

AAOMS TODAY



January/February 2021
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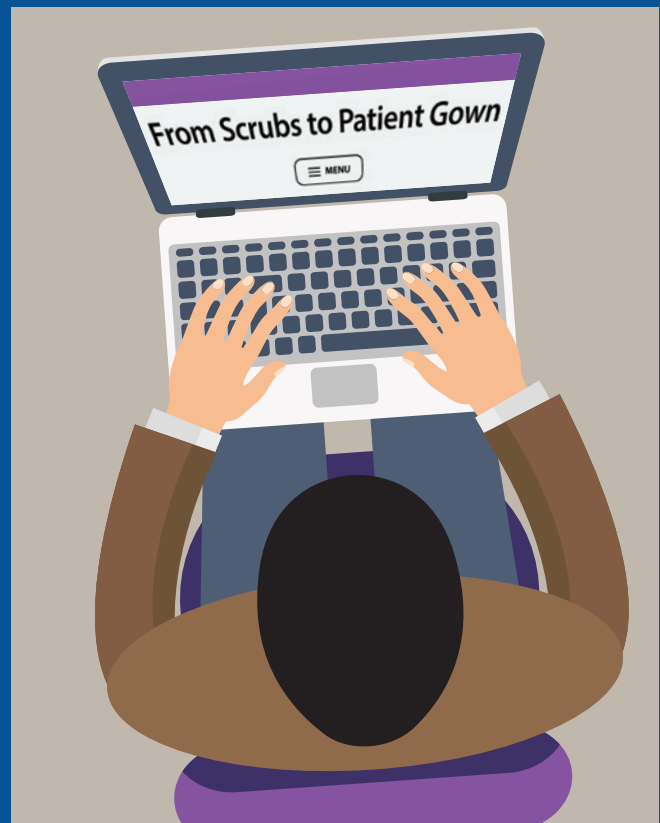
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The doctor becomes a patient

Member blogs about his lung cancer to inform, inspire others

I wanted to give a place for hope for other young adults who are unfortunately put in a position like this.

– Dr. Dan Tran

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AAOMS Today: Award-winning AAOMS member magazine

2019: Grand Award winner in Magazine category
2018: Most Improved Magazine



2020: Silver Award for Association Magazine



2020: Merit Award
2019: Gold Award
2018: Bronze Award



2020: Platinum Award for Magazine
2019: Platinum Awards for Magazine and Overall Writing



2019: Silver Scroll Division I winner
2018: Newsletter Division I winner



2020: Platinum Award for Feature Article and Gold Award for Association Magazine
2019: Platinum Award for Association Magazine



B.D. Tiner, DDS, MD, FACS
AAOMS President

“Diversifying AAOMS will bring new ideas, perspectives and experiences that will ensure a stronger future and continue to make this specialty the best in all of healthcare.”

IN MY VIEW

Setting diversity as a goal

Last spring, I purposefully chose Ensuring Our Future through Wellness and Diversity as the theme for our 2021 Annual Meeting in Nashville, Tenn.

I firmly believe for our specialty to continue to grow and be successful, our membership needs to become more inclusive and diverse. And our leadership needs to reflect that ever-changing diversity of our membership.

Defining diversity

Diversity can be defined as recognizing each person is unique and acknowledging our individual differences. These differences can pertain to race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs and other ideologies. Diversity brings in a variety of new ideas and experiences to an organization, and people can learn from each other. Working with diverse members also opens meaningful dialogue and promotes creativity.

This fresh input can help organizations such as AAOMS thrive by boosting innovation and attracting and retaining talent. Diversity also can inspire a stronger culture in an organization. If AAOMS leadership encourages the celebration of what is both common and different among our members, we can become a better organization and – in turn – a better specialty.

Diversity starts with OMS residents

In my Inaugural Address to the House of Delegates in September, I stated one of my goals is to increase the number of women in our residency programs from the current 18 percent to 25 percent in the next three years.

A visionary mentoring program launched in 2020 will help support that goal. The ROAAOMS Women in OMS Mentorship Program is targeting female dental students who might be considering a career in oral and maxillofacial surgery. Female OMS residents and faculty members are serving as mentors in their dental schools to inspire young women toward choosing oral and maxillofacial surgery by increasing their knowledge about the specialty, guiding them through the application process and creating long-term networking opportunities.



and bringing more women to the specialty

The enrollment in most dental schools is now more than 50 percent women. If AAOMS wants to continue to attract the best and brightest to our specialty, we must be successful with this endeavor. It is essential the best and brightest are chosen to become oral and maxillofacial surgeons, regardless of gender.

Diversity in Committees

One of the main tasks of the President-Elect is to populate all the AAOMS Committees in the spring for the following year when serving as President. Last April, while the pandemic essentially shut down all of our practices, I completed this complex process. Matching our members' Committee interests and making sure they were from an AAOMS District with an open position was a complicated balancing act.

I was committed to placing as many members from underrepresented groups as possible into these entry-level AAOMS leadership positions. As I reached out to make the offers of Committee assignments, I was encouraged by how eager members were to accept the responsibility and extra workload involved with Committee assignments. No one turned down my offer to get involved in AAOMS leadership!

As a result, the diversity of our AAOMS Committee structure in 2020-21 closely reflects the diversity of our overall membership. In fact, members of underrepresented groups will chair six AAOMS Committees and Special Committees this year.

As our membership becomes more diverse, I am confident my successors in this position will continue to ensure the leadership in AAOMS closely matches our membership.

