

AAOMS TODAY



September/October 2019
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American Association of Oral and Maxillofacial Surgeons



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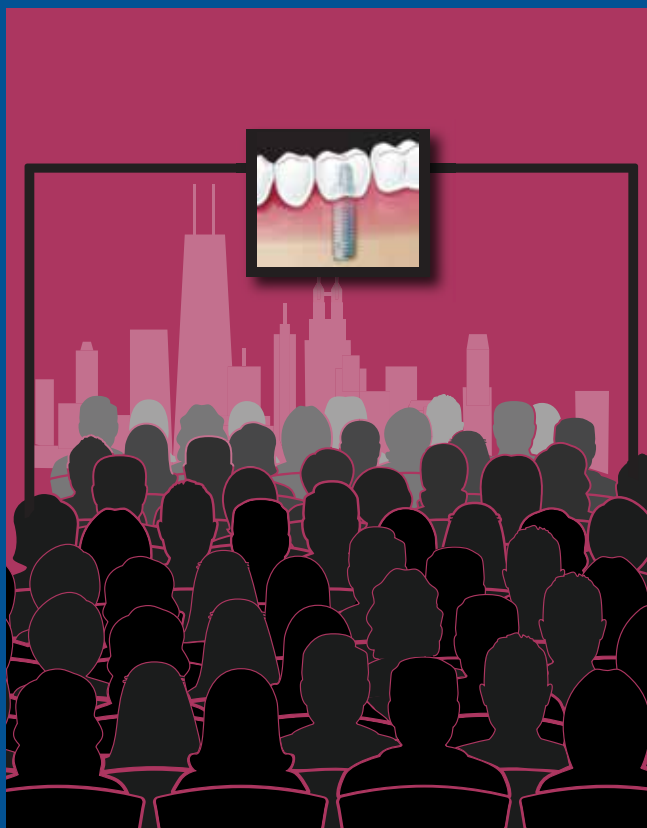
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COVER STORY

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to highlight conference

“This meeting provides very relevant, up-to-date material efficiently in a relaxed setting.”

– Dr. Michael S. Block, chair of
the AAOMS Subcommittee on
Dental Implant Education

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2018: Distinguished Dental Editor Award to Dr. Daniel Laskin



2018: Most Improved Magazine



2019: Gold Award in Newsletter category
2018: Bronze Award in Newsletter category



2019: Platinum Awards in Magazine and Overall Writing categories



2019: Silver Scroll
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

During my time as President, we enjoyed numerous accomplishments and memorable moments – in advocacy, education, research and beyond.

IN MY VIEW

Appreciating a year of

Less than 12 months ago, I delivered my inaugural address at the House of Delegates during our 100th AAOMS Annual Meeting in Chicago. I outlined my goals for my term as AAOMS President and reflected on my career, my path to this defining moment and the many who have supported me along the way.

During my time as President, we enjoyed numerous accomplishments and memorable moments – in advocacy, education, research and beyond. I am proud of all the successful events we organized, valuable resources and programs we developed and our varied contributions to the specialty. I look forward to gathering with you at the Annual Meeting in my hometown of Boston and reflecting on a tremendous year.

Simulation advances continue

One of AAOMS's top priorities is preserving anesthesia, and several advancements in this area occurred during my term.

For the first time at an Annual Meeting, a module from the AAOMS National Simulation Program will be available to members and their staff. During two sessions Sept. 21 in Boston, the Basic Emergency Airway Management (BEAM) module will allow participants to practice and master critical techniques for administering and monitoring office-based anesthesia.

AAOMS remains committed to providing its members with valuable anesthesia education and resources, and the National Simulation Program assists with that effort by simulating emergency airway situations. Different from previous anesthesia emergency simulation courses, this program uses standardization to ensure all participants undergo the same simulated events.

Simulation courses as well as other meetings will be held at the new AAOMS education center, the OMS Institute for Education and Innovation, under construction at AAOMS headquarters. This center will help us enhance member value and engagement, a priority objective of our Strategic Plan. The center is expected to be available for use early next year.

Another useful anesthesia resource – the Office Anesthesia Evaluation Manual – was recently updated with emergency scenario team drills; chapters on considerations for geriatric patients and patients using illicit drugs; and medical



accomplishments in advocacy, education, research

illustrations as reference materials. A web application for OAE evaluators is under development and expected to be presented at the Annual Meeting.

Advocacy efforts pay off

Thanks to our advocacy at Day on the Hill and members' grassroots efforts, two of AAOMS's 2019 legislative priority issues – student loan reform and insurance coverage for craniofacial anomalies – have gained support in Congress. More than 60 House members have cosponsored the Resident Education Deferred Interest Act (HR 1554), which would allow medical and dental residents to defer their student loans interest-free.

In addition, more than 25 Senators and 170 House members have supported the Ensuring Lasting Smiles Act (S 560/HR 1379), which would require insurers to cover dental-related treatment for patients with congenital craniofacial anomalies.

Members can join the effort by asking their member of Congress to support these bills. Find out how at AAOMS.org/TakeAction.

Data registry developed

Exciting developments in data collection and research also occurred this year. The OMS Quality Outcomes Registry (OMSQOR®) launched in January, allowing participating practices to measure themselves against peers while contributing to OMS research and advocacy.

OMSQOR collects aggregate and de-identified data – including patient demographics, procedures and medications – from participating members' electronic health record databases. This registry aims to help our members determine potential gaps, improve patient outcomes, seek fair and equitable reimbursement for services as well as identify common diagnoses for specific bundled procedures. OMSQOR also is expected to assist federal and state advocacy efforts that could protect the delivery of anesthesia and the OMS team model.

We hope to see the number of participants increase; member participation and data quality will determine OMSQOR's success. Active U.S. AAOMS members can register and learn more at AAOMS.org/OMSQOR.

A component of OMSQOR – the Dental Anesthesia Incident Reporting System (DAIRS) – collects and analyzes information about anesthesia incidents (such as cardiac events and equipment failures) to help improve quality of care. Submissions are converted into aggregate, de-identified data, which can be used for research and education about patient safety and anesthesia delivery. Incidents can be submitted at OMSQOR.AAOMS.org/DAIRS.

Events highlight research

Two comprehensive events spotlighted research this year.

About 115 members attended the Pediatric Anesthesia Patient Safety Conference that addressed safe and efficient administration of anesthesia, with sessions detailing the differences between pediatric and adult patients, administration techniques as well as preparedness for emergencies.

Also in April, more than 90 fellows, members and residents attended the Clinical and Scientific Innovations in Oral and Maxillofacial Surgery conference. Experts reviewed timely topics, including ethical and psychological implications of facial transplantation and advances in immunosuppressive regimens. Other sessions addressed progress in imaging technology and techniques, molecular and microscopic aspects of wound healing as well as surgeon wellness.

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Day on the Hill attendees met with Congressional representatives and staff in April.



Speakers shared insights during CSIOMS.

Campaign spreads information

Our Informational Campaign continues to share the crucial message of our members' expertise.

The results of our annual consumer survey are promising. The percentage of consumers who said they saw or heard advertising or promotions in the past six months about consulting OMSs or their treatments increased from 3 percent in 2015 to 31 percent this year. Nearly 75 percent of those who visit our website because of AAOMS advertising/promotions use the "Find a Surgeon" service to locate an OMS nearby.

This increased awareness results in new patients visiting our practices. The award-winning campaign uses digital advertising, videos, WebMD, public service announcements, social media and enhancements to MyOMS.org to engage the public. Members can use resources, such as new infographics, to inform the public about OMS treatments, training and experience.

Other numbers are impressive. About half a million consumers visit our website yearly. The oral cancer radio PSA has generated an equivalent ad dollar value of more than \$398,000 and potentially reached more than 53 million listeners.

The Informational Campaign's three-year special assessment is set to end this year, and the House of Delegates will vote at the Annual Meeting on the campaign budget's amount and funding source. As the numbers show, the Informational Campaign has benefited members, the Association and the specialty as a whole.

Making progress with education

AAOMS's third strategic priority calls for advancing the specialty. This objective aligns with our development of an OMS National Curriculum, a learning management system for residency programs.

Our Committee on Education and Training is collaborating with the Surgical Council on Resident Education (SCORE) to develop customized modules for OMS residency programs within SCORE. I look forward to this standardized curriculum that will offer consistency across residency programs and precise expectations.

AAOMS provides assistance

In another development this year, AAOMS has expanded its assistance with review of American College of Surgeons Fellowship applications to dual-degree OMSs, providing case log review.

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

Visit FACS.org/member-services/join/fellows or email acsfellowship@aaoms.org for additional information.

Looking ahead

My term as President included many other notable moments, including AAOMS serving as a joint sponsor of the BAOMS Annual Meeting in July and the OMS Foundation surpassing its \$1 million goal for its Centennial Tree campaign.

And, of course, the 101st AAOMS Annual Meeting will provide many more highlights this year. Over 200 education sessions fill the schedule, and nearly 200 vendors will show off the latest products and services in the Exhibit Hall. In addition to the extensive educational program and numerous networking events, I hope you can join us for the President's Event, which will honor my family at Fenway Park.

I look forward to the memories and a fantastic sendoff in Boston. Thank you for all your support during an unforgettable year. ■

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We have recognized significant growth since the launch of our digital marketing campaign. It's amazing how many patients are now finding us online and requesting appointments - not only locally, but at further distances from our office. PBHS exceeded our expectations and we couldn't be happier.

— Dr. Manuel La Rosa - WA —

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Revealing the latest in dental implants

*Case-based education
to highlight conference*



The Dental Implant Conference offers both interactive and plenary sessions.



Once again, the AAOMS Dental Implant Conference will present the latest breakthroughs in dental implant surgery to the entire restorative team – the OMS, staff and referring dentists.

New this year to the premier dental implant educational event, presentations on “best” and “worst” cases will share real-life insights from private practice in sessions designed to be rapid-fire and entertaining.

During the conference being held Dec. 5-7 at Sheraton Grand Chicago in Chicago, Ill., a renowned faculty of experts will share practical and innovative programming focusing on state-of-the-art methods to reconstruct tissue defects and extensive case-based education.

After the preconference offers both didactic and hands-on sessions Dec. 5, four themes and two keynote addresses will augment the intensive educational program Dec. 6 and 7.

“This meeting is unique because all members of the implant team are in the same room, hearing the same talk by world-class clinicians,” said Michael S. Block, DMD, chair of the AAOMS Subcommittee on Dental Implant Education, which plans the conference. “The sessions are themed to build up to a proficient understanding of the topics. And the team members can walk through the Exhibit Hall together to see the most up-to-date products available.”

New themes created

Four themes were developed to benefit the entire restorative team: reconstruction of hard- and soft-tissue defects in the anterior maxilla; material and restorative methods for reconstruction of hard- and soft-tissue defects; case discussions; and experience in the trenches.

During the Dec. 6 morning sessions, diagnosis and treatment planning will be addressed. Speakers will review new methods that use digital technology for efficient planning and optimal communication among professionals.

“The program on Friday will bring the attendee to a level of state-of-the-art,” Dr. Block said. “Each speaker will address a topic with a focus on using methods, taking into consideration very current advances in treatment.”

Materials used for grafting also will be discussed, and sessions will touch on 30 years of prosthetic designs as

well as the use of autogenous bone scaffolds for grafting significant bone defects in the maxilla and mandible.

In the afternoon, sessions will present common clinical situations for reconstruction of tissue defects that can appear challenging but can be treated with approaches that use evidence-based grafting methods. Speakers will share a case with a solution. Sessions also will include a discussion about materials used for restoration as well as a “not-to-miss” presentation on bioengineering and biomolecules for restoring hard-tissue defects and augmenting healing, Dr. Block said.

This meeting is unique because all members of the implant team are in the same room, hearing the same talk by world-class clinicians.

– Dr. Michael S. Block, chair of the AAOMS Subcommittee on Dental Implant Education

“The field of regenerative medicine has captured the imagination of both scientists and patients for its potential to recapitulate the natural processes involved in the development of organs and tissues,” said speaker Mark E. Wong, DDS, FACS. “By combining inducible primitive cells, signaling proteins and scaffolds for cells to adhere to, different tissues can be created to reconstruct anatomical defects or tissues lost to trauma or disease.

“Significant efforts are underway to use regenerative medicine to engineer bone, cartilage and gingiva to support dental implant placement. This program will describe some of the research currently performed related to this field.”

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2019 DENTAL IMPLANT CONFERENCE

Wrapping up the first day of the conference, the keynote session will explore robotic surgery in the head and neck.

"New technologies, such as robotic surgery, are currently being applied in the realm of head and neck surgery for access and removal of tumors of the oral cavity and oropharynx once considered too difficult to access without large facial splitting incisions," said speaker Joshua E. Lubek, DDS, MD. "This technology also is being applied in the field of dental implants to allow precision placement of dental implants."

On the second full day of the conference, clinicians will describe cases of issues common to most practices. Diagnosis, the treatment plan and justification will be discussed.

"This will be extremely relevant with case examples and a focused topic to help our colleagues," Dr. Block said.

Cases will range from the fractured central incisor with excessive bone loss to failure of implants with bone loss in the anterior maxilla to peri-implant disease. Other cases will cover the patient who declines to wear a denture and the esthetic patient who has unrealistic expectations. The



More than 1,000 attendees are expected.

keynote address will outline materials to choose, presenting a team concept on the prosthetic approach to esthetics.

"The two speakers (Drs. Dean Vafiadis and Alan Sulikowski) are among the best esthetic dentists in the world," Dr. Block said. "Their joint presentation should be educational and entertaining."

For the final theme, experts will reveal their experiences in the trenches – cases that have resulted in concern or satisfaction. "Best" and "worst" cases round out this new type of conference session.

"The biggest insight is that failures and complications can happen to all of us and that, sometimes, even when we plan cases to the best of our abilities, things can and will go wrong in the execution of the procedures," said Mark Ludlow, DMD, MS, who will present Best Case, Worst Case: The Long and Winding Road.

"I will show a case where there were failures and complications at every stage of treatment, and I'll walk

Dental Implant Conference

When: Dec. 5-7

Where: Chicago, Ill.

Registration and housing: Registration is now open for the Dental Implant Conference. Those who register by Oct. 31 will receive their registration packets – including meeting badge, badge holder and preconference tickets – by mail before the conference.

Those who register after Oct. 31 must pay the onsite registration rate and pick up their meeting badges at the AAOMS Registration Desk. The headquarters hotel is the Sheraton Grand Chicago, 301 E. North Water St. For special rates, conference attendees and guests can call 312-464-1000 or 877-242-2558 and mention the AAOMS Dental Implant Conference room block.

AAOMS is the only official housing agent for the Dental Implant Conference. Beware of companies unauthorized by AAOMS. While resellers may offer housing services, AAOMS does not endorse or affiliate with them.

Register at AAOMS.org/DIC.

Live simulcast offered

A live simulcast opportunity will be available for those unable to attend the Dental Implant Conference.

Simulcast participants can watch the general sessions Dec. 6 and 7 from their home, office or other locations with internet access. Viewers can join question-and-answer sessions and earn CDE/CME credit.

Rates are available for members, residents and non-members. It will be offered free to residency programs via their program director. Archived access of the simulcast will be available for 60 days after the event.

For more information, visit AAOMS.org/DIC.



The Exhibit Hall will display the latest products and services.

us through what went on and how to fix the complications/avoid the complications in the future."

"Worst" cases include recovery from an accidental component mismatch resulting in a fractured healing abutment screw. "Best" cases include a presentation on the use of zirconia for better outcomes.

"I really like the 'learning from the trenches'-type aspect of this year," Dr. Ludlow said. "I think it gives an ability to learn from real-life patient problems and issues, which is not something you generally get at CE meetings."

A practical point-counterpoint on the use of guided navigation or freehand approach to placing implants also will be presented, and a final session will address the development of osteomyelitis and other infections after implant placement.

"This meeting provides very relevant, up-to-date material efficiently in a relaxed setting," Dr. Block said.

Dr. Lubek said the conference is unique because it addresses the surgical and restorative aspects of dental rehabilitation and how that involves a team effort.

"It is the most comprehensive dental implant conference discussing the most current surgical and restorative dental implant techniques, including dental implant research covering topics including bone biology, grafting and biomaterials," he said.

Hands-on sessions available

A day before the conference officially begins, three large-room sessions and three hands-on courses bolster the preconference.

The first sessions will cover approaches to augment the narrow ridge and how to avoid bone-grafting complications. During a new course added for surgical members, a surgeon (Dr. Waldemar Polido) and a periodontist (Dr. George V.

