

# AAOMS TODAY



**November/December 2019**  
VOLUME 17, ISSUE 6

A publication of the  
American Association of Oral and Maxillofacial Surgeons

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## COVER STORY

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## Eyes to the future

*Research, innovation central  
to 101st Annual Meeting in Boston*

*The 101st Annual Meeting provided  
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educational sessions, exciting  
exhibition and entertaining social  
events in my hometown of Boston.*

*– Dr. A. Thomas Indresano,  
2018-19 AAOMS President*

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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 Division I winner  
**2018:** Newsletter Division I winner



**2018:** Platinum Award for feature article  
**2018:** Gold Awards for association magazine and overall writing and design



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Victor L. Nannini, DDS, FACS  
*AAOMS President*

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*“We will consistently and emphatically support preserving and protecting our ability to deliver safe and effective anesthesia for our patients.”*

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*This column is from Dr. Nannini's Inaugural Address at the AAOMS Annual Meeting.*

## IN MY VIEW

### Looking ahead to a new

I am deeply humbled and honored to be the next President of the American Association of Oral and Maxillofacial Surgeons. I am humbled because of the enormous task ahead and honored because my colleagues and friends in the House of Delegates have given me this opportunity.

As we head into 2020 and the final year of our three-year Strategic Plan, we will consistently and emphatically support preserving and protecting our ability to deliver safe and effective anesthesia for our patients. Unfortunately, each year our model is increasingly under attack from various groups.

Thanks to a dedicated Board of Trustees and an incredible staff at AAOMS, multiple approaches are being instituted to help counteract these challenges. It must start with the accumulation of factual data to show indeed how many anesthetic procedures are being performed and the type of anesthesia utilized. Now that the OMS Quality Outcomes Registry (OMSQOR®) is live, it is imperative that we stress to the membership the critical importance of member participation.

If you couple OMSQOR with our Dental Anesthesia Incident Reporting System (DAIRS) and state requirements for adverse events, we will finally have scientific data to support our anesthesia team model to legislators, insurance companies and the media. The AAOMS Board of Trustees and OMS Foundation have committed to this important issue by each pledging \$75,000 to the Foundation to facilitate a study focused on anesthesia and patient safety.

I have been encouraged to see such an increase in DAANCE participation over the last couple of years by our membership, but we can do better. Having successfully trained several of my staff through this process, I can tell you that, once completed, they are energized, much more knowledgeable and will absolutely be able to assist if indeed an unfortunate event should occur. We have to help our members understand that education of our staff is absolutely critical to maintaining our ability to provide this safe, efficient and affordable anesthesia that has benefited so many people.

Our BEAM simulation program also is instrumental for real-life emergency airway training. Coupled with our upcoming Office-Based Crisis Management module for the OMS team, you will have the necessary framework to practice and train yourself and your staff to work in a systematic manner rather than a reactive one.





# year protecting the OMS anesthesia team model

In previous years, we have had an open dialogue with the American Society of Anesthesiologists, and I plan to continue that in the upcoming year as well. I have been fortunate to be selected to serve on a special task force consisting of members from both organizations to explore where we share common bonds.

I am so looking forward to the completion of our new OMS Institute for Education and Innovation at AAOMS headquarters in the upcoming year. This state-of-the-art facility will allow a permanent base for simulation training and a large lecture hall for many of our conferences and meetings offered throughout the year.

I have been extremely fortunate to not only work for 30 years in a full-scope, multi-surgeon private practice but now over four years as a full-time faculty member and current director of an OMS residency program. By working in both the private and academic sectors, I feel I have a grasp on many of the issues that affect both groups. It is vital that we as an organization always maintain that critical balance to ensure that we provide opportunities and representation for all our members.

As a result, our plans for the upcoming year include an Educators Summit where faculty members – either part-time or full-time – can gather in May at our headquarters to discuss topics in small and large groups. This can only help improve the education of pre-doctoral students, residents and fellows.

Along a similar line, next year – thanks to years of effort and financial backing by AAOMS, our Foundation and ABOMS – a National Curriculum for training residents will be introduced. This program is part of our Surgical Council on Resident Education (SCORE), which offers a standard national curriculum for general surgery residency training. By being part of SCORE, our residents will have access to all that information and an equal opportunity to receive the latest and best education possible. A well-educated resident becomes a valuable partner who we all desire as we expand and transition in our practices.

Our private practice members should all be utilizing AAOMS Services, Inc. (or ASI). The companies that are part of ASI provide high-quality, affordable products and services that benefit and bring value to AAOMS members. Please explore ASI Approved Programs – not only will you save

money, but the revenue these programs provide AAOMS are a source of non-dues income that funds a variety of AAOMS programs, including our advocacy efforts. It is truly a win-win for all of us.

In March, we are planning a separate symposium constructed by our newly approved Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery to be held at our new education center. This state-of-the-art program will bring the foremost leaders in head and neck oncology from our specialty together to discuss the latest research and techniques for treating these devastating diseases.

Two years ago, the House of Delegates wisely voted in favor to form a strategic alliance between AAOMS and OMS Foundation. I have had the wonderful opportunity to serve on the Foundation during this time of extraordinary progress. Our Centennial Tree now stands tall at AAOMS headquarters. So many of you contributed to that effort, which succeeded in raising more than \$1 million in 2018. It shows what can happen when we work together as a specialty. With continued and new support from our membership in 2019, it is very important that we instill a culture of continued giving for research through the Foundation.

Next May, we will host our biannual Clinical Trials Methods Course, allowing researchers to gather and discuss how to properly construct and produce credible and reliable research. Without this research and continued exploration of new ideas, we will surely diminish as a specialty in years to come.

These are just some of the things we will be concentrating on in the upcoming year. Of course, as in past years, one never knows what event or challenge will suddenly appear that can shape the course of how the year will play out. What I also can tell you is that whatever occurs, I will work as hard as I can and give all my efforts to lead this organization.

We have been so blessed to have such great Past Presidents, Officers and Trustees. I have been fortunate to be able to observe and admire their significant accomplishments over the years – setting the table for future Presidents such as myself. That certainly includes our current President, A. Thomas Indresano. Whenever one of my residents graduates,

*continued on next page*



we ask, “Have you made this place better from the day you started?” Tom clearly has done that, and I thank him not only for his guidance but for his friendship.

It is hard to imagine that some 40 years ago, this novice and wide-eyed general practice resident at Long Island Jewish-Hillside Medical Center was exposed to the OMS program. There I met resident and now perennial Delegate from New Jersey, Dr. Michael Kleiman, and his wife, Frayda. Without their influence, encouragement and support, my path could have been completely different. Thank you both.

I was blessed in my residency to be trained by some of the greatest practitioners and educators at that time. The chair of our department, Dr. Leon Eisenbud, pioneered dentistry in a hospital environment. He – along with Dr. James Sciubba – gave me the background in oral pathology that has served me well. My OMS mentors were Drs. Martin Stern and Stephen Sachs, who together taught me to always give back to society and think of patients first.

After residency, I was so fortunate to work with Drs. Leonard Hoffman and Ralph Cangiano. Together, we were able to grow that practice to a six-person multidisciplinary group that thrives today.

A variety of circumstances brought me to full-time academia in 2014, where I have worked with a classmate from dental school and a dear friend, Dr. Rory Sadoff. His successes include over 30 years of well-trained residents, all who have contributed to our specialty. That is his reward and ours.

None of this could have occurred without love and support from my family. I have been blessed to have two incredible sons, Jeffrey and Andrew. This past year as their home has been renovated, Jeff, his wife, Kristen, and our two grandchildren, Rebecca and Jason, have been living with us. For those of you who have not experienced that, those are interesting times, and I would not have changed a minute of it.



*Dr. Nannini delivers his Inaugural Address at the House of Delegates.*

My father, a retired superintendent of schools, has had an incredible influence not only on my life but the lives of my children and grandchildren. He will be celebrating his 103th birthday in three months with a clear mind that is often much sharper than my own. His love and support for me is something I can only wish for all of you.

Some 43 years ago, a young orderly at Cornwall Hospital went to work and found the love of his life. It so happened that the head nurse on his floor was a beautiful, intelligent young woman by the name of Kathy Wrigglesworth. I have always said the hardest job is to be the spouse of an oral and maxillofacial surgeon because it requires so much sacrifice. Kathy has been there for me every step of the way with support, love, perhaps some resistance, but always with a smile and that unmistakable laugh.

So here we go into 2020 with our Annual Meeting set for San Antonio. I thank you again for all your support and everything you do for our specialty. Together, there is little that we cannot accomplish. God bless us in this journey ahead into a new decade. I pray that it is filled with hope and opportunity. ■



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— Dr. Manuel La Rosa - WA —

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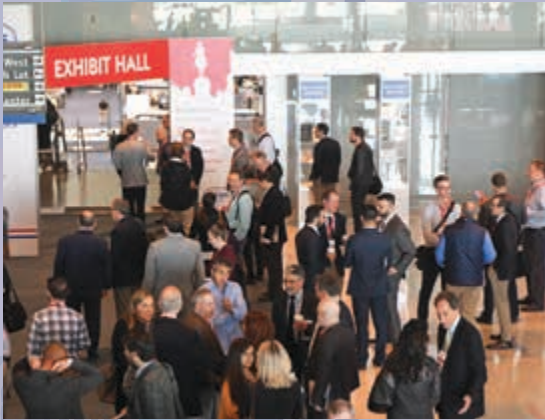
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# Eyes to the future

*Research, innovation central to  
101st Annual Meeting in Boston*



*Clockwise from top left: The Exhibit Hall displays the latest products and services; 2018-19 President A. Thomas Indresano delivers his President's Address; the Beyond the Basics Coding Workshop is held in conjunction with the Annual Meeting; Dutch Association of Oral and Maxillofacial Surgeons President Jan de Lange speaks at the Opening Ceremony; and historical characters John and Abigail Adams welcome attendees during the Exhibit Hall opening.*



## *Known for alerting patriots of the arrival of British troops in 1775, silversmith Paul Revere also was remembered as the first American forensic dentist.*

The Boston native was one of several references illustrating the host city's connection to history and innovation during the 101st AAOMS Annual Meeting, Scientific Sessions and Exhibition in September.

"We all know that Boston is one of the most historic cities in the United States. Known as the Cradle of Modern America, the birthplace of the American Revolution can still be felt here every day at every cobblestone corner," said Pushkar Mehra, BDS, DMD, FACS, President of the Massachusetts Society of Oral and Maxillofacial Surgeons during the House of Delegates. "We are only a few steps away from the first public garden, first public beach, first public school, first subway station and the first university in the United States.

"Isn't it ironic that the 101st AAOMS meeting, the first meeting after our 100th anniversary, is being held in the City of Firsts and also the city rated as the most innovative city on the East Coast and the healthiest city in the nation?" he added.

While recognizing the history of Boston and the OMS specialty, the Annual Meeting looked to the future with a theme centered on Envisioning the Future of Research and Innovation. In each of the 10 clinical tracks that encompassed the entire scope of practice, plenary sessions delivered the latest evidence-based research before five breakout sessions allowed for additional discussion in smaller settings. One breakout session per track focused on research and innovation.

In the Exhibit Hall, more than 200 vendors displayed the latest products and services for OMS practices – and an Office of the Future exhibit provided a glimpse of the next generation of comprehensive treatment workflows, including a surgical kit, advanced scanners and computer-assisted technology.

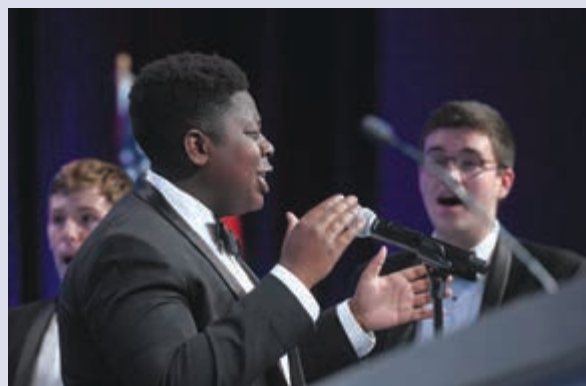
Overall, more than 3,500 members and their guests gathered in Boston.

"The 101st Annual Meeting provided a rich program of invigorating educational sessions, exciting exhibition and

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*Top: With an 18th century fife and drum, Bostonia Allarum Companie carries the American, Dutch and Massachusetts flags.  
Bottom: The Harvard Krokodiloes, the university's oldest a cappella group, performs at the Opening Ceremony.*



entertaining social events in my hometown of Boston,” 2018-19 President A. Thomas Indresano, DMD, FACS, said.

The meeting was held in conjunction with the Dutch Association of Oral and Maxillofacial Surgeons (NVMKA), which brought nearly 90 of its members. Dr. Indresano wore an orange-and-blue bow tie – a gift from NVMKA – and the American and Dutch national anthems played at the Opening Ceremony.

“It is a great pleasure and an honor to be your guest at this 101st Annual Meeting,” NVMKA President Dr. Jan de Lange said. “It is the second time in history that we are your guest. I don’t think many of you will remember in May 1981 we were also your guest at an Annual Meeting. As a gift, you gave us a presidential hammer. We still use this hammer in every official meeting of the Dutch association. I hope together we have a great meeting that leads to more and long-standing friendship between our members.”



*From left: Stop the Bleed sessions provide interactive opportunities and the Global Health Café allows for group discussion.*

*The 101st Annual Meeting provided a rich program of invigorating educational sessions, exciting exhibition and entertaining social events in my hometown of Boston.*

*– Dr. A. Thomas Indresano,  
2018-19 AAOMS President*

### Focus on innovation

More than 200 educational sessions – including didactic and hands-on courses – spanned the schedule. Among the meeting’s new features, more than 33 practice management sessions were included in general registration for greater convenience, and Master Classes increased from three to 17 since last year.

Running unopposed, oral abstracts kicked off the educational programming on the meeting’s first day, spotlighting the theme of research and innovation. Six winners were chosen from more than 60 abstracts.

Other educational highlights included the preconference Anesthesia Update drawing more than 500 attendees and the Hands-on Cadaver Workshop: Rhinoplasty and Lower Facial Cosmetic Surgery being held at Boston Bioskills Lab. For the second consecutive year, a full slate of education rounded out the final day. Offerings included team-based learning, the cosmetic and dentoalveolar





*Clockwise from top: The Anesthesia Update focused on challenging patients; the Keynote Lecture emphasized innovation; more than 30 practice management sessions were offered; and the Numb Lip, Numb Chin, Numb Tongue session provided hands-on opportunities.*

surgery tracks as well as practice management sessions and Master Classes.

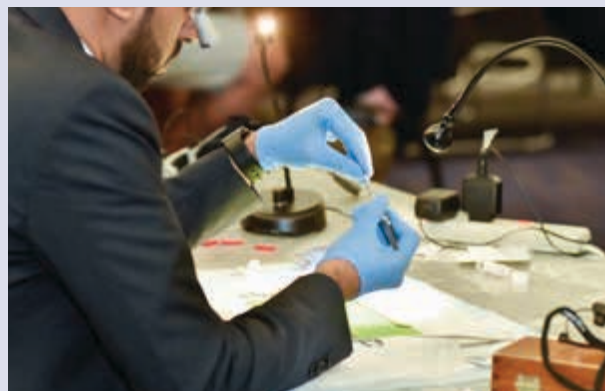
During the Keynote Lecture, world-renowned hacker and inventor Pablos Holman discussed the importance of innovation, sharing insight into revolutionary projects, including mosquito-zapping lasers, 3D printers and a super thermos to keep vaccines cool. A collaborator with Amazon founder Jeff Bezos and Microsoft founder Bill Gates, Holman stressed his message of “innovate or die.”

“This is an industry I’m super fascinated by because you guys have done a much better job of adopting new technology, of innovating and moving into the future than almost any other industry,” he told the audience.

Held at every Annual Meeting since 1952, the packed-room Chalmers J. Lyons Memorial Lecture this year provided updates on concussion assessment and management, outlining the growing research on the effects of concussions and repetitive head impact exposure on neurocognitive health.

“In your practices, if you’re evaluating patients with facial trauma and facial injuries, specifically facial fractures, if it’s not already identified, it might be something that can be considered for the patient,” speaker James Eckner, MD, MS, said about concussions.

*continued on next page*







### Interactive experiences

In total, eight hands-on courses provided the opportunity to practice skills under expert supervision. Topics ranged from nerve repair to advanced life support.

During the inaugural session of Stop the Bleed, participants observed a demonstration of how to apply a tourniquet before practicing themselves in small groups.

OMSs, their staff, spouses and other nonmedical attendees could attend either of the two sessions that are part of a national awareness campaign that encourages bystanders to become trained to assist in a bleeding emergency before professional help arrives. The campaign was launched after the Sandy Hook shooting.

"I know people involved in Sandy Hook. I don't live that far from there," said Michael J. Safian, DDS, of Shelton, Conn. "When I read the description and saw it came out of that, I felt an obligation to those people to learn and to be able to provide the services, God forbid they should need them."

### BEAM offered for first time

The first module of the new AAOMS National Simulation Program – Basic Emergency Airway Management – was offered at an AAOMS Annual Meeting for the first time.