Diversity in senior leadership

Diversity in the senior leadership of AAOMS also is changing. At our Annual Meeting in 2019 in Boston, Mass., Dr. Debra Sacco was elected as the first female AAOMS Trustee – representing District III. She has been a welcome addition to our Board of Trustees, and her intelligence and enthusiasm



Women make up 18 percent of OMS residency programs.

have quickly made her an effective member of the Board. There is no doubt she could end up as the first female AAOMS President!

I also am pleased to report in 2021 three of our six District Caucus Chairs will be women. These accomplished women include Dr. Cynthia Winne from District I, Dr. Ma'Lou C. Sabino from District IV and Dr. Julia Plevnia from District V. District VI will have Dr. Elizabeth Kutcipal as its Caucus Secretary.

Diversifying AAOMS will bring new ideas, perspectives and experiences that will ensure a stronger future and continue to make this specialty the best in all of healthcare. ■



From Scrubs to Patient Gown

The doctor becomes a patient

*Member blogs about his lung cancer
to inform, inspire others*

When Dan Tran, DDS, learned at age 30 he had Stage IV lung cancer, his mind raced to his career aspirations and his obligations. His first question was: “What am I going to do about residency?”

“You’ve got bigger fish to fry, my friend,” the radiologist replied. “You gotta batten down the hatches and get ready for a long ride.”

Dr. Tran needed surgery within the next two days to remove a tumor pressing on his spinal cord and to fuse his spine because of a compression fracture. The cancer had eaten away his spine – it needed to be stabilized so he could avoid paralysis. He also would have to undergo radiation to kill any remaining tumor in his spine.

“Residency is the least of my worries right now,” thought Dr. Tran, who was in his second year of residency at Virginia Commonwealth University.

As he underwent treatment and pondered his future – whether he would fulfill his lifelong dream of becoming a surgeon – Dr. Tran and his wife created a blog – “From Scrubs to Patient Gown” at DanFightsCancer.com – to keep family and friends informed of the shocking news and his recovery.

Along the way, Dr. Tran has chronicled his cancer journey with family photos, a timeline outlining major events and updates after his doctor’s appointments. He also blogs to raise awareness about lung cancer, to share information about research and fundraising as well as to encourage others living with the condition. The blog educates about unknowns and clears up misconceptions – such as only smokers suffer from lung cancer. Dr. Tran never smoked – his lung cancer stems from a mutation.

The diagnosis

Dr. Tran learned of his lung cancer in December 2017 when he experienced severe back pain and leg numbness. Back and abdominal aches and muscles spasms made it difficult for him to walk or lie down. For more than a month, he slept in a semi-reclined position on a sofa.

As the pain worsened, he developed numbness in his legs. He went to the emergency department to get an MRI, hoping to rule out cauda equina syndrome that could



Dr. Dan Tran
Richmond, Va.

Oral Surgeon/Assistant Professor
Virginia Commonwealth University
Department of Oral and Maxillofacial Surgery

Blog: DanFightsCancer.com

result in permanent paralysis in the lower half of his body if left untreated. He expected to learn of a herniated disc or sciatica.

Dr. Tran thought it was odd an IV contrast was ordered, and he knew something was wrong when he was wheeled into the room where the radiologist reads the scans. That day – Dec. 16, 2017 – as he wrote in his blog, changed his life.

The radiologist told him the scans showed lesions in several parts of his spine, and a compression fracture at the T11 vertebra was causing his pain and numbness. Additional CT and MRI scans were recommended to identify the primary source.

When the radiologist returned with snacks from the cafeteria, Dr. Tran realized it was the worst-case scenario. The additional scans displayed a cavitary lesion in the upper-left lobe of his left lung and enlarged lymph nodes in his chest. The cancer had spread from his lung to his spine – Stage IV cancer. The rest of his body was clear.

continued on next page

At the time, Dr. Tran and his wife, Varisara, had an infant daughter, Avery.

"We never expected anything like this to happen, especially not at this stage in our lives," Varisara said.

Dr. Tran's fear grew when he researched lung cancer online and read patients have six to nine months to live. But his oncologists gave him hope, explaining that some patients survive for multiple years taking pills to treat the cancer.

"That was enough for me," Dr. Tran said.

The journey

After surgery removed the tumor in his back and fused his spine, molecular profiling revealed Dr. Tran is anaplastic lymphoma kinase (ALK)-positive. He has non-small cell lung cancer with a driver mutation – an ALK translocation. The EML4 and ALK genes are rearranged, resulting in a fused, mutated oncogene and the rare cancer. According to the American Cancer Society, the rearrangement in the ALK gene that creates an abnormal protein prompting cell growth is often observed in younger non- or light smokers.

Medication blocks the abnormal protein. Since January 2018, Dr. Tran has taken alectinib oral targeted therapy, which was FDA-approved for initial treatment of ALK-positive lung cancer a month before his diagnosis.

In March 2018, a CT scan showed the tumor in Dr. Tran's left lung shrank – the medication was suppressing the

I have no idea if I will survive another year, two years, 10 years, 20 years. ... The one thing I did know ... if I did not finish residency, I would be severely disappointed in myself and wish I had finished.

– Dr. Dan Tran

cancer. On the medication, he experiences the minor side effects of fatigue and sun sensitivity.

X-ray and CT scans indicate no cancer – but he is not cancer-free.

"I don't know if you can even see it on a microscopic level. It's just asleep," Dr. Tran said. "It's in my lungs. It's in my spine and other bones. But since the medication makes it all shrink and almost become invisible, we don't know if it's anywhere else. It likes the brain, and it likes the spinal cord. That's what we do know. But, fortunately, I don't have any metastases in my brain yet."