Implant teams can save on registration

A special reduced rate is available for general dentists and other dental professionals attending the Dental Implant Conference being held Dec. 5-7 in Chicago, Ill. AAOMS members who wish to invite other dental professionals to the conference can provide them with a promotional code for the reduced registration fee.

The promo code is available at AAOMS.org/DICspecial.

Duello) will discuss management of the hard- and soft-tissue defects in the esthetic zone, sharing two approaches for these common and difficult-to-treat problem areas.

The hands-on workshops will allow for practice with soft-tissue grafting and management, digital scanning for the OMS and using the digital scanner for full-service implant therapy as well as hard-tissue grafting with intraoral autograft.

"We have a new soft-tissue, hands-on course given by the superb clinician Dr. Patrick Palacci from Marseille, France," Dr. Block said. "The digital imaging course by Drs. (Curtis) Jansen and (Lee R.) Walker will be repeated due to popular demand. We are honored to have Dr. Fouad Khoury give a hands-on course on hard-tissue augmentation as well as a podium spot during the plenary session on Friday."

Exhibit Hall to showcase products

Beyond the preconference and educational sessions, more than 100 vendors will display the latest dental implant products and services Dec. 6 and 7 in the Exhibit Hall.

In conjunction with the conference, the Anesthesia Assistants Review Course on Dec. 6 and 7 and the Anesthesia Assistants Skills Lab on Dec. 7 will provide clinical staff with knowledge and training needed to aid OMSs with anesthesia administration.

The conference is expected to draw more than 1,000 AAOMS members, residents and other dental professionals – including periodontists, prosthodontists and general dentists.

"You get a great mix of different specialties and operators with unique gifts and talents that should round out a very robust conference," Dr. Ludlow said.

"I think you can gain practical tips that can be applied right when you get home. It's those little insights that make going to continuing education (programs) really worth it," he added. ■



Thursday, Dec. 5 (Preconference)

Time	Session Number	Session Name
1–4:30 p.m.	P01	Approaches to Augment the Narrow Ridge
1–4:30 p.m.	P02	Complications with Bone Grafting and How to Avoid Them
1–4:30 p.m.	P03	Management of Soft- and Hard-tissue Defects in the Esthetic Zone
1–5 p.m.	P04	Soft-tissue Grafting and Management (hands-on workshop)
1–5 p.m.	P05	Digital Scanning for the OMS and Using the Digital Scanner for 'Full-service' Implant Therapy (hands-on workshop)
1–5 p.m.	P06	Hard-tissue Grafting with Intraoral Autograft (hands-on workshop)
5–7 p.m.		Corporate Forums
	GCF1	• BirdEye: Dominate Your Marketing Online – Attracting implant patients to your practice
	GCF2	• Straumann: Preservation is More Predictable than Reconstruction
	GCF3	• Legally Mine: Understanding Legal Tools – Keys to lawsuit prevention, tax reduction and license protection

Friday, Dec. 6

Time	Session Number	Session Name
8 a.m.–3:30 p.m.	A01	Anesthesia Assistants Review Course – Day 1 of 2
8 a.m.–noon	G01	Reconstruction of Hard- and Soft-tissue Defects in the Anterior Maxilla
8:15–8:45 a.m.		• Diagnosis and Treatment Planning for the Patient with Hard and/or Soft Deficits
8:45–9:30 a.m.		• Managing the Soft-tissue Restorative Interface of a Different Abutment Type in the Smile Zone
10:15–10:45 a.m.		• 30 Years of Prosthetic Designs: What Works and What Breaks
10:45–11:15 a.m.		• Soft-tissue Graft Materials: Which to Choose and Why
11:15–11:50 a.m.		• Use of Autogenous Bone Scaffolds for Grafting Significant Bone Defects in the Maxilla and Mandible
1–4:30 p.m.	G02	Material and Restorative Methods for Reconstruction of Hard- and Soft-tissue Defects
1–1:30 p.m.		• Hard-tissue Grafts: Autogenous vs. Allogenic vs. Xenografts +/- Biologic Modifiers
1:30–2 p.m.		• How and When to Use Screw-retained Restorations in 90 Percent of Cases
2–2:30 p.m.		• Friction-fit Cementless Restorations
3–3:30 p.m.		• Biomolecules and Bioengineering: State-of-the-art
3:30–4:30 p.m.		• Keynote 1: Robotic Surgery in the Head and Neck
4:30–6 p.m.		Reception in the Exhibit Hall

Saturday, Dec. 7

Time	Session Number	Session Name
7:45 a.m.–1 p.m.	A02	Anesthesia Assistants Review Course – Day 2 of 2
8 a.m.–noon	G03	Case Discussions
8–8:20 a.m.		• Case 1: The Fractured Central Incisor with Excessive Bone Loss
8:20–8:50 a.m.		• Case 2: The Failure of 3 Implants with Bone Loss in the Anterior Maxilla
8:50–9:20 a.m.		• Case 3: Peri-implant Disease
9:20–9:50 a.m.		• Case 4: The Patient who Refuses to Wear a Denture
10:30–11 a.m.		• Dealing with the Demanding Esthetic Patient who has Non-realistic Expectations
11 a.m.–noon		• Keynote 2: What Material to Choose
1–4 p.m.	G04	Experience in the Trenches
1–1:25 p.m.		• My Worst Case: Recovering from an Accidental Component Mismatch Resulting in a Fractured Healing Abutment Screw
1:25–1:50 p.m.		• Best Case, Worst Case: The Long and Winding Road
1:50–2:15 p.m.		• My Best Case: Zirconia, the Key to Better Outcomes – A clinical illustrative case
2:50–3:30 p.m.		• Point-counterpoint: Freehand vs. Guided Navigation Implant Placement
3:30–4 p.m.		• Development of Osteomyelitis and Other Infections after Implant Placement – and their Treatment
1:30–5:30 p.m.	ASL	Anesthesia Assistants Skills Lab

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Exhibit Hall, interactive opportunities, social

From in-depth discussions with OMS legends to social media lessons and a new exhibition focusing on the Office of the Future, the 101st AAOMS Annual Meeting will offer many non-clinical activities and networking events to augment its clinical education program.

"The Annual Meeting is the premier event in our specialty for discovering new innovations and making new connections as thousands of OMSs gather in Boston," said AAOMS President A. Thomas Indresano, DMD, FACS. "Along with the robust clinical educational program, an extensive display of countless new technologies will be showcased for three days in the Exhibit Hall."

During the exhibition being held Sept. 19-21 at the Boston Convention and Exhibition Center, nearly 200 vendors will display the latest OMS products and services. The Virtual Exhibit Hall at AAOMS.org/AMvxh offers a preview of the exhibition. Opportunities for learning in the Exhibit Hall include:

■ **AAOMS Office of the Future** – This new feature of the Annual Meeting, powered by KaVo Kerr and Nobel Biocare, will show off an interactive, dynamic experience that introduces inventive technology by unveiling the next generation of comprehensive treatment workflows. Among the expected attractions are advanced scanners, software, a surgical kit and computer-assisted technology that provides 3D guidance with drill use.

■ **Meet the Experts** – Each day, the Learning Hub will offer the opportunity to converse with an accomplished OMS who has helped shaped the specialty. These OMS legends will speak with attendees one-on-one, answer questions and examine historical aspects of the specialty, trends in clinical care and future innovations.

The experts are:

- **Larry M. Wolford, DMD** – Considered a top innovator in TMJ surgery, orthognathic surgery and related craniofacial anomalies, Dr. Wolford has authored more than 175 scientific publications. He will answer questions Sept. 19.
 - **Edward Ellis III, DDS, MS** – With his clinical interests focusing on maxillofacial traumatology and dentofacial deformities, Dr. Ellis has written more than 200 scientific articles. He will answer questions Sept. 20.
 - **Eric J. Dierks, DMD, MD** – Dr. Dierks' practice includes treatment of head and neck cancer, craniomaxillofacial trauma and cleft lip and palate surgery. With broad experience in zygomatic dental implants, he has authored more than 120 journal articles and book chapters. He will answer questions Sept. 21.
- **FRED Talks** – The Learning Hub also will present Focused, Relevant, Exhibitor-Driven (FRED) Talks – TED Talk-style presentations hosted by exhibitors. Based on the same principles that make TED Talks popular, FRED Talks are delivered without notes but with a personal touch.

Two FRED Talks will be held Sept. 19 in Booth 1231, with the first focusing on OMS educational courses and the second discussing stem cell harvesting. In the same booth Sept. 20, the first FRED talk will highlight the evolution of patients, providers and technology in regard to implant dentistry while the second will look at IT and cybersecurity. The FRED Talk on Sept. 21 will explain using social media to promote a practice.

Attendees can converse with OMS legends during Meet the Experts.



events round out schedule in Boston

■ **AAOMS Social Media Bar** – Experts at Booth 1055 will offer one-on-one personalized consulting and six brief learning labs to discuss marketing a practice through proper use of social networking. How to promote the specialty and educate patients through using materials from the AAOMS Informational Campaign also will be shared. Learning labs will be held twice each day Sept. 19-21. No tickets are required.

■ **Member Pavilion** – The Member Pavilion will provide information on services and organizations that support AAOMS members. Included organizations are:

- **2020 Annual Meeting** – Attendees can get a glimpse at Booth 652 of what San Antonio, the host city for next year's meeting, has to offer.
- **AAOMS Advocacy** – Booth 857 will showcase what AAOMS offers in terms of advocating for the specialty to state and federal legislators and regulators.
- **AAOMS Membership Services and CareerLine** – Benefits of AAOMS membership will be spotlighted at Booth 745, which also will share how CareerLine assists OMSs with job searches and recruitment of

employees. The booth also will provide complimentary Oral Cancer Awareness Toolkits to attendees as part of the annual AAOMS service project to inform patients of the importance of oral cancer awareness. The toolkit contains a flash drive with resources, such as social media posts, literature on the importance of early detection

continued on next page



Clockwise from left: The Social Media Bar, career opportunities and information about the Dental Anesthesia Assistant National Certification Examination are available in the Exhibit Hall.

Saturday schedule to offer packed slate with tracks, team-based learning and more

The final day of the meeting, Sept. 21, will offer a full slate of educational programming. The schedule features the cosmetic and dentoalveolar surgery tracks, practice management courses on subjects (such as profitability and surgeon ergonomics) as well as Master Classes about craniocystosis, medication-related osteonecrosis of the jaws and obstructive sleep apnea.

Also featured on Saturday will be the anesthesia safety program as well as team-based learning sessions on robotic-assisted dental implant surgery and forming a cleft and craniofacial team. In addition, OMSs from different parts of the world will discuss best practices during the Global Health Café. Saturday-only registration is available exclusively to AAOMS fellows and members and their staff.



Advanced registration ends Sept. 9

Online registration ends Sept. 9. Those who register between Aug. 1 and Sept. 9 should pick up their packets at the onsite Will Call/International Packet Pickup counter. Meeting attendees who have not registered in advance must register at the AAOMS Onsite Registration Center in the Boston Convention and Exhibition Center.

After Sept. 9, tickets (if still available) will be sold at the AAOMS Onsite Registration Center. Because many of these programs have limited attendance, early registration is encouraged. More information can be found at AAOMS.org/Boston.



Clockwise from left: The Member Pavilion provides information on services and organizations that support AAOMS members, including IAOMS, ROAAOMS and OMS Foundation.

as well as a sample press release to use in promoting complimentary screenings.

- **AAOMS Product Resource Center** – Booth 845 will promote the array of AAOMS products – including books, brochures and manuals – for educating patients, enhancing clinical knowledge and supporting a practice.
- **DAANCE** – Details about the Dental Anesthesia Assistant National Certification Examination will be shared at Booth 853. DAANCE is designed to teach the essentials of office-based ambulatory anesthesia to dental anesthesia assistants.
- **Health Volunteers Overseas** – Booth 755 will provide examples of how HVO offers opportunities for oral and maxillofacial surgeons to volunteer overseas.
- **IAOMS** – The International Association of Oral and Maxillofacial Surgeons and its mission to improve the quality and safety of oral healthcare worldwide will be featured at Booth 757.
- **OMS Foundation** – Booth 854 will highlight Foundation programs, such as the Global Initiative for Volunteerism



and Education (GIVE), and showcase the 2019 Donor Honor Roll and the Centennial Tree displaying donors who gave to last year's Annual Fund.

- **OMSNIC** – Representatives at Booth 754 will discuss OMSNIC's services and how the company supports the specialty by providing professional liability insurance to OMSs throughout the United States.
- **OMSPAC** – Booth 855 will detail how the nonpartisan political action committee works to protect the specialty by helping elect members of Congress who support OMSs, the specialty and patients.
- **ROAAOMS** – The Resident Organization of AAOMS – which supports resident development – will be featured at Booth 952. A timeline celebrating ROAAOMS's 25th anniversary will be displayed, and an Executive Committee member will discuss the benefits of membership. Residents can use the booth as a meeting place.
- **Treloar & Heisel, Inc.** – Booth 958 will provide details on financial services available through the company, which has been delivering insurance solutions for more than 55 years. Representatives also will display educational products available to OMSs.

■ **ASI Approved Programs** – The AAOMS Services, Inc. (ASI) aisle – Booths 419 through 536 – will showcase products and services offered by thoroughly reviewed programs to enhance the OMS practice. Sixteen of the 18 ASI Approved Programs are exhibiting this year in the ASI aisle. Products cover such areas as practice financing, HIPAA compliance and pharmaceuticals. Contributions from these programs help fund a variety of AAOMS programs and activities. Booth 526 will have information on all the programs.

■ **New Exhibitor Spotlight and New Product Showcase**

– Through these opportunities, exhibitors will display an additional day before the Exhibit Hall officially opens.

- The **New Exhibitor Spotlight** in the North Lobby is an opportunity for first-time Annual Meeting exhibitors. More than 30 vendors are newcomers this year.
- The **New Product Showcase** in the North Lobby will introduce attendees to new products and services. Products scheduled to be released in the second half of this year or early 2020 will be displayed.

continued on next page



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

President's Event to be held at Fenway

When: Friday, Sept. 20

Where: Fenway Park, home of the Boston Red Sox

The Association will celebrate AAOMS President Dr. A. Thomas Indresano and his wife, Rita, during an evening of fun, food and entertainment. Attendees will be able to walk on the field's warning track and experience an official Major League Baseball batting cage as well as the Red Sox virtual reality batting cage. Former Red Sox greats Carlton Fisk and Curt Schilling will sign autographs. Tickets must be purchased in advance; they will not be sold at the door.

Supported by ClearChoice Dental Implant Centers, KLS Martin Group, U.S. Oral Surgery Management



Sixteen ASI Approved Programs will be on display.

2019 AAOMS ANNUAL MEETING *(continued)*



Stay up-to-date with meeting app

Meeting information can be accessed anytime, anywhere on mobile devices through the AAOMS Annual Meeting Mobile App.

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

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

Additional information and instructions are available at AAOMS.org/Boston.

■ **Product Theaters** – These programs located in Booth 601 will explore the features and benefits of exhibitor products. The Sept. 19 session will examine keys to lawsuit prevention, license protection and tax reduction. The Sept. 20 session will address dental alveolar reconstruction and regeneration. No additional fee is required, but space is limited.

■ **Exhibit Hall Games** – The San Antonio Scramble will give AAOMS fellows and members a chance to win a VIP package to the 2020 AAOMS Annual Meeting in San Antonio, Texas. The Exhibit Excursion will allow OMS residents and professional staff to win prizes by visiting Exhibit Hall booths. Game cards are provided in registration packets. More information is available at AAOMS.org/Boston.

■ **Professional photos** – Back by popular demand, complimentary professional headshot photos will be snapped at Booth 351. A service available to all Annual Meeting attendees, these photos can be used for networking and practice websites.

In addition, on Sept. 19 at Westin Boston Waterfront Hotel, five **Corporate Forums** will allow attendees to learn about how new technologies and services can benefit their practices.

These exhibitor-hosted programs will discuss online marketing to attract implant patients, grafting the esthetic zone for implants, immediacy in implant dentistry, the underserved edentulous population as well as innovations, techniques and best practices for the specialty. Space is limited, but attendance is free. ■

Corporate Forums are exhibitor-hosted programs that present on new technologies and services for practices.



