholarly activity, faculty development and research are readily available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications, are available. Interested candidates should submit a letter of interest including career goals, curriculum vitae to: Pushkar Mehra, BDS, DMD, MS, FACS, Chair, Oral and Maxillofacial Surgery, 1635 Albany Street, Suite G-407, Boston, MA 02118, or email: pmehra@bu.edu. Boston University is an equal opportunity employer and encourages applications from minorities and women.

Michigan

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, with fellowship training in cleft and craniofacial surgery. 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. This position is fully system-supported to develop the service line within an expanding oral and maxillofacial program. The position offers the unique opportunity to develop a full-scope academic practice while continuing to help develop the didactic curriculum. Candidate must display initiative, flexibility and a commitment to the goals and objectives of the program. Salary and benefits will be commensurate with qualification and experience. Please send a letter of intent and a curriculum vitae to Dr. Carlos A. Ramirez, email: carlos.ramirez@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.

continued on next page

Department of Oral and Maxillofacial Surgery
Massachusetts General Hospital

Full Time Faculty Position

Assistant Program Director
OMFS Endoscopy Fellowship Director

Massachusetts General Hospital and the Harvard School of Dental Medicine seeks an Assistant Program Director to lead the Oral and Maxillofacial Surgery Endoscopy Fellowship with Dr. Joe McCain (Fellowship Director) and serve as Assistant/Associate Professor of Oral and Maxillofacial Surgery at the Harvard School of Dental Medicine. The Assistant Director will help lead all aspects of the clinical practice and education of the OMFS Endoscopy Fellowship Program, overseeing curriculum, CODA (Commission on Dental Accreditation) compliance and other administrative functions.

The Assistant Fellowship Director will partner with Dr. McCain to further develop all aspects of TMJ/Arthroscopy and Endoscopy clinical, research and educational programs. He/she will also work with the OMFS Residency Program Director to teach residents TMJ and Endoscopy as well as collaborate with the Orofacial Pain Program.

The position requires an outstanding clinician and teacher who will supervise residents and fellows for broad scope oral and maxillofacial surgery, from dentoalveolar to major trauma reconstruction with a special interest in TMJ. Successful candidates will be Board Certified by the ABOMS, trained in oral and maxillofacial surgery from a CODA-accredited program, and eligible for a medical and dental license in the state of Massachusetts.

Please express your interest no later than June 1st.
Interested candidates should submit a letter of application and curriculum vitae to:

Dr Maria J. Troulis, Chair
Oral and Maxillofacial Surgery TMJ Program Search Committee
Massachusetts General Hospital
55, Fruit Street, Warren 1201 Boston, MA 02114

Academic rank and salary will be commensurate with the candidate's qualifications. Massachusetts General Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion sex, national origin, disability status, protected veteran status or any other characteristic protected by law.

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

Faculty Positions
continued from previous page

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.

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.

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 CODA

Michigan

The University of Michigan is offering a one-year fellowship for recent OMS graduates. The fellowship is sponsored by the section of Oral and Maxillofacial Surgery and will provide extensive experience in major operative room cases, including orthognathic, TMJ, trauma and pediatric surgery. The fellowship aims to enhance skills in diagnosis and treatment for dentofacial disorders, obstructive sleep apnea, salivary gland disorders, minimally invasive TMJ surgery, autogenous and alloplastic TMJ total joint replacement, maxillofacial pathology as well as cleft and craniofacial disorders. The fellow will gain extensive experience in the use and application of new technologies such as virtual planning, custom implants and surgical navigation. In addition, the fellow will participate in collaborative team-based care in the management of obstructive sleep apnea, juvenile idiopathic arthritis affecting the TMJ and orofacial cleft conditions. The fellow will have the opportunity to participate in clinical research and publication of papers. Applicants must be eligible for a Michigan state dental license. Please submit a letter of interest and curriculum vitae to Sharon Aronovich [saronovi@med.umich.edu] or Sean P. Edwards [seanedwa@med.umich.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 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.

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 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 (arthroscopy), salivary gland sialoendoscopy, 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 Temporomandibular Joint Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 0211.

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

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

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, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma and airway management. The faculty includes Eric Dierks, DMD, MD, FACS; Bryan Bell, DDS, MD, FACS; Allen Cheng, DDS, MD, FACS; Ashish Patel, DDS, MD, FACS; 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.

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 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.

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, hardworking 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.

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

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. 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

Part-time oral surgery position available in southeast Florida. Leading to full time. An equity position is available. Please contact Dr. Kaplan at 954-432-7025.

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 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 2020 or 2021. 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

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to omaxdoc@gmail.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 buy-out. 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 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 or part-time associate with strong potential for partnership. This three-surgeon, office-based practice has

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

an excellent 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

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.

Michigan

Oakland Oral Surgery & Dental Implant Center is a group practice with four locations throughout suburban metropolitan Detroit. All six of our surgeons are board-certified by the American Board of Oral and Maxillofacial Surgeons. All of our offices are fully equipped with the latest technology, including 2D and 3D digital radiology and oral scanning capability. Our practice has a focus on a full range of office-based dentoalveolar surgery, including third molar surgery, bone grafting reconstruction and all aspects of dental implant surgery. We also are on staff at several hospitals to accommodate treatment of dentofacial deformities, trauma and infectious diseases. Our dedicated and long-term employees are highly trained, which makes the delivery of our surgical services smooth and efficient. We seek a candidate with diversified surgical interests and skills who is board-eligible or board-certified. It is equally important for the candidate to have strong people skills, integrity and a good work ethic. We have begun to interview candidates for a target start date of July 1, 2019. We are offering a full-time position with a competitive compensation package. Our new surgeon will be treating patients from our loyal referral network, but will be expected to become established in the community and develop new contacts. Treating patients with compassion, empathy and respect is the hallmark of our practice. Interested applicants should email their CV with contact information to info@oaklandoralsurgery.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.