Dr. Tran, now 33, said alectinib typically stops working within 33 to 36 months in half of patients. Eventually, the gene develops resistance to the medication. He is nearing that point.

"Fifty percent of people, it'll happen, and 50 percent of people, it won't," said Dr. Tran, whose last scan in October was clear. "I'm crossing my fingers that it won't happen, and I'll be maybe one of the lucky few it lasts longer for. But, inevitably, I know it will stop working because it stops working on everybody."

Research is exploring other medications, which may offer options. Knowing lung cancer cannot be cured, Dr. Tran said he is approaching it as a chronic disease.

FROM SCRUBS TO PATIENT GOWN

Radiation Complete and the #molecularlottery

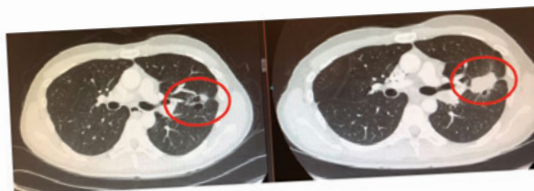
January 15, 2018



Dr. Tran shares updates about his recovery on a blog, DanFightsCancer.com.

Back in the Game #putmeincoach #magicpill #nomoreshots

March 23, 2018 by dan tran



March 2018 vs January 2018



Dr. Tran's daughter, Avery, was an infant when he was diagnosed with lung cancer in 2017. His blog features photos of Avery and his wife, Varisara.



Taking blood thinners and denosumab to strengthen his bones and prevent metastases, Dr. Tran undergoes CT scans every three months to check his lungs, abdomen and pelvis as well as an annual MRI on his brain.

"It's always in the back of my mind, thinking about what's the next step after this treatment," Varisara said. "With how quickly research is progressing, I'm very hopeful something will come along soon that's not just a treatment like chemo or something that is temporary, but rather it will be something like diabetes where you just have to live with it and take a pill or some sort of periodic treatment and go on with your normal life."

Advancements have provided optimism. Patients with non-small cell lung cancer (NSCLC) between 1995-2001 had a 15 percent chance of remaining alive five years later, while those with Stage IV cancer had a 2 percent chance, according to the National Cancer Institute. Yet, a 2018 study at the University of Colorado Cancer Center found longer life expectancy with targeted therapy – 50 percent of Stage IV ALK-positive NSCLC patients taking ALK inhibitors were alive 6.8 years after diagnosis.

"I live my life three months at a time. After each scan, I get to live a normal life until the next one," Dr. Tran said.

Finishing

During his three months on medical leave after surgery and radiation, Dr. Tran helped care for his now 3-year-old daughter, Avery. While at home in Glen Allen, Va., he considered remaining a stay-at-home dad, becoming a general dentist or performing pro bono work.

But, ultimately, he missed surgery.

"I have no idea if I will survive another year, two years, 10 years, 20 years," Dr. Tran said. "We don't know because the research isn't out there yet. It's such a new field in lung cancer treatment of expected life of patients. The one thing I did know, though, was 10 years from that day, if I did not finish residency, I would be severely disappointed in myself and wish I had finished."

And after his back brace was off, Dr. Tran was determined to return to his residency, his wife said.

continued on next page



Dr. Tran credits the support of his residency program for helping him complete his residency while he has had cancer. He and other residents gathered on top of the Virginia Commonwealth University Medical Center helipad after rounds.

“Early on, he really wrestled with it because he said, ‘If my days are numbered, I really want to spend it with our daughter, watching her grow and spending time with family,’” Varisara said. “But once we got to know the disease better and understood the type of lung cancer he had and the shot he had to actually live with this, I think it made it easier for him to decide to go back.”

Dr. Tran completed his residency at VCU in June and began his job as an assistant professor of oral and maxillofacial surgery at the school the very next day. He said lung cancer did not delay the completion of his residency – he used vacation time while recovering from his surgery.

“It’s fairly unbelievable how resilient he’s been, period,” said Robert A. Strauss, DDS, MD, FACS, Director of the OMS Residency Program at VCU. “He had his surgeries, he came back and he just never stopped. He certainly doesn’t want other people to define him by his disease – he wants them to define him by his surgical skills.”

Dr. Tran credits the support of his fellow residents in his blog. When his surgery was in the middle of the winter, other residents shoveled his driveway so he could leave for doctor’s visits. They also organized a meal train, and two former residents started a GoFundMe account to help cover his medical expenses.

“Having an understanding residency, supportive residency program, supportive attendings, supportive family, just the amount of people who helped make sure I was doing OK definitely made it so I could finish residency,” Dr. Tran said.

Nowadays, his fellow attendings cover for him when Dr. Tran needs to leave work for an appointment.

It’s fairly unbelievable how resilient he’s been, period. He had his surgeries, he came back and he just never stopped.

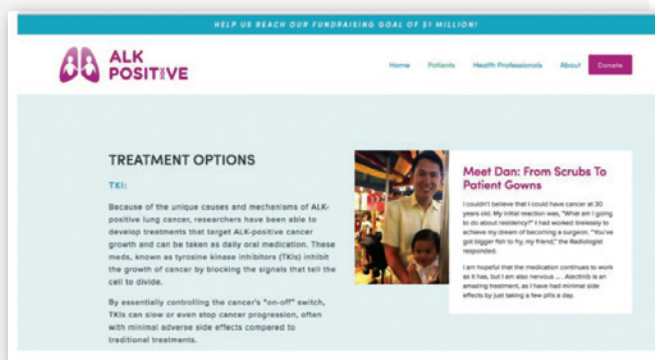
*– Dr. Robert A. Strauss, Director
of the OMS Residency Program
at VCU*

“His attitude is amazing, knowing every three months when he goes into that CT scanner, he could find out he has recurrence of his cancer,” said Daniel Hawkins, DMD, an assistant professor at VCU who was a resident with Dr. Tran. “Instead of feeling sorry for himself, he continues to live life to the fullest with his family and close friends, pursuing a career in academic oral and maxillofacial surgery.”