Ticketed sessions to broaden the educational experience at Annual Meeting

Additional instructional courses, events and workshops can enhance the Annual Meeting experience. Didactic and hands-on opportunities will be available each day from Sept. 18-21. Ticketed sessions can be purchased with conference registration or added at AAOMS.org/Boston. The following events require a ticket:

- **Preconference program** – Anesthesia Update: Office-based Anesthesia for Challenging Patients on Sept. 18 will feature a new theme, exploring the management of patients with serious medical issues, including diabetes, drug abuse as well as cardiac, psychiatric and weight issues. Speakers will share case-based scenarios to describe best practices for treating these patients.
- **ACLS and PALS** – On Sept. 19, the Advanced Cardiovascular Life Support (ACLS) course will demonstrate hands-on skills for applying life-saving techniques during cardiac events. Pediatric Advanced Life Support (PALS) on Sept. 20 will review emergency evaluation and management of pediatric patients.

- **Stop the Bleed** – As part of a national awareness campaign developed after the Sandy Hook school shooting, two Stop the Bleed sessions on Sept. 20 will demonstrate steps to assist with bleeding emergencies before additional professional help arrives. All meeting attendees can register, including those who are not doctors.
- **Basic Emergency Airway Management (BEAM)** – Available for the first time at an Annual Meeting, the module will allow an OMS team to practice and master techniques for administering and monitoring office-based anesthesia. As part of the AAOMS National Simulation Program, two four-hour modules will be held Sept. 21. As many as three staff may accompany an OMS to this training. Each participant must purchase a ticket.



Clockwise from above: Advanced Cardiovascular Life Support, Basic Emergency Airway Management and the hands-on cadaver workshop offer interactive experience.

AAOMS Connect allows members to network beyond the Annual Meeting

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) beyond 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 were recently added: 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.

House of Delegates to consider resolutions

The AAOMS House of Delegates will meet Sept. 16 to 18 in Boston in conjunction with the Annual Meeting. At press time, the House was slated to discuss seven resolutions relating to the business of the Association.

The proposed resolutions include approval of the 2020 AAOMS budget, recent changes to AAOMS policies, proposed committee changes, revisions to the AAOMS Code of Professional Conduct and Bylaws specific to resident members and continuation of the AAOMS Informational Campaign assessment.

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

- **A-1** – Bylaws amendment regarding resident members' adherence to the Code of Professional Conduct.
- **A-2** – Amendment to include resident members in the Advisory Opinion sections of the Code of Professional Conduct.
- **A-3** – Bylaws addition of the Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery as a special committee.
- **B-1** – Bylaws revisions to include gender-inclusive language in all sections of the AAOMS Governing Rules and Regulations.
- **B-2** – Approval of amendments to the AAOMS Policies.
- **B-3** – Continuation of the AAOMS Informational Campaign assessment.
- **B-4 or B-4a** – Approval of the 2020 AAOMS budget. (B-4a is submitted for consideration in the event Resolution B-3 is not approved.)

Additional resolutions may be submitted by the Board of Trustees or District Caucuses before the meeting and will be distributed electronically and available to the Delegates on AAOMS.org and AAOMS Connect in advance of the House sessions.

For B-2, two policy amendments are being proposed. The first allows the Board of Trustees to convene meetings outside the United States, provided costs are equal or lower than comparable locations in the United States, and the second removes reference to the Special Committee



The House of Delegates will discuss resolutions about the budget, Informational Campaign and more.

on Maxillofacial Oncology and Reconstructive Surgery (SCMORS), pending approval as a standing committee in Resolution A-3. The AAOMS Board approved a name change for this committee to the Special Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (SCOHNORS) earlier this year.

The House will hold elections Sept. 18 for AAOMS President-Elect, Vice President, Treasurer and Speaker of the House. Running unopposed, respectively, for those offices are B.D. Tiner, DDS, MD, FACS; J. David Johnson Jr., DDS; Robert S. Clark, DMD; and Steven R. Nelson, DDS, MS. Elections also will take place for the Trustees in Districts I and III.

All AAOMS fellows and members are invited to participate in the Reference Committee hearings, which will be held at 1 p.m. Sept. 16. During the session, members of the Board of Trustees will present on topics affecting the specialty, including anesthesia and the AAOMS Informational Campaign.

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

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Social media remains a vital component of

Social media is not only an important tool for practices to reach prospective patients, but the popular platforms can be used to showcase the full scope of the oral and maxillofacial specialty and educate the public about the expertise of AAOMS members.

Recognizing the growing importance of social media as a way to connect with consumers, one of the key tactics of the AAOMS Informational Campaign is to post engaging, informative content on Facebook, Twitter, Instagram and Pinterest.

The AAOMS social media accounts generate about 7 percent of the online traffic to MyOMS.org, where prospective patients are encouraged to find more information about a procedure and contact an OMS in their area through the Find a Surgeon function.

Members are encouraged to use social media – whether created internally or by sharing AAOMS posts – to help grow their own practices and educate the public about the role OMSs play in providing quality care.

“While establishing a social media presence might seem to be a daunting task for an OMS practice to undertake, the AAOMS Informational Campaign has a variety of resources available to assist members with this endeavor,” said A. Thomas Indresano, DMD, FACS, AAOMS President. “Having multiple voices sharing information about the value of our specialty will help further grow our recognition as the experts in face, mouth and jaw surgery.”

The following are edited excerpts from the complimentary AAOMS Social Media Guide. A PDF of the complete guide can be downloaded at AAOMS.org/InfoCampaign and passed along to practice managers.

Why have a social media presence?

OMS practices should understand the number of benefits of a social media presence:

■ **Gain customer/patient knowledge** – Every day, 500 million tweets are sent, 4.5 billion likes are made on Facebook and 95 million photos and videos are uploaded to Instagram. Social media provides a great amount of (free) insight and information about patients to gain an understanding of who they are, what they like and how they feel about their doctor.

■ **Attract new patients and increase loyalty for a practice**

– Social media allows patients to find and connect with their OMS in a personal way, allowing for increased retention and loyalty for a practice. More than half of Americans who follow brands on social media are more loyal to those brands.

■ **Provide customer service to patients** – More than 67 percent of consumers turn to social media platforms for customer service.

■ **Increase website traffic and search engine optimization (SEO)**

– Increased social media shares improve a practice’s search ranking on search engine sites such as Google, Bing and Yahoo. Social media also helps direct users organically to a practice website to make an appointment or look for more information.

Having multiple voices sharing information about the value of our specialty will help further grow our recognition as the experts in face, mouth and jaw surgery.

*– AAOMS President
Dr. A. Thomas Indresano*

■ **Share content faster** – Social media is the fastest way to share real-time content with patients.

■ **Share knowledge** – Inform followers and the public of specific expertise, how an OMS can help improve their health and what OMSs specialize in.

■ **Build relationships and connectivity** – It can be difficult to regularly connect with patients. Social media can help bridge that gap and build relationships. Relationships impact referrals, online reviews and the trust of future patients. Social media also can help with visibility and online reputation management.

■ **Build trust with new patients** – Patients can read reviews and recommendations of previous patients and see pictures of staff and the office to help put them at ease and



awareness for OMS specialty, practices

be reassured they are making the right choice by visiting a practice.

Best practices for social media

In order to create a strong social media presence, social media platforms should adhere to best practices including:

■ Develop a voice

- Write posts that are unequivocally human; be authentic and professional.
- Avoid promotional language, asking for likes or creating posts that sound like a sales pitch. Ideally, only one-third of the content should be promotional. Ensure posts reflect a positive office environment.
- Take advantage of trending topics and hashtags, if relevant.
- Keep posts short and sweet to avoid losing the audience's attention.
- Monitor, react and engage with those who respond to posts.
- Be friendly and genuine.
- Show office and company culture by featuring employees, happenings in the office and/or community involvement.

■ Set social media policies

- Determine who will have access to a page and who will be posting.

- Set a response time for incoming messages and comments; consumers expect to be responded to within 30 minutes.
- The “ideal” frequency depends entirely on business goals and the amount of time a practice is willing to commit to social media marketing efforts.
- Post to each platform no more than twice per day. To start, try timing posts at 8 a.m. and 4 p.m., and adjust by engagement results.
- Save time and use scheduling programs to schedule your posts. Try to plan and schedule your posts seven to 10 days out. It is best to utilize scheduling platforms to maximize efficiency.

■ Establish crisis communication and engagement response policies

- Monitor all accounts regularly.
- Acknowledge all comments, positive or negative. It is not recommended to delete negative posts but to respond and show concern publicly and offer to engage privately (email, direct message or phone) as quickly as possible.
- Should a shared post receive significant negative attention, it is recommended to delete it as soon as possible. Inappropriate or offensive comments should be deleted or “hidden” immediately.

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Complimentary social media consulting available at Annual Meeting

Annual Meeting attendees are invited to stop by the AAOMS Social Media Bar for one-on-one consulting with social media experts. At Booth 1029 in the Exhibit Hall, staff will be available to provide insight on how to use social media for the OMS practice as well as how it can be used for personal networking.

Two Learning Lab sessions will be offered each day to educate members about the complimentary Informational Campaign resources available and

how they can be utilized in an OMS practice. No tickets are required.

A limited supply of the AAOMS Social Media Guide will be available. The guide also is available for download at AAOMS.org/InfoCampaign.





■ Keep content fresh and informative

Provide followers with relevant and informative copy on a regular basis. Consider the following categories when developing your messaging:

- **Tips, prevention and education:** Posts supported by videos, e-books, photos, statistics and infographics will keep followers informed. Numbers can be powerful and a persuasive tool, but do research and acquire data from a reliable source, such as the Member Center resources on AAOMS.org.
- **Company culture and community:** Fans are interested in the personal, human-interest side of a business. They want to know who the OMS is and who works at the practice and learn about outside interests and local community involvement. Nervous patients will trust an OMS more before they book

an appointment if they feel they know the team and office environment.

- **Holidays and awareness:** Sometimes it's OK to step outside the box and create posts centered around holidays, themes and overall company awareness as they help increase engagement that could boost page likes.
- **Making an appointment:** Find ways to create convenience and a call-to-action by showing patients they can easily make an appointment.
- **Awards and accomplishments:** Announcing an award, accomplishment or an advanced certification shows a practice is staying abreast of what is new in the field in terms of techniques, procedures or products. ■

Informational Campaign resources available to members for social media use

The national campaign is designed to inform the public and dental professionals of OMS training, skills, experience and expertise. Here are some ways to incorporate its resources into social media strategies:

- Like and follow AAOMS at Facebook.com/AAOMS.org, @AAOMS on Twitter and @MyOMS on Instagram.
- Share AAOMS's posts on the individual practice's page.
- Download 50-plus videos available from the Member Center on AAOMS.org/InfoCampaign to use on the practice website or YouTube account and share.

- Design a cover photo that includes the AAOMS member logo. Email communications@aaoms.org to request the digital artwork.
- Use any of the 18 AAOMS infographics as a visual that correlates with a specific condition a post is about.
- Share press releases that AAOMS distributes. President e-newsletters include this information, or visit AAOMS.org/Media.
- Use the AAOMS Branded Destination on WebMD (WebMD.com/OMS/default.htm) as another resource for customized content.



Informational Campaign materials include the WebMD microsite, videos and infographics on procedures.



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Photo: Michael D. D'Amico, DDS and Eugene M. D'Amico III, DDS, FACS, oral and maxillofacial surgeons at The Christiana Center for Oral & Maxillofacial Surgery, Newark, Delaware





Daniel M. Laskin, DDS, MS
AAOMS Today Editor

Learning important lessons from the past

The year 2019 marks the 500th anniversary of the death of Leonardo da Vinci, who is widely considered to be one of the most diversely talented individuals ever to have lived. He made outstanding contributions not only as a painter for such masterpieces as *The Last Supper* and *Mona Lisa* but also for his contributions in architecture, science, music, mathematics, engineering, literature, anatomy and astronomy.

He truly personified the title of Renaissance Man. Whereas, few if any can ever hope to equal the breadth of his contributions, surely lessons can be learned from his general approach to the gathering of knowledge and the improvement of skills that apply as well to us as oral and maxillofacial surgeons.

One of his most distinguishing characteristics was his intense curiosity. The scope of oral and maxillofacial surgery has changed significantly over the years, not by chance, but by the contributions of individuals with the curiosity to explore new approaches to the diagnosis and treatment of various diseases and disorders.

However, are you now satisfied with the status quo, or are there still things that you feel can be improved? Let curiosity also be your guide.

One of Leonardo's greatest skills was his powers of careful observation. When he observed something, it involved more than just a general view; he was more interested in specific details. As he noted, "A page of a book cannot be absorbed in one stare; you need to go word by word."

When you encounter patients, do you attempt to relate their facial expression to specific emotions and how this

could relate to the state of their condition? Or when you are conducting a clinical examination in attempting to establish a diagnosis, do you carefully explore every minute detail?

Among Leonardo's other distinguishing characteristics was his great respect for the facts, doing what is now referred

to as critical thinking. When his experience showed that a given theory was flawed, he did not hesitate to look for a better explanation. We also need to follow his example and be willing to change our mind when new and better information becomes available.

One of Leonardo's greatest skills was his powers of careful observation.

One might be under the impression that a genius such as Leonardo achieved all his accomplishments alone, but that is far from the truth. The records show that much of his work was done in a collaborative manner. That is another lesson we can learn from him. When puzzled by a diagnostic problem we are unable to solve or faced with a treatment option with which we are unfamiliar or with which we lack experience, collaboration is in the best interest of all concerned.

Finally, there is an axiom of Leonardo's about letting perfection be the enemy of good. In his interpretation, he often abandoned a project merely because in his opinion the result was not good enough.

In the field of oral and maxillofacial surgery, I cannot agree with him. How many have had the experience of reducing a fracture of the resident saying, "It's not perfectly aligned," and when attempting to improve the situation, something goes wrong, and the result is no longer even good?

Yes, in surgery, unlike art, perfect often can be the enemy of good! ■

We're envisioning the



future of OMS



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Help make it a reality.

Donate during the 2019 AAOMS Annual Meeting.

AAOMS will match every unrestricted gift to the Foundation made during the Annual Meeting up to a total of \$25,000.

The James and Carmen Hupp Foundation will match every donation to GIVE made by Sept. 21 up to a total of \$10,000.

Learn to be a strategic philanthropist. Attend our seminar – “Integrating Advanced Charitable Planning into your Wealth Management Strategy” – at the Annual Meeting.

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Kathy A. Banks, DMD
OMS Foundation Chair

Passing the torch, still burning bright

Has it been just two years since the OMS Foundation launched its Strategic Alliance with AAOMS? The time has literally flown by, and I am proud to have been both an agent of and a witness to the Foundation's evolving ambitions, capacity and accomplishments in recent years.

Since ratification of the Strategic Alliance in 2017, the Foundation has posted record-breaking fundraising numbers, launched a new education/service program for residents – the Global Initiative for Volunteerism and Education (GIVE) – and is poised to debut an international cleft lip/palate fellowship (in partnership with the IAOMS Foundation) and a new Clinical Research Support Grant in 2020.

Any of those alone would be worthy of notice. Together, they testify to the collective power of a compelling vision, strong leadership and a powerhouse team with a “can-do” attitude.

Inspired by the vision and energy of Drs. Daniel Daley and James Davis, then-AAOMS President Dr. Louis Rafetto and Foundation Chair Dr. Thomas Dodson enlisted a team of “movers and shakers” in 2016 to assess the Foundation's strengths and shortcomings. Drs. David Allen, Ira Cheifetz, Douglas Fain, Brett Ferguson, Eric Geist, David Johnson, Victor Nannini, William Nelson and Anthony Spina and Mr. William Passolt and I collaborated to create a blueprint for a more streamlined, relevant and responsive Foundation. Then, collectively, we spearheaded its implementation.

It was something to watch the positive energy take hold. OMSNIC's extraordinary \$100,000 gift-match challenge early in the 2018 fundraising campaign inspired an outpouring of equally extraordinary generosity from our steadfast supporters along with new donors, faculty, residents, OMS state societies, vendors and affiliate organizations.

Every AAOMS Trustee, every Foundation Director and every OMS on OMSNIC's Board contributed. Even AAOMS staff claimed a leaf on the Centennial Tree. It was an unprecedented show of unity and support for the Foundation.

From my perspective, though, the best part is to be found in the aftermath. The leadership of AAOMS and the Foundation remains filled with energy, ambition and confidence in the organization they helped develop.

Dr. James and Lori Swift recently committed to a \$100,000 gift from their Donor Advised Fund. Corporate donors U.S. Oral Surgery Management and OMS Partners, LLC – which made their first gifts to the Foundation in 2018 – have stepped up to the status of major donor in 2019. Treloar & Heisel continues its legacy of support in 2019 with an innovative life insurance program designed to encourage early- and mid-career OMSs to create legacies of their own to support research and education. The OMS Foundation Alliance, with support from OMSNIC and the James and Carmen Hupp Foundation, has committed to funding five GIVE stipends in 2020.