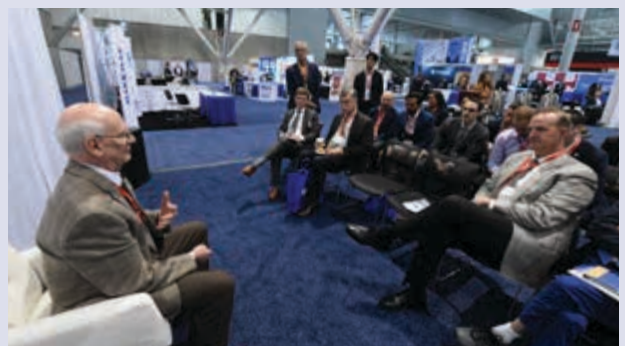
OMSs and their staff practiced techniques for administering and monitoring anesthesia using manikins during two sold-out, four-hour BEAM sessions on the final day of

the meeting. Attendees participated in bag-valve-mask ventilation as well as Airtraq and laryngeal mask airway insertion.

The standardized program ensures every participant experiences the same simulated events. As many as three assistants could accompany an OMS to a session.

"If you can bring your staff, that's ideal," said Paul B. Anderson, DDS, MD, of Newport, Calif., who was accompanied by two assistants. "Instead of just talking about it in your office, chairside, actually feeling the flow of everything with an actual manikin, that's really important."

*continued on page 16*



*Clockwise from top left: Cosmetic surgery and pathology were among the 10 clinical tracks; attendees were able to Meet the Experts; and Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies was a popular practice management offering.*



*Clockwise from top left: The marquee outside Boston Convention and Exhibition Center displayed AAOMS Informational Campaign messaging; the Office Anesthesia Evaluation app was introduced; and the Basic Emergency Airway Management module was offered for the first time at an Annual Meeting.*



## OAE app unveiled at Annual Meeting

The new Office Anesthesia Evaluation (OAE) web application was presented during the lunch hour at Anesthesia Update: Office-based Anesthesia for Challenging Patients and at the Member Pavilion in the Exhibit Hall during the AAOMS Annual Meeting.

The complimentary app is expected to automate and simplify the mandatory AAOMS evaluation process. Available in the Apple App Store and through Google Play, the app assists evaluators with performing office anesthesia evaluations and submitting required forms to AAOMS and OMS state societies.

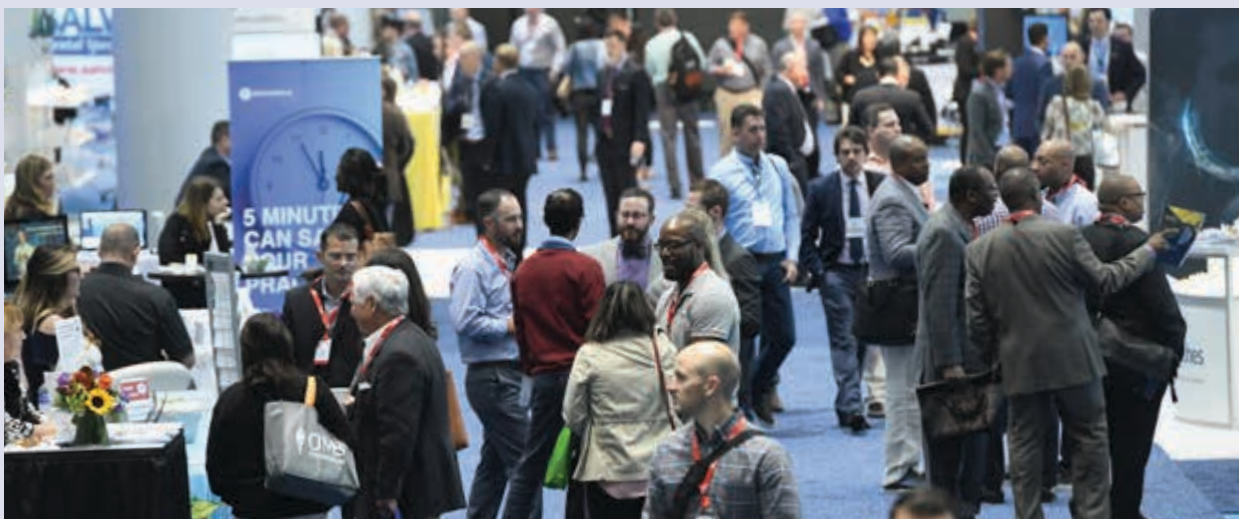
Additional details about requirements for state societies and the submission of OAE evaluations will be available during the State Leadership Conference scheduled for June 2020.

AAOMS hopes all evaluators and state societies use the app by 2022.

## Annual Meeting photos available

Photos from the 2019 AAOMS Annual Meeting are available for purchase on The Photo Group's website at [ThePhotoGroup.com](http://ThePhotoGroup.com). The access code is AAOMSGallery19. The gallery will be closed after Sept. 28, 2020.





"You can practice all this stuff in your office, but you can only practice so much."

One assistant on the team, Kate Mora, was participating in simulation for the first time.

"It definitely helped us coordinate our steps as a team," she said.

Nicholas P. Theberge, DDS, and Patrick W. Edmunds, DMD, participated with their team of three assistants from their offices in Massachusetts, New Hampshire and Vermont.

"It was nice to be introduced especially to Airtraq. It's definitely an apparatus I'll be getting for the practice," Dr. Edmunds said. "That made the intubation a lot easier."

Attendees said they appreciated the opportunity to practice emergency situations.

"Everyone being familiar makes everyone calm, cool and collected," Dr. Theberge said.

Future program modules are expected to be offered at AAOMS headquarters in Rosemont, Ill., at the OMS Institute for Education and Innovation, which is under construction. ■



### Drawing winner announced

Avi Feygin, DMD, of Long Beach, N.Y., won free registration to the 2020 AAOMS Annual Meeting in San Antonio, Texas. Dr. Feygin's name was drawn from those who completed the 2019 post-meeting survey.

*From top: The Exhibit Hall featured more than 200 exhibitors over three days; a living statue performs in the Exhibit Hall; and exhibitors showcase new products.*



## President's Event delivers ballpark fun at Fenway

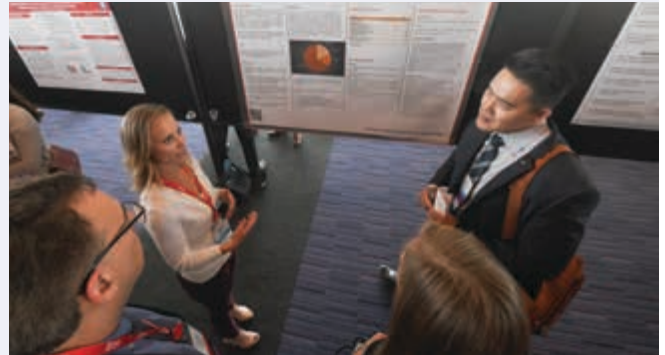
Nearly 1,300 attendees visited Fenway Park, home of the Boston Red Sox, for the meeting's top social activity, the President's Event that celebrated Dr. A. Thomas Indresano and his family. Attendees were able to walk on the ballpark's warning track, get autographs from Red Sox legends Carlton Fisk and Curt Schilling as well as enjoy music and food.



## Abstracts, posters presented at Annual Meeting

Running opposed, oral abstracts opened the Annual Meeting's educational programming on Sept. 19. Winners are:

- **Cosmetic, Orthognathic, OSA** – Accuracy Evaluation of Virtual Surgical Planning (VSP) in Orthognathic Surgery: Comparison between CAD/CAM Fabricated Surgical Splint and CAD/CAM Cutting Guides with PSI; Resi Pucci, MD
- **Cleft and Craniofacial, Pediatrics, Trauma Management** – An Insertion Instrument for Improved Implant Positioning in Orbital Reconstruction; Ruud Schreurs, MSc
- **Dental Implants, Dentoalveolar** – A Review of 120 Coronectomy Root Retrievals; Bizhan Shokouhi, BDS
- **Head and Neck, Pathology** – Biomaterials-based Cancer Immunotherapy in Preclinical Models of Treatment-resistant Head and Neck Cancer; Simon Young, DDS, MD, PhD
- **Anesthesia, Other, TMJ** – Development of a Cause-based Treatment for Nitrogen Containing Bisphosphonate-induced MRONJ; Adarsh Yagnik, DDS
- **Nerve Repair, Other, Reconstruction** – Is the Donor Site Morbidity a Real Issue in Selecting a Specific Donor Site in Maxillomandibular Reconstruction? Comparison between DCIA Flap and Fibula Flap; Resi Pucci, MD



*More than 120 oral abstracts and posters were presented.*

Posters were presented Sept. 20. Winners are:

- **Anesthesia** – Poster 03, Dexmedetomidine Versus Propofol and Fentanyl for Deep Sedation/General Anesthesia during Third Molar Surgery; Jeffrey Delgadillo, DDS
- **Dentoalveolar** – Poster 16, A Multimodal Analgesic Protocol for Third Molar Removal Was Not Detrimental to All Health-related Quality of Life Outcomes: An Exploratory Study; Elisa Hannan, DMD
- **Dentoalveolar** – Poster 18, Comprehensive Computed Tomography Ordering Guidelines for Odontogenic Infections; Jennifer Dolan, DDS, MPH, MHSA
- **Pathology** – Poster 48, Low Recurrence Rate Using 5-fluorouracil in Managing Odontogenic Keratocysts: An Initial Report; Mohamed El-Rabbany, DDS, MSc
- **Reconstruction** – Poster 51, CTRead – A Revolutionary Approach to Training Residents in CT Facial Bones Interpretation; Wendall Mascarenhas, DDS, MD

### Application period to open

For those interested in presenting their research, the application period for 2020 oral abstracts and posters opens Dec. 2.

More information will be available at [AAOMS.org/Speakers](http://AAOMS.org/Speakers).



# Thank you!

AAOMS gratefully acknowledges the following for their generous support of the 2019 Annual Meeting, 2019 Dental Implant Conference, Resident Organization (ROAAOMS) and other activities of the Association throughout the year.

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## Members honored at opening ceremony for

During the Opening Ceremony, Awards Presentation and Meeting Dedication at the 101st AAOMS Annual Meeting, members, fellows and residents were honored for their achievements in leadership, research, education, advocacy and other areas.

### Meeting Dedication

Since 1950, AAOMS Annual Meetings have been dedicated to individuals or groups who have made significant contributions to the Association and the specialty.

This year, the AAOMS Annual Meeting is dedicated to past and present members of the AAOMS House of Delegates.

The House of Delegates was created in 1961 as AAOMS's new legislative arm after Dr. Harry M. Seldin, the President at the time, appointed a committee to examine Association restructuring. The committee recommended establishment of the House of Delegates, and the General Assembly adopted a constitution and bylaws that founded and governed the House's operation.

The House met for the first time in 1962 at the 44th Annual Meeting in New Orleans. According to the original meeting program, the House consisted of 67 Delegates representing 45 states, Canada and five federal services – the U.S. Air Force, U.S. Army, U.S. Navy, Public Health and Veterans Administration.

To commemorate the dedication, all past and present Delegates at the ceremony were asked to stand and be recognized.

### R .V. Walker Distinguished Service Award



Dr. Turvey

This award recognizes AAOMS fellows and members for their long-standing contributions to the specialty through clinical, academic, research or public service. **Timothy Turvey, DDS, FACS**, has provided significant contributions to advances in orthognathic, cleft and craniofacial surgery as well as the development of future generations of OMSs.

Dr. Turvey served as chair of the Department of Oral and Maxillofacial Surgery at the University of North Carolina for more than 24 years. As a faculty member since 1975, he has trained more than 125 residents, mentoring many into academic careers. He also has served as codirector and cofounder of the Dentofacial Deformities Program at UNC.

In addition, Dr. Turvey has lectured in more than 35 countries, written over 100 peer-reviewed articles and contributed to more than 40 textbooks. He is regarded as an international expert in orthognathic surgery and craniofacial surgery. He previously received the William J. Gies Foundation Award in 2002 for outstanding contributions to the specialty, the Donald B. Osborn Award for an Outstanding Educator in 2003 as well as the Distinguished Educators Award from the Southeastern Society of Oral and Maxillofacial Surgeons in 2013.

### Presidential Achievement Award

This award honors fellows and members who have made significant contributions to the specialty through clinical, academic, research or public service. **Mary Delsol**



**Dobon, DDS**, served on the ABOMS

*Dr. Delsol Dobon*

Examination Committee from 1998 to 2005 before she was elected as a Director of the Board and served as its first female president in 2011-12. She has been an AAOMS Delegate and actively involved in various AAOMS committees, chairing the Committee on Public Information.

In addition, Dr. Delsol Dobon served as president of the Western Society of Oral and Maxillofacial Surgeons in 1999 and president of CALAOMS in 2001. She has been chief of the OMS Section at Long Beach VA Medical Center and served in private practice. In addition, she has lectured extensively with a focus on dental implantology.

# leadership, research, education, advocacy

## Honorary Fellowship



*Mrs. Allaire-Schnitzer*

AAOMS Honorary Fellowship is conferred upon individuals who have made distinguished contributions to the Association and specialty. Since joining AAOMS 21 years ago, **Mary Allaire-Schnitzer** – AAOMS Associate

Executive Director of Advanced Education and Professional Affairs – has been deeply involved with resident programs, advanced education and training, anesthesia and research as well as *Parameters of Care*. She has mentored residents through the development of programs and resources, integrated committee involvement and the inclusion of two seats in the House of Delegates for ROAAOMS members.

Ms. Allaire-Schnitzer regularly works with institutions, their training programs and faculty across the country. She coordinated development of the first Practice Based Research Network project and collaborated with the AAOMS Board of Trustees and the Committee on Anesthesia to host the first Anesthesia Patient Safety Conference in 2017. Her work with CAN has resulted in significant changes in the delivery of emergency training through simulation, the Annual Meeting preconference and revision of the Office Anesthesia Evaluation program.

## Humanitarian Award for Fellows and Members



*Dr. Abughazaleh*

**Khaled Abughazaleh, DMD**, is in private practice in the Chicago area, and he has been a professor of oral and maxillofacial surgery at the University of Kentucky and the University of Illinois at Chicago.

Dr. Abughazaleh has led more than 150 international medical missions to treat children in need and provided pro bono surgical care to children in Palestine. His contributions to the Palestinian Children's Relief Fund as chair of its board have helped the nonprofit organization build hospitals in the region. He also has performed cleft and palate surgeries during mission trips to Mexico and Ecuador. He is on staff at Mercy Hospital and Medical Center in Chicago.

The other winner is **Kyle Wood, DDS**, who has been an OMS in private practice in Indiana since 2000. He has traveled regularly to Haiti on mission trips since 2000, providing care and teaching local surgeons. During those trips, he focuses on the treatment of pathology and tumors as well as cleft lip and palate surgery.



*Dr. Wood*

Dr. Wood also has traveled to Ethiopia to operate and instruct residents, and he is a volunteer surgeon with Mercy Ships. He spends several weeks of each year outside the United States, operating and teaching. Dr. Wood is on staff at Memorial Hospital in Jasper, Ind., and Good Samaritan Hospital in Vincennes, Ind.

## Humanitarian Award for Residents

**Christopher Abernathy, DMD**, recently completed his residency at Virginia Commonwealth University. Since high school, he has committed significant time to community service in response to national disasters, poverty and famine. He has joined relief efforts following Hurricane Katrina, built houses in Washington and provided youth mentoring services in Chicago.



*Dr. Abernathy*

His efforts continued in college and dental school, as he volunteered at his local hospital and with Missions of Mercy. When he found out Massachusetts did not have a

*continued on next page*

Missions of Mercy, he founded a local one to provide free dental care in underserved areas of the state.

During his third year of residency, Dr. Abernathy planned a trip to Chad with AAOMS member Dr. Tim Bartholomew, providing medical and dental care to 30 patients.

### Committee Person of the Year



*Dr. Stigall*

**Larry Stigall, DDS**, was recognized for his outstanding service to several AAOMS committees over the years. He is the AAOMS representative to the ADA Standards Committee on Dental Informatics, building relationships with other specialties and industry representatives as well as protecting AAOMS and

its members from the implementation of standards without OMS input. He also is past chair of the AAOMS Committee on Practice Management and Professional Staff Development, serving more than 16 years on the committee and is currently a consultant.

In addition, Dr. Stigall has been chair of the AAOMS Special Committee on Health Information Technology and the Special Committee on the Election Progress and a member of the Special Committee on Clinical Guidelines Development. He also is an AAOMS Delegate, and he's been a regional and state society president and a member of the Robert V. Walker Society.

### Donald B. Osbon Award for an Outstanding Educator



*Dr. Larsen*

**Peter Larsen, DDS, FACS**, is chair of the Division of Oral and Maxillofacial Surgery and Anesthesiology as well as the Larry J. Peterson Endowed Professor at Ohio State University. He also is chief of the OMS Section at Nationwide Children's Hospital in Columbus, Ohio. He served as director of the OMS graduate residency program for more than 10 years at Ohio State, inspiring future OMSs.

Dr. Larsen has published extensively in books and journals, and he has been a reviewer for several journals. He has served on AAOMS committees on continuing education and resident education and training and is a past president of ABOMS. In 2001, he received the AAOMS Humanitarian Award for Fellows and Members after organizing an annual Ohio State dental team mission to Honduras.

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

**William Synan, DDS**, has devoted his career to predoctoral education as a professor in the Department of Oral and Maxillofacial Surgery at the University of Iowa College of Dentistry and Dental Clinics and as director of its predoctoral OMS Clinic.