During the COVID-19 pandemic, Dr. Tran is at an increased risk, so he has worked remotely. He helped create processes and workflow for telehealth for the department and returned to treat patients during reopening in the summer.

Dr. Tran has become the program’s “go-to” for technology as he has coordinated high-tech planning with 3D printers for procedures, Dr. Strauss said.

“He’s made a big impact because he is a technological guru and the person taking over all of our high-technology



Top: ALK Positive, a nonprofit, featured Dr. Tran's blog on its website. Right: Dr. Tran blogged about attending LUNGEVITY's International Lung Cancer Survivorship Conference and the other patients he met.

surgical procedures," Dr. Strauss said. "He is looking into new ways of doing things using technology. This is where somebody his age and with his technological skill can really excel in academics."

With protections in place, including ample supply of PPE and patient testing, Dr. Tran said he has felt safe seeing patients and performing surgery.

"It was tough at first, but at the same time, I knew there's no way I could get out of clinical activity for a whole year and still be a competent surgeon," he said.

As for their free time, Varisara said she and Dr. Tran live more spontaneously – buying a larger home and vacationing pre-pandemic in such places as Costa Rica, Punta Cana and Key Largo, Fla.

In fact, Varisara has had to ask him to slow down. Within the last year, despite his diagnosis, he pondered the idea of adding another degree – in coding or data analytics. He earned his DDS at VCU.

"Not great right now," she told him. "Why don't you slow down, get your boards done and then we can talk after that?"

Doctor becomes patient

After three years of battling lung cancer, Dr. Tran figures doctors make the worst patients.

He has aimed to learn more about the cancer, reading journal studies and scientific resources the typical patient lacks access to and arriving at appointments full of questions for his doctor.

FROM SCRUBS TO PATIENT GOWN

Lungevity Conference and Fun in the Sun #ILCSC #ALKies #FamilyVacay #SPF120

may 6, 2019 by dan tran

I just got back from a very busy, but rewarding, week of travel. Last weekend, Varisara and I attended Lungevity's International Lung Cancer Survivorship Conference. The conference was held for the first time in 2010 and less than 20 people attended this year:

Image may

I met so many people and it was great to meet people who have been through the same journey. I met so many people and it was great to meet people who have been through the same journey.

• Chris D. (www.t... cancer... Like m... lung... 2010... ased in



"I can see why doctors don't like treating other doctors," Dr. Tran said. "They're definitely some of the worst patients because you know maybe a little bit too much, but maybe not enough, as a doctor. That can become a problem."

Nevertheless, being a doctor/patient has its benefits.

"It's definitely helped me understand the disease a little bit better," he said. "It's definitely helped me become a more empowered patient as opposed to the patient who just walks in and takes everything the doctor says. It has made me be a better advocate for myself."

Dr. Tran is helping educate others about lung cancer through his blog. Complete with personal updates as well as colorful photos of his family, vacation and work, the blog has discussed new treatments, such as immunotherapy, and shared surprising facts – for example, lung cancer is the No. 1 cause of cancer death.

"A lot of patients are diagnosed with lung cancer who have never smoked in their lives," Dr. Tran said. "I also wanted people to know it's not a disease that happens when you're older, like 50, 60. It's something that can happen, like for me, as young as 30."

Dr. Hawkins – Dr. Tran's colleague at VCU – said he hopes the blog inspires readers to donate toward research.

continued on next page



Top: Dr. Tran completed his residency at Virginia Commonwealth University in June. Right: Dr. Tran blogs about fundraising for lung cancer research.

“Reading his blog, especially the earlier posts, always brings tears to my eyes,” Dr. Hawkins said. “I will never forget December 2017 being the worst holiday I have ever experienced because I thought my co-resident and one of my closest friends was going to be gone, leaving a loving wife, family and baby daughter.”

The blog shares information on his involvement with nonprofit organizations that support lung cancer research – LUNGeVity Foundation and ALK Positive. He fundraises for research because “that’s the only way I’ll be able to try to increase my chances,” he said.

A fundraiser dinner celebrated his 32nd birthday last year and brought in more than \$8,000. In 2020, the Trans partnered with a restaurant, and his cousin, Liem, crafted a sushi Tran Roll – \$4 from each order was earmarked for research. Donations can be made at LUNGeVity.donordrive.com/campaign/Dan-s-Birthday.

The Trans also attended LUNGeVity’s International Lung Cancer Survivorship Conference in 2019 in Washington, D.C. Dr. Tran wrote in his blog that he felt encouraged after sharing feelings and experiences – such as side effects and the journey ahead – with other patients younger than 40.

Through the ALK Positive Facebook group, Dr. Tran connects with other patients and has learned about regimens for tracking disease progression and treatment advances, such as increased MRI frequency of the brain because the lung cancer tends to metastasize in that location. The organization’s website featured Dr. Tran’s blog, extending its reach to readers beyond his family, friends and colleagues.

FROM SCRUBS TO PATIENT GOWN

Another year in the clear #birthday #covidvacation #fundraiser

november 5, 2020 by dan

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Ultimately, as these connections have provided him with support, he strives to inspire other young patients.