And we are encouraged daily by gifts (large and small) from new donors, newly re-engaged donors and those whose previous support was limited to checking a box on their dues statement.

Passing the torch of leadership of the OMS Foundation to Mr. Passolt this fall will be bittersweet. Having served on the Foundation Board before, during and after the Strategic Alliance, it has been fulfilling to witness its metamorphosis. I will miss being a part of the Foundation's leadership team, but I am fully confident that the incoming leaders will continue the upward trajectory we so confidently projected in 2017. ■



You never know where advocacy successes can occur



By Charles G. Bode,
DMD
*2019 Day on the Hill
attendee*

Opportunities to forge relationships with elected officials and advocate on behalf of the specialty can occur beyond the walls of a congressional office or fundraiser.

At this year's AAOMS Day on the Hill, I took advantage of unique encounters to discuss the specialty and the Association's legislative priorities with members of Congress on my way to and in Washington, D.C.

While boarding my flight from Phoenix, I noticed my constituent U.S. Senator – Martha McSally (R-Ariz.) – was in line behind me. I introduced myself and used the opportunity to discuss one of our Day on the Hill priorities – S 560, the Ensuring Lasting Smiles Act (ELSA). I gave her one of my business cards with the bill number and met with her legislative assistant as scheduled the next day. I spent an hour with him reviewing the issues on which AAOMS was seeking support. We had a great meeting, and he followed up with an email, offering to stay in touch.

While standing in line to board the plane, I also noticed another man talking to Sen. McSally who ended up sitting in my row. I asked him if he worked for Sen. McSally. Instead, he introduced himself as U.S. Rep. Raul Ruiz (D-Calif.). I thought – open mouth, insert foot!

I used the captive time on the plane to discuss the specialty and the reason for my trip. I spoke, in particular, about the House version of ELSA (HR 1379) and, as an emergency room physician, he was very sympathetic. I gave him my card and received a call from his office the next day informing me he signed on as a cosponsor.

While in line for the restroom on the plane, I recognized U.S. Rep. Ann Kirkpatrick (D-Ariz.), and we had a short, cordial discussion. I gave her my card with HR 1379 written on it. I did not have an appointment scheduled with her during Day on the Hill but was later informed she signed on to the bill.

While waiting at baggage claim in Washington, I spotted U.S. Rep. Greg Stanton (D-Ariz.), a freshman member of Congress and former mayor of Phoenix. I approached him and discussed HR 1379. I gave him my card and, to my surprise, he called the following day and invited me to the office. We and one of his legislative assistants reviewed the bills AAOMS was seeking support on, but he has yet to cosponsor.

I also was able to squeeze in additional face-to-face time beyond my scheduled meeting with U.S. Rep. Paul Gosar (R-Ariz.) when I ran into him in the hallway on my way to his office. I have known Paul for more than 20 years, since he referred patients to me when he was in private practice. He has always been a stalwart supporter of AAOMS and since become a cosponsor of ELSA.

My last scheduled appointment was with the office of my other constituent U.S. Senator, Kyrsten Sinema (D-Ariz.). Unfortunately,

I did not get a chance to meet with her, but I met with one of her staff members. I plan, however, to take advantage of a bike riding group we have in common to build a relationship.

While some of my Day on the Hill-related encounters provided immediate results through

cosponsorship, others did not. But they resulted in unique connections that may lead to future support of one of our priorities.

My advice is to not be afraid of approaching your members of Congress in public; however, that requires being able to recognize them. When approaching them, it is important to be polite, succinct and respectful of their time. I found limiting my discussion to one bill/topic was most effective.

As the old saying goes, "Advocacy is not a sprint; it's a marathon." You never know when an opening will present itself, so we should all be consistently looking for opportunities to make a difference. ■

*My advice is to not be afraid
of approaching your members
of Congress in public.*

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Preserving what it means to be a dental specialist in



By Normund K. Auzins,
DDS
*President, Oregon
Society of OMS*

When I took over as President of the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS) in 2017, I never planned to oversee a multispecialty effort to pass legislation through our statehouse on what it meant to be a “dental specialist.”

But that is exactly what happened this year when OSOMS introduced, promoted and ultimately enacted SB 835, an act allowing a dentist to advertise practice in a specialty area of dentistry.

A need for action

The need for this legislation came to light in 2018, when Dr. Russell A. Lieblick of Gresham, Ore., and I represented the OMS community on a workgroup of the Oregon Board of Dentistry on dental implant safety. The Board formed the workgroup after noticing an increase in the severity of complaints it received related to implant placement.

Through this process, it was evident patients were being harmed because they did not understand the providers who were treating them were not dental specialists. We also learned from our discussions with the Board that, under the current law, the agency could not stop someone from advertising as a specialist. It was an eye-opening process to say the least.

The OSOMS Board of Trustees held numerous discussions about this panel’s findings, and we knew something had to be done to promote patient safety – not just for dental implant patients but all patients receiving specialized dental care. Patients needed to know that when they saw a “dental specialist,” the label meant the individual had significant advanced training.

We had two choices – engage in a public relations campaign or attempt to pass legislation. After investigating costs, we determined legislation would be a more fiscally efficient pathway for the society.

SAG program aided process

Moving any sort of legislation incurs some cost, and we knew we would need to contract additional time with our society’s lobbyist and part-time executive director to promote our bill. We also knew we would need to assess our membership to pay for this effort, so we were pleased to learn about the State Advocacy Grant (SAG) program through AAOMS.

While we raised dues to accommodate this effort, by receiving a SAG grant, we were able to offset costs to our membership, and dues were raised only \$100 per member.

In addition, our membership truly appreciated having the backing of AAOMS on this issue, and saying we had a grant from the Association to promote this legislation also helped gain buy-in from our membership. It added a level of legitimacy to our efforts because they were vested by AAOMS.

Developing a winning strategy

We worked with our lobbyist to develop a pathway for moving a bill forward that would allow only dentists to call themselves a specialist if the specialty was approved by the National Commission on Recognition of Dental Specialties and Certifying Boards. The bill also provided a pathway to consideration as a specialist through the completion of a two-year postdoctoral residency program or completion of at least two years of advanced dental education approved by the U.S. Department of Education. By instituting these parameters, enough flexibility would be granted to allow recognition of future specialties while establishing a minimum advanced educational timeframe. The law also would allow individuals to advertise any legitimate educational credentials they may receive while protecting what it means to be a specialist.

The OSOMS Board knew if we tried to move this issue forward by ourselves, we would not be successful because our bill



Dr. Auzins (at table on the right) testifies before the Oregon Senate Committee on Health Care.



Oregon; bill passed to secure profession

would be painted as legislation to benefit oral and maxillofacial surgery only and not to protect the public. We needed to be as collaborative as possible and gain the support of our fellow dental specialty colleagues. We also knew that while the Oregon Dental Association (ODA) would likely not pursue this bill on its own, we needed its support. OSOMS set out to gain friends and make allies.

We held informal dinner discussions with ODA leadership members to introduce the new OSOMS leadership, ran our bill through every level of ODA's committee structure and ultimately gained its support. We also agreed to be more active on issues of concern to ODA, helping establish good will between our organizations. We reached out to every ADA-recognized specialty group in the state and asked them to support our bill by signing a letter that would be submitted to the legislature. After all this work, we introduced the bill and began the process of legislative hearings.

Moving our legislation

We anticipated resistance from corporate dental practices or general dentists who performed procedures beyond the typical scope of practice of general dentistry. When we held our first hearing before the Senate Committee on Health Care, however, we received no opposition. We were able to easily pass the bill through the Senate, which we knew was going to be our toughest chamber. If only the bill could have continued as smoothly.

Shortly after the bill passed the Senate, a group of general dentists who held themselves to be non-ADA recognizing specialists became concerned about the bill. Misinformation ran rampant, and the rumor was that our bill was the first step for OMSs to prevent general dentists from placing implants. We knew this general dental group called its national out-of-state attorney, who would attend the hearing before the House Committee on Health Care.

We quickly worked to dispel the rumors and encouraged additional support from our dental specialist allies at the hearing. We did not want this issue turning into an OMS-versus-general dentist debate in the legislature.

When the day of the hearing before the House Health Care Committee arrived, all the pieces fell into place. Our dental specialty colleagues attended the meeting, so it was truly a dental specialty issue and not just an OMS issue. The legal representative for the opposition was argumentative in his remarks and threatened to sue the state if it passed this bill. Naturally, such threats did not sit well with the legislature, and our message – which was strong and broadly supported

– won the day, and the bill cleared the committee. SB 835 was ultimately signed by Gov. Kate Brown (D) on June 13 and took immediate effect.

Lessons learned

Going into this process, I didn't know what to expect. While some legwork had to be done to ensure the bill was a success, nothing was particularly strenuous because OSOMS had such a great executive director and lobbyist helping us navigate the process. I was generally able to maintain my normal practice schedule, though I was on the phone more after hours, following up with colleagues and garnering support. That being said, I would not hesitate to do something similar in the future.

Looking back, our legislation could have failed several times. But by gathering support prior to introducing the bill, we were able to gain the necessary momentum that continued to push the issue through the legislature when we started to face opposition. We also had a strong, concise message that resonated with the legislature.

Without the support of our allies, our message would not have been as strong, and we truly could not have done this without our coalition of supporters.

OSOMS was the first state society to receive a SAG from AAOMS. ■

About the SAG program

The State Advocacy Grant (SAG) program was implemented in 2018 to financially help state societies defend against or promote significant issues affecting the specialty, such as anesthesia challenges or scope of practice battles. Grants are limited in number, awarded on a first-come, first-served basis and prioritized based on the project's nature and society need. State societies must commit their own funds at a minimum dollar-for-dollar match to receive a grant and are expected to meet specific requirements, such as regular calls with AAOMS government affairs staff, receipt submission and attendance at the AAOMS State Advocates Forum. AAOMS will not approve any application that is not aligned with AAOMS's policy and not OMS-specific.

Additional information – including an application – is available at [AAOMS.org/SAG](https://aaoms.org/SAG).



Congress makes summer push on healthcare issues

Over the summer, Congress focused on a federal solution to prevent surprise billing instances while several state legislatures addressed adult dental coverage in Medicaid.

Federal level

Congress made a push to finalize a number of healthcare issues just before the August recess:

- Several key congressional committees have moved legislation to address surprise billing with more activity expected following the summer congressional recess.

Consensus among the bipartisan proposals is that the patient is held harmless beyond the in-network rate for services provided by an out-of-network provider at in-patient facilities in emergency situations or when patients cannot reasonably choose the provider.

The proposals differ on how to resolve payment disputes between out-of-network providers and insurers. For example, the Senate Health, Education, Labor and Pensions Committee-passed bill (S 1895) would set a national standard for payment – such as the in-network rate – while the House Energy and Commerce-passed bill (HR 2328) would allow an independent dispute resolution process as a backstop to providers and insurers negotiating payment.

- The House passed on July 17 legislation (HR 748) to repeal the so-called Cadillac tax, which levies a 40 percent excise tax on high-cost, employer-provided health insurance. The tax was included in the 2010 Affordable Care Act as a way to pay for the law. HR 748 passed 419-6. Senate action is uncertain, as the House also passed similar legislation in the last Congress, but the Senate failed to take it up.

- The Dental and Optometric Care “DOC” Access Act (HR 3762) was reintroduced July 15 by U.S. Reps. Dave Loebsack (D-Iowa) and Earl L. “Buddy” Carter (R-Ga.). The bill would prohibit federally regulated dental and vision plans from setting fees for noncovered services, limit network agreements to two years (unless a dentist chooses to extend the contract for another term), include a private right of action provision that allows individual doctors to take offending plans directly to court and prohibit plans from setting limits on a doctor’s choice of lab. Thirty-nine states have noncovered services laws. However, federal legislation is necessary to cover ERISA-regulated plans, which are exempt from state laws.
- AAOMS signed on to a number of coalition comment letters on issues impacting the specialty, ranging from surprise billing to repealing the Medical Device Tax to raising the legal age to purchase tobacco products. These letters are available in the Advocacy and Government Affairs section of AAOMS.org.

State level

While the trend since the passage of the Affordable Care Act has been to expand Medicaid – and in turn, adult dental coverage – at the state level, this year saw two notable setbacks for further expansions efforts. This summer also brought additional anesthesia amendments and a new student loan repayment effort out west:

■ **Alaska** – Gov. Mike Dunleavy (R) vetoed \$50 million from the state’s Medicaid budget, which included nearly \$27 million in funding for adult dental coverage. The cut cancels adult dental coverage for almost 30,000 individuals. While the cuts effectively eliminate preventative services, emergency care services are maintained.



while states take action on adult coverage

■ **California** – In July, Gov. Gavin Newsom (D) announced the state will pay off \$10.5 million in student loans for 40 dentists who agree to ensure at least 30 percent of their patient base are Medi-Cal patients for the next five years.

The program – known as CalHealthCares – is administered by the state Department of Health Care Services and run by Physicians for a Healthy California, a branch of the California Medical Association. Nearly 240 dentists applied for the program this year, with nine specialists and 31 general dentists granted awards. The application process for the next round of awards will begin in January 2020. Additional information is available at PHCDocs.org/Programs/CalHealthCares.

■ **Iowa** – The state Dental Board finalized a rule in June amending the state's dental sedation provisions. While the regulation primarily focuses on delivery considerations for moderate sedation, it made amendments to the requirements for sedation and anesthesia monitors in the state.

As of Aug. 21, dental assistants or nurses performing such tasks during the administration of deep sedation or general sedation must be certified in Advanced Cardiovascular Life Support, Pediatric Advanced Life Support or DAANCE. Questions should be directed to the Dental Board.

■ **Maine** – The state legislature failed to approve \$6.5 million in state tax funds to establish an adult Medicaid dental benefit before the end of the legislative session. An interim workgroup has

been established, and new legislation is expected to be reintroduced in 2020.

OMSPAC update

OMSPAC has raised \$388,130 from 16.16 percent of the membership so far in 2019. In addition, OMSPAC has contributed \$76,000 to federal candidates so far during the 2019-20 election cycle.

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

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HEALTH IT BYTES



■ **Patient identifiers** – The U.S. House of Representatives passed a health and human services appropriation bill (HR 2740) in June that included overturning a ban on funding for a national patient identifier. Since 1999, Congress has prohibited the U.S. Department of Health and Human Services from developing or promoting any program that would assign a permanent, unique identifier to patients for fear it would lead to fraud and abuse. This ban, however, has long plagued health IT leaders, particularly when trying to engage in digital patient matching across healthcare systems. The bill now moves to the Senate for consideration.

■ **Position change** – The Office of the National Coordinator for Health Information Technology's (ONC) deputy national coordinator, Dr. Jon White, stepped down in August to serve as associate chief of staff of research at the VA Salt Lake City Health Care System. While at the ONC, Dr. White was in charge of overseeing all of the programs and policies, including the agency's interoperability and information blocking regulatory proposal currently under review. White was replaced by Steven Posnack, the former executive director of the ONC's Office of Technology, who has served in ONC leadership for 14 years.

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Reviewing sterilization protocols and sterilizers

By Leslie Canham, CDA, RDA
Certified Speaking Professional
Leslie Canham & Associates, LLC

Today, many smart devices automate just about everything. For example, an alarm clock can be set by simply speaking “set my alarm” to a smart phone. Artificial Intelligence also can be used to run household appliances, set a thermostat and even play a song.

But when it comes to sterilization of dental instruments, shortcuts, inattention or missteps can cause breaches in infection control. Therefore, to protect patients and dental workers, specific sterilization protocols must be employed.

Consistently following specific steps can achieve and maintain sterility of dental instruments. One way to do this is to have a written protocol for every step of instrument reprocessing. Once a written protocol is established, it can be distributed to the dental team and posted in the Sterilization Room.

Steps for reprocessing instruments

The first step in proper instrument processing is wearing the right personal protective equipment. A protective gown, clinical jacket or apron, puncture-resistant utility gloves, face mask and protective eyewear are necessary prior to handling contaminated dental instruments. Contaminated instruments should always be transported using a leak-proof tray or tub. Sharp instruments should never be carried by hand.

Cleaning should be done as soon as possible to remove blood and bioburden. This should be done before they have a chance to dry and harden on the instruments. Prompt cleaning also minimizes staining, corrosion and pitting that can occur when instruments are soiled. If instruments cannot be cleaned immediately, a pre-treatment – such as soaking instruments in an enzymatic cleaning solution or applying an enzymatic spray or gel – should be considered.