*Dr. Synan*

More than 80 of his predoctoral students have completed an oral surgery residency. He also directs local anesthesia technique and administration for all dental students and is director of the medical emergency response team at the college.

A member of the American Dental Education Association Liaison Committee, Dr. Synan is former chair and councilor for the ADEA Section on Oral and Maxillofacial Surgery, Anesthesiology and Hospital Administration. He also has served as a member of the AAOMS faculty section and ABOMS examination committee.

### Clinical Research Awards

The research of **Scott Boyd, DDS, PhD**, has explored maxillomandibular advancement as a safe and effective treatment for patients with severe obstructive sleep apnea. He won the Daniel M. Laskin Award for the most outstanding article published in *JOMS* in 2013, and his research has involved collaboration with sleep medicine specialists.

Dr. Boyd has published numerous other articles in peer-reviewed journals and presented his OSA research at more





*Dr. Boyd*

than 20 national and international meetings. He is a retired professor and former chair of the Department of Oral and Maxillofacial Surgery at Vanderbilt University Medical Center. He also has served as a *JOMS* reviewer and Editorial Board member and as

a member of AAOMS taskforces on orthognathic surgery, simulation and sleep apnea.



*Dr. Padwa*

The other winner is **Bonnie Padwa, DMD, MD**, who is involved in developing and authoring educational materials for the specialty, particularly pediatric, cleft and craniofacial surgery. Her research has involved new

diagnostic methods, technical innovations and therapeutic interventions applied by OMSs around the world. Her interests include the genetics of cleft and craniofacial anomalies and their impact on facial growth and surgical outcomes. Dr. Padwa has authored more than 100 peer-reviewed articles and the AAOMS *Parameters of Care's* cleft and craniofacial surgery section.

She is associate professor of oral and maxillofacial surgery at Harvard School of Dental Medicine, oral surgeon-in-chief at Boston Children's Hospital and OMS residency program director at Longwood Medical Area. In addition, Dr. Padwa is former chair of the AAOMS Committee on Cleft and Craniofacial Surgery and senior editor of the Knowledge Update home study program.

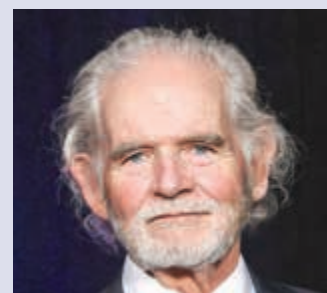
## John F. Freihaut Political Activist Award

**Patrick Quinlan, JD**, has been an advocate for the specialty as a lobbyist and legal counsel for the Rhode Island Society of Oral and Maxillofacial Surgeons and the Rhode Island Dental Association for more than 30 years.

He is credited as the first to develop, promote and enact legislation prohibiting insurers from capping fees for

non-covered services. After the legislation's success in Rhode Island, Mr. Quinlan worked to adopt a model through the National Conference of Insurance Legislators that has been enacted in more than 30 states.

Mr. Quinlan also has been integral in defending OMSs from challenges to their prescribing and anesthesia-delivery practices. He has worked closely with AAOMS staff to draft legislation codifying the AAOMS DAANCE program, helping protect OMS practices and their staff. Mr. Quinlan also has guided the AAOMS Government Affairs Department on several issues.



*Mr. Quinlan*

## Legislator of the Year Award

### Congressman Brian Babin

**(R-Texas)** is a dentist who represents Texas' 36th congressional district. He is serving his third term in the U.S. House of Representatives and is a member of the Committee on Transportation and Infrastructure as well as the Committee on Science, Space and Technology.



*Rep. Babin*

Rep. Babin first introduced the Resident Education Deferred Interest Act on behalf of AAOMS during the last Congress and reintroduced it in the new Congress earlier this year. The act would allow medical and dental residents to qualify for interest-free deferment on their student loans during residency.

Rep. Babin also cosponsors legislation to repeal the Medical Device Tax, and he has cosponsored legislation to provide antitrust reform. He has voted in support of House passage to repeal the Medicare Independent Payment Advisory Board and reform the nation's medical malpractice system.

Rep. Babin was presented this award earlier this year at AAOMS Day on the Hill.

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### William J. Gies Foundation Award



*Dr. Lee*

This award recognizes the distinguished achievements of educators in the specialty. **Janice Lee, DDS, MD, MS, FACS**, is clinical director at the National Institute of Dental and Craniofacial Research (NIDCR). Her accomplishments include development of the Craniofacial Anomalies Research Team at the institutes' Clinical Center.

This team conducts natural history studies on craniofacial anomalies with a focus on identifying genetic etiology and clinical phenotyping. The team hopes to identify novel diagnostics and target therapies.

As chair of the institutes' Patient Safety, Clinical Practice and Quality Committee, Dr. Lee began the craniofacial/orthognathic surgical service at the institutes' Clinical Center. She also introduced a curriculum for NIDCR's clinical research fellowship program.

Previously, Dr. Lee was a professor and vice chair at the University of California, San Francisco Department of Oral and Maxillofacial Surgery. She has participated in several AAOMS committees and taskforces and served as chair of the Special Committee on Women in OMS.

### FEDA applications available

The Faculty Educator Development Award (FEDA) aims to encourage promising OMSs to choose an academic career in the specialty, to motivate those who have been on faculty for up to seven years to continue their academic career and to provide a financial incentive to accredited OMS residency training programs to recruit and retain faculty.

A recipient must commit to serving in a full-time faculty position for six years after receiving the award (with certain stipulations).

The revised application and guidelines are available at [AAOMS.org/education-research/oms-faculty/faculty-awards](http://AAOMS.org/education-research/oms-faculty/faculty-awards). The deadline is April 1. Questions? Email [loddo@aaoms.org](mailto:loddo@aaoms.org) or call 800-822-6637, ext. 4330.



*Dr. Dang*



*Dr. Verweij*



*Dr. Han*

### Resident Scientific Awards

Each year, OMS residents submit scientific manuscripts for consideration by the AAOMS Committee on Research Planning and Technology Assessment. That committee selects the recipients of the Resident Scientific Awards.

This year's recipients and the titles of their abstracts are:

- **Rushil Dang, BDS, DMD**; Tumor Stage Re-categorization and Survival in Patients with Node-negative Tongue Cancer: Impact of the 8th Edition of the American Joint Committee on Cancer Classification
- **Jesse Han, DDS, MD**; Are Oral and Maxillofacial Surgeons Prescribing Fewer Opioids and More Non-narcotic Analgesics for Postoperative Pain after Third Molar Removal?
- **Jop Verweij, DMD, MD, PhD**; Autotransplantation with a 3D-printed Replica of the Donor Tooth Minimizes Extra-alveolar Time and Intraoperative Fitting Attempts: A Multicenter Prospective Study of 100 Transplanted Teeth



*Dr. Melville*



*Dr. Moe*



*Dr. Salman*



*Dr. Schlieve*

## Faculty Educator Development Award

This award aims to encourage promising OMSs to choose an academic career and to allow faculty members with up to five years of experience to remain in academia. This year's recipients are:

- **James Melville, DDS, FACS**, of the University of Texas Health Science Center at Houston
- **Justine Moe, DDS, MD**, of the University of Michigan
- **Salam Salman, DDS, MD, FACS**, of the University of Florida – Jacksonville
- **Thomas Schlieve, DDS, MD, FACS**, of the University of Texas Southwestern Medical Center

## Special Honorary Fellowship

The Board created this honor to bestow upon leaders of international oral surgeon organizations. BAOMS President **Satyesh Parmar, BChD, BMBS, BMedSci, FDSRCS, FRCS**, was honored.



*Dr. Parmar*

## OMS Foundation Research Recognition Award

**Sean Edwards, DDS, MD, FACS**, is chief of pediatric oral and maxillofacial surgery and director of the OMS Residency Program at the University of Michigan. He also the first Hayward Endowed Clinical Professor of Oral and Maxillofacial Surgery at the university's School of Dentistry.



*Dr. Edwards*

Dr. Edwards serves on the AAOMS Committee on Research Planning and Technology Assessment, and he's a consultant for the Committee on Cleft, Craniofacial and Pediatric Oral and Maxillofacial Surgery. He's also codirector of the AAOMS Clinical Trials Methods Course, and he has authored numerous peer-reviewed articles. He is a previous FEDA winner and has conducted research supported by the OMS Foundation about stem cell therapy for craniofacial reconstruction.

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## Members can be nominated for annual AAOMS awards by Jan. 31

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

The deadline for nominations each year is Jan. 31.

The AAOMS Awards Nominating Committee reviews nominations from Association fellows and members.

Additional information on submitting a nomination is available at [AAOMS.org/Awards](http://AAOMS.org/Awards).

### OMS Foundation Torch Award



*Dr. Dodson*

The top award given by the Foundation recognizes individuals or organizations who have provided exceptional service to the Foundation. **Thomas Dodson, DMD, MPH, FACS**, served as chair of the Foundation in 2015-16 and as a Board Member from 2009 to 2018. He has been a member of various Foundation committees, including the Ambassador, Development, Programs and

Research Committees. He also has chaired the Nominating Committee and was instrumental in the development of the Strategic Alliance that has joined the Foundation and AAOMS while he served on the Foundation's small working group.

In addition, Dr. Dodson has chaired the AAOMS Special Committee on Outcomes Assessment as well as AAOMS taskforces. He has been associate editor of *JOMS* since 2011 and received the Daniel M. Laskin Award for most outstanding article published in the journal in 2004 and 2011.

### OMS Foundation Gerald E. Hanson Outstanding Service Award



*Dr. Geist*

**Eric Geist, DDS, FACS**, served as Vice Chair of the OMS Foundation and as a Board member from 2016 to 2018. He is a member of the Robert V. Walker Society and contributor to the Annual Fund.

In addition, Dr. Geist served as President of AAOMS in 2013-14 and as District III Trustee

from 2008 to 2011. He also has been President of ABOMS, the Southeastern Society of Oral and Maxillofacial Surgeons and the Louisiana Society of Oral and Maxillofacial Surgeons.



*Dr. Peacock*



*Dr. Salcines*



*Dr. Troulis*

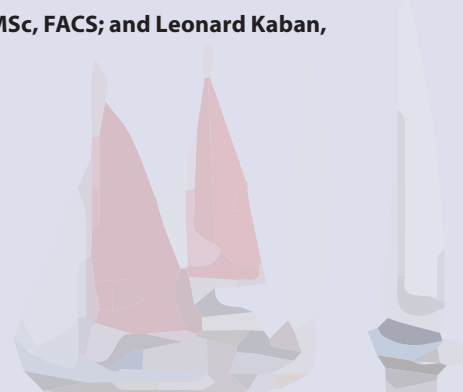


*Dr. Kaban*

Since 1989, Dr. Geist has served on multiple AAOMS committees, and he has been an Association representative to the ADA for coding as well as Dental Electronic Nomenclature, Indexing and Classification. The ADA and the Louisiana Dental Association have recognized his distinguished service, and OMSPAC has honored him for his fundraising efforts.

### OMS Foundation Daniel M. Laskin Award

This award is presented to the authors of the most outstanding article published the previous year in *JOMS*. The *Journal's* Editorial Board selected "Long-Term Effects of Distraction Osteogenesis of the Mandible" by **Zachary Peacock, DMD, MD, FACS; Alfonso Salcines, DMD; Maria Troulis, DDS, MSc, FACS; and Leonard Kaban, DMD, MD, FACS**.





From left: Former OMS Foundation Chair Dr. Kathy Banks and 2018-19 AAOMS President Dr. A. Thomas Indresano (center) stand with Drs. Leonard Kaban, Zachary Peacock, Alfonso Salcines and Maria Troulis, who won the Daniel M. Laskin Award for the top article in JOMS the previous year.

## OMS Foundation, Osteo Science Foundation grant and award winners recognized

These OMS Foundation grants and awards were presented:

### Stephen B. Milam Research Award

- Andrea Burke, DMD, MD; Amanda Konradi, PhD – University of Washington

### Research Support Grants

- Chi Viet, DDS, MD, PhD; R. Bryan Bell, DDS, MD, FACS – Providence Portland Medical Center
- David Reed, PhD; Michael Han, DDS; Louis Mercuri, DDS, MS; Michael Miloro, DMD, MD, FACS – University of Illinois at Chicago

Osteo Science Foundation winners as of July also were honored:

### Clinical Observership Recipients

- Garrick Alex, DDS, MD – NewYork-Presbyterian/ Columbia University Irving Medical Center
- John Full, DMD – New York Medical College
- Ian Lehrer, DDS – Nassau University Medical Center
- Joshua Munson, DDS, MD – University of North Carolina
- Mark Park, DMD, MD – NewYork-Presbyterian/ Columbia University Irving Medical Center
- Nicholas Saggese, DMD – Brookdale University Hospital Medical Center

- Eric Silver, DMD – Kings County Hospital
- Ryan Sterk, DDS – Montefiore Medical Center
- Devin Wahlstrom, DMD – San Antonio Military Health System

### Resident Research Awards

- James Choi, DMD, MD – University of Pennsylvania School of Dental Medicine
- Matthew Dailey, DDS – University of Pittsburgh

### Peter Geistlich Research Awards

- Marco Bottino, DDS, PhD, MSc – University of Michigan
- Yuanyuan Duan, DDS, PhD, MS – University of Mississippi Medical Center



AAOMS gives out more than 20 awards during its annual Opening Ceremony, Awards Presentation and Meeting Dedication.



## House of Delegates votes on resolutions, elects

Among the highlights of the House of Delegates at the 101st AAOMS Annual Meeting, President Dr. A. Thomas Indresano was honored, new President Dr. Victor L. Nannini was introduced and the first woman in the Board of Trustees history – Dr. Debra Sacco – was elected.

At the Westin Boston Waterfront Hotel, the Delegates also voted on 12 resolutions, approving continued dues assessment for the AAOMS Informational Campaign and the development of a statement about tobacco use and e-cigarette and vaping products as soon as possible with a subsequent press release and a full policy.

Dr. Indresano received the President's plaque and pin before delivering his retiring remarks. The President's spouse gift was bestowed to his wife, Rita.

"I look forward to seeing everyone's hard work pay off and the specialty continue to advance," Dr. Indresano said.

Dr. Indresano reviewed milestones during his term, including advancements in anesthesia training through the new National Simulation Program, the start of construction of the OMS Institute for Education and Innovation and the updated *Office Anesthesia Evaluation* manual. The recently launched OMS Quality Outcomes Registry (OMSQOR®) and Dental Anesthesia Incident Reporting System (DAIRS) are collecting data to assist with research and advocacy, and AAOMS is making progress with development of an OMS National Curriculum, a learning management system for residency programs that is expected to provide precise expectations and consistency across residency programs.

"Our Association has enjoyed numerous accomplishments in every arena: advocacy, education, data and research, the OMS Foundation and the Informational Campaign," Dr. Indresano said. "I am proud of all the successful events we organized, valuable resources and programs we developed and our varied contributions to the specialty."

During his Inaugural Address, Dr. Nannini promised to help protect the OMS anesthesia team model.

"As we head into 2020 and the final year of our three-year Strategic Plan, we will consistently and emphatically support preserving and protecting our ability to deliver safe and effective anesthesia for our patients," he said.

Dr. Nannini pointed to several AAOMS initiatives working to preserve the OMS team model: OMSQOR and DAIRS are gathering data to help defend the model, and the Board of



*Top: 2018-19 President Dr. A. Thomas Indresano (right) introduces 2019-20 President Dr. Victor L. Nannini. Bottom: Dr. Debra Sacco was elected as the first woman in AAOMS Board of Trustees history.*

Trustees and OMS Foundation have each pledged \$75,000 to facilitate a study on anesthesia and patient safety.

"By working in both the private and academic sector, I feel I have a grasp on many of the issues that affect both groups," Dr. Nannini said. "It is vital that we as an organization always maintain that critical balance to ensure that we provide opportunities and representation for all of our members."

During three days, the Delegates also:

- Elected District III Trustee Dr. Sacco, who replaces Dr. Robert S. Clark, who was elected as Treasurer.
- Re-elected District I Trustee Dr. David Shafer to a two-year term.
- Recognized the contributions of Immediate Past President Dr. Brett L. Ferguson.
- Honored the 50-year anniversaries of the Maryland, Missouri, Rhode Island and Western societies.
- Celebrated the 25th anniversary of ROAAOMS.
- Elected Dr. Deepak Kademani as director to ABOMS.
- Elected CALAOMS Executive Director Pamela Congdon and OMSNIC President and CEO William Passolt to



# Trustees and Officers at Annual Meeting

receive 2020 AAOMS honorary fellowship at the Annual Meeting in San Antonio, Texas.

- Memorialized fellows and members who passed away during the last year.

In other actions, the House:

- Approved a resolution that, effective next year, dues-paying members, fellows and candidates be assessed \$350 per year for each of the next three years for supporting the AAOMS Informational Campaign that informs the public of OMSs' expertise and experience. Members in discounted dues categories receive proportionate reductions and current, active-duty military members are exempted.
- Approved an amended resolution that the Board of Trustees consider strengthening the Office Anesthesia Evaluation program by including these requirements:
  - Required recurring emergency airway management simulation training.

- Mandated use of certified anesthesia assistants for moderate and/or deep sedation/general anesthesia.
- Recurring survey of member anesthesia activity, including number and levels of sedations.

The Board is to report to the House of Delegates on this matter at the 2020 Annual Meeting.