“The blog is to inform my family and friends but also to provide hope to any other young, newly diagnosed lung cancer patients and let them know, ‘Yes, you have lung cancer, but life can still go on. You can try to live as normal a life as you possibly can, and you shouldn’t give up on anything you planned on doing before. Don’t think having lung cancer as this is the end of it all, why even try?’” Dr. Tran said.

“I wanted to give a place for hope for other young adults who are unfortunately put in a position like this.” ■



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Enhancements to Find a Surgeon directory at

Connecting patients with AAOMS members is at the core of the AAOMS Informational Campaign's mission to educate the public about the experience and expertise of oral and maxillofacial surgeons.

To create a better user experience, the public-facing OMS directory – Find a Surgeon – at MyOMS.org has been expanded and enhanced. With the improvements, prospective patients can now locate a local OMS who performs a specific procedure or treats a certain condition. They also will be able to search for an OMS who speaks a specific language.

While a member directory verification form was mailed with annual dues notices in October, members also can update their information online. The dues form asked members to update their personal and practice information and enrich their directory profile with more demographic information. Members also can now add a professional photo to their account.

Every page of the MyOMS.org website includes a call-to-action that encourages visitors to use the Find a Surgeon directory. The location-based directory requires the public

to enter a city and state or ZIP Code to search for an OMS. AAOMS members can list not only a primary office location but also add up to three other locations to their profile. When populating results, the upgraded directory will show pin drops for each practice location within a desired distance to help prospective patients explore services of all nearby OMSs.

The screenshot displays the MyOMS.org website. The top navigation bar includes links for 'What We Do', 'Why Choose an OMS', 'Videos', 'News', 'Research', 'Contact', 'Search', and a prominent 'Find a Surgeon' button. A black arrow points to this button. The main content area features a video titled 'Meet Samantha: Wisdom Teeth Removal (3:25)' and an article titled 'Wisdom Teeth Management'. The article includes text about wisdom teeth, a video thumbnail, and a list of reasons why wisdom teeth should be removed. A black arrow points to the 'Find a Surgeon' button in the footer, which is part of a section titled 'Find an OMS in Your Area'.

Every page of the MyOMS.org website includes a call-to-action that encourages visitors to use the Find a Surgeon directory.



MyOMS.org benefit patients and AAOMS members

Steps for updating profiles

The enhancements to the Find a Surgeon directory on MyOMS.org will be live in early 2021. The information displayed in search results is provided by individual members, reinforcing the importance of confirming profiles are up-to-date.

Members can visit MyOMS.org to view their profile. If they find errors or omissions, they can follow this step-by-step guide for updating their profiles:

1

Visit AAOMS.org/Login

Enter your AAOMS username and password.

Note: do not create a new account. If you are unable to log in, email membership@aaoms.org or call 800-822-6637 for assistance.

2

Upload a photo

Click Add to upload a professional headshot that will appear on your Find a Surgeon profile. File types accepted include .gif, .jpeg and .png. Images cannot exceed 4 MB.

Click Choose File and navigate to the photo. Once the photo is selected, click Upload and then Save.

3

Update your directory profile

- **Addresses:** The profile will be populated with information currently on file in your AAOMS membership record. Members can have up to four offices included in the MyOMS.org directory. Navigate to each

different address and confirm the information is correct or populate it with the relevant information. List your main OMS office as Work Address – Primary Location and up to three Additional Work locations. If you have any difficulty updating your address(es), email membership@aaoms.org.

Don't forget to specify if you want each respective address listed on the AAOMS.org (member-facing) and MyOMS.org (public-facing) directories.

- **MyOMS.org directory profile:** This demographic information will be used to help match prospective patients to an OMS in their area through the Find



a Surgeon directory. Here you will be able to add conditions treated, procedures performed and language(s) spoken in your practice.

- **Add procedure/conditions:** Let patients know which procedures are performed and which conditions are treated in your practice. View the populated list of procedures tied to the Informational Campaign and click Save to add to your profile.
- **Add language(s):** Note which languages other than English are spoken in your office. Click Save to include them in your profile. If you are fluent in a language that does not appear on the list and have not previously provided it via the directory verification form, email membership@aaoms.org to add it to your profile.

Once completed, you have successfully updated your profile. The changes will be reflected on MyOMS.org within 24 hours. ■



Your Commitment to Patients Drives Our Commitment to You.

Over the months since the Specialty has cautiously returned to practice during the pandemic, oral and maxillofacial surgeons all over the country have put themselves at risk to deliver compassionate patient care. OMSNIC is here to provide you with valuable guidance on patient safety and risk management, as well as forceful defense if needed. Since we are owned and directed by OMS, we know firsthand how difficult it is to practice while protecting against COVID-19. You can trust us to prioritize your best interests as we continue to develop strategies and resources that support the safety and success of each OMS practice. **800-522-6670** [omsnic.com](https://www.omsnic.com)

OMSNIC
DEFENDING THE SPECIALTY



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



Daniel M. Laskin, DDS, MS
AAOMS Today Editor

Is pimping an appropriate manner of teaching?

Pimping, derived from the German word *pumpfrage*, is an aggressive form of Socratic questioning that has almost become traditional in the clinical teaching of residents. Those who advocate this method of teaching claim it has a number of advantages.

First, by gradually increasing the difficulty of the questions, pimping allows one to ascertain the level of the resident's knowledge and recognize any deficiencies.

Second, it enables residents to apply their didactic knowledge to current clinically relevant situations.

Third, it has been claimed the active recall of information from memory results in the likelihood this information can be successfully retrieved in the future, thus enabling residents to be better prepared to make proper decisions when they later face clinical encounters under similar pressure and time constraints.