Cleaning can be performed most efficiently by placing contaminated instruments in an automated cleaning system, such as an ultrasonic unit or an instrument washer. The manufacturer’s instructions for use (IFU) – including

type of detergent, dilution, water quality, length of time to operate unit and temperature – should always be followed.

If an automated cleaning system is not available, manual cleaning must be performed. Instruments should be placed in a tub of cleaning solution. It is best to use a cleaning solution designed for dental instruments to avoid damage. After soaking to loosen bioburden, a long-handled scrub brush should be used to remove debris. Using a long-handled brush allows instruments to be immersed during scrubbing (to minimize splashes) while keeping hands above the waterline and away from sharp instrument ends.

After cleaning and rinsing, instruments should be visually inspected for residual debris. If blood, saliva and other contamination are not removed, these materials can shield microorganisms and potentially compromise the disinfection or sterilization process. If an instrument needs repair or is damaged, it should be set aside to be evaluated by the employer or supervisor.

After cleaning and inspection, instruments should be dry before being packaged or wrapped for sterilization. Hinged instruments should be opened and unlocked to allow the sterilizing agent to circulate and “touch” all surfaces.

CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003 state that instruments should be inspected before being packed or wrapped and placed in the sterilizer: “Cleaned instruments and other dental supplies should be inspected, assembled into sets or trays, and wrapped, packaged, or placed into container systems for sterilization. Packaging materials (e.g., wraps or container systems) allow penetration of the sterilization agent and maintain sterility of the processed item after sterilization. Materials for maintaining sterility of instruments during transport and storage include wrapped perforated instrument cassettes, peel pouches of plastic or paper, and sterilization wraps (i.e., woven and nonwoven). Packaging materials should be designed for the type of sterilization process being used.”

Proper materials for wrapping, packaging

Different types of materials are used for packaging instruments. The sterilizer manufacturer IFUs should be checked to determine the proper type of wrap or pouch to use. Using the wrong types of sterilization packaging

continued on next page

material can hinder achieving sterilization. The following are some common pitfalls of using the wrong type of wrap or pouch for a sterilizer:

- Some packaging may prevent the sterilizing agent from reaching the instruments inside.
- Some plastics may melt.
- Some paper may burn or char.
- Thick cloths may absorb too much steam.
- Closed containers are not appropriate for steam or unsaturated chemical vapor sterilizers.
- Cloths absorb too much chemical vapor.
- Lint fibers may cause postoperative complication and serve as vehicles for microorganisms, increasing the risk of infection for surgical patients.

Sterilization of unwrapped instruments

An unwrapped cycle (sometimes called flash sterilization) is a method for sterilizing unwrapped patient-care items for immediate use. Unwrapped sterilization should be used only under certain conditions: 1) thorough cleaning and drying of instruments precedes the unwrapped sterilization cycle; 2) mechanical monitors are checked and chemical indicators are used for each cycle; 3) care is taken to avoid thermal injury to dental workers or patients; and 4) items are transported aseptically to the point of use to maintain sterility.

To avoid getting poked with a contaminated instrument, dental workers should wear puncture-resistant utility gloves while cleaning and packaging or wrapping instruments prior to sterilization. In addition, careful handling of contaminated instruments includes techniques such as making sure all instruments are fully inside the sterilization pouch when sealing as well as ensuring they are properly placed in the cassette before closing.

Sterilizer options

A sterilizer should be used according to the manufacturer's IFU to ensure the sterilizer performs properly. The three types of sterilizers most commonly used in dental practices are:

- Steam sterilization (autoclave)
- Dry heat sterilization
- Unsaturated chemical vapor



Autoclaves use steam and are either “gravity displacement” or “pre-vacuum” type sterilizers. Temperatures reach approximately 250° F to 273° F. Sterilization times range from four to 30 minutes depending on temperature, whether instruments are wrapped or unwrapped and the manufacturer's instructions for use. The “drying cycle” may be 25 to 40 minutes.

Dry heat sterilizers are either “static air” or “forced air.” The high heat and extended time are the major factors in achieving sterilization. Temperatures reach approximately 300° F to 375° F. Sterilization times vary from 12 to 150 minutes, depending on temperature and manufacturer's instructions.

Unsaturated chemical vapor sterilizers use a combination of alcohol, formaldehyde, ketone, acetone and water to create a vapor for sterilizing. The combination of pressure, temperature and time are the major factors in achieving sterilization. Pressure should measure 20 psi; temperatures should reach 270° F, and sterilization time is approximately 20 to 40 minutes.

All devices used for heat sterilization of dental instruments must be medical sterilization equipment that has been cleared for market by the FDA. The manufacturer's instructions should always be followed for sterilization times, temperatures and other operating parameters as



Common pitfalls encountered when trying to achieve sterilization of instruments

Hazards to sterilization include:

- Inadequate pre-cleaning of instruments
- Improper packaging
- Bulky packaging
- Overloading the sterilizer
- Inadequate spacing of instruments
- Interrupting the sterilization cycle
- Inadequate time, temperature or pressure
- Inadequate drying cycle (autoclaves)
- Faulty gaskets or seals
- Improper operation of unit
- Operator error by inattention

When it comes to achieving sterilization of dental instruments, precise steps must be taken. A written protocol for reprocessing dental instruments can help standardize the steps and create consistency in a team's performance. Patient safety and the reputation of the practice depend on achieving and maintaining sterility of instruments.

The CDC provides guidance, checklists and resources for infection control in dental healthcare settings. Some state dental boards adopt the CDC guidelines while other states have their own separate infection control regulations. State dental boards have information on infection control regulations. A complimentary copy of an "Instrument Processing Protocol" can be received by sending an email to office@lesliecanham.com.

well as instructions for correct use of containers, wraps and chemical or biological indicators. Use of toaster ovens or glass bead sterilizers are not considered acceptable devices for sterilization of dental instruments and could jeopardize patient safety.

Practicing sterility assurance

Sterility assurance is the correct performance of the proper instrument processing steps and monitoring of the sterilization step with biologic, mechanical and chemical indicators, according to *Infection Control and Management of Hazardous Materials for the Dental Team 4th*. Biological indicators (BIs) are the most accepted means of monitoring the sterilization process because they directly determine whether the most resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species) are present, rather than merely determining whether the physical and chemical conditions necessary for sterilization are met. Because spores used in BIs are more resistant and present in greater numbers than the common microbial contaminants found on patient care equipment, an inactivated BI indicates that other potential pathogens in the load also have been killed.

Mechanical techniques for monitoring sterilization include assessing the cycle time, temperature and pressure of the

sterilization equipment by observing the gauges or displays on the sterilizer.

Chemical indicators (internal and external) use sensitive chemicals to assess physical conditions, such as temperature, during the sterilization process. Chemical indicators, such as heat-sensitive tape, change color rapidly when a given parameter is reached (i.e., temperature). An internal chemical indicator should be placed in every sterilization package to ensure the sterilization agent has penetrated the packaging material and actually reached the instruments inside.

An external indicator should be used when the internal indicator cannot be seen from outside the package. Single-parameter internal indicators provide information on only one sterilization parameter and are available for steam, dry heat and unsaturated chemical vapor. Multi-parameter internal indicators measure two to three parameters and can provide a more reliable indication that sterilization conditions have been met. Multi-parameter internal indicators are only available for steam sterilizers (i.e., autoclaves). Manufacturer instructions should be referred to for proper use and placement of chemical indicators.

Correct functioning of sterilization cycles should be verified for each sterilizer by the periodic use (at least weekly) of BIs. Two ways to process the biological monitors are in-office

continued on next page



monitoring and mail-in monitoring. In-office monitoring systems allow testing the sterilizer and obtaining the results in 24 hours or less. Mail-in monitoring services can take up to a week to get results. A report of the results is sent back to the dental office.

In the event of a sterilization failure, immediate action must be taken to determine the reason for the failure. The sterilizer should be taken out of service until the cause of the failure can be determined and corrected. Any items processed after the last successful spore test may not have been sterilized, so they will need to be repackaged and re-sterilized in a properly functioning sterilizer. Putting the date of sterilization and which sterilizer was used on the instrument pouches or cassettes helps in identifying which items need to be reprocessed.

Maintaining sterility

The sterilization bag or pouch should always be sealed at the perforation. When a bag or pouch is folded below the perforation, such as folding it in half, the opening of the package will not be sealed – therefore, instruments will not maintain sterility inside the package. Most sterilization bags are either self-sealing or heat-sealed. Safety pins, staples or paper clips should never be used to seal the bag or pouch.

For sterilization bags that are not self- or heat-sealed, chemical indicator tape should be used to seal the package. Cassettes wrapped in sterilization wrap should be examined for tears or holes before and after being sterilized.

Disposable sterilization bags, pouches or wraps are single-use items, unless otherwise indicated. Instruments



are considered sterile inside a sterilized sealed pouch indefinitely, unless an event compromises the package. Events that could compromise sterility include opening the pouch, instruments poking through the pouch, torn or punctured package or wrap, allowing wet packages to come in contact with contaminated surfaces or placing a sterile package in an area where it could become moist or wet. ■



This is number 169 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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* Currently in design evaluation. Email BetaDI@dolphinimaging.com for info.



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Understanding how relative value units affect

Every OMS and their practice staff should understand the reimbursement methods used by third-party payers.

The most common methods are usual, customary and reasonable (UCR) fees as well as the relative value scale. UCR is typically the amount paid for a medical service in a geographic area based on what other providers in the area usually charge for the same or similar medical service. Payers can reimburse anywhere from the 50th to the 90th percentile.

Relative value units (RVUs) only apply to medical codes/ payers, not to dental. If dental carriers use something similar to this type of method, they are not sharing their methods for the development of those values and formulas. CMS does not apply RVUs or value to any dental codes.

Importance of RBRVS

Practices should develop and be prepared to support their fees not just based on what they want but on the expense to the practice for providing the service. To understand the nuances of the relative value scale, it is important to understand how provider services are calculated by CMS using the Resource-Based Relative Value Scale (RBRVS).

In 1996, the Health Care Financing Administration contracted with Harvard University to develop the RBRVS. Its task was to evaluate physician services payable under the Medicare Physician Fee Schedule (MPFS). RBRVS represents a cost blend of physician work, practice expense and professional liability (malpractice) insurance.

Reimbursement is calculated by multiplying these combined costs of a service by a conversion factor (a monetary amount determined by CMS) and communicated annually in the MPFS Final Rule. Payments also are adjusted by geographic practice cost index (GPCI). Physician work accounts for 50.9 percent of the total relative value for a procedure, practice expense is 44.8 percent and professional liability is 4.3 percent, totaling 100 percent for the relative value for each service. The conversion factor for 2019 is \$36.04.

MPFS includes RVUs that are established by these components for each provider service:

- Physician work includes time, difficulty and intensity of the service provided to the patient.
- Physician expense includes expenses such as rent, staff and equipment.
- Professional liability insurance costs.

To determine Medicare's payment for specific services, the RVU for these three components are modified by the GPCI factor and converted to a dollar amount by multiplying with the national conversion factor. The criteria for these components can be found at CMS.gov. The formula – how Medicare uses RVUs to calculate payment – is $\{[Work\ RVU \times Work\ GPCI] + [Practice\ Expense\ RVU \times GPCI] + [Malpractice\ RVU \times GPCI]\} \times Conversion\ Factor = Fee$

Table 1 uses an office visit as an example to illustrate how each component (practice expense, work and liability) has a separate RVU.

Table 1

CPT/ HCPCS	Description	Work RVUs	Non- facility* PE RVUs	Facility** PE RVUs	Malpractice RVUs	Total Non-facility RVUs	Total Facility RVUs
99213	Office/ outpatient visit established	0.97	1.05	0.40	0.07	2.09	1.44

* Non-facility is private clinic/office, non-hospital and non-ASC/surgery center setting or anywhere Medicare Part B is being billed.

** Facility is hospital, ASC, emergency room or anywhere Medicare Part A is being billed.

The facility component in the practice expense is lower than the non-facility because the provider is using the facility's supplies and equipment in which the facility bills separately for.



third-party payer reimbursement

Who creates RBRVS?

Since the introduction of RBRVS, the AMA has worked with national medical specialty societies to provide recommended updates and changes directly to CMS. Under the guidance of the AMA/Specialty Society RVS Update Committee (RUC), annual updates to the physician work, practice expense and professional liability insurance relative value recommendations are offered to CMS annually. Although RUC makes these recommendations, it is up to CMS whether these recommendations are accepted. The CMS final decisions are then communicated in the MPFS Final Rule every year.

What is relative value's effect?

When Medicare implements reimbursement policies, other third-party payers tend to follow in its footsteps. For example, just like Medicare, Blue Cross and Blue Shield may not allow separate reimbursement for anesthesia when performed by the operating surgeon. The anesthesia service is considered to be included – or “bundled” – into the reimbursement of the surgical procedure.

Along the same lines, many third-party payers have adopted the Medicare fee schedule and its relative value units as a baseline to create their own method for creating fee reimbursement. Instead of reimbursing according to UCR, payers may utilize Medicare's RVUs but use their own unique conversion factor or formula.

If a practice's UCRs tend to differ greatly from other third-party payers, be sure to inquire how the carriers determine their particular fee schedules. Although each carrier's method may vary, it is considered best practice to re-evaluate a practice's contracted fee schedules yearly and ensure the rates are within an acceptable range.

Many hospitals and provider groups also may utilize an RVU system to calculate compensation or bonuses for physicians on staff. Some facilities use Medicare RVUs but assign unique conversion factors to their formula, and some set an RVU threshold that providers must achieve prior to receiving any payout.

CMS.gov provides pricing and relative value information via the Physician Fee Schedule Search at [CMS.gov/apps/physician-fee-schedule/search/search-criteria.aspx](https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx).



Dual insurance coverage can be tricky in determining which payer should be the first to cover services rendered. Unfortunately, there is no black-and-white answer for this dilemma, and each situation must be handled individually for each carrier. Submitting to both carriers at the same time – whether dual coverage for dental or dental and medical – is considered “double dipping,” which falls under fraud and abuse definitions.

Reaching out to both payers to determine coordination of benefits is recommended for each individual patient and insurance plan. In order for multi-coverage plans to process claims properly for reimbursement, claims should be submitted in the primary and then secondary order, with the primary supplying the secondary an explanation of benefits to support that proper deductions and calculations have been applied. ■

Practice Quotient, an ASI Approved Program, offers solutions to contract review and renegotiating services. More information can be found at PracticeQuotient.com/who-we-serve/oral-surgeons.

Coding changes for CDT, CPT, ICD-10-CM scheduled

Several coding changes are set to take effect next year.

Changes for CDT

The ADA Code Maintenance Committee met in March and accepted action requests for 63 changes, including 37 additions, 15 editorials, six deletions and five revisions. The inclusion of these codes will be added to CDT 2020 and take effect Jan. 1, 2020.

Among these codes of potential interest to oral and maxillofacial surgery are those for specific types of metal for implants and crowns; assessment of salivary flow by measurement; dental management for patients with special healthcare needs; and AAOMS's submission of "placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site." The code may be used to report the use of biological materials (e.g., gelfoam, collaplug) at the time of extraction for patients who are on blood thinners to decrease the risk of bleeding and allow for clot stabilization. The intended use of this code is that so it can be reported at the time of and/or after extraction.

Dxxxx placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site

This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with hemostatic agent to aid in hemostasis and/or clot stabilization.

At press time, the ADA had not released the final CDT code assignment for new codes. However, a summary of these accepted actions is at ADA.org/en/publications/CDT.

Changes for CPT

The CPT Editorial Panel Committee meets three times a year to make revisions, deletions and additions to the CPT codebook. The AMA provides a website that posts a complete list of panel action items from each meeting for public viewing at AMA-assn.org/about/cpt-editorial-panel/summary-panel-actions.

This year, the committee discussed changes to the office and evaluation codes for 2021 and accepted the three following new code proposals that are of interest to the oral and maxillofacial surgeon:

■ **Tissue-grafting Procedures** – **Accepted addition** of five new codes: 15X00, 15X01, 15X02, 15X03, 15X04, 15X05 for tissue grafting; **revision** of guidelines; and **deletion** of code 20926 and related parent.

■ **Online Digital Evaluation Service (E-Visit)** – **Accepted addition** of codes 9X0X1, 9X0X2, 9X0X3 in Evaluation and Management section to describe patient-initiated digital communications provided by physician or other qualified healthcare professional and added new subsection; **addition** of 98X00, 98X01, 98X02 in the Medicine section to describe patient-initiated digital communications provided by nonphysician healthcare professional and added new subsection; and **deletion** of 99444, 98969.