- Approved a resolution that a special House of Delegates committee with district representation be formed to review the process of Delegate allocation and report back to the 2020 House of Delegates.
- Approved the 2020 operational budget.
- Adopted the report of the Committee on Membership, which includes 230 candidates recommended for election to membership and fellowship.

## New AAOMS Officers, Trustees sworn in at Annual Meeting

The House of Delegates elected these Officers and Trustees during its third session Sept. 18:

- President Victor L. Nannini, DDS, FACS
- President-Elect B.D. Tiner, DDS, MD, FACS
- Vice President J. David Johnson Jr., DDS
- Treasurer Robert S. Clark, DMD
- Speaker of the House Steven R. Nelson, DDS, MS
- Trustee District I David M. Shafer, DMD
- Trustee District III Debra M. Sacco, DMD, MD



*The 2019-20 Officers and Trustees are: (back row from left) District III Trustee Debra M. Sacco, DMD, MD; District IV Trustee J. David Morrison, DMD; District V Trustee Charles A. Crago, DMD, MD, FACS; District II Trustee Paul J. Schwartz, DMD; District I Trustee David M. Shafer, DMD; District VI Trustee Mark A. Egbert, DDS, FACS; and (front row from left) Speaker of the House of Delegates Steven R. Nelson, DDS, MS; Treasurer Robert S. Clark, DMD; Vice President J. David Johnson Jr., DDS; President Victor L. Nannini, DDS, FACS; President-Elect B.D. Tiner, DDS, MD, FACS; Immediate Past President A. Thomas Indresano, DMD, FACS; Secretary/Executive Director Scott Farrell, MBA, CPA.*

## Resident organization celebrates 25 years

The AAOMS Annual Meeting offered numerous opportunities for residents to network and gain clinical knowledge. A highlight during the 101st Annual Meeting was the resident organization of AAOMS – ROAAOMS – being recognized at the House of Delegates for providing 25 years of support to residents.

This year's resident-focused events included the Residents Reception, Resident Breakfast, Disasters from the Masters and ROAAOMS Orientation. The reception provided residents with the opportunity to network with colleagues and former ROAAOMS members, faculty and corporate supporters while celebrating 25 years of ROAAOMS. At the AAOMS Services, Inc. (ASI) Resident Breakfast, residents learned about the benefits of one of the ASI Approved Programs, Southern Anesthesia & Surgical.

Before the main resident educational session – Disasters from the Masters: Complications and Management in Orthognathic Surgery – residents were provided with an overview of ROAAOMS and its accomplishments in the last year. Disasters from the Masters featured closed claims that involved orthognathic surgery processed through OMSNIC as well as a Q&A.

*The January/February issue of AAOMS Today will have an article highlighting ROAAOMS's history and accomplishments over the last 25 years.*



*Clockwise from top left: The Residents Reception provides a networking opportunity; ROAAOMS received recognition for its anniversary at the House of Delegates when 2018-19 ROAAOMS President Dr. Tommy Burk accepted an award from 2018-19 AAOMS President A. Thomas Indresano; ROAAOMS shared its history at its booth in the Exhibit Hall; and residents learned about an Approved Program at the ASI Breakfast.*

25 years



# CAREERLINE

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# New themes, keynotes highlight conference

New this year to the AAOMS Dental Implant Conference, “best” and “worst” cases will reveal real-life insights from private practice.

The conference being held Dec. 5-7 at Sheraton Grand Chicago in Chicago, Ill., caters to the entire restorative team – the OMS, staff and referring dentists.

“The Dental Implant Conference remains the premier dental implant educational event,” AAOMS President Victor L. Nannini, DDS, FACS, said. “A renowned faculty of experts will share a wealth of state-of-the-art innovations in implant dentistry for all those involved with the restorative team.”

Four themes were developed for the Dec. 6 and 7 general sessions:

- **Reconstruction of Hard- and Soft-tissue Defects in the Anterior Maxilla** – Methods that use of digital technology to efficiently plan surgery and optimize communication will be discussed. Grafting materials also will be reviewed.
- **Material and Restorative Methods for Reconstruction of Hard- and Soft-tissue Defects** – Common clinical situations that appear difficult but can be treated with evidence-based grafting methods will be shared. In addition, an update on bioengineering and biomolecules will be provided.
- **Case Discussions** – Clinicians will highlight cases with issues commonly seen in most practices along with the diagnosis and treatment plan.
- **Experience in the Trenches** – Cases resulting in concern or elation will be detailed. A point-counterpoint on the use of navigation vs. freehand approach will be presented.

Keynote lectures will explore robotic surgery in the head and neck on Dec. 6 as well as materials in the digital world on Dec. 7.

In addition, the Dec. 5 preconference will offer three hands-on workshops exclusively for AAOMS fellows and members as well as three large-room sessions for OMSs and their restorative dental colleagues.

### Conference discount available

A special reduced rate is available for general dentists and other dental professionals attending the Dental Implant Conference. AAOMS members who wish to invite other dental

### Dental Implant Conference

**When:** Dec. 5-7

**Where:** Chicago, Ill.

**More information:** [AAOMS.org/DIC](http://AAOMS.org/DIC)



professionals can provide them with a promotional code for the reduced registration fee. The promo code is available at [AAOMS.org/DICspecial](http://AAOMS.org/DICspecial).

### Exhibit Hall to display products

More than 100 exhibitors will showcase the latest dental implant products and services in the Exhibit Hall. All the exhibitors can be viewed at [AAOMS.org/DICvvh](http://AAOMS.org/DICvvh).

### Assistants can attend

Professional staff can develop their skills at the Anesthesia Assistants Review Course and the Anesthesia Assistants Skills Lab.

The Dec. 6 and 7 course can help those who are already enrolled in the Dental Anesthesia Assistant National Certification Examination (DAANCE) program prepare for the exam.

The four-hour workshop on Dec. 7 will present airway adjuncts, critical cardiac dysrhythmias and defibrillation as well as the use of the peak flow meter and glucometer.

### Simulcast to broadcast general sessions

A live simulcast will be available for those unable to attend the conference. Participants can watch the general sessions Dec. 6 and 7, join question-and-answer sessions and earn CDE/CME credit.

Rates are available for members, residents and non-members. The simulcast is complimentary for residency programs through their program director. Archived access will be available for 60 days after the simulcast.

More information about the conference is available at [AAOMS.org/DIC](http://AAOMS.org/DIC). ■



### Thursday, Dec. 5 (Preconference)

Time	Session Number	Session Name
<b>11 a.m.–12:45 p.m.</b>		<b>Corporate Forum</b>
	GCF4	• Geistlich Biomaterials: Optimizing Your Dental Implant Hard- and Soft-tissue Outcomes – Bone augmentation and soft-tissue alternatives for everyday dental implant therapy
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)
<b>5–7 p.m.</b>		<b>Corporate Forums</b>
	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
<b>8 a.m.–noon</b>	<b>G01</b>	<b>Reconstruction of Hard- and Soft-tissue Defects in the Anterior Maxilla</b>
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
<b>1–4:30 p.m.</b>	<b>G02</b>	<b>Material and Restorative Methods for Reconstruction of Hard- and Soft-tissue Defects</b>
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
<b>8 a.m.–noon</b>	<b>G03</b>	<b>Case Discussions</b>
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: Materials in the Digital World
<b>1–4 p.m.</b>	<b>G04</b>	<b>Experience in the Trenches</b>
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





## Conference to focus on head and neck oncology

To provide members with an opportunity within AAOMS to expand their knowledge about head and neck oncology, the Principles of Head and Neck Oncology for the OMS conference was born.

The conference being held March 6-8 at AAOMS headquarters in Rosemont, Ill., will discuss surgical and scientific developments in head and neck oncology.



Dr. Kademani

Participants will obtain information to ensure patients receive the highest-quality surgical care with optimal functional outcomes after ablative and reconstructive head and neck surgery.

"Oral and maxillofacial surgeons are increasing becoming involved in the

comprehensive management of patients with oral and head and neck cancer," said Deepak Kademani, DMD, MD, FACS, chair of the Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery, which developed the conference. "This is a fundamental part of our specialty. This course was developed to provide all OMS surgeons and residents the key principles of head and neck oncology and reconstructive surgery."

Evaluation and management of head and neck cancer patients will be reviewed, and optimal outcomes of head and neck oncologic and reconstructive surgery will be shared. The conference also will cover principles of creating, marketing and maintaining a head and neck oncology practice as an OMS.

"It is our hope that members will recognize the benefits of oral and maxillofacial surgery being involved in the care of the head and neck cancer patient," Dr. Kademani said. "There are several members of our specialty now that practice full-scope head and neck surgery and, as a specialty, we are uniquely positioned as the only specialty that can care for all surgical aspects of the head and cancer patient – from ablation to dental reconstruction."

A hands-on preconference on March 6 is designed to provide participants with direct clinical skills to help augment their surgical practice. Attendees will be able to choose a course from each of two timeslots covering the topics of nerve repair/reconstruction, computer 3D planning and navigation,

### Principles of Head and Neck Oncology for the OMS

**When:** March 6-8

**Where:** AAOMS headquarters, Rosemont, Ill.

**More information:** [AAOMS.org/HeadNeckOncology](http://AAOMS.org/HeadNeckOncology)

*Oral and maxillofacial surgery is a leader in oncologic care, and we are the only specialty able to perform ablative procedures all the way to dental rehabilitation of the cancer patient.*

*– Dr. Deepak Kademani, chair of the Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery*

microvascular anastomosis techniques as well as dental implant planning for cancer patients.

Two full days of general sessions will cover topics ranging from surgical techniques for oral cavity cancer extirpation, neck dissection to salivary gland tumors and reconstructive surgery. More than 20 leaders in the specialty also will discuss such subjects as thyroid surgery, skull base access surgery and laryngeal cancer.

"A cutting-edge and comprehensive review of head and neck oncology and reconstructive surgery will be presented at the conference," Dr. Kademani said.

Dr. Kademani hopes the conference will become a regular AAOMS event offered every other year.

"Oral and maxillofacial surgery is a leader in oncologic care, and we are the only specialty able to perform ablative procedures all the way to dental rehabilitation of the cancer patient," he said. ■

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Daniel M. Laskin, DDS, MS  
AAOMS Today Editor

## Preparing for traveling internationally

As air travel has extended the destinations available, and educational and clinical opportunities have expanded, more and more oral and maxillofacial surgeons are now traveling to many of the less-developed countries.

Whereas one has little to worry about regarding health issues in developed nations, the situation is entirely different in less-developed countries. Depending on the destination, it has been reported that 22 percent to 64 percent of inadequately prepared travelers will experience some illness; on a typical two-week trip, they will lose an average of three days because of such illness; and as many as 20 percent will remain ill after returning home, with 10 percent needing medical care.

Although the most common illnesses are diarrhea and respiratory infections, some may even develop life-threatening conditions, such as malaria. Thus, it is important for those contemplating such travel to be properly prepared to avoid these situations.

This should begin with a pre-travel consultation, ideally with a doctor trained in travel medicine. This consultation should be held at least six weeks prior to the travel date to allow for any necessary immunizations to become maximally effective and for any other preventive measures to be started sufficiently in advance. You may think that you are adequately protected by the usual routine vaccinations that you already had, but some may require boosters.

Also, there may be destination-specific vaccinations needed, such as for yellow fever and meningococcal meningitis, depending on your itinerary.

Once at your destination, it is important to be careful about the food you eat and the water you drink because these are the most common causes of traveler's diarrhea. Avoid eating raw, uncooked food. Food should be well-cooked and hot, and eat only eat fruits and vegetables that can be peeled. Avoid tap and well water; drink only water that is bottled, boiled, filtered or treated.

And be careful about using ice in your drinks. The water may be bottled, but the ice may have been made from an untreated source.

Finally, resist the temptation to consume foods from market stalls and street vendors.

In some tropical areas, bites from mosquitoes, ticks, mites and chiggers can lead to serious illnesses. If you are traveling to a malaria-endemic region, your

travel medicine doctor may recommend chemoprophylaxis. Insect bites also can be prevented by wearing protective clothing that is insecticide-treated and minimizes skin exposure and by using insect repellents that are applied regularly.

Despite the potential health risks of travel to less-developed countries, careful preparation and proper precautions should minimize such situations.

As Jim Rohn once said, "If you are not willing to risk the unusual, you will have to settle for the ordinary."

No one ever said oral and maxillofacial surgeons settle for the ordinary. So enjoy your trip. Bon voyage! ■

*No one ever said oral and maxillofacial surgeons settle for the ordinary.*



# It's our turn.

“ I remember with pride my walk to that podium to receive my FEDA award. FEDA was the ‘shot in the arm’ that helped me stay on track and focused on my academic goals. Now it’s up to us to ensure that the opportunities we enjoyed are available to the next generation of OMSs. Please join us in ‘leading from the front’ with a generous gift to support the future of our specialty. ”

– Dr. Deepak and Mrs. Preethi Krishnan



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William C. Passolt, CPA  
*OMS Foundation Chair*

## Addressing the specialty's top priorities

Charged with constructing a new Strategic Plan in 2018, the Board of the OMS Foundation resolved to demonstrate the Foundation's relevance to the specialty.

Working from donors' feedback, the Board expanded its educational programs portfolio to embrace humanitarian service, identified translational research as a funding priority and brainstormed potential partnerships that would enhance the Foundation's capacity to serve the specialty.

Halfway through the plan's three-year timeline, we have achieved several of its highest priority goals.

Energized by a commitment of support from the OMS Foundation Alliance, our Global Initiative for Volunteerism and Education (GIVE) program launched in January 2019. Supported by \$2,500 travel stipends, eight OMS residents have deployed with humanitarian healthcare teams to deliver care to underserved communities around the world.

They returned humbled by their experience and inspired to seek future opportunities to help those in need. By July, we had a waitlist of residents as eager to serve as they were to learn. Please consider a donation to GIVE to allow more residents to benefit from this rewarding experience in years to come.

Delivering more translational research is another goal we are pursuing in earnest. Data are our best defense against challenges to our single-provider anesthesia team model, and the Foundation Board has committed to facilitate a data-driven study focused on anesthesia and patient safety. AAOMS has pledged \$75,000 to launch the project, but your help is needed.

This study will supplement the data findings of the OMS Quality Outcomes Registry (OMSQOR®) and Dental

Anesthesia Incident Reporting System (DAIRS). Your participation in OMSQOR and DAIRS will contribute to their success. These registries were designed to streamline data collection; your data have never been more important. We encourage you to visit [AAOMS.org/OMSQOR](http://AAOMS.org/OMSQOR) to enroll if you have not already done so.

On the clinical research front, we expect to award our first Clinical Research Support Grant in late 2020. This \$150,000 grant will fund a two-year project commencing in 2021. Details and application requirements will be announced at the AAOMS Clinical Trials Methods Course being held April 29-May 1.

The new year also marks the debut of our International Fellowship for Cleft Lip and Palate and Craniofacial Surgery, a collaboration between the OMS Foundation, IAOMS and the IAOMS Foundation. The fellowship will offer OMS residents and junior faculty from the United States the opportunity to train for a year with expert surgeons at Peking University School and Hospital of Stomatology beginning Sept. 1, 2020.

We are pleased to partner with IAOMS for this outstanding educational opportunity. We remain committed to cultivating corporate and other supporters who, like us, understand that investment in high-quality education and research strengthens the specialty while making the practice of oral and maxillofacial surgery safer for patients.

Lastly, I would like to thank Dr. Kathy Banks for her service to the Foundation and her leadership as its Chair since 2016. The Foundation's Strategic Alliance with AAOMS and its record-breaking Annual Fund Campaign are a testament to her vision and drive. Her legacy is a vibrant, energized organization whose relevance to the specialty becomes more apparent with each passing day. ■

# Predicting the top specialty issues states will face



By Cynthia Trentacosti-Franck, DDS, MS  
*Committee on Governmental Affairs Chair*

I am honored to be given the opportunity to be the new chair of the AAOMS Committee on Governmental Affairs. I look forward continuing to work with other members of this committee and amazing AAOMS staff during this new appointment.

As 2019 comes to a close, I would like to pause and take inventory of all the state issues our specialty faced this year. More than 700 bills were proposed that would have affected our specialty. Only about 20 percent of these were ultimately enacted, but another 50 percent will carry over for consideration in 2020. For a summary of these issues, be sure to read the 2019 State Issues Review, which will be published online in February (with a link included in the President's e-newsletter).

While reviewing all that was considered by the states in 2019, we can predict the top issues our specialty will face in the 2020 state legislative season:

- **Anesthesia** – With the publication by the American Academy of Pediatrics of revised guidelines covering the delivery of pediatric anesthesia in dental offices – and its subsequent endorsement by the ASA, among others – we can expect significant action in the states. While practice standards may be issued by provider groups, the only way

actual scope of practice can be changed is through the adoption of these standards into statutes or regulations by the state dental boards or legislatures. We can expect these papers will be referenced anytime anesthesia is discussed in the states in 2020.