However, those who argue against the use of pimping claim that rather than assessing the trainee's knowledge and increasing the retention of key teaching points by being provocative, the method in which it is applied more often results in feelings of humiliation, fear and intimidation.

Moreover, they note much of the type of information elicited by pimping no longer needs to be committed to memory because it is readily available electronically.

Does this mean this method of clinical teaching needs to be eliminated?

Certainly, if the result is degrading, the answer is yes. However, asking residents reasonable questions about what they think is happening with a patient or what they think should be done with a patient and providing immediate constructive feedback if necessary is certainly

appropriate. Such teaching bridges the gap between what is learned from textbooks and in lectures and actual clinical care.

When the questioning of residents is done properly, their inability to answer correctly should not be humiliating or shameful for them. Instead, they should consider it as part of the normal learning process.

Having gaps in knowledge is normal, and the inability to

answer a reasonable question should not be looked upon as a failure but rather as motivation and direction to gather new information.

Residents need to remember that someday the welfare of a patient may depend on their knowing the correct answer. ■

When the questioning of residents is done properly, their inability to answer correctly should not be humiliating or shameful for them. Instead, they should consider it as part of the normal learning process.



Facing Futures team: Hoi An, Vietnam, March 2019

Dr. Douglas and Kimberly Baasch

Thank you for investing in our future!

“My experience as a member of Dr. Steinberg’s Facing Futures team set the tone for my career. I gained invaluable surgical experience, which I’ll carry into private practice, and I returned home committed to giving back to those in need, wherever I may find them.”

– Douglas Baasch, DDS, MD
2019 Global Initiative for Volunteerism and Education (GIVE) awardee

“I was so grateful for the chance to experience the 2019 Annual Meeting with my husband, to see his professional world firsthand and to meet others who knew the resident spouse experience and supported me through it. In turn, I’ve tried to do the same for others like me.”

– Kimberly Baasch
2019 Norma L. Kelly Resident Spouse Scholarship recipient

Your gift to the OMS Foundation supports innovative research, education opportunities for residents and a strong academic sector. Learn more at OMSFoundation.org/Grants-Scholarships.

 **DONATE TODAY**



GIVE and the Norma L. Kelly Scholarship program are supported by the OMS Foundation Alliance, OMSNIC and generous donors such as yourself. Visit the Alliance page at OMSFoundation.org to learn more.



OMSFoundation.org/Donate



William C. Passolt, CPA
OMS Foundation Chair

Wishing you a happy, hopeful new year

Whether it is through resolutions you make for yourself or new goals for your practice, this new year embodies hope for a better future across the specialty. The OMS Foundation is no exception.

For the Foundation, 2021 also arrives with a heightened sense of urgency to deliver on its commitments to innovative research and education initiatives. The pandemic delivered mostly disappointments in 2020, especially for senior residents unable to redeem their Global Initiative for Volunteerism and Education (GIVE) awards to serve with international humanitarian healthcare teams. The cancellation of the Clinical Trials Methods Course dealt another blow to ambitious residents. Though both programs are slated to reboot in 2021 if circumstances permit, we are tempering our ambitions with a shot of realism and preparing, along with AAOMS, to adapt as necessary.

Our priorities in the months ahead will include catching up with research begun in 2020 that was derailed by the pandemic and launching new projects approved for funding in 2021. We also plan to update our strategic plan to safeguard our capacity to deliver relevant and well-constructed research and education programs to advance the interests of our evolving specialty. That is the return on investment our donors expect and deserve, and we are committed to deploying every available resource to support and protect opportunities that offer maximum benefits to the specialty as a whole.

In addition to “tried-and-true” programs – such as the Faculty Educator Development Awards (FEDA) and resident travel scholarships – the Foundation remains committed to offering (in collaboration with the IAOMS Foundation) an International Fellowship for Cleft Lip and Palate and Craniofacial Surgery in Beijing, China. We also are exploring multi-disciplinary research opportunities that will foster

advances in knowledge for our specialty in collaboration with other related disciplines.

Ultimately, our ability to increase the Foundation’s asset base will dictate our capacity to meet the OMS specialty’s evolving needs. Our OMSFIRE (OMS for Innovation, Research and Education) initiative recognizes individuals, practices, OMS societies and companies who commit to donate \$2,500 or more annually for five years. Despite the pandemic, OMSFIRE posted a strong launch in 2020 and welcomes new donors in 2021 with recognition, gratitude and some fun swag at the higher giving levels.

If you have not already, please consider adding your name to the growing roster of OMSFIRE donors. (Find the list on our website’s Donor Impact tab, then click on Donate to get started.) If OMSFIRE is not a good fit for your situation, please contribute as you are able and know we are grateful for your support.

Legacy gifts, such as a gift in your will or a life insurance policy earmarked for the Foundation, offers a surprisingly practical option for OMSs at every stage of their career. Donors who commit to a planned gift of \$25,000 or more are welcomed into the Foundation’s R.V. Walker Society, a visionary group whose mission is to ensure the availability of resources in perpetuity to support the advancement of the OMS specialty. Dr. Walker’s commitment to educating young OMSs was legendary. His generosity ensured he would be remembered and revered for generations.

I encourage you to explore our many planned giving options and create your own legacy. Call 847-233-4325.

I wish you the best for 2021. May it be a healthy and prosperous year for all of us and a successful, productive year for the Foundation. As always, thank you for your support in all its forms. ■

Meeting the challenge: coins honor advocates who

AAOOMS launched a new recognition program in mid-2020 for OMS members who go above and beyond to promote the specialty through advocacy.