■ **Intermediate and Complex Repair Guideline Revisions** – **Accepted revision** of the Intermediate and Complex Repair guidelines to clarify the distinction between the two repair procedures.

The CPT codes were unavailable at press time; therefore, placeholder codes are shown until the 2020 CPT coding book is published.

Changes for ICD-10-CM

The recent ICD-10 Coordination Committee Meeting took place March 5-6. AAOMS submitted a series of 27 proposals describing "other specified site" under various existing code families for joint disorders; three new categories of codes for TMJ arthritis, arthropathy, and disorders of the TMJ ligament; and two proposals for osteoporosis-related pathological fractures of "other specified site." Previous proposals to expand these families of codes specific to the TMJ, maxilla and mandible were presented at the September 2017 Coordination and Maintenance Meeting although rejected by stakeholders.

Because no effective way to report these common TMJ disorders or pathological fractures of the jaw caused by osteoporosis exist, AAOMS submitted proposals for "other specified site" with the anticipation of resubmitting more specific proposals at a future date. At press time, it is unknown if AAOMS's proposals have been accepted, as the comment period ended May 12.

The final 2020 Inpatient Prospective Payment Rule included a series of ICD-10-CM and ICD-10-PCS codes presented at earlier ICD-10 Coordination Committee meetings.



for next year

Among codes from those meetings that are taking effect for 2020 of interest to oral and maxillofacial surgery include 60 new fracture codes for closed and open fractures of the orbital wall, specifying laterality and position around the eye and 18 new codes for poisoning, adverse effects or underdosing of multiple unspecified drugs, medicaments and biological substances. OMSs may purchase the 2020 ICD-10-CM now. The full 2020 code set also is available at [CDC.gov/nchs/icd/icd10cm.htm#FY%202020%20release%20of%20ICD-10-CM](https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202020%20release%20of%20ICD-10-CM).

New manuals available

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

ASI Approved Program Optum360 offers member discounts for purchasing new coding manuals. More information about these benefits is available at Optum360coding.com/standalones/AAOMS. ■

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers. CPT® only © 2019 American Medical Association Current Dental Terminology® (CDT) © 2019 American Dental Association. All rights reserved.

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Learn about all ASI Approved Programs in the ASI aisle at the AAOMS Annual Meeting in Boston – Booths 419 through 536

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



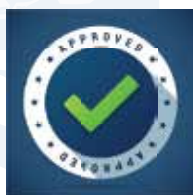
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Did you know that the non-dues revenue generated from SAS through the ASI Approved Program help fund AAOMS programs including those related to the advocacy of anesthesia, education, patient safety and simulation training? Help us protect your business and experience the exclusive AAOMS discounts at SAS.



AAOMS, ASI congratulate ASI member award honorees

Members who enrolled in six or more ASI Approved Programs before May 1 will be honored at the Opening Ceremony, Awards Presentation and Meeting Dedication on September 18 at the AAOMS Annual Meeting in Boston. The names of the 2019 honorees are printed in the awards ceremony playbill and posted in ASI Booth #526 in the Exhibit Hall. You also may find the list on the Share-the-Savings page of the ASI website.



To check out all 18 ASI Approved Programs, visit

AAOMSServices.org



Take Back Day, destroying controlled substances

Q What is National Prescription Drug Take Back Day? When is it?

A National Prescription Drug Take Back Day was created by the Drug Enforcement Administration (DEA) with the goal of providing a safe, convenient and responsible means of disposing of prescription drugs while educating the general public about the potential for abuse of medications.

The next National Prescription Drug Take Back Day is Oct. 26. During the event on Oct. 27, 2018, 5,839 collection sites gathered 914,236 pounds of prescription drugs. Since the event's inception in 2009, 10.87 million pounds of prescription drugs have been turned in. More information is available at DEAdiversion.usDOJ.gov.

Q What requirements exist for destruction of controlled substances by DEA registrants?

A Pharmaceutical controlled substances must be rendered "non-retrievable" in compliance with all applicable federal, state, tribal and local laws.

The DEA states "non-retrievable" means the condition or state to which a controlled substance shall be rendered following a process that permanently alters that controlled substance's physical or chemical condition or state through irreversible means and thereby renders the controlled substance unavailable and unusable for all practical purposes. It cannot be transformed to a physical or chemical condition or state as a controlled substance or controlled substance analogue.

DEA Form 41 details the registrant record of controlled substances destroyed. The registrant destroying the controlled substance(s) shall provide the DEA registration number and the name and address indicated on the valid DEA registration in addition to a current telephone number and a contact name (if different from the name on the valid DEA registration).

Inventory, collected substances, method of destruction and at least two authorized employee witnesses also must be documented on this form. DEA registrants are not required to submit this form to the DEA, unless requested to do so. However, the form must be kept as a record of destruction and be available by the registrant for at least two years.

More information is available at DEAdiversion.usDOJ.gov.

Q What resources are available for sharps safety training in the OMS practice?

A The CDC has published resources on its website to help healthcare facilities prevent needlestick and other sharps-related injuries to healthcare personnel. Included is a printable two-page document providing sharps safety tips and safety posters, which can be posted in a practice.

The CDC recommends organizing the work area with appropriate sharps disposal containers within reach, working in well-lit areas, receiving training on how to use sharps safety devices, assessing any hazards and getting help if needed prior to handling sharps. The agency also recommends keeping the exposed sharps in view, being aware of people around you, avoiding hand-passing sharps and employing verbal alerts when moving sharps.

The tip sheet also includes information on sharps disposal: be responsible for the used device; activate safety features after use; dispose of devices in rigid sharps containers (do not overfill containers); and keep fingers away from the opening of sharps containers.

More information and the tip sheet are available at CDC.gov/sharpsafety/tools.html.

Federal OSHA regulations require each practice location to have a written exposure control plan. OSHA provides related information in its Needlestick Safety and Prevention Act and Bloodborne Pathogens Standard. This information is available at OSHA.gov.

Related AAOMS resources are available in the *Model Medical Practice OSHA Exposure Control Compliance Plan and Training* in the e-store at AAOMS.org. ■

FALL 2019

“Working with Osteo Science Foundation has been transformative for us in getting our research off the ground and in generating preliminary data to help us be more competitive for NIH funding.”

Tara Aghaloo, DDS, MD, PhD

Professor of Oral and Maxillofacial Surgery, UCLA School of Dentistry and recipient of the Peter Geistlich Research Award



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Our work at Osteo Science Foundation is deeply rooted in our passion to unveil the true potential of regenerative medicine. That's why we've contributed over \$2,000,000 to research and education in Oral and CranioMaxillofacial Surgery since our launch in 2013. By investing in the power of forward-thinking research and by providing those within our specialty with the tools and knowledge needed for success, we are shaping the future of regeneration.

Meet the grant programs helping to define the next frontier of regenerative medicine

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

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

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

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

Research Application Submission Periods:

**October 1 - December 1
and April 1 - June 1**



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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.

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Success of the new Oral Certifying Examination

This past February marked the first Oral Certifying Examination (OCE) that used a new-and-improved format chosen by ABOMS.

Changes made include a shorter examination time and the introduction of more focused topics that do not involve a particular case. Seeing that the pass rate has gone up by about 15 percent from the past couple years, and positive feedback that has been received, this new format has proven to be an effective one.

The new examination structure consists of three surgery sections, each with four 12-minute cases, making the exam 144 minutes. This is significantly shorter and more efficient than previous years' examinations, which included four surgery sections and a total time of 200 minutes.

This change was brought about after consulting with the Board's psychometrician, who helped find the best way to evaluate a candidate's critical-thought process.

Focused Additional Short Topics (FAST) also were introduced to the OCE. These include portions of oral and maxillofacial surgery that are not otherwise well-represented on a given exam day.

They help balance the content from one day to the next during the OCE week.

The examination structure change is not the only improvement made. Next year will be the first year the OCE will be administered in its new location of Raleigh, N.C. Raleigh's test center will elevate the examination to its next level with iPad capabilities and more efficient methods for delivery and test scoring.

ABOMS looks forward to its continued success with the updated OCE. Applications are now available online in candidate profiles at ABOMS.org through Sept. 5. ■

At the AAOMS Annual Meeting

ABOMS Certification Maintenance Open Forum

When: Noon to 1 p.m. Sept. 20

Where: Harbor Ballroom III, Westin Boston Waterfront Hotel, Boston, Mass.

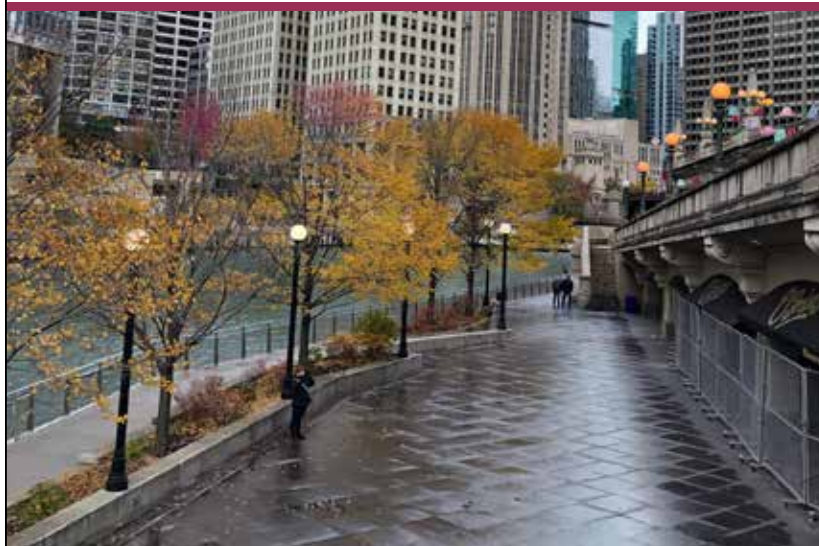


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Five insurances to explore as a newly minted dental

By Shawn M. Johnson, ChFC, CLU, CLTC

Vice President, Business Development

Treloar & Heisel, Inc.

If you are just getting started in your dental career and have chosen to join an existing practice as an associate – congratulations. While joining an existing organization as an employee eliminates much of the responsibility and risk associated with practice ownership, there are still areas in your life where you will want to manage risk.

These are five types of insurance – at a minimum – you should explore and likely secure as you embark on your new career.

Health insurance

Employers seeking top talent understand that an attractive benefits package includes excellent medical coverage and other supplemental benefits alongside market-competitive compensation. Sometimes, though, there is a gap between when existing health insurance coverage ends and when the new employer's medical plan kicks in.

Even if only days remain before you become eligible for health insurance through your new employer, be sure you have a stopgap measure in place. If something were to happen to you, unforeseen and substantial medical expenses could radically affect your life. A "bandage" solution may be a catastrophic policy that can address extreme medical issues. A health insurance broker will be able to advise you on how to obtain this type of coverage.

Another potential solution is to speak with your existing employer (if you are employed and have access to medical coverage) to see if you can continue with your existing plan temporarily, even after your employment terminates. This type of continuation is often referred to as COBRA.

Disability income insurance

Yes, you have heard it before, but if you have not obtained it yet, it may be in your best interest to do so as soon as possible.

Why? Because your ability to earn an income is based on your good health, and chances may be high that your health will

never be better than it is today. Securing insurance today means that you get to lock in your health.

Insurance also is generally least expensive when you are young, and you will never be younger than you are today, so now is likely the best time to get it.

Dentistry in particular is a very physically demanding job. Whether it is your hands, back, neck or arms – your physical wellbeing is paramount to your ability to practice. It is important to protect all of you, right from the start. What may be an inconvenience to someone in a less physical occupation may be career-threatening to a dental specialist.

You may be familiar with the phrase "health is wealth." Well, it could not be truer for a dental specialist.

Malpractice insurance

Malpractice insurance (also known as professional liability insurance) should be purchased prior to seeing your first patient in practice. A professional liability policy may provide coverage for the payment to a plaintiff in a malpractice claim and, perhaps even more importantly, provides you access to the insurance company's experience in your malpractice defense.



associate

Consequently, it is important to choose a company with the best policy language and a strong reputation in the courtroom.

Life insurance

If you are single or think you are too young and, therefore, do not need life insurance, think again. If you love somebody or you owe somebody, you probably need life insurance. If you love somebody, chances are you will want him or her to be well taken care of should you not be there to provide. Life insurance can provide financial peace of mind, stability and security for loved ones.

If you have borrowed money, you will want to consult with your lender to see if your loan will be forgiven in the event of your death or if your heirs will end up needing to pay them back.

Federal student loans and private lenders may differ in their standards, so make sure to check. In addition, if you intend to borrow money to purchase a practice, lenders will often require you have life insurance.

Renter's (or homeowner's) insurance

If you rent or own your home, it is a good idea to make sure you have coverage for your personal property as well as personal liability coverage. Even if you "just" rent, imagine if you had to replace everything you own, potentially in the event of a fire. It could be extremely costly – considering clothes, everyday appliances and tools for living, not to mention electronics such as computers, phones, tablets, etc. Renter's insurance is relatively affordable and an often worthwhile investment.

Good luck with your new position and remember: spending a little bit of time to address the potential risks you face may reduce a lot of potential anxiety in the future. You might agree that prevention is better than a cure. ■

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COMMUNICATIONS



Nominations due in November for 2020 Editorial Board of *Journal*

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

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

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

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

ADVANCED EDUCATION



Conference to prepare OMS residents for transition to practice life

The 2020 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the transition to practice.

This residents-only event will be held Feb. 8-9 at Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Topics will include:

- Leadership, practice models and early-career prep

- Understanding contract negotiation
- Coding and billing



2020 Resident Transitions into Practice Conference:
Preparing for Post-residency Life
Feb. 8 – 9 | Rosemont, Ill.

The conference includes a reception and exhibits at AAOMS headquarters the evening of Feb. 8.

More information is at AAOMS.org/Transitions.

COMMUNICATIONS



Interesting patient cases wanted

AAOMS Today is seeking members to share their stories about interesting patient cases for a future article in the member magazine. OMS members can email a story idea to strotto@aaoms.org.

CONTINUING EDUCATION



Speaker applications due soon

Submissions are 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 is The Digital Workforce: Improving Efficiency and Safety for our Patients.

The application is available at AAOMS.org/Speakers. Questions can be emailed to conteducate@aaoms.org.

MEMBERSHIP



Online job board for OMSs is offering discount on job postings

AAOMS CareerLine will offer a 20 percent discount off all job postings through Sept. 21. The promotion runs through the Annual Meeting, where CareerLine representatives will discuss employment needs and answer questions. During the promotion, visit Store.HealthECareers.com/AAOMS to post a job online, and enter AAOMS2019 at checkout to receive the discount.

The official online job board for OMSs, CareerLine offers a place for candidates and employers to connect. For employers, CareerLine provides exposure to hundreds of qualified OMS candidates, including access to a resume

database. For job seekers, CareerLine offers access to more than 180 job listings,


CAREERLINE

featuring enhanced profiles to learn more about employers before applying. Job alerts can be set up to notify users about new postings that match search criteria. Career advice, news articles and e-newsletters with information on industry trends also are available.

Additional information is available at HealthECareers.com/AAOMS or AAOMS.org and by calling 888-884-8242.

CONTINUING EDUCATION



Meeting credit can be claimed

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



At AAOMS.org/MyCE, select 2019 Annual Meeting. Registrants will need their eight-digit ID/registration number (located on meeting badges) and last name to log in. If a unique email address is not on file, the registrant will be prompted to enter one before signing in. Once logged in, Browse by Day and the desired session should be selected and the Evaluate button clicked.

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

COMMUNICATIONS



Book authors sought for story

AAOMS Today is looking for members who are authors of books other than textbooks. Those who are an author of a book that is fiction or nonfiction and is not a textbook and are interested in being featured in an upcoming issue of the member magazine of AAOMS can email their information to strotto@aaoms.org.

COMMUNICATIONS



Stories to feature OMS service

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 email their information to strotto@aaoms.org.

OMSQOR



AAOMS national registry gathering data from participating practices

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 can be directed to the AAOMS membership department at membership@aaoms.org or 800-822-6637. General questions about OMSQOR can be emailed to 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 OMSQOR.AAOMS.org/DAIRS. For more information, contact dairs@aaoms.org.

CONTINUING EDUCATION



Webinars to focus on skin care

A three-part webinar series – Skin Care to Skin Cancer: Management of Facial Skin for the OMS – will be offered the first three Thursdays in October.

The Oct. 3 session will cover anatomy of the face and skin, resting skin tension lines, differential diagnosis of lesions and how to block the face. Surgical management of facial skin pathology – including melanoma, moles and squamous cell – will be reviewed Oct. 10. The Oct. 17 session will delve into management of facial skin using lasers, chemical peels, microneedling and more.