- **Outpatient surgical facilities** – This year, a handful of states sought to amend their office-based surgery standards. While most targeted medical offices, the language provided in the regulatory or statutory changes could have applied to OMS offices as well. Many of these states proposed to require offices where surgery was performed to achieve national accreditation or secure a special state license – both of which would have created an additional administrative burden on the provider. Fortunately, these proposals were revised before enactment or abandoned entirely. As more physicians seek to perform invasive surgery in their offices, we can expect states to seek to regulate these facilities. It is important these laws recognize the unique role of OMS offices and ensure any new regulations do not adversely affect our practices.
- **Surprise/out-of-network billing** – Both the federal government and states have sought action to address surprise or out-of-network bills. This most frequently occurs at in-network hospitals, where narrow provider networks have pushed on-call providers out of the insurance network. While patients can typically select an in-network provider, this proves difficult in emergency situations or for ancillary services – such as anesthesia or pathology – which may be scheduled by the hospital.



Attendees of the Advocacy Breakfast at Annual Meeting received updates from the AAOMS Committee on Governmental Affairs and the OMSPAC Board of Directors.





## in the new year

To address this issue and remove the patient from what is essentially an argument between the provider and insurer, states have implemented a range of proposals, including prohibiting balance billing and establishing reimbursement at an average rate or prohibiting balance billing and mandatory arbitration. While significant discussion on this topic occurred in 2019, few states took final action, so we can expect continued debate on this topic in 2020.

- **Advertising/specialty recognition** – With the addition of dental anesthesiology to the list of recognized ADA specialties, states will need to find ways to incorporate this new specialty into current state laws. While a handful of states have already recognized this subspecialty, most states have yet to acknowledge the profession. From advertising to anesthesia regulations, dental anesthesiologists will need to be incorporated into state provisions to formally allow their recognition.
- **Dental board composition** – The North Carolina State Board of Dental Examiners v. FTC case changed the composition of most state dental boards by either reducing the total number of dental providers appointed to the body or increasing the number of lay representatives in the group to avoid antitrust accusations. This, in concert with the addition of new dental specialties and ever-changing practice models, has created a power struggle to fill key seats on these boards that govern our day-to-day practice. As others fight for representation, we too must remain vigilant to ensure our specialty is represented in the very bodies that will likely dictate our specialty's future.
- **Midlevel providers** – In 2019, five states passed legislation to create dental therapists. With 13 states now authorizing their practice in either limited or broad practice situations, we can expect momentum to continue into 2020. Proponents of this model will be emboldened by their success. And the more states that choose to accept these providers, the more palatable they will seem to other wavering state legislatures.

I encourage you to become involved with your state societies and pay attention to the issues being discussed in your states. We are all in this together, and we all can have an effect on preserving our very safe and efficient practice model. These are important issues that affect us all.

For more information, contact AAOMS government affairs staff at 800-822-6637 or [advocacy@aaoms.org](mailto:advocacy@aaoms.org). ■

## HEALTH IT BYTES



■ **Cybersecurity** – New York passed a bill (S 5575B) that requires any healthcare organization that owns or licenses computerized information to add additional cybersecurity safeguards. Healthcare providers also will have new requirements for reporting to the state in the event of a breach in addition to current federal reporting under HIPAA. The new law – known as the SHIELD Act – will take effect 240 days after it was enacted, or approximately March 2020.

■ **Ransomware** – A ransomware attack in late August crippled more than 400 dental offices, primarily in Wisconsin. The attacks were against DDS Safe, a service of the Digital Dental Record, a subsidiary of the Wisconsin Dental Association (WDA). The attacks left providers without access to their patient files or the ability to take digital X-rays, among other issues. WDA is working with the FBI's Cyber Crimes Task Force to determine next steps. Questions? Contact WDA.

■ **Windows 7** – As a reminder, Microsoft will discontinue support for its Windows 7 platform on Jan. 14. Microsoft will stop releasing new security updates after this date, leaving any remaining systems still operating on the platform vulnerable to viruses and malware. More importantly, any healthcare provider still utilizing the operating system on a computer or network with patient information could face hefty fines, as HIPAA requires practitioners to protect covered information by constantly updating security protocols. Practices still operating on Windows 7 are encouraged to contact their IT support provider to discuss transitioning to a compliant system. In addition, practices should ensure the operating system to which they transition support other systems in the office, such as practice management software and imaging systems.



# Federal and state legislators make end-of-year

**A**s 2019 officially comes to a close, Congress and states are trying to wrap up their work before the new year.

## Federal level

Despite impeachment proceedings threatening bipartisan endeavors, members of Congress are trying to accomplish several policy-related goals before the end of the year:

■ **Spending bills** – Congress passed and President Donald Trump signed into law on Sept. 27 a continuing resolution (HR 4378) that would extend Fiscal Year 2019 funding through Nov. 21 in an effort to avoid a government shutdown at the start of Fiscal Year 2020 on Oct. 1. A continuing resolution was needed because Congress was unable to pass any of the 12 annual spending bills for FY 2020 before the Oct. 1 deadline.

The appropriations process was delayed by the need for Congressional leaders and the White House to come to an agreement earlier this summer on overall FY 2020 funding caps, which helped set the appropriations levels.

■ **Student loans bills** – Student loan reform remains a priority, but no significant legislation has moved through the committees of jurisdiction. The House Education and Labor Committee instead held a Sept. 19 oversight hearing on issues associated with the Public Service Loan Forgiveness Program, which was created in 2007 to steer talent into the public sector, particularly in healthcare and education, with the reward of loan forgiveness for 10 years of public service. The program has had a 99 percent denial rate since the first wave of eligible student borrowers began applying for forgiveness in 2017.

AAOMS submitted as a Statement for the Record a letter from Lt. Cmdr. J. Marshall Green, DDS, FACS, an AAOMS member who brought this matter to the Association's attention.

■ **Surprise billing** – Bipartisan support remains on the importance of ending surprise billing for patients. However, legislators continue to disagree over how doctors and hospitals will be paid once patients are protected from surprise billing. The leading House bill – the No Surprises Act – was amended to allow the use of arbitration as a backstop when providers do not believe the insurer rate covers the cost of the services.

Senator and physician Bill Cassidy (R-La.) continues to try to include an arbitration process in the lead Senate bill – the Lower Health Care Costs Act (S 1895) – which passed out of the Senate Health, Education, Labor and Pensions Committee this summer.

■ **Medical Device Tax** – AAOMS joined more than 600 other healthcare-related groups on a letter to members of Congress expressing support for legislation to repeal the Medical Device Tax. This letter – as well as all other AAOMS comment letters – are available on the Advocacy and Government Affairs section of AAOMS.org.

## State level

A handful of states took actions on insurance-related issues while the attorney general of Texas issued an important opinion related to the delivery of anesthesia:

■ **Illinois** – Gov. J.B. Pritzker (D) signed SB 111, which raises the age limit to 26 for health insurance to cover anesthetics provided with dental care to individuals diagnosed with an autism spectrum disorder or developmental disability.



## push on several issues related to healthcare

Previously, the state only required coverage until age 19. The Illinois State Dental Society promoted the bill.

■ **New Jersey** – Gov. Phil Murphy (D) signed S 2507, which prohibits the sale or lease of access of dental provider network contracts, a process also known as creating silent PPOs. Network leasing is a common practice by insurers to ensure patient access to in-network care, but the provider often is unaware it is considered in-network with these plans. Under the new law, dentists must be explicitly informed of network leasing agreements by insurers and provided an opportunity to opt out of a contract. The New Jersey Dental Association championed the bill.

■ **Texas** – The Office of the Attorney General Ken Paxton (R) issued an opinion on Certified Registered Nurse Anesthetists (CRNAs) and whether the provision of anesthesia was the practice of medicine. The Attorney General's office indicated that the practice of medicine includes the provision of anesthesia by a licensed physician, but it also is included in the scope of practice of other healthcare professionals, including CRNAs. However, the office restated its prior opinion that a CRNA "does not possess independent authority to administer anesthesia without delegation by a physician."

### OMSPAC update

OMSPAC raised \$409,635 from 16.98 percent of the membership as of August. In addition, OMSPAC has contributed \$90,500 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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# Producing patient records upon request

By Kim C. Stanger, JD  
*Holland & Hart, LLP*

**H**ealthcare providers often misunderstand their obligation to provide patient records in response to a request from a patient or third party.

## Patient requests and 'designated record set'

With very limited exceptions, patients and their personal representatives generally have a right to access and/or require the disclosure of protected health information in the patient's designated record set (45 CFR § 164.524(a)).

Regarding the limited exceptions, a provider may generally decline to produce records in response to a patient's or personal representative's request if, for example, the requested records 1) are not part of the patient's "designated record set," 2) are psychotherapy notes as defined by HIPAA, 3) were compiled in reasonable anticipation of litigation, 4) were obtained from a third party under the promise of confidentiality, and disclosure would reveal the source of the information or 5) disclosure would result in substantial harm to the patient or others. (See 45 CFR § 164.524(a).)

HIPAA defines "designated record set" as a group of records maintained by or for a covered entity that is:

- The medical records and billing records about individuals maintained by or for a covered healthcare provider or
- Used, in whole or in part, by or for the covered entity to make decisions about individuals (45 CFR § 164.501). As the OCR summarizes: The Privacy Rule generally requires HIPAA-covered entities (health plans and most healthcare providers) to provide individuals, upon request, with access to the protected health information (PHI) about them in one or more "designated record sets" maintained by or for the covered entity.

This includes the right to inspect or obtain a copy or both of the PHI as well as to direct the covered entity to transmit a copy to a designated person or entity of the individual's choice. Individuals have a right to access this PHI for as long

as the information is maintained by a covered entity or a business associate on behalf of a covered entity regardless of the date the information was created; whether the information is maintained in paper or electronic systems onsite, remotely or is archived or where the PHI originated (e.g., whether the covered entity, another provider, the patient). (Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524; OCR access guidance is available at [HHS.gov/HIPAA/for-professionals/privacy/guidance/access/index.html](https://www.hhs.gov/HIPAA/for-professionals/privacy/guidance/access/index.html).)

In separate frequently answered questions, the OCR explains further:

### **What personal health information do individuals have a right under HIPAA to access from their healthcare providers and health plans?**

With limited exceptions, the HIPAA Privacy Rule gives individuals the right to access, upon request, the medical and health information (protected health information or PHI) about them in one or more designated record sets maintained by or for the individuals' healthcare providers and health plans (HIPAA-covered entities). (See 45 CFR § 164.524.) Designated record sets include medical records, billing records, payment and claims records, health plan enrollment records, case management records as well as other records used in whole or in part by or for a covered entity to make decisions about individuals. (See 45 CFR § 164.501.)

Thus, individuals have a right to access a broad array of health information about themselves, whether maintained by a covered entity or a business associate on the covered entity's behalf, including medical records, billing and payment records, insurance information, clinical laboratory test reports, X-rays, wellness and disease management program information and notes (such as clinical case notes or subjective, objective, assessment and plan [SOAP] notes but not including psychotherapy notes) among other information generated from treating the individual or paying for the individual's care or otherwise used to make decisions about individuals.

Individuals do not have a right to access PHI about them that is not part of a designated record set because this information is not used to make decisions about individuals. This may include certain quality assessment

*continued on next page*

or improvement records, patient safety activity records or business planning, development and management records that are used for business decisions more generally rather than to make decisions about individuals.

For example, peer review files, practitioner or provider performance evaluations, quality control records used to improve customer service and formulary development records may be generated from and include an individual's PHI but may not be in the covered entity's designated record set(s) to which the individual has access. (See OCR frequently asked questions at [HHS.gov/HIPAA/for-professionals/FAQ/2042/what-personal-health-information-do-individuals/index.html](https://www.hhs.gov/HIPAA/for-professionals/FAQ/2042/what-personal-health-information-do-individuals/index.html).)

### Records from other providers

As the OCR's Access Guidance affirms, the "designated record set" includes records used by the covered entity to make healthcare decisions about a patient "regardless (of) where the (record) originated (e.g., whether the covered entity, another provider, the patient, etc.)."

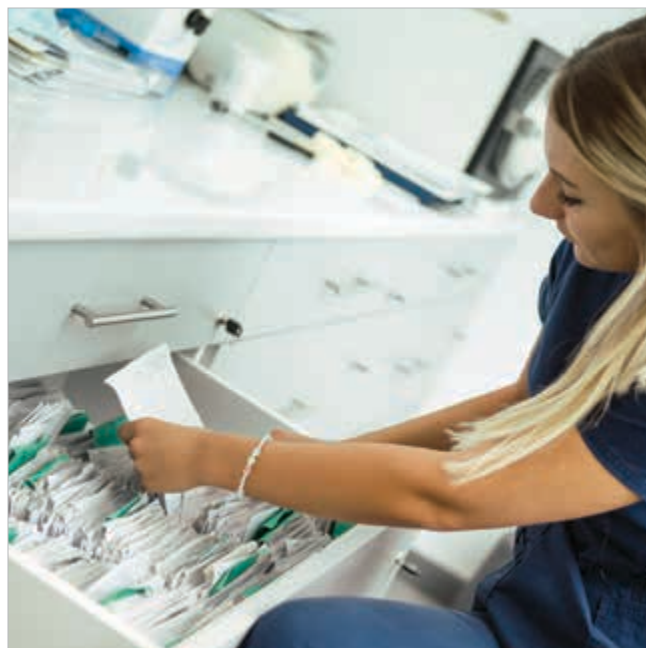
OCR frequently asked questions (available at [HHS.gov/OCR/privacy/HIPAA/FAQ/minimum\\_necessary/214.html](https://www.hhs.gov/OCR/privacy/HIPAA/FAQ/minimum_necessary/214.html)) states: A provider might have a patient's medical record that contains older portions of a medical record created by another previous provider. Will the HIPAA Privacy Rule permit a provider who is a covered entity to disclose a complete medical record even though portions of the record were created by other providers?

**Answer:** Yes, the Privacy Rule permits a provider who is a covered entity to disclose a complete medical record, including portions that were created by another provider, assuming that the disclosure is for a purpose permitted by the Privacy Rule, such as treatment.

The OCR's more recent access guidance confirms that not only may the provider disclose records received from other providers, it generally must disclose such outside records that are a part of the designated record set in response to the patient's or personal representative's request unless one of the limited exceptions apply; failure to do so could subject the provider to HIPAA penalties.

### 'Legal health record'

Healthcare entities sometimes get hung up on the concept of the "legal health record" when trying to determine what



may or must be provided in response to patient or third-party requests for protected health information.

In contrast to the designated record set, there is no uniform or regulatory definition of the "legal health record," and its meaning depends on the user and context. Some may intend it to refer to the patient's "formal" medical record as defined and maintained by a provider; others use it to describe the medical records that would be used in court or produced in response to a subpoena.

Thus, when someone refers to the "legal health record," a provider must determine just what is intended. More specifically, when responding to a request for records, the covered entity must confirm who is requesting the information and what they are seeking rather than imposing its own unilateral definition of the "legal health record":

- As discussed, if the patient or personal representative requests the patient's records or asks that the patient's records be sent to a third party, a provider generally must produce all requested records that are maintained in the patient's designated record set unless one of the limited exceptions apply. (See 45 CFR § 164.524.) If he or she chooses, a provider may ask or confirm with the patient or personal representative which records are actually wanted.
- If a provider receives a valid HIPAA authorization from a third party seeking records, the provider may (but is not





required to) produce the specific records identified in the authorization, but not others. (See 45 CFR § 164.508.) If there is any question about which records are covered by the authorization, the provider should check with the patient to confirm what should be disclosed.

- If a provider receives a subpoena, order or warrant requesting records, the provider generally must produce the specific records or information identified in the subpoena, order or warrant. (See 45 CFR § 164.512(e)-(f).)

Remember, the party issuing the subpoena or order may define the requested records differently than the provider. The issue is not what the provider thinks should be produced or how it unilaterally defines its own medical records; the issue is what records are requested by the subpoena, order or warrant.

If the provider fails to produce the records that are requested, the provider may be subject to contempt sanctions. If the provider produces more than the records requested, the provider may be subject to HIPAA penalties.

Accordingly, if there is any doubt as to the scope of records requested, the provider should contact the party issuing the subpoena to confirm what is intended and only produce the records identified in the subpoena, order or warrant. In doing so, the provider should be careful to avoid disclosing protected health information in the discussion.

- If a provider is required to disclose protected health information pursuant to a statute or regulation, the provider should ensure that he or she limits the scope of the disclosure to the specific information or records identified in the statute or regulation and strictly follows

the statutory or regulatory process for such disclosures. (See 45 CFR § 164.512(a).)

- If a provider is disclosing information for a purpose permitted by HIPAA without the patient's authorization (e.g., disclosures to other providers for treatment purposes or to a payer for payment purposes), the provider should generally comply with the minimum necessary standard (i.e., do not disclose more than needed for the permissible purpose. (See 45 CFR § 164.514.)

Note that when the provider receives a request from another healthcare provider for treatment purposes, the provider may assume that the other healthcare provider needs the records requested, which may include outside records.

## Conclusion

When responding to requests or demands for records, providers must be careful not to interpret or respond to the request based on their own unilateral concept of the "medical record." Instead, they must ensure that they produce the records described by applicable statutes, regulations, subpoenas, orders or warrants regardless of how the provider would characterize the records or, most often, who created the records.

Questions? Email the author at [kcstanger@hollandhart.com](mailto:kcstanger@hollandhart.com). ■



*This is number 170 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](http://AAOMS.org).*

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# Highlighting the proposed 2020 MPFS

The Centers of Medicare and Medicaid (CMS) issued the proposed 2020 Medicare Physician Fee Schedule (MPFS) rule on July 29. CMS also released a fact sheet summarizing the rule and provided tables and addendums mentioned in the rule at CMS.gov.