Nevada

OMFS needed for busy, full-scope oral and maxillofacial surgery group practice in Las Vegas, Nev. We have two full-time offices (one in Henderson, one in NW Las Vegas). Would you enjoy working in a team environment where camaraderie is high, ethics and quality of care are paramount, and the sun is always shining? Ideal candidate will have excellent communication skills, have a great work ethic and a willingness to deliver stellar patient service. Great opportunity to accelerate your career path. We've been told we provide the most dental implants and all-on-4 cases west of the Mississippi. Trauma and orthog cases are seen here as well. Excellent salary/benefits package. Buy-in after first year (we are looking for someone who seeks partnership status). See our website at nofslv.com for more information about our practice and surgeons. Call Lorraine at 702-360-8918 or email lorraine@nofslv.com for more information.

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 Jersey

A well-established and respected OMS practice in northern New Jersey has an exciting opportunity for a full-time oral surgeon. We are seeking a well-trained, highly motivated candidate with excellent surgical and interpersonal skills for a full-time associate position. Board-certified or active candidate for board certification preferred. Opportunity for full-scope practice in our state-of-the-art modern and well-equipped facility. Competitive compensation package with great benefits. Please email ecaiola422@gmail.com.

New York

We are seeking an OMFS, single- or double-degree candidate, who is board-certified or eligible. The group is focused on implants, dentoalveolar, bone grafting, third molars, pediatrics with multiple opportunities for major surgery, including orthognathic treatment. The ideal candidate should be skilled and enthusiastic with an interest in being a partner in the future. We are primarily a fee-for-service practice recently expanding by participating in several insurance plans. Interested candidates, please respond to: AAOMS Classified Box A-050119.

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.

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia. Orthognathic, reconstruction, cleft lip and palate, pathology and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401(k) and profit sharing. Send resumes to dwhitacre@scomsa.com.

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

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

staff and the most modern amenities. We are offering an associate position, which will transition into a partnership opportunity, with a competitive salary, malpractice and health insurance, pension, continuing education compensation included. Our two state-of-the-art offices provide an excellent setting to provide full-scope OMS. Our offices are centrally located between New York, Philadelphia and Washington, D.C. Chester County is an excellent place to establish a residence with school districts that are consistently ranked among the best in the nation. Reply to AAOMS Classified Box A-5001.

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.

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

We are seeking a board-eligible or board-certified oral surgeon to join our long-standing, multiple-location OMS group practice located in the highly desired Seattle area. This is an excellent opportunity with Associateship leading to partnership pathway for a motivated, friendly and skilled surgeon. Reply to pd@iomswa.com.

Washington

Seeking a qualified oral and maxillofacial surgeon with a Washington state license to join our well-established practice. Multiple locations in Seattle area. Email resume to dmd2dds@gmail.com.

Washington, D.C./Baltimore/ Virginia Metro Area

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 25 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? We offer full-scope consulting services for oral and maxillofacial surgery practice management and can help with everything from practice analysis to staff team-building. Our team specializes in organization development, practice management, financial management, revenue cycle, coding and billing. To learn more about our services and our 9-domain approach to practice analysis, 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

Premier full-scope OMS practice in Sierra Foothills, northern Calif., seeking an associate leading to partnership. Very desirable community with opportunities for an active outdoor lifestyle. Competitive salary offered for a motivated surgeon. Send inquiries with letter of interest and CV to bizdocjay@mac.com.

Connecticut

Highly respected retiring surgeon with state-of-the-art solo practice for sale. Consistently >$1,300,000 annual production with 4-day work week. Highly trained support staff (ACLS and DAANCE certifications) and loyal referral base. OMSVision practice management software and new i-CAT CBCT. Scenic and historic location with award-winning public schools. Convenient access to Hartford, Providence, NYC and Boston. Owner is willing to stay on per buyer's desire to allow a seamless and successful transition. Email ct.omfs@gmail.com for more details.

Georgia

Dental practice real estate prime for investor for sale north of Atlanta. 2,468 square feet – 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. Priced fairly to sell together or separate! For serious buyers that want to learn more, please send email to dentalwise@yahoo.com.

Idaho

Part-time resort town practice for sale $475K. Collecting $710K on 2 days a week with potential for expansion. No hospital unclaimed-call requirements. No contracts except Delta Dental. Close to skiing, fishing, backpacking and boating. Excellent option for semi-retirement or a dedicated outdoor enthusiast. Will help with transition. Contact owner directly. 208-573-0506 or 208-631-8210. Reply to AAOMS Classified Box A-050219.

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.

New Jersey

Long-established practice for sale in desirable New Jersey community. Three ops in a condo, digital X-rays and cone beam. Three-year average gross $1,685,000. Seller flexible on transition. Contact American Practice Consultants, 800-400-8550 or cooper@ameriprac.com.

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

50-plus-year-old OMS practice in Forest Hills, Queens, N.Y., for sale. Strong patient and referral base. Flexible transition. Please contract Dr. Blum at 718-268-7400 or dbbdds2@gmail.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.

Virginia

Oral surgery practice in Virginia. New listing! Gross 1 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

Sept/Oct 2019 issue: July 3, 2019
Nov/Dec 2019 issue: Sept. 2, 2019
Jan/Feb 2020 issue: Nov. 5, 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 classifieds@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 classifieds@aaoms.org.

Classified Advertising Deadlines

Sept/Oct 2019 issue: **July 3, 2019**
Nov/Dec 2019 issue: **Sept. 2, 2019**
Jan/Feb 2020 issue: **Nov. 5, 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

Trademark of Pacira Pharmaceuticals, Inc.

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