The AAOMS Challenge Coin is awarded to those elite few who transcend the efforts of their colleagues to further the specialty. Recipients of this honor designate significant portions of their time and effort to ensure the specialty thrives by personally advocating at the local, state and federal levels for the profession and patients. Such tasks may include testifying before legislative bodies on the practice model or traveling the country to defend the ability for OMSs to deliver team-based anesthesia care.

Challenge coins are steeped in military tradition. The tokens possibly originated in ancient Rome, where soldiers were rewarded for valor with a bonus coin featuring the legion's mark. Instead of spending the coin, the soldiers often would

keep it as a memento. In more recent times, commanders have presented challenge coins to recognize specific unit members' special achievements.

The military still distributes coins a soldier can use to prove he or she served with a particular unit. Sometimes, others "challenge" by producing their own coin and slamming it on a table or bar.

Many organizations now mint their own coins to distribute to members, enhance morale or reward an individual for extraordinary service. Other coins are handed out to generate publicity or are sold as fundraising items.

Candidates for the AAOMS award are considered and approved on a rolling basis, and OMS state societies may recommend candidates by emailing AAOMS Governmental Affairs staff at advocacy@aaoms.org.



Clockwise from top: Front and back of the AAOMS Challenge Coin. Immediate Past President Dr. Victor L. Nannini and Drs. Mark A. Oghalai, David A. Fenton, Jeffrey D. Schultz and Aaron D. Figueroa show off their Challenge Coins.





advance the OMS specialty at various levels

At press time, these members have received Challenge Coins for outstanding contributions:

- Normund K. Auzins, DDS
- Jay Asdell, DDS
- Christopher R. Bevin, DMD, MD
- Carolyn Brookes, DMD, MD
- Lionel M. Candelaria, DDS, FACS
- Donita U. Dyalram, DDS, MD, FACS
- David A. Fenton, DDS, MD, FACS
- Aaron D. Figueroa, DDS
- Elda L. Fisher, DMD, MD, FACS
- Eric T. Geist, DDS, FACS
- Dana C. Jackson, DDS
- Joyce A. Jeffries, DDS
- Roderick Y. Kim, DDS, MD
- Glenn Maron, DDS, FACS
- James C. Melville, DDS, FACS
- Justine Moe, DDS, MD
- Larry J. Moore, DDS, MS
- Victor L. Nannini, DDS, FACS
- Mark A. Oghalai, DDS
- Faisal A. Quereshey, DDS, MD, FACS
- Louis K. Rafetto, DMD
- Steven M. Roser, DMD, MD, FACS
- Salam O. Salman, DDS, MD, FACS
- Steven A. Saxe, DMD
- Thomas Schlieve, DDS, MD, FACS
- Jeffrey D. Schultz, DDS, MMS
- Martin B. Steed, DDS, FACS
- Brian H. Stone, DDS, MD
- William C. Storoe, DDS
- Marcus B. Tanabe, DDS

Additional information and updates on recipients can be found at AAOMS.org/Challenge. ■



*Clockwise from top left:
Drs. Eric T. Geist, James C. Melville,
Christopher R. Bevin,
Dana C. Jackson and
Faisal A. Quereshey display
their Challenge Coins.*

State-based advocacy remains an ongoing mission



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

Advocacy by its very nature is dynamic and ever-changing. Last year proved it is never known what is waiting around the corner and what challenges may appear.

The specialty must be nimble in addressing issues and recognizing hairpin turns in public and personal agendas. Gone are the days when the specialty could simply “power down” when there are seemingly no issues of concern in the legislature. Instead, OMSs must follow the path of successful elected officials by establishing permanent campaigns – not to run for elected office, but to constantly promote the specialty and address any issue through advocacy.

The specialty must be nimble in addressing issues and recognizing hairpin turns in public and personal agendas.

One way to accomplish this task – and a method savvy government affairs professionals and OMS society advocates use – is to recognize and prepare for national issue trends. Looking at this year’s legislative sessions, the specialty will face at least seven issues:

- **COVID-19 fallout** – With much of the 2020 legislative sessions set aside due to the pandemic, the 2021 sessions are expected to need to address many issues leftover from the previous year in addition to pandemic fallout. Of greatest concern to states will be strained budgets due to dwindling revenue from taxes and overwrought businesses. Scope-of-practice issues surrounding vaccine administration and antigen testing also may be considered.

- **Anesthesia** – When practices started opening up somewhat last summer, dental boards resumed their work on laid-aside efforts, including anesthesia regulations. With renewed interest in this topic – particularly regarding pediatric patients – additional action can be expected. While dental boards typically address this issue via regulation, some opponents may choose to introduce legislation to further their agendas, hoping for a sympathetic legislature to supersede any regulatory action.
- **Opioids** – Opioid abuse figures are once again on the rise, and states can be expected to begin reviewing this topic after relatively quiet years in 2019 and 2020. This will of course be fueled if the CDC releases any acute pain guidance.
- **Surprise billing** – With patients increasingly encountering high costs for out-of-network bills – particularly at in-network hospitals – legislators are under increasing pressure to intervene. While the federal government was expected to push through a national measure in 2020, the pandemic and conflicting special interests stalled that effort. Oral and maxillofacial surgery is likely the only dental specialty impacted by surprise billing measures, especially if centered on hospital-based care.
- **Dental insurance issues** – The ADA and state dental association components have been leading the charge on dental insurance-related issues through its Fighting Insurance Interference Strategic Taskforce. The program focuses on five issues: assignment of benefits, prior authorization, provider network leasing, retroactive denials and virtual credit cards. With successes in 2020 and model legislation on many of these topics at the National Council of Insurance Legislators, additional interest from states can be expected.
- **CRNA expansion** – CRNAs had a relatively productive legislative season in 2019-20, gaining grounds for independent practice. Executive orders issued during the pandemic granted further independent practice, and efforts during the upcoming legislative year may attempt to make them permanent.
- **Telehealth** – Telehealth gained prominence during the pandemic, and states will need to make measures issued via executive order permanent. Expect a swath of legislation, particularly about who may perform telehealth