In the proposed rule, CMS agrees to abandon its originally proposed blended payment rate for Evaluation and Management (E&M) services and instead accepts the AMA's CPT and RUC recommendations for significant modifications to existing code descriptors, criteria and values.

Evaluation and management code revisions effective 2021 include:

- Remove the history and physical exam as a necessary component for E&M code selection. While the H&P will no longer be considered when determining the level of E&M, the E&M code descriptors were revised to indicate that providers are still expected to perform a "medically appropriate history and exam" when an E&M procedure is performed.
- Selection of a particular E&M service can be determined by either Medical Decision Making (MDM) or based on total time. MDM or time can be used as the parameter for code selection, not both.
  - CMS will maintain the three elements of MDM that include complexity of the patient's presenting problem, data to be reviewed and the risk of significant complications. However, CMS also significantly modified the guidelines to clarify the definitions to assist with determining the most appropriate level of E&M selection.
  - Time is defined as minimum time, not typical time, and measured by the total time the physician or other Qualified Healthcare Professional (QHP) spends on the date of the encounter. This total time may include non-face-to-face services, such as coordination of care and orders for medications, tests or procedures if carried out on the same day as the encounter.

Modifications and other various key elements of the proposal are:

- CPT code 99201 was deleted based on low utilization and similar code selection criteria as 99202.

- New add-on code reflects the additional work and resource costs inherent to the selected E&M codes associated with that visit in relation to the ongoing care related to a patient's single, serious or complex chronic condition. This code can be used for primary care and specialist visits applicable to every level of office and outpatient E&M visit.
- Additional prolonged service code was added to capture physician/QHP time in 15-minute increments when it exceeds the time specified in the E&M visit. This code should be reported only with 99205 and 99215 when time was the primary basis for code selection.

## Other items of interest to proposed rule

CMS continues its data collection on postoperative visits occurring within a global surgery period. The rule:

- Modifies documentation policies so physicians and other practitioners can review and verify documentation rather than re-documenting notes made in the medical record by other physicians, residents, nurses, students or members of the medical team.
- Adds three new time-based codes for online digital E&M services and approved for reimbursement by CMS.
- Expands coverage for treating opioid disorders.
- Loosens supervision requirements for Physician Assistants.
- Allows either a physician or an anesthetist to examine the patient immediately before surgery for anesthesia risk and planned procedure risk to reduce regulatory burden (if permitted by state law).
- Plans to overhaul the Quality Payment Program by outlining the framework for the MIPS Value Pathway (MVP) to follow a more episodes-based approach and align the Medicare Shared Savings Program quality performance scoring methodology with the methodology for MIPS.

The final rule is expected in early November. AAOMS will formally analyze the impact of these changes for the specialty in 2020 and 2021. ■

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## Coding for marsupialization of a cyst

There is not one distinct code for marsupialization of a cyst in CPT. However, there are three possible ways to approach reporting it.

Marsupialization involves opening of the bone, an incisional biopsy of the cyst lining and, finally, insertion of a tube for decompression. This assumes a rather prolonged course of follow-up and frequent office visits (weeks to months) before the definitive surgical excision is performed.

Thus, the first method to consider is reporting a biopsy of lesion code with a low relative value unit (RVU) and a 0- or 10-day global period in addition to a low RVU incision and drainage code that also has a 0- or 10-day global period. Each follow-up visit beyond the 0- or 10-day global period may be coded separately with the appropriate established patient E&M code. This method would reflect the longitudinal work in these cases that can extend over several months.

If a shorter follow-up is anticipated, other options may be considered. The second option would be to use unlisted CPT code 21299, which requires a report, and appended staged procedure modifier -58. The staged procedure modifier would indicate that a second procedure was planned from the outset (excision of benign cyst) if it falls within the global surgical period of the first procedure. In the report, reference CPT 42409 (marsupialization of sublingual gland) as an equivalent procedure with an RVU of 6.35 and a 90-day global period.

The third option would be the use of an excision code with a 90-day global period. If this code is selected as your preferred method of billing, you may not charge for any follow-up visits during the 90-day postoperative period.

surgery. Depending on the circumstances, modifier -58 may be an appropriate option.

### Reminder: 2020 code changes

As reported in the September/October issue of *AAOMS Today*, a few new CDT codes are taking effect Jan. 1 that the specialty will want to take note of.

Most notably is a new code for “placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.” This code may be reported when using gel foam or other biologic materials in an extraction site of those patients at high risk for bleeding due to prescribed blood thinners.

CPT also will contain new codes and guidelines for tissue-grafting procedures as well as new online digital evaluation codes (e-visits) and revised coding guidelines for intermediate and complex repair codes. All OMSs are encouraged to purchase new coding books every year to stay abreast of code changes. ■

*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.*

### Arch bar removal with fracture repair

The appropriate code for reporting arch bar removal is CPT 20670 – removal of implant; superficial. It is the position of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement that the removal of arch bars placed in the treatment of a fracture is a separately billable service and not included in the global package of the fracture repair surgery – regardless of who (same surgeon or different surgeon) placed the arch bars in the first place.

Some carriers may require a modifier to be appended if the removal is performed within the global period of the initial

### Coding workshops scheduled

The Beyond the Basics Coding Workshop will take place:

- May 2 – 3, 2020, in Rosemont, Ill. (in conjunction with the AAOMS Educational Weekend)
- Oct. 7 – 8, 2020, in San Antonio, Texas (in conjunction with the AAOMS Annual Meeting)



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*Photo: Fadi N. Kosa, DMD, oral and maxillofacial surgeon at The Christiana Center for Oral & Maxillofacial Surgery, Newark, Delaware*



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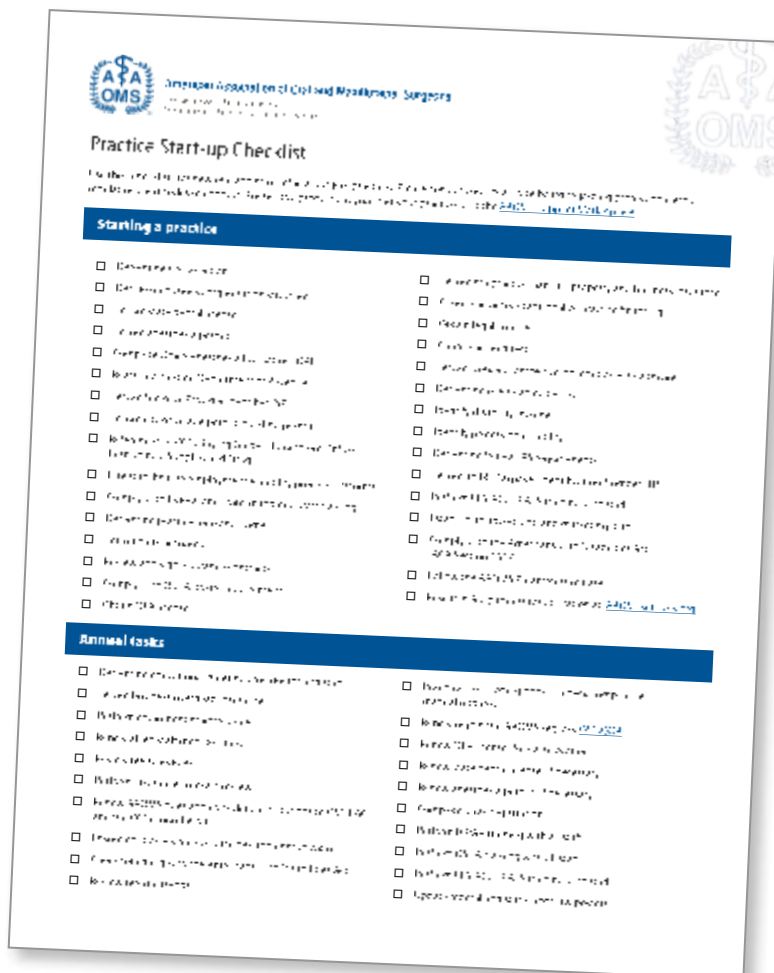
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**Q** I am starting a new oral and maxillofacial surgery practice. What are some considerations?

The following are some examples of regular tasks to perform:

- To download the AAOMS Practice Start-up Checklist, visit [AAOMS.org/practice-resources](http://AAOMS.org/practice-resources).



Additional information is available at  
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FALL 2019

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Professor of Oral and Maxillofacial Surgery, UCLA School of Dentistry  
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## Outlining ABOMS strategies for the future

**P**atient first. Integrity. Fair and valid. Relevant. Gold standard of excellence.

ABOMS's strategic plan always puts these five values first when determining its next moves in certification.

The Board's most recent strategic planning meeting focused on the Certification Maintenance (CM) implementation process.

The goal of the modified program is to enhance the Diplomates' engagement and lifelong learning with ABOMS. The program is meant to support Diplomates in their careers and promote the value of their certification.

While much discussion has been focused on the changes to CM, the Board also has set its eyes on advancing its communication with residents.

The Board maintains valuable relationships with ROAAOMS and is now taking steps to further develop processes to reach

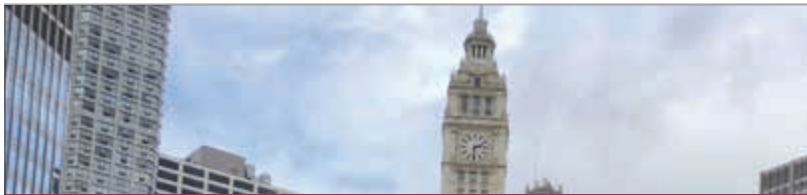
more residents. These future changes will create a resource area for applicants that mimic the Board's new CM program.

It also will allow each resident an opportunity to familiarize himself or herself with ABOMS's online portal.

These upgrades will create a partnership with residents beginning with their first year of residency until they graduate from their program.

At the heart of each decision that the Board makes is its core purpose: to assure the public of safe and optimal care through the development and maintenance of high standards of certification and recertification in the specialty.

The Board often reviews its strategic plan, ensuring its relevancy to the specialty and making modifications when necessary. ■



American Association of Oral and Maxillofacial Surgeons

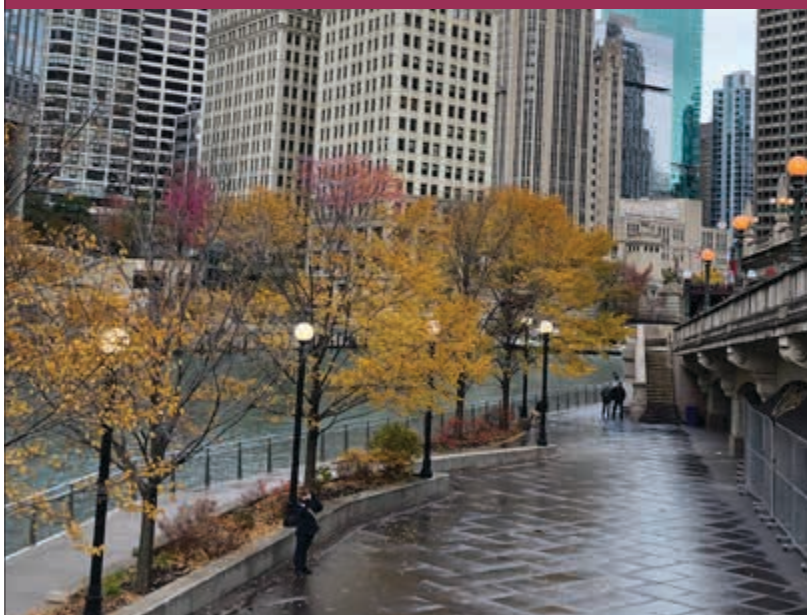
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# Who will pay you if you are unable to work?

By Alex D. Spiller

*Financial Services Professional*

*Treloar & Heisel, Inc.*

Nobody likes to think of disability. The fact is injuries and illnesses happen. The point isn't to dwell on the negative but to focus on how income may be replaced in the event of an unforeseen health event. Disability income insurance is a way to manage this risk.

Many people get confused with all the different insurances. Once you understand what you have, you'll be better equipped to figure out who actually will pay you if you're in a position unable to generate income from your primary work activities.

## Start with the basics

This one's easy. Depending on your level of coverage, health insurance may pay some portion of your doctor's bills, medical tests, hospital expenses and medications. Health insurance does not replace your income if you are disabled.

## What disability income insurance covers

Disability income insurance pays you a predetermined amount if you suffer a disability and are unable to work. You will need to wait for a period of time (say, three months or more) before the payments kick in, and the benefits period will vary depending on the policy terms.

An individually owned policy, meaning one you buy for yourself, likely makes the most sense for those just finishing training. The right time to buy insurance is generally when you're young – it's more affordable and you're healthy. Occupation-specific or "own-occupation" coverage is typically recommended for those in the dental professions because it allows you to receive payment for your disability and still provides you with the option to generate income from a new occupation.

## The difference with group disability

Group disability may be provided by a practice or corporate entity. It may be more restrictive than an individual disability income policy and generally doesn't have the underlying guarantee the coverage will always remain the same.

For example, if you're paying part of the premium, you don't

have the guarantee the premium will stay the same. You don't have the guarantee the company that issued the policy will continue to issue that policy. And you don't have the continuity of coverage if you leave that employer. Group policies should be viewed as supplemental only and not the main source of your disability income coverage.

## Does Social Security have disability coverage?

Yes, it does, though the definition of disability is restrictive, and it may be difficult to qualify for disability payments through Social Security. Also, the coverage is minimal and unlikely to cover most dentists' financial needs.

## What about long-term care?

Long-term care insurance doesn't pay you either. It pays or reimburses you for nursing home or home healthcare expenses. In order for your long-term care insurance policy to kick in, you need to be unable to perform two of the six activities for daily living: toileting, bathing, transferring, eating, dressing and continence.

## Do you need disability income insurance?

By now you've figured out that an individually owned disability income insurance policy is the way you can make sure you get paid in the event of illness or injury. But do you need it? The answer is a resounding yes!

Your ability to generate income is likely your greatest asset – if something were to happen to you, it would have a significant impact on your cash flow. Whether you're just starting your training or if you're already in practice, one of the first things you need to do is protect your ability to earn an income. While health insurance will help pay to get you back to good health, disability income insurance will help replace income while you're unable to work.

Make sure to work with an experienced advisor who understands the risk factors associated with the dental professions and can guide you to design and select a policy that's appropriately suited to your needs. ■

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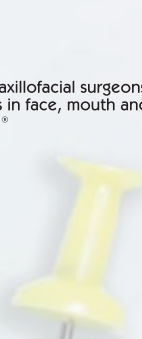
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## COMMUNICATIONS



## Nominations for 2020 JOMS Editorial Board due in November

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](mailto: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 in February to prepare residents for post-residency 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](http://AAOMS.org/Transitions).

## COMMUNICATIONS



## Patient cases requested

Members are asked to share their stories about interesting patient cases for a future article in the member magazine, *AAOMS Today*. OMS members can email a story idea to [strotto@aaoms.org](mailto:strotto@aaoms.org).

## CONTINUING EDUCATION



## ABOMS webinar scheduled

A free webinar will discuss ABOMS certification maintenance changes at 6-7 p.m. CST Nov. 13.

Speaker David Powers, DMD, MD, will outline the new certification maintenance process and how to complete it.

Registration can be completed at [PathLMS.com/AAOMS](http://PathLMS.com/AAOMS).

The archived course also will be available at [AAOMS.org/CEonDemand](http://AAOMS.org/CEonDemand) in mid-December.

## ADVANCED EDUCATION



## New AAOMS conference to focus on education and training

The inaugural AAOMS Educators Summit for OMS faculty will be held May 2-3 at the OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill.

The program aims to provide an opportunity for full-time OMS educators to discuss teaching practices to ensure continuous quality of OMS education and training.

Objectives include:

- Describe best practices in OMS applicant and resident assessment.
- Engage with colleagues on innovation and education in the specialty.
- Explain the culture of research and investigation in an OMS department.

- Identify best practices to expose predoctoral students to the specialty and create meaningful rotations.
- Discover interprofessional relationship-building and networking opportunities.

Sessions also will cover the art of the interview, competency benchmarks, accreditation and diversification, leadership as well as encouragement of research.

Registration is now open. The cost is \$200. Additional information is available at [AAOMS.org/EduSummit](http://AAOMS.org/EduSummit).

## MEMBERSHIP



## Members urged to update profiles

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

Members are asked to log in and review their profile on [AAOMS.org](http://AAOMS.org) to ensure their contact information, office information and degrees are correct, and they are included in the appropriate directories on [MyOMS.org](http://MyOMS.org) (public-facing) and [AAOMS.org](http://AAOMS.org) (members-only).

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

## COMMUNICATIONS



## Magazine seeks ex-athletes

*AAOMS Today* is looking for OMSs who are former professional athletes for a potential story. Those interested in being featured can email [strotto@aaoms.org](mailto:strotto@aaoms.org).

## COMMUNICATIONS



## Authors requested 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](mailto:strotto@aaoms.org).

## COMMUNICATIONS



## Volunteer stories featured

*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](mailto:strotto@aaoms.org).

## OMSQOR



## National registry collecting data from practices for advocacy, research

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](mailto:membership@aaoms.org) or 800-822-6637. General questions about OMSQOR can be emailed to [omsqor@aaoms.org](mailto: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](https://OMSQOR.AAOMS.org/DAIRS). For more information, contact [dairs@aaoms.org](mailto:dairs@aaoms.org).