To register, visit PathLMS.com/AAOMS.

MEMBERSHIP



Members asked 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, office information and degrees are correct, and they are included in the appropriate directories on MyOMS.org (public-facing) and AAOMS.org (members-only).

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.



AAOMS Opportunities

2019

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.

Dec. 6–7

Anesthesia Assistants Review Course

Sheraton Grand Chicago in Chicago, Ill.

Dec. 7

Anesthesia Assistants Skills Lab

Sheraton Grand Chicago in Chicago, Ill.

2020

Feb. 8–9

Resident Transitions into Practice Conference

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

March 24–25

Day on the Hill

Renaissance Washington, D.C. Downtown Hotel in Washington, D.C.

Regional & State Society Meetings

2019

Sept. 14

Louisiana Society of OMS Annual Meeting in conjunction with annual implant seminar

L'Auberge Casino Hotel in Baton Rouge, La.

Oct. 25–27

North Carolina Society of OMS Meeting

Belmond Charleston Place in Charleston, S.C.

Nov. 1–3

Florida Society of OMS Annual Meeting

The Breakers Palm Beach in Palm Beach, Fla.

Nov. 6

Middle Atlantic Society of OMS Fall Meeting

Turf Valley Resort in Ellicott City, Md.

Nov. 10

New York Society of OMS Meeting

Weill Cornell Medicine in New York, N.Y.



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.)



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



J. David Johnson Jr., DDS
Treasurer

“The Board feels strongly that these strategic investments will provide significant payback in the years to come.”

TREASURER'S ACCOUNT

Reflecting on the last four

In my opening invocation for the 2011 AAOMS House of Delegates, I listed a number of aspirations for that governing body, including the following: *“...to maintain the highest and strictest requirements of fiduciary duty, managing prudently, using nothing for our sole benefit, and always returning that which has been given to our care and custody back in as good or better condition.”*

As my term as AAOMS Treasurer draws to a close, I reflect on the actions that were taken to maintain the financial health of our organization – actions taken to fulfill the aspirations of my 2011 prayer.

Though sometimes difficult, these measures have been necessary to ensure the Association's future financial stability. Each fiscal decision has been carefully weighed in light of the following three considerations:

- Value in terms of member benefit
- Constraints of fiscal realities (living within the means of the organization)
- Pursuit and implementation of grand visions for the future of our specialty

The AAOMS Board of Trustees has constantly referred to the central documents of our Association. The AAOMS Bylaws, which define our organizational process; our Strategic Plan, which identifies our aspirations; and our Budget, which verifies our actions. We have worked hard to keep these three pillars of our Association reconcilable as we have balanced value, fiscal constraints and grand visions.

AAOMS's operating reserves are key to the Association's ability to fund the new and innovative programs and member benefits that distinguish us from many other healthcare organizations.

At the start of my term, our operating reserves – consisting of cash and investments – made up 72 percent of assets and totaled \$17.3 million. By December 2018, reserves had grown to \$26 million.

While not completely immune to market fluctuations, our strong reserve position enables the Association to ride out the volatility in the investment markets, such as the declines seen in late 2018.



years as Treasurer and our financial health

Most importantly, our policies ensure the Association will have sufficient reserves if and when AAOMS should have to utilize those resources. The operating reserves are generally used to cover unexpected emergencies and short-term opportunities, replace fixed assets, maintain operational flexibility and offer the Association financial flexibility.

Recently, the Association was presented with unique opportunities to make strategic investments that will provide the framework for future returns for both the Association and the specialty. The Informational Campaign, the development of the OMS Quality Outcomes Registry (OMSQOR), the purchase of a new association management system and upfront funding for an enhanced OMS simulation education program (the AAOMS National Simulation Program) made up some of the opportunities presented to the Association.

The Board feels strongly that these strategic investments will provide significant payback in the years to come.

Currently, construction of the OMS Institute for Education and Innovation is underway in the recently vacated second-floor space of the headquarters building in Rosemont, Ill. This project will use approximately \$2.5 million from reserves but should provide long-term payback from cost savings from courses anticipated to be held at headquarters, which will help ensure course fees remain reasonable and accessible. Without a strong reserve position, this project would not be possible.

Guided by the Strategic Plan with input from AAOMS committees, staff and contractual partners, the AAOMS Finance and Audit Committee spends two days each spring crafting the operating budget for the coming year. This process is not as easy as you might imagine. Each budgeted activity must be evaluated against its value to the membership, given limited funding.

The Board of Trustees strongly believes in not repeatedly drawing upon reserves for operating expenses. This led to the difficult decision to recommend the implementation of an assessment for the AAOMS Informational Campaign in 2017. While the campaign has been successful, its cost has been between \$1.6 and \$1.8 million each year.

Reserves would quickly drop below the target level of 60 percent of operating expenses, or other program services would need to be cut, to continue to fund the campaign at this level indefinitely without increased revenue. A continuation of the assessment is recommended for 2020.

In this, my last column as your Treasurer, I want to take the opportunity to thank the AAOMS Board of Trustees, the members of the Finance and Audit Committee and the staff for the support they have given me during these last four years. I would especially like to acknowledge the talent, hard work and dedication of AAOMS CFO Kimberly Molley and each member of the finance department: Michelle Mahoney Singh, Tracy Macino, Maria Aguirre and Cristina Iosup.

It has been an honor to serve as your Treasurer, and I am pleased to hand over the finances to your incoming Treasurer in a strong position to ensure the financial stability of your Association. ■

Health mission trip to Guatemala inspires member

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.

Grant Hogan, DDS, MD, and his wife, Rhonda Hogan, DMD, a pediatric dentist, practice next door to each other in offices in Suwanee, Ga. He is in Suite 100. She is in Suite 150.

Yet the couple never worked together in the operating room – at least, not until a weeklong health mission trip to Guatemala last year.

The OMS, his wife and their team treated 124 children during their visit to the impoverished Latin American country. Dr. Grant Hogan regularly has volunteered at events, clinics and universities in the United States since completing his residency in 2006, but Guatemala was his first international health mission.

"I just really enjoy being able to apply the things that I've learned to help people who need it the most," he said.

Dr. Hogan and his team – which consisted of four pediatric dentists, including his wife – worked with the full-time medical staff at the Moore Pediatric Surgery Center in

Guatemala City to treat as many children as possible. After screening patients, the team cared for patients over four days.

While the pediatric dentists filled caries and performed other oral care, Dr. Hogan bounced between rooms performing extractions and frenectomies on patients who traveled long distances to the clinic.

"It was a long week of tough days," Dr. Hogan said, "but it was extremely gratifying and uplifting."

Dr. Rhonda Hogan said the team was able to perform more complicated procedures – such as treating an impacted, unerupted molar – with an OMS present.

"To have the skillset of an oral surgeon in the OR with you is great," Dr. Rhonda Hogan said. "It allowed us to work more efficiently, and it allowed us to bring more people through the OR."

The Hogans decided to join the health mission after a colleague shared her volunteer experience with The Shalom

Foundation, a nonprofit that provides complimentary medical and surgical care to impoverished children in Guatemala through its Moore Pediatric Surgery Center, where volunteer medical mission teams collaborate with local medical specialists.

"It was our goal to be able to utilize the skills and knowledge we had acquired to be able to help people in need," Dr. Rhonda Hogan said. "The fact we could go serve together and each use the skills we have to care for these kids was a great experience."



Drs. Grant and Rhonda Hogan treated more than 100 children during a mission trip to Guatemala.



and his wife



Dr. Rhonda Hogan with a patient in 2018 in Guatemala.

The Hogans are returning to Guatemala with The Shalom Foundation in September, and Dr. Grant Hogan said he plans to make this an annual trip. He also hopes it becomes a full family experience one day.

"In this me-first world, I hope to show people that giving back is where true joy is," Dr. Grant Hogan said. "I really want to instill this in my young children, and I hope that my wife and I are able to bring our children on these mission trips in the future."

Dr. Grant Hogan said few in the world possess the skills and knowledge of an oral and maxillofacial surgeon.

"So I encourage everyone to use those skills to help others in need," he said. "If you want a life-changing experience, get out there and volunteer, even if it's just locally within your community." ■



Impact the future of your practice and the OMS specialty

Participate in the AAOMS clinical data registry, OMSQOR®

The OMS Quality Outcomes Registry will:

- Benchmark your practice and provider data to aggregated data from your peers.
- Help identify variation in patterns in your practice.
- Uncover areas to target for quality improvement activities.
- Lead to valuable outcomes research.

Visit **AAOMS.org/OMSQOR** to learn more and sign up.



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

Support for your busy practice, every step of the way

AAOMS Practice Management resources are specifically designed to help OMSs through their careers – from purchasing a practice to retiring and selling.

Starting

- *Practice Management Manual: A Guide to Managing the OMS Office*
- *Insurance Manual: Comprehensive Billing and Reimbursement Manual for the OMS*
- *Model Medical Practice Personnel Policy Manual and Workplace Harassment Training Compliance Plan*
- *Complete HIPAA Compliance Plan and Guide*
- *Model Medical Practice OSHA Exposure Control Compliance Plan and Training*

3rd
Edition
Coming
Soon!



Growing

- *Office Design & Construction for the Oral and Maxillofacial Surgeon, 3rd Edition*
- *Oral and Maxillofacial Surgery Buy-Ins and Pay-Outs*



Retiring

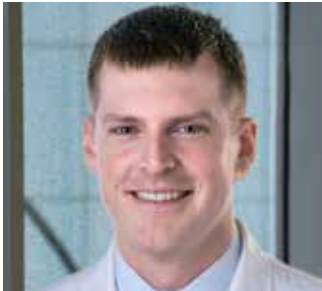
- *Selling Your Oral and Maxillofacial Surgery Practice*
- *Retirement Planning for the Oral and Maxillofacial Surgeon*



Find product details and order online at **AAOMSstore.com**.



Dr. Hammer named to ADA 10 Under 10



Dr. Hammer

Daniel Hammer, DDS, has received one of the ADA's annual 10 Under 10 Awards, which honor dental professionals who demonstrate early-career excellence.

The recipients were selected for their impact in advocacy, education, leadership, philanthropy,

practice, research and science. The ADA New Dentist Committee chose the winners – who are active ADA members who graduated between 2009 and 2018 – from more than 120 nominations.

Dr. Hammer is a maxillofacial oncology and reconstructive surgery fellow with JPS Health Network in Fort Worth, Texas, and Lieutenant Commander in the Dental Corps of the U.S. Navy. He is researching a nonoperative treatment of medication-related osteonecrosis of the jaw.

Dr. Marks receives lifetime achievement award



Dr. Marks

Ronald Marks, DDS, has received the Lifetime Achievement Award from the Southeastern Society of Oral and Maxillofacial Surgeons.

He was honored at the society's annual meeting in Killarney, Ireland. Dr. Marks also was named the inaugural LSU Oral and

Maxillofacial Surgery Alumnus of the Year award earlier this year. The Jack Kent Oral and Maxillofacial Surgery Foundation Board of Directors established the award to honor alumni of the LSU OMS program who have significantly contributed to the specialty.

Dr. Marks served as AAOMS President and SSOMS President in 1993.

Dr. Cunningham named chair, associate dean



Dr. Cunningham

Larry Cunningham Jr., DDS, MD, FACS, has been appointed chair of oral and maxillofacial surgery and associate dean for hospital affairs at the University of Pittsburgh Dental School and UPMC in Pittsburgh, Pa.

Previously, he served as professor and chief of

oral and maxillofacial surgery for 18 years at the University of Kentucky.

Dr. Mercuri elected chapter president



Dr. Mercuri

Louis G. Mercuri, DDS, MS, has been elected president of the U.S. chapter of the Institute of Biomaterials, Tribocorrosion, and Nanomedicine. The institute contributes to the advancement of scientific knowledge in biomaterials for dependable and multifunctional implants.

Dr. Mercuri is visiting professor in the department of orthopedic surgery at Rush University Medical Center in Chicago and formerly was chair of oral and maxillofacial surgery at the University of Illinois at Chicago College of Dentistry and Loyola University Medical Center. His research has explored alloplastic temporomandibular joint replacement as well as diagnosis and management of TMJ disorders.

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

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.

Louisiana

LSU Health New Orleans School of Dentistry is seeking applicants for a full-time faculty position in the tenure or clinical track at an assistant professor level in the Department of Oral and Maxillofacial Surgery. The OMS department's primary responsibility is the training and development of pre- and postdoctoral levels students and residents as well as meeting the OMS treatment needs of the community. Our 6-year integrated OMS-MD residency program is regarded as one of the busiest and best CODA accredited training programs in the country. The LSU School of Dentistry has a long history of recruiting quality students/residents and graduating top-rated clinicians. Major responsibilities include didactic and clinical teaching at the pre- and postdoctoral levels, providing didactic instruction and clinical supervision for residents, externs, medical and dental students in the LSU School of Dentistry, University Medical Center and affiliated hospital clinics and operating rooms. A past record of scholarly activity is desirable, and the pursuit of scholarly activity is expected. Numerous

opportunities for collaboration exist within the school of dentistry and the LSU Health Science Center at New Orleans. LSU Health is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans. <https://www.lsuhs.edu/Administration/hrm/CareerOpportunities/Home/Detail/3462>

Louisiana

LSU Health New Orleans School of Dentistry is seeking applicants for an OMS Undergraduate Program Director. The position is a FT faculty position in the tenure or clinical track at an assistant/associate professor level in the Department of Oral and Maxillofacial Surgery. The OMS department's primary responsibility is the training and development of pre- and postdoctoral level students and residents as well as meeting the OMS treatment needs of the community. Our 6-year integrated OMS-MD residency program is regarded as one of the busiest and best CODA-accredited training programs in the country. The LSU School of Dentistry has a long history of recruiting quality students/residents and graduating top-rated clinicians. Major responsibilities include didactic and clinical teaching at the pre-doctoral level, providing didactic instruction and clinical supervision, curriculum development, academic committee participation and mentorship for dental students in the LSU School of Dentistry. Applicants may also



Department of Oral and Maxillofacial Surgery Massachusetts General Hospital is seeking an **Pediatric Oral & Maxillofacial Surgeon** Full Time Faculty Position

Massachusetts General Hospital, a major Boston teaching hospital and affiliate of Partners HealthCare, Inc., and the Harvard School of Dental Medicine seeks a full-time faculty member to serve as Assistant/Associate Professor of Oral and Maxillofacial Surgery at the Harvard School of Dental Medicine.

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.

The position, requires an outstanding clinician and teacher who would supervise residents and trainees for broad scope oral and maxillofacial surgery, from dentoalveolar to major trauma reconstruction with a special interest in Pediatric Maxillofacial Surgery. The candidate will have a role at MassGeneral for Children and the Shriner's Hospital.

Please express your interest by August 1, 2019.
Interested candidates should submit a letter of application and curriculum vitae to:

Dr Maria J. Troulis, Chair
Oral and Maxillofacial Surgery 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.



Full Time Faculty Position Translational Scientist Department of Oral and Maxillofacial Surgery Massachusetts General Hospital and Harvard School of Dental Medicine

Seeking a Board certified or eligible Oral and Maxillofacial Surgeon who is a translational scientist, to augment the department's research efforts in the areas of: bone biology, tissue engineering and rare jaw tumors. In addition, the person would practice full-scope oral and maxillofacial surgery (approximately 50% percent, depending on grant availability).

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

Interested candidates should submit a letter of application and curriculum vitae to:

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



participate in the Dental Faculty Practice supported by the LSU HealthCare Network, provide call coverage at our level 1 trauma facility, University Medical Center and affiliated hospitals as well as the LSU School of Dentistry. LSU Health is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans. <https://www.lsuhs.edu/Administration/hrm/CareerOpportunities/Home/Detail/3463>

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, 635 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.