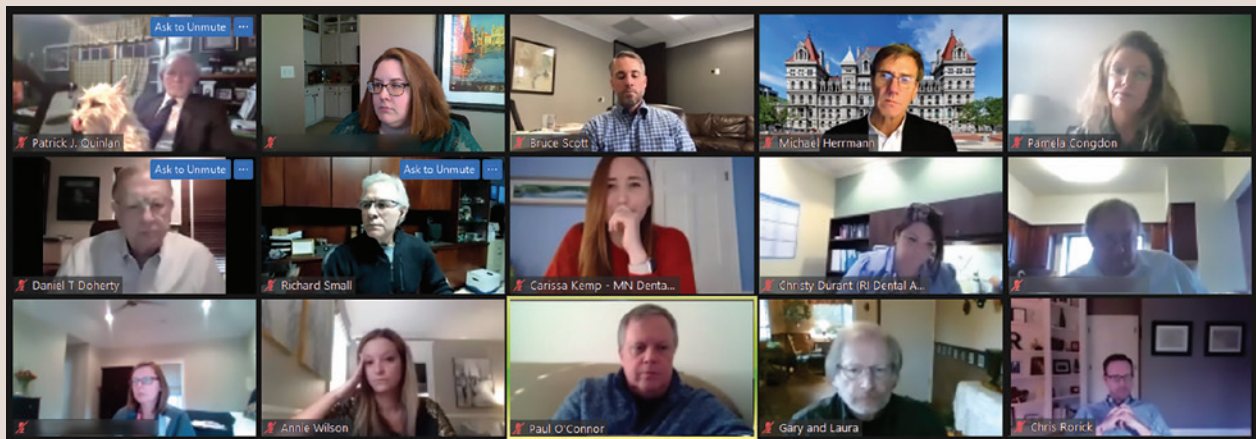
and needs member involvement to succeed

services and how it will be paid. The National Council of Insurance Legislators also is looking at developing model legislation on this topic.

Should the specialty wait for others to determine its future on these issues or should it control its own destiny? Opponents never rest with advocacy, and neither should the specialty.

OMSs can do their part by getting involved with their state OMS societies and dental associations.

For more information, email advocacy@aaoms.org or visit AAOMS.org/Action. Additional information on AAOMS positions and priorities on state legislative and regulatory issues is available at AAOMS.org/StatePriorities. ■



The AAOMS State Advocates Forum was held virtually for the first time in 2020.

First-ever virtual State Advocates Forum a success with discussion on state dental boards

Professional advocates from state OMS and dental societies met in November for the 25th annual AAOMS State Advocates Forum, held virtually for the first time. The two-day conference retained much of the discussion format of the traditional in-person meeting, but it was slightly condensed to accommodate time zones and prevent “Zoom fatigue.”

With benefits including no travel, the meeting boasted its highest attendance for first-time participants and number of states.

Significant discussion occurred on state dental boards, which are important to the specialty as they govern issues such as anesthesia and scope of practice. Attendees agreed OMS representation on these regulatory panels is crucial, but finding volunteers to serve in such positions is sometimes more difficult than securing the seat. With the

future of the specialty determined by these boards, states ask members to get involved with their state OMS societies and dental associations and volunteer their time for this crucial position.

Initial feedback continues to show the value in the forum, and many attendees commented it was the best virtual meeting they went to in 2020.

The 2021 State Advocate Forum is scheduled for Nov. 12-13 in Bonita Springs, Fla. Those with questions about their state’s representation or who would like more information about the forum can contact AAOMS Government Affairs staff at 800-822-6637 or advocacy@aaoms.org.



Congress and states wrap up work, look toward

Following an election that will bring many changes at the federal and state levels in the new year, federal and state lawmakers as well as regulatory agencies sought action on outstanding priorities before the end of 2020.

Federal level

In addition to issues that surfaced as a result of the COVID-19 pandemic, AAOMS focused federal advocacy efforts during the 116th Congress (January 2019 to January 2021) in the following areas:

- **Craniofacial anomalies coverage** – AAOMS worked with a coalition of healthcare providers and patient advocacy groups to re-introduce and generate significant support for the Ensuring Lasting Smiles Act (S 560/HR 1379). The bill garnered more than 310 bipartisan House cosponsors and 42 bipartisan Senate cosponsors. The bill passed out of the House Energy and Commerce Committee on Sept. 9. AAOMS continued to work with the coalition and bill sponsors to get the bill through Congress before the end of 2020, but it will need to be reintroduced in the new Congress in January.
- **Student loan repayment reform** – AAOMS led a coalition of more than 30 dentist and physician groups to re-introduce and generate support for the Resident Education Deferred Interest Act (HR 1554). A bipartisan group of nearly 90 House members cosponsored the bill, which would allow borrowers to defer interest on their student loans during medical or dental residency. With COVID-19 disrupting the higher education system, including the student loan repayment process, activity on the bill before the end of 2020 was unlikely. AAOMS is looking toward reintroduction in the 117th Congress and continues to pursue a sponsor for the Senate companion bill.
- **Antitrust reform** – The Competitive Health Insurance Reform Act (HR 1418) passed the House by voice vote