## MEMBERSHIP



## Connect allows Annual Meeting attendees to continue the conversation

The AAOMS Connect Group for Annual Meeting Attendees allows meeting attendees to follow up with colleagues from the Annual Meeting and continue a conversation with a course speaker.

The online group is available at [AAOMS.org/Communities](https://AAOMS.org/Communities) under the Dashboard tab. All registered attendees have access to the group and can login with their AAOMS.org credentials.

AAOMS Connect is an online community for AAOMS members that features discussion forums, private messaging and more. The resource also allows members to become involved in Clinical Interest Groups and Special Interest Groups beyond the AAOMS Annual Meeting. Requests to join are generally approved within 24-48 hours.

Questions? Contact [conteducate@aaoms.org](mailto:conteducate@aaoms.org).



## MEMBERSHIP



## Reminders about 2020 dues sent to members, fellows, candidates

All fellows, members and candidates have been mailed 2020 membership dues notices. Those who sponsored allied staff members in 2019 will see those names on their annual statements to allow for convenient renewal of their membership.

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

The 2019 AAOMS House of Delegates approved continuation of a three-year assessment in support of the AAOMS Informational Campaign. An informational flyer was included in the dues mailer. AAOMS launched the campaign to educate the public and dental professionals about OMS training, skills and expertise. The campaign shares this information through websites, WebMD, advertisements, videos and other vehicles. Over the years, the campaign has

earned numerous awards and reached millions of viewers and readers.

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

Payment for 2020 dues and assessments is due by Dec. 15. Payments received in-house by this date are guaranteed processing by year-end. Payments made online at AAOMS.org can be made as late as Dec. 31 for recognition in 2019.

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

## ADVANCED EDUCATION



## AAOMS course to expand on research, clinical trial design

The Clinical Trials Methods Course being held April 29 to May 1 in Rosemont, Ill., will provide OMSs – including faculty, residents, fellows and private practitioners – a broad overview of research methodology and clinical trial design.

Topics will include protocol design, hypothesis testing, study design, data collection, statistical analysis and regulatory compliance.

The course will involve lectures and breakout sessions, and participants will design a clinical trial for a preassigned topic

under the guidance of course faculty. The designs will include statistical methods, a budget, potential funding sources and a publication plan. At the end of the course, each group will present and defend its study design, and course faculty will evaluate and score each group's study design.

Registration is now open. The registration fee is \$100 for AAOMS resident members and \$200 for AAOMS fellows and members. More information is available at [AAOMS.org/ClinicalTrials](http://AAOMS.org/ClinicalTrials).



## AAOMS Opportunities

### 2019

#### Dec. 5–7

##### Dental Implant Conference

Sheraton Grand Chicago in Chicago, Ill.

### 2020

#### Feb. 8–9

##### Resident Transitions into Practice Conference

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

#### March 6–8

##### Principles of Head and Neck Oncology for the OMS

AAOMS headquarters in Rosemont, Ill.

#### March 24–25

##### Day on the Hill

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

#### April 29–May 1

##### Clinical Trials Methods Course

AAOMS headquarters in Rosemont, Ill.

#### May 2–3

##### Educators Summit

AAOMS headquarters in Rosemont, Ill.

#### May 2–3

##### AAOMS Educational Weekend

Loews Chicago O'Hare Hotel in Rosemont, Ill.

#### May 29–31

##### Regional and State Leadership Conference

AAOMS headquarters in Rosemont, Ill.

#### Oct. 5–10

##### 102nd Annual Meeting, Scientific Sessions and Exhibition

Henry B. Gonzalez Convention Center  
in San Antonio, Texas

## Regional & State Society Meetings

### 2019

#### Nov. 10

##### New York Society of OMS Meeting

Weill Cornell Medicine in New York, N.Y.

### 2020

#### Jan. 18–19

##### California Association of OMS Anesthesia Meeting

Palace Hotel in San Francisco, Calif.

#### Feb. 28–March 1

##### Virginia Society of OMS Annual Meeting

Hilton Richmond Short Pump Hotel and Spa in  
Richmond, Va.

#### April 16–19

##### Southwestern Society of OMS Annual Meeting

The Broadmoor in Colorado Springs, Colo.

#### April 21–26

##### Southeastern Society of OMS Annual Meeting

Casa Marina in Key West, Fla.

#### April 29

##### Mid-Atlantic Society of OMS Spring Meeting

Turf Valley Resort in Ellicott City, Md.

#### May 2–3

##### California Association of OMS 20th Annual Meeting

The Westin San Diego in San Diego, Calif.

#### June 4–6

##### Canadian Association of OMS 67th Annual Conference

The Algonquin Resort in St. Andrews by the Sea,  
New Brunswick

#### June 23–26

##### British Association of OMS Annual Scientific Meeting

Southbank Centre in London



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Robert S. Clark, DMD  
*Treasurer*

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*“By any measure, the 101st AAOMS Annual Meeting was a tremendous success with strong attendance, great support from our corporate partners and an outstanding preconference on anesthesia.”*

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## TREASURER'S ACCOUNT

### Annual Meeting proves to

The conclusion of my four-year term as District III Trustee allowed me to seek election to a two-year term as AAOMS Treasurer at the 101st AAOMS Annual Meeting in Boston. I am grateful to the membership for its confidence in me and excited to serve in this new role on the Board of Trustees.

By any measure, the 2019 Annual Meeting was a tremendous success with strong attendance, great support from our corporate supporters and an outstanding preconference on anesthesia.

Although expenses are still being processed, the status of the meeting's revenues is clear. The original budget for the meeting anticipated revenues of approximately \$4 million. It appears final results of the meeting will be slightly better than budget due to strong registration and support from corporate supporters.

Anesthesia Update: Office-based Anesthesia for Challenging Patients was held during the Sept. 18 preconference. Now in its 13th year, the Anesthesia Update drew approximately 520 meeting registrants, the second highest attendance since the course's inception.

The Basic Emergency Airway Management (BEAM) module of the AAOMS National Simulation Program was offered for the first time at the Annual Meeting and received rave reviews from the nearly 100 members and their professional staff who participated. This course will be offered on a regular basis once the construction of the OMS Institute for Education and Innovation is complete at the headquarters office in Rosemont, Ill.

Meeting attendees also enjoyed many opportunities for recreation and relaxation in and around Boston. We kicked off the meeting with the Opening Ceremony, Awards Presentation and Meeting Dedication that recognized important accomplishments of AAOMS and OMS leaders followed by a vibrant and fun Welcome Reception.

Later in the week, the President's Event honoring AAOMS President Dr. A. Thomas Indresano and his wife was held at Fenway Park. Approximately 1,300 attendees and their guests enjoyed food and music in the iconic ballpark, walked on the field's warning track, hung out with mascots Wally and Tessie, and met Boston Red Sox legends Carlton Fisk and Curt Schilling.



## be a success with strong attendance

Business also was accomplished at the meeting, as the House of Delegates convened during the week and reviewed some resolutions with financial impact. The 2020 budget was approved and includes revenues of \$22 million and expenses of \$21.99 million, resulting in anticipated revenues over expenses of \$15,000. The budget also includes revenue from the annual member assessment for the Informational Campaign, as House of Delegates approved continuation of the assessment for another three-year term.

It is important to acknowledge our corporate supporters who provide financial support in addition to their Exhibit Booth payments. A number of services and activities, both meeting- and non-meeting-related, would not be possible without their generosity. Please join me in thanking these companies and organizations that provided support at the 2019 AAOMS Annual Meeting and other programs:

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### **Silver**

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### **Bronze**

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Dental Care Alliance

Maxxeus Dental

Neodent

OMS Partners, LLC

Oral Surgery Partners

Osteo Science Foundation

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PLANMECA

In summary, there are many groups whose efforts contributed to the tremendous success of the 101st Annual Meeting: our committees, the exhibitors and other corporate sponsors, clinicians and other presenters, the AAOMS staff and, of course, all the members and guests who attended.

The members of the Board of Trustees are extremely excited about next year's Annual Meeting being held Oct. 5-10, 2020. We hope that you, your staff and guests will be able to join us when AAOMS travels to San Antonio, Texas. ■



## Member mixes volunteerism, 'fun' with health

*Many AAOMS fellows and members generously help patients in unfortunate circumstances in the United States and abroad. Giving Back is an 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](mailto:strotto@aaoms.org).*

A hiking and skiing enthusiast who is regularly found in the mountains in her home state of Washington, Libby Kutcipal, DDS, was prepared for her health mission trip to Nepal – home of the Himalayas and Mount Everest.

Though she previously visited Guatemala and Vietnam on health missions, this was Dr. Kutcipal's first trip to Nepal, which is recovering from a 2015 earthquake that killed nearly 9,000 people and left hundreds of thousands homeless. Dr. Kutcipal, of Seattle, Wash., traveled to Nepal earlier this year with International Medical Relief, a nonprofit that partners with hospitals and medical professionals to provide care to patients in distant villages with little access to healthcare.

"It was very eye-opening," said Dr. Kutcipal, who observed mules transporting basic supplies into the mountains. "Many areas lack the infrastructure for things we take for granted, like water, sewer, garbage, transportation."

Dr. Kutcipal and her group provided care to many of the villagers along the Manaslu Circuit, which trails through Manaslu – the eighth-highest mountain in the world that



can take two to three weeks to traverse. Without imaging or suction and with limited instruments, the team conducted four clinics. The small team saw about 130 patients and reached altitudes of more than 16,000 feet on the 90-plus-mile trek.

The villagers were grateful for the dental work that was provided, Dr. Kutcipal said. A local teacher brought her entire class of 9- to 12-year-olds to one of the clinics, and Dr. Kutcipal extracted teeth from eight children. She also recalled treating two Buddhist nuns who did not speak Nepalese. One of the villagers translated to Nepalese, and then her guide translated to English.

"They were so appreciative," Dr. Kutcipal said of the nuns. "One even tried to help me clean up after."





## mission trip to Nepal



*Dr. Libby Kutcipal traveled to Nepal earlier this year with International Medical Relief to provide care.*

Dr. Kutcipal concluded her volunteer work in Nepal by crossing the 16,847-foot Larke Pass and was rewarded with a view of the Himalayan peaks.

"I tried to loop this in with some volunteering, some fun," Dr. Kutcipal said. "It feels great to be able to help people who are truly in need, although it is a lot of hard work. It was the adventure of a lifetime, and I learned to get things accomplished creatively with minimal resources." ■



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## Dr. Piecuch awarded life fellowship



*Dr. Piecuch*

Joseph F. Piecuch, DMD, MD, has been awarded Distinguished Life Fellowship in IAOMS.

This designation was bestowed at the International Conference on Oral and Maxillofacial Surgery in May in Rio de Janeiro, Brazil, and recognizes those who

provide distinguished service to the specialty internationally.

Dr. Piecuch has served on IAOMS committees, including three terms on the executive committee, and 30 years on the editorial board of the *International Journal of Oral and Maxillofacial Surgery*, including the last 10 years as associate editor-in-chief.

Dr. Piecuch is professor emeritus of oral and maxillofacial surgery at the University of Connecticut and a current member of the *JOMS* Editorial Board.

## Dr. Tiwana joins foundation board



*Dr. Tiwana*

Paul Tiwana, DDS, MD, MS, FACS, has joined the Osteo Science Foundation Board of Directors.

As a member of the foundation's Education Committee since its inception, Dr. Tiwana has helped develop the foundation's educational activities, including the

start of the Clinical Observership Program, foundation meetings in Miami and Nashville, three collaborative meetings and a resident travel award program.

Dr. Tiwana is Professor of Surgery at the College of Medicine and the Reichmann-Staples Professor and Chair of the Department of Oral and Maxillofacial Surgery at the College of Dentistry at the University of Oklahoma.

## Dr. Malmquist named AO president



*Dr. Malmquist*

Jay Malmquist, DMD, has been elected as 33rd president of the Academy of Osseointegration, becoming the first Past President of AAOMS to lead AO.

"We have come a very long way with both the Academy and implant dentistry in general. We are focused... we are inclusive... and we

are promoting the best care for all in a structured and cohesive organization," Dr. Malmquist said during his address at the 2019 AO Annual Business Meeting, where he was elected.

The AO Board of Directors for 2019-20 includes other AAOMS members: Vice President Tara L. Aghaloo, DDS, MD, PhD; and Director Robert R. Lemke, DDS, MD.

## Dr. Lee wins state Man of the Year



*Dr. Lee*

Numa Ray Lee, DDS, has been named Man of the Year in the Leukemia & Lymphoma Society Virginia Chapter's 2019 campaign.

Competitors raise funds for blood cancer research while honoring a local child who is a blood cancer survivor. The winner has the most votes based on dollars raised.

During the 10-week campaign, more than \$395,000 was raised.

Dr. Lee is an AAOMS Delegate from Newport News, Va.

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To submit member news, email [strotto@aaoms.org](mailto:strotto@aaoms.org).





## Faculty Positions

### 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. [www.lsuhsdc.edu/Administration/hrm/CareerOpportunities/Home/Detail/3462](http://www.lsuhsdc.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 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. [www.lsuhsdc.edu/Administration/hrm/CareerOpportunities/Home/Detail/3463](http://www.lsuhsdc.edu/Administration/hrm/CareerOpportunities/Home/Detail/3463)

### 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](mailto:carlos.ramirez@ascension.org).

### Minnesota

The Division of Oral and Maxillofacial Surgery at the University of Minnesota School of Dentistry is searching for a full-time faculty director for the Division. This person must be an experienced surgeon with a dedication and commitment to providing full-scope quality care and service to patients and be able to work with faculty, staff and students to provide a positive environment in which to accomplish this goal. The ideal candidate will be capable of developing a synergistic and collaborative team, creating and achieving a vision for the future of the Division of Oral and Maxillofacial Surgery (OMS) and committed to teaching and developing our predoctoral students and OMS residents. The School of Dentistry promotes diversity and inclusivity among our students, faculty, staff and public. Thus, we seek candidates whose research, teaching and/or service have prepared them to fulfill our commitment to diversity and inclusion. Salary and rank will commensurate with qualifications and experience. Applications are currently being accepted online at: [humanresources.umn.edu/content/find-job](http://humanresources.umn.edu/content/find-job). Click on external applicants, enter in search field 333208 (for Tenured option), 333209 (Tenure Track) or 333210 (Clinical Track). Contact search committee staff member Sherry Smith at [smit9517@umn.edu](mailto:smit9517@umn.edu) for questions.

### Nebraska

The University of Nebraska Medical Center in Omaha, Neb., is currently seeking an oral and maxillofacial surgeon and invites applications. As a full-time faculty member, the successful applicant will provide clinical care to patients and actively engage in teaching residents in academic and

clinical settings in a 72-month, fully accredited OMFS residency program. The faculty member will join the medical staff of Nebraska Medicine, the only nationally certified Level I trauma center in Nebraska serving both children and adults. The range of services we provide includes (but is not limited to) corrective jaw surgery, wisdom tooth removal, facial injury treatment and dental implant procedures. Highlights of this outstanding opportunity include: potential for transition into program director role; substantial incentive program; highly competitive benefits package including paid malpractice and relocation allowance. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century healthcare workforce, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serve Nebraska and its communities through award-winning outreach. The successful candidate must be an MD/DO (or equivalent degree) who is board certified in oral and maxillofacial surgery. Candidates should have outstanding interpersonal skills along with enthusiasm for patient care, medical student and resident education. Applications are currently being accepted online at [unmc.peopleadmin.com/postings/42661](http://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 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](mailto: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

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## Faculty Positions

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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.

## Pennsylvania

The University of Pittsburgh School of Dental Medicine (UPSDM) is accepting applications for a full-time faculty member in the Department of Oral and Maxillofacial Surgery (OMS). The faculty position is in the non-tenured stream, and the faculty member's rank may be assistant professor, associate professor or professor, depending on experience and qualifications. The primary responsibilities will include didactic and clinical instruction of students and residents, scholarly activities and service. Participation in the faculty practice is also expected. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs and the research impact of our institution. The candidate must have a DDS or DMD degree and be eligible for board certification or be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Pennsylvania, have a developed or have a developing area of clinical excellence and have mentoring experience. Favorable consideration will be given to those with additional training credentials such as an MD, PhD, fellowship qualification or other advanced degrees. Salary will be commensurate with the candidate's qualifications, experience and credentials. Desirable candidates will have substantial experience in the research environment, unique clinical talents and strong mentoring skills. Application reviews will continue until the position is filled. The University of Pittsburgh is a top-tier public research institution and is currently ranked 5th among United States universities in NIH funding. The UPSDM is also ranked 6th in NIDCR funding among U.S. dental schools. The UPSDM is located on the university's main campus in Pittsburgh, contiguous with the other five health science schools. The Department of OMS works as a key partner within the School of

Dental Medicine and the University of Pittsburgh Medical Center (UPMC). UPMC is an internationally renowned academic medical center and healthcare enterprise. The robust infrastructure supports clinicians and educators with innovative clinical programs, biomedical research and health sciences research, enabling discoveries that save lives and change the landscape of patient care. As part of the faculty of the University of Pittsburgh and as an attending at UPMC, the surgeon will have the opportunity to collaborate with clinicians, innovators and investigators from around the world, becoming part of a vibrant community of healthcare providers dedicated to making a difference in their chosen field – and in the lives of others. The Department of OMS is fortunate to be situated in this dynamic and innovative environment, where researchers and providers collaborate with the desire to affect the development of transformative scientific discovery, leading to significant clinical improvements for our patients. We invite all interested candidates to send their curriculum vitae and letter of interest to: Dr. Larry L. Cunningham Jr., Professor and Chair, Department of Oral and Maxillofacial Surgery; University of Pittsburgh School of Dental Medicine; 3501 Terrace Street, Room 427 Salk Hall, Pittsburgh, PA 15261; Tel: (412)648-6201 email: lac229@pitt.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer and values equality of opportunity, human dignity and diversity. EEO/AA/M/F/Vets/Disabled.