Michigan

The University of Michigan School of Dentistry is seeking applications and nominations for a full-time clinical faculty position in the Department of Oral and Maxillofacial Surgery. Responsibilities will include direct patient care, predoctoral and postdoctoral didactic and clinical teaching, scholarly activity as well as engagement in university service at the department, school and university levels. The ideal candidate should have excellent clinical and interpersonal skills, be passionate about pre- and postdoctoral education and have an interest in leadership opportunities. Academic rank and salary will be commensurate with qualifications and experience. Candidates must possess a DDS/DMD or equivalent degree and must have completed a residency in oral and maxillofacial surgery. Candidates should be eligible to acquire a license to practice dentistry in the state of Michigan. The Department of Oral and Maxillofacial Surgery, established in 1917, is one of the first training programs in the country and remains internationally renowned for excellence in the specialty. The University of Michigan School of Dentistry and the University of Michigan recognize and value contributions to diversity, equity and inclusion (diversity.umich.edu). We encourage applicants to comment in their cover letter and their statements on how their experience and leadership have contributed to enhancing diversity, equity and inclusiveness or their potential to make contributions in this area. Applicants should submit a curriculum vitae, statement of interests and goals and names of three references via a secure website: facultyrecruiting.dent.umich.edu. Applications will be accepted and evaluated on an ongoing basis until the position is filled. Questions may be directed to the search committee chair: Sharon (Ron) Aronovich, DMD, FRCD(C), clinical assistant professor, 734-763-5963, saronovi@med.umich.edu, or to Katrice Yarrington, search committee staff member, kyarrington@umich.edu. The University of Michigan is an EEO/AA employer.

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

continued on next page




Full Time Bone/Cell Researcher
Department of Oral and Maxillofacial Surgery
Massachusetts General Hospital and
Harvard School of Dental Medicine

Seeking a bone biologist to augment the department's research efforts in the areas of: bone biology, tissue engineering and rare jaw tumors. Existing grant support is preferred.

The researcher would actively partake in all of the department's research initiatives, supervise dental and medical students as well as graduate and post graduate students.

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

Interested candidates should submit a letter of application and curriculum vitae to:

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

Faculty Positions

continued from previous page

serving both children and adults. The range of services we provide includes (but is not limited to) corrective jaw surgery, wisdom tooth removal, facial injury treatment and dental implant procedures. Highlights of this outstanding opportunity include: potential for transition into program director role; substantial incentive program; highly competitive benefits package including paid malpractice and relocation allowance. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century healthcare workforce, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serve Nebraska and its communities through award-winning outreach. The successful candidate must be an MD/DO (or equivalent degree) who is board certified in oral and maxillofacial surgery. Candidates should have outstanding interpersonal skills along with enthusiasm for patient care, medical student and resident education. Applications are currently being accepted online at unmc.peopleadmin.com/postings/42661. Individuals from diverse backgrounds are encouraged to apply.

New York

The Department of Oral and Maxillofacial Surgery at Montefiore Medical Center is seeking applications for a full-time faculty position. Salary and rank will be commensurate with qualifications and experience. Responsibilities include clinical and didactic teaching of residents, 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 New York state dental license and be a graduate of a CODA-approved American or Canadian dental school/oral and maxillofacial surgery residency program. Montefiore is an equal opportunity/affirmative action employer. Interested candidates should send a letter of intent and curriculum vitae to Dr. Jairo Bastidas, Program Director, email: jbastida@montefiore.org.

Pennsylvania

Temple University Kornberg School of Dentistry is seeking applicants for a full-time faculty position in the clinical-track at an assistant or associate professor level for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Major responsibilities of this position will include didactic and clinical teaching at the pre- and postdoctoral levels, in addition to direct patient care at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association and must have successfully completed advanced training in oral and maxillofacial surgery at a CODA-accredited institution. Applicants must be eligible for full

licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Expertise in predoctoral education and full-scope of oral and maxillofacial surgery with emphasis on office anesthesia, sleep apnea and orthognathic surgery are highly desirable. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae and three references to: Mehran Hossaini, DMD, mhossaini@temple.edu, Professor and Chair, Department of Oral and Maxillofacial Pathology, Medicine, Surgery, Temple University, Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140.

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.

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 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 2020. 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.

continued on next page

Fellowships Non-CODA

Accredited *continued from previous page*

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 12-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, 2020, through June 30, 2021. 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 (CCOFS) is located in Charlotte, N.C. CCOFS is a 14-surgeon practice with six offices in N.C. and two in S.C., with most 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 Aug. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers a one- to two-year clinical and research experience in complex craniomaxillofacial reconstructive surgery for fully trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The training program is based in the Duke University Department of Surgery's Division of Plastic, Maxillofacial, and Oral Surgery. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus of the fellowship will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. For more information, contact colleen.mcdowell@duke.edu.

Oregon

The Head and Neck Surgical Associates (HNSA) and the Head and Neck Institute (HNI) are offering as 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). We are now accepting interested candidates for the 2020-2021 academic year. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Oregon, and covers advanced training in head and neck surgery, maxillofacial trauma, and airway management. The faculty includes Dr. Eric Dierks, DMD, MD, FACS, Dr. Bryan Bell, DDS, MD, FACS, Dr. Allen Cheng, DDS, MD, FACS, Dr. Ashish Patel, DDS, MD, FACS, Dr. Melissa Amundson, DDS, FACS, and Dr. Caitlin McGraw, DDS, MD. 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, 2021, to June 30, 2022. 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 Klooststra, DDS, MD, Director, CAMC Cleft and Craniofacial Center, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email paul.klooststra@camc.org and natalie.sims@camc.org; fax 304-388-2951.

Available Positions

Arizona

Well-established, busy oral and maxillofacial surgery multi-office practice seeking associate in Tucson area. Board-eligible/-certified position available for partnership. New state-of-the-art facilities and equipment. Emphasis on referral compatibility and quality care. Send CV to AAOMS Box A-042519.

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 mdallard2017@gmail.com.

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.oral surgery@gmail.com.

California

High-end northern California oral and maxillofacial surgery practice is seeking an associate. Full- or part-time position available. Stunning newly built building on waterfront property with state-of-the-art equipment, CBCT imaging, digital scanners and more. Full-scope office is grossing \$2.2 million on 3 days a week with 50% of procedures from implants. Excellent opportunity for growth and buy-in option is available. Hard-working, experienced auxiliary staff currently employed with good referral rapport. Candidates should reply via email with their attached CV to drdan73@protonmail.com.



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 and nfantovrn@aol.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

South Florida Oral & Facial Surgery is currently seeking a board-certified/board-eligible associate with the opportunity to buy into our well-established, rapidly growing west Fort Lauderdale location. Practice was established 20+ years ago. We are a fee-for-service practice and also participate with only PPO insurance plans. Focused on dentoalveolar, implant reconstruction and pathology. Endless opportunity to add orthognathic and TMJ if desired. For more information on our practice, please visit

www.OralFacialCosmeticSurgery.com. Contact Denise@DrSawisch.com with inquiries.

Florida

Excellent opportunity in northeast Florida for an OMS who is board certified or an active candidate for board certification. Busy, well-established, high-quality, full-scope practice. Senior partner retiring 1-2 years. Two-surgeon, three-office practice. Seeking motivated and personable associate leading to partnership. Please reply with CV to AAOMS Classified Box A-4454.

Florida (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 omadoc@gmail.com.

Illinois

Full-scope OMS practice in the northern suburbs of Chicago seeking a board-certified/eligible OMS. Full-time and part-time associate positions available. Partnership opportunity available for a motivated individual. Flexible schedule and excellent salary and benefits. Reply to AAOMS Classified Box A-061019.

Illinois

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

Available Positions

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Kentucky

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

Maryland

Immediate and summer positions (2020) are available for Associates leading to fast-track partnership 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 DC. 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

Offering an opportunity for an oral & maxillofacial surgeon to join a well-established, multi-office practice in Baltimore City and County. Leading to a full partnership. Email resume to dentalapplicant1900@gmail.com.

Maryland

Well-respected, long-established, fully equipped, two-office practice in growing Metro D.C./Baltimore area. Motivated board-certified/eligible individual for associateship or practice buy-in/out. Must be proficient in all phases of OMS. Competitive salary with production incentives plus benefits. Reply OMSadrecruit@gmail.com.

Maryland/Washington, D.C., Metro Area

Busy, comprehensive OMFS practice looking for an immediate and summer 2020 full-/part-time surgeon in the DC/MD area. Must be board-eligible/-certified. Compensation will be on a commission basis. Additional benefits are included. Send CV to velvel18@aol.com.

Massachusetts

Career opportunity for OMS board-certified or active candidate for certification. Associate position, fast-tracked to partnership, in well-established, full-scope, two-location OMS group. Desire outgoing, friendly personality. Excellent compensation. Close to Boston and its renowned cultural, educational and recreational offerings. Email CV to hresbah@gmail.com.

Michigan

Plymouth Oral & Facial Surgery, PLC, a long-standing, successful and well-respected, busy OMS group practice with three locations, is seeking a full-time, board-eligible/board-certified oral surgeon. We have offices in the Plymouth, Ann Arbor and Chelsea, Mich., areas, and our communities have excellent public and private school opportunities. All of our offices are within a short commute to a number of cities that provide outstanding cultural and sporting events. Our offices are equipped with state-of-the-art equipment, including CBCT machines, intra-oral scanners and a CO2 laser. We have a dedicated staff, including a full-time marketing coordinator. Our surgical assistants are highly skilled in assisting and DAANCE-certified. Our practice promotes continuing education of our doctors and employees. We are entering our fifth year as hosts to a Seattle Study club-based study club. We have a very strong referral base supported by excellent referral relationships throughout the area. It is important that our candidate is friendly, honorable and respectful of our practice and our dental community. Our new surgeon will promote a team attitude and place patient care first. We are offering a full-time position (4.5 days) with a competitive compensation package, including health insurance, 401(k) and a CE stipend. Interested applicants should email your CV with contact information to JeffWasielewski@gmail.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

A fabulous opportunity is available due to the forthcoming retirement of a senior partner. A full-time position fast tracking to a well-defined equal partnership is planned to provide a career with long-term stability. We have a well-established, ever-evolving practice that is 32 years old. It consists of three progressive doctors of excellent reputation who encourage a collegial relationship. We are committed to quality patient care founded upon a very large, dependable referral base. Practice emphasis is on dentoalveolar surgery, third molars, implants and office anesthesia. There is unlimited potential to expand the scope of our practice if desired. Our three offices are state-of-the-art



and well-equipped with digital imaging, CBCT and intraoral scanning. Please email resumes to tkolb@coastaloralsurgerynj.com.

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 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

If you are motivated and understand what it takes to cultivate the optimal patient experience each and every time, please contact us. We are a well-established and still rapidly expanding full-scope, multi-office practice minutes from NYC with a focus on office-based oral surgery and affiliations at some of the region's most prestigious hospitals. We are the official oral surgeons of the New Jersey Devils, and we are seeking a full-time BC/BE partnership-minded associate to join our team with huge potential for more. info@riversideoralsurgery.com

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

PT oral surgeon position available (2 days/week) for well-respected, high-end and modern OMFS practice in NNJ, approximately 45 minutes west of NYC. No call required, and possibility for FT transition for the right individual. Production-based position, malpractice coverage and daily minimum. Respond to AAOMS Classified Box A-060319.

New Jersey

Associate position available for three practice locations in southern New Jersey. Board-certified/board-eligible preferred. Part-/full-time available. Interest in partnership transitioning into ownership preferred. Practice locations: Linwood, N.J.; Cape May Courthouse, N.J.; and Maple Shade, N.J. Call 609-350-5233 or email benaifer3@hotmail.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 (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 Carolina

Oral and maxillofacial surgeon desired for well-established, flourishing oral surgery and dental implant practice. The practice has the ability to perform the full scope of oral and maxillofacial procedures. The facility is equipped with state-of-the-art equipment and is due to expand. Applicant should be board-certified/eligible, possess excellent interpersonal skills, work ethic and have a compassionate patient care philosophy. Candidate also should be dedicated both professionally and socially to develop presence within the dental and medical community. Available technologies include cone-beam CT, multiple implant systems, PRF centrifuge systems, piezosurgery and general anesthesia capabilities. The office is located one block from a regional medical center. The practice is located in the greater Fayetteville region of North Carolina and is located 1 hour from Raleigh and 1 1/2 hours to the North Carolina coast and serves over 10+ surrounding counties. Please email resume to bspell@sandhillsoms.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 one hundred 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.

Available Positions

continued from previous page

Ohio

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

Pennsylvania

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

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.

South Carolina

Small but productive office in the Low Country of SC seeking a PT surgeon to work 2-3 days per week & flexible hours! You will have much control in daily schedule. Must be BE/BC and licensed. Live where others come to relax and play! Enjoy the friendly office and warm, small-town environment. Reply to AAOMS Classified Box A-040219.

South Carolina

Experienced OMFS looking to transition a new OMFS to Georgetown, S.C. Excellent doctor and patient referral base. Busy practice. Great opportunity for

the right OMFS. Located in a beautiful, historical Lowcountry town located on Winyah Bay, close to fishing, golf, hunting and beaches! Financing options available. Please send resume to South Strand Oral & Maxillofacial Surgery, PO Box 2292, Georgetown, SC 29442.

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

Excellent opportunity for a full-time oral surgeon to join a well-established group practice located in Richmond, Va. Practice provides full-scope oral surgery services at multiple locations, competitive pay and exceptional partnership track. Looking for a high-quality, board-certified/eligible oral surgeon to join our thriving environment. Learn about our practice at www.commonwealthofs.com and send your CV and inquiries to jriddle@commonwealthofs.com.

Virginia

Oral surgeon needed in well-established practice in northern Virginia. Practice has an excellent referral and patient base. Great opportunity to buy in after a short period of time working as an associate. State-of-the-art equipment, digital radiography and CBCT. Practice focuses on dentoalveolar, implants (including full-arch, same-day prosthesis) and office-based anesthesia. Reply to AAOMS Classified Box A-070219.

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, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, DC/Baltimore/ Virginia Metro area in Hagerstown & Frederick, MD and Martinsburg, WV. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE-certified surgical assistants and RN. Team

surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

West Virginia

An opportunity of a lifetime for an exceptional oral and maxillofacial surgeon. Mountain State Oral and Facial Surgery is growing again! Mountain State Oral and Facial Surgery is an innovative, state-of-the-art group practice based out of Charleston, W.V. with offices in N.C. and S.C. as well. We have nine locations and are looking for an exceptional, outgoing, energetic, board-certified/eligible candidate for certification. Our practice encompasses the full scope of oral and maxillofacial surgery, dentoalveolar, orthognathic, trauma, implants, head and neck pathology, and facial cosmetic surgery. We offer a \$350,000 base salary with earning potential. Student loan reimbursement opportunities and continuing education. If interested or have any additional questions, please contact Louis Roe at 304-720-6673 or email lroe@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

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. Contact Brady Price & Associates, specializing in oral surgery practice transition via email at scott@bradyprice.net or call Scott Price, 925-935-0890.

Colorado

OMS practice and real estate for sale in South Metro Denver, CO. Gross collections: ~\$533,000; net income: \$278,000; 2 ops, 2 recovery rooms; contact Marie Chatterley, 303-249-0611 or info@ctc-associates.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

Looking for OMFS interested in joining with the potential to purchase a completely fee-for-service practice in one of the most affluent north Atlanta suburbs. Must have outstanding interpersonal skills and enjoy establishing good relationships with patients and referrals. Our state-of-the-art facility is exceptional and in a building occupied by many other surgical subspecialties for excellent cross referrals. Our staff and patient base are exceptional. If this seems like a fit, send your CV to: OMFSatlanta@gmail.com.

Hawaii

Maui OMFS practice for sale. Well-established with good referral base. Primary dentoalveolar and implant surgery. Maui hospital and surgery center available for trauma and inpatient care. Immediate or negotiated transition available. Please call 808-242-0077 or email tntdds@tinatomtransitions.com.

Illinois

Solo, part-time practice in western Illinois, 40 miles from Chicago. 3DCBCT, EMR, with views of the Fox River. Great dental community. Attractive price. Easy transition. Reply to AAOMS Classified Box S-042919.

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 (Lower Hudson Valley)

Well-established practice looking for board-certified/active candidate for certification OMFS for purchase of practice. Current owner willing to remain through transition. 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.

Texas

Texas Hill Country solo practice for outright sale with some owner transition leading to full retirement. Excellent high-growth area. Well-established referral base (no hospital cases). Contact Gary Clinton, OMS transition consultant for 40+ years. Confidential always. 972-317-9756; acualum@aol.com.

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

Jan/Feb 2020 issue: Nov. 5, 2019

Mar/Apr 2020 issue: Jan. 7, 2020

May/June 2020 issue: March 3, 2020

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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**Jan/Feb 2020 issue: **Nov. 5, 2019**Mar/Apr 2020 issue: **Jan. 7, 2020**May/June 2020 issue: **March 3, 2020**

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	articaïne, benzocaine, bupivacaine, lidocaine, mepivacaine, procaine, 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, pipercoloylidiide, 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 epinephrine 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 detected 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.

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Patent Numbers:

6,132,766 5,891,467 5,766,627 8,182,835

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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).



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EXPAREL®
(bupivacaine liposome injectable suspension)

OPIOID FREE