## Tennessee

The University of Tennessee Graduate School of Medicine in Knoxville is seeking applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Responsibilities include didactic education and clinical teaching of residents, patient care and research. Academic rank will be commensurate with qualifications and experience. A competitive reimbursement and benefits package exists for this position. The candidate should have an interest in major oral and maxillofacial surgery with a particular focus in trauma management with the intention of directing clinical and research activities in oral and maxillofacial trauma management within the department/academic medical center. The University of Tennessee Medical Center is a tertiary care academic medical center with a Level I trauma center. Candidates must be eligible to acquire a license to practice dentistry and/or medicine in the state of Tennessee. Individuals interested in this career opportunity should submit curriculum vitae and three letters of recommendation to: [ut.taleo.net/careersection/uthsc\\_faculty/jobsearch.ftl](http://ut.taleo.net/careersection/uthsc_faculty/jobsearch.ftl). The University of Tennessee Medical Center is an equal opportunity/affirmative action employer and encourages women and minorities to apply.

## Texas

The Department of Oral and Maxillofacial Surgery at the School of Dentistry at the University of Texas Health Science Center in San Antonio, Texas, is pleased to invite applicants for a full-time faculty

position in the department. The duties of the faculty member will include participation in patient care, teaching and research. Candidates with interest and fellowship training in dental implant and fluency in Spanish are preferred. Applicants with scholarly and research interests are encouraged. Applicants for the position should have a dental degree recognized by the Commission on Dental Accreditation of the American Dental Association or equivalent foreign BDS or DDS training and must have successfully completed advanced training in oral and maxillofacial surgery at an institution accredited by the Commission on Dental Accreditation. Applicants must be eligible for dental licensing in the state of Texas. All faculty participate in and receive salary augmentation through the dental school's faculty practice plan. Applicants should apply on the UTHSCSA employment page located at [uthscsa.referrals.selectminds.com/faculty](http://uthscsa.referrals.selectminds.com/faculty). Please create a profile and submit your application. Applicants for the position are welcome to call 210-450-3112 or 3131 if they have further questions. Formal applications should include a narrative statement of interests, curriculum vitae and three letters of reference. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including protected veterans and individuals with disabilities. All faculty appointments are designated as security sensitive positions.

## 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](mailto: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](mailto: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 Accredited

### 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](http://www.FLCranio.com). Please email CV to [admin@flcranio.com](mailto:admin@flcranio.com).

### 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 sialendoscopy, 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.

### Missouri (St. Louis)

2020-21 oral and maxillofacial fellowship. Sponsored by The Oral Facial Surgery Institute ([www.ofsinstitute.com](http://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 314-2516726, email [scott@ofsinstitute.com](mailto:scott@ofsinstitute.com) or visit our website at [www.ofsinstitute.com](http://www.ofsinstitute.com).

### Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the US. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/ Surgeons of Canada, or ADA program. Apply at [cosmeticsurgery.org](http://cosmeticsurgery.org) or 312-265-3735.

### 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](mailto:colleen.mcdowell@duke.edu).

## Fellowships Non-CODA Accredited *continued from previous page*

### 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, 2021, through June 30, 2022. 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 four 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 www.mycenters.com.

### Oregon

The Head and Neck Institute (HNI) is offering as 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (nerve stimulator placement) and craniofacial surgery. The faculty includes Eric Dierks, DMD, MD, FACS; Bryan Bell, DDS, MD, FACS; Allen Cheng, DDS, MD, FACS; Ashish Patel, DDS, MD, FACS; and Caitlin McGraw, DDS, MD. Please contact us directly for more detailed information about the program. Information about our practice and fellowship program can also be found at www.head-neck.com. Please email us at chenga@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. oralsurgery@gmail.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.

### Colorado

Prominent oral and maxillofacial surgery practice located in Colorado Springs with a beautiful, modern office and a well-established staff is looking to add an additional board-certified/board-seeking surgeon as an associate with progression to partner. We provide full-scope oral and maxillofacial surgery including orthognathic surgery and host the newest technology for optimal patient care. The right candidate should be motivated to continue to grow the practice and add on to our already sizable referral base. We offer a competitive compensation package including a base salary plus bonus, 401(k), medical benefits and malpractice insurance. Relocation assistance is available for the right candidate. This is an excellent opportunity for an energetic, motivated and passionate individual. Colorado Springs is an amazing up-and-coming town with outdoor adventure, a mild climate and sunshine 300+ days a year. It is a great place to raise a family and host school districts that are known for their academic excellence. Please email lisa.nailon@coloradomax.com.

### Colorado

Full-scope OMS office located outside Denver in search of a full-time associate with a matriculation to partnership. Start date of summer 2020. Seeking energetic, personable, highly motivated, team-oriented, board-certified/-eligible oral surgeon willing to grow the practice. Established practice in a newly renovated office, state-of-the-art fully digital practice. Offers competitive salary, malpractice, health insurance and retirement benefits. Please send resume to A-0905.

### 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](mailto:ctdentalimplantcenter@yahoo.com) or AAOMS Classified Box A-030319.

## 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

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](mailto: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](http://www.OralFacialCosmeticSurgery.com). Contact [Denise@DrSawisch.com](mailto:Denise@DrSawisch.com) with inquiries.

## 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](mailto:drgreenberg@greenbergdental.com). All contact kept confidential. Apply online – [www.greenbergdental.com](http://www.greenbergdental.com).

## Florida

We are presently seeking an oral surgeon to join our family in central Florida. The position is not just a job opportunity with a successful and growing company. It is an opportunity to have an excellent earning potential and be happy while working with a private group manned by a solo practitioner. Have the ability to focus on patient care by delegating all the management and administrative stresses to us. Our doctors can focus on providing the best patient care possible. Quality of life is of utmost importance since you don't have to worry about insurance claims, payroll, staffing, accounting and marketing. You have the time to enjoy everything Florida life has to offer. Please send CV to [OMFSneeded@gmail.com](mailto:OMFSneeded@gmail.com).

## Georgia

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

## Georgia

Georgia Oral & Facial Reconstructive Surgery is looking for a highly qualified OMS to join this practice. Our focus is on a comprehensive surgical practice including all facets of OMS, as this is the only OMFS practice in Georgia with a JCAHO-accredited facility. Please send resume & CV to [kristen@georgiaofs.com](mailto:kristen@georgiaofs.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 [jtrthomp@aol.com](mailto:jtrthomp@aol.com).

## Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to [omaxdoc@gmail.com](mailto:omaxdoc@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 [sandy@oramax.net](mailto:sandy@oramax.net) re: OMS applicant.

## Kentucky

Looking for an energetic board-certified/eligible oral and maxillofacial surgeon to join our growing, multi-location, five-surgeon OMFS practice in Lexington, Ky. We offer an excellent compensation and benefit package to include a guaranteed base salary, bonus plan, 401(k), life insurance, paid vacation, medical/dental/vision plans, and malpractice insurance. Relocation assistance for the right candidate is possible. Please send your CV and cover letter to [reda@kentuckyoms.com](mailto:reda@kentuckyoms.com) or contact Reda Vaughn at 859-278-9376, ext. 1108.

## 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./

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## Available Positions

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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.

## Massachusetts

Well-established, highly respected group practice serving southeastern Massachusetts for over 50 years is seeking a full- or part-time associate position. This three-surgeon practice has a strong referral base with an emphasis on dentoalveolar and implant surgery. A fast track to partnership possible with our senior partner recently retiring. Very competitive financial package and benefits offered, including strong base salary. Reply to AAOMS Classified Box A-010419.

## 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 Jeff Wasielewski at jeffwasdds@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, 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 ortho cases are seen here as well. Excellent salary/benefits package. Immediate buy-in available for Las Vegas and/or Reno area (we are looking for someone who seeks partnership status). See our website at nofslv.com for more information about our practice and surgeons. Call Lorraine at 702-360-8918 or email lorraine@nofslv.com for more information.

## New Jersey

Upscale, well-established private practices offering full-time and part-time opportunity to BE/BC OMFS leading to partnership. 20 minutes from Manhattan. N.Y.C./N.J. hospital affiliations available. Excellent compensation, comprehensive benefits. Long-term experienced staff to assist with transition. Email resumes to info@njcosa.com.

## New Jersey

We are in need of a full-time oral and maxillofacial surgeon to join our practice located in central New Jersey. We are a well-established group with three offices and three surgeons. Our practice was founded in 1970, and as a result of referral growth, we are looking to add an additional surgeon. This is an excellent opportunity for someone to join our practice. Our ideal candidate should be a dynamic team player with fantastic interpersonal skills. They should be well-versed in all aspects of our specialty with emphasis on dentoalveolar surgery, implant surgery and in-office anesthesia. We are offering a



very competitive compensation package including health insurance and excellent retirement benefits. Ideally, this position will begin with an employment agreement leading to partnership. Interested applicants please reply to [dawnsosg@optimum.net](mailto:dawnsosg@optimum.net).

## 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](mailto: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](mailto: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](mailto:dr.edkozlovsky@gmail.com).

## New Jersey

Associate position available for three practice locations in southern New Jersey. Board-certified or board-eligible preferred. Part or 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](mailto:benaifer3@hotmail.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](mailto: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 York

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

## New York (Long Island)

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

## New York (Long Island)

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

## New York (Rochester)

Associate wanted for an established OMFS practice in Rochester. Well-established practice with two offices and two surgeons. Full scope of OMFS. Fast partnership track. Please email your CV or questions to [omfseric@aol.com](mailto:omfseric@aol.com).

## 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](mailto: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,

*continued on next page*

## Available Positions

*continued from previous page*

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.

## North Dakota

Excellent opportunity for a board-certified oral surgeon or an active candidate for board certification to join our very successful multi-doctor, multi-location practice in Grand Forks. With almost 30 years in practice, we have an exceptionally large referral base covering the state of North Dakota as well as western Minnesota and northern South Dakota within our four state-of-the-art facilities. Excellent financial package and benefits leading to early partnership. Please send letter of interest and CV to bpeterson@faceandjawsurgery.com or Face and Jaw Surgery Center, ATTN: Betsey Peterson, 2845 36th Ave South, Grand Forks, ND 58201.

## 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.

## Ontario, Canada

Very busy practice with four locations in Ottawa looking to hire a full-time associate with opportunity to become a partner. Please submit your resume via email to whinz@argyleassociates.com.

## 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

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.

## Texas

Well-established, prominent, multi-surgeon OMS practice in the Austin area is looking for board-eligible/-certified single or dual-degree oral and maxillofacial surgeon to join our practice. We are a full-scope oral and maxillofacial surgery practice including hospital-based procedures. Please reply with CV and resume to AAOMS Classified Box #0903.

## 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 dng@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](http://www.commonwealthofs.com) and send your CV and inquiries to [jriddle@commonwealthofs.com](mailto:jriddle@commonwealthofs.com).

## Washington

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

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

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, 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](mailto:hnelson@omaxdocs.com) or [michele@omaxdocs.com](mailto: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 competitive base salary with bonus 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](mailto: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](mailto: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](mailto:scott@omsconsultingfirm.com) or visit [www.omsconsultingfirm.com](http://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](mailto: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](mailto:scott@bradyprice.net) or call Scott Price, 925-935-0890.

### California

San Diego office-based practice for sale. Fully equipped, 3,000 sq. ft.-office contains CBCT, EMR 2 ops/exam rooms. 2018 collections approximately \$1.55 million, net approximately \$700K, working four days/wk. Seller retiring after transition. Contact Brady & Associates at 925-935-0890 or [scott@bradyprice.net](mailto:scott@bradyprice.net).

### 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](mailto:info@ctc-associates.com).

### Colorado

OMS practice for sale in southwest metro Denver, Listing ID CO19-121. Purchase price: \$365,677, gross collections: ~\$474,369, net income: ~\$305,791, ~2,456 sq. ft. with 5 ops. Contact CTC Associates, 303-795-8800 or [info@ctc-associates.com](mailto:info@ctc-associates.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](mailto:tntdds@tinatomtransitions.com).

### Massachusetts

OMS practice and real estate for sale on Cape Cod. Net income \$550,000. 4 ops, 3 recovery rooms, CS WinOMS practice management software and CS9300 3DCBCT. Flexible options available for purchase and transition. Contact 508-759-4495 or [drjohnlangston@yahoo.com](mailto:drjohnlangston@yahoo.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.

## Ohio

Exceptional opportunity in Columbus. OMS practice available for sale. Ready for immediate transition. State-of-the-art equipment, EMR-established. Appealing location, long-established, very busy OMFS office with excellent collections and referrals. Please reply to AAOMS Classified Box A-0925.

## 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](mailto: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](http://www.OMS-Exclusively.com), [larryjacobson@oms-exclusively.com](mailto:larryjacobson@oms-exclusively.com), call 866-241-9003.

## Classified Advertising Deadlines

Jan/Feb 2020 issue: Nov. 5, 2019

March/April 2020 issue: Jan. 7, 2020

May/June 2020 issue: March 3, 2020



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☐ **This is a confidential ad.**

 Please contact only the following members  
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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** \_\_\_\_\_

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

OMS Training Program \_\_\_\_\_

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Contact Email \_\_\_\_\_

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Faculty Ad Costs: **1-120 words: \$0** **121-160 words: \$200****Every 40 words thereafter: additional \$200**
**20 percent off  
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☐ Position Wanted  
☐ Practice Transitions  
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 Please contact only the following members  
 of my staff if you have questions:

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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** \_\_\_\_\_

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

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**20 percent off  
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**Classified Advertising Deadlines**Jan/Feb 2020 issue: **Nov. 5, 2019**March/April 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, dyspnea, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

#### Postmarketing Experience

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

## DRUG INTERACTIONS

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

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

### Examples of Drugs Associated with Methemoglobinemia:

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

### Bupivacaine

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

### Non-bupivacaine Local Anesthetics

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

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

### Water and Hypotonic Agents

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

## USE IN SPECIFIC POPULATIONS

### Pregnancy

#### Risk Summary

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

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

### Clinical Considerations

#### Labor or Delivery

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

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

### Data

#### Animal Data

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

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

### Lactation

#### Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipercolylidide, 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.

## DOSEAGE AND ADMINISTRATION

### Important Dosage and Administration Information

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

### Recommended Dosing in Adults

#### Local Analgesia via Infiltration

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

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

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

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

#### Regional Analgesia via Interscalene Brachial Plexus Nerve Block

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

### Compatibility Considerations

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

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

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

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

### Non-Interchangeability with Other Formulations of Bupivacaine

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

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

## CLINICAL PHARMACOLOGY

### Pharmacokinetics

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

### PATIENT COUNSELING

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

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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

# Choose EXPAREL in OMFS: A proven, long-lasting, non-opioid alternative that improves recovery

- Opioids are still commonly used following oral surgeries and are associated with adverse events that can impact recovery, along with the potential risk of misuse<sup>1,2</sup>
- EXPAREL provided significantly better pain control—with fewer or no opioids\*—compared with standard bupivacaine HCl in a total knee arthroplasty study<sup>3</sup>

78% FEWER OPIOIDS  
OVER

48

HOURS POSTSURGERY  
P=0.0048

10% OF PATIENTS  
WERE OPIOID FREE  
OVER

72

HOURS POSTSURGERY  
P<0.01  
0% WITH STANDARD  
BUPIVACAINE HCl

DELAYED TIME TO FIRST  
OPIOID RESCUE:

0.25 to 48

HOURS WITH EXPAREL  
0.27 TO 33 HOURS WITH  
STANDARD BUPIVACAINE HCl

OMFS, oral/maxillofacial surgery.

Results from a phase 4, double-blind, randomized, active-controlled, parallel-group study that compared the efficacy and safety of EXPAREL 266 mg (20 mL) (n=70) with bupivacaine HCl 0.5% (n=69) in a total knee arthroplasty. Primary end points: area under the curve of visual analog scale pain intensity scores 12 to 48 hours postsurgery and total opioid consumption 0 to 48 hours postsurgery. Rescue opioids for pain were available upon patient request. Rates and types of adverse events were similar between treatment groups. The most common adverse events in the EXPAREL group were nausea, muscle spasms, and vomiting.<sup>3</sup>

\*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

## 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 adjacent page.

Full Prescribing Information is available at [www.EXPAREL.com](http://www.EXPAREL.com).

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

**References:** 1. Gupta N, Vujicic M, Blatz A. Opioid prescribing practices from 2010 through 2015 among dentists in the United States: what do claims data tell us? *J Am Dent Assoc.* 2018;149(4):237-245. 2. Moore PA, Ziegler KM, Lipman RD, Aminoshariae A, Carrasco-Labra A, Mariotti A. Benefits and harms associated with analgesic medications used in the management of acute dental pain. *JADA.* 2018;149(4):256-268. 3. Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty.* 2018;33(1):90-96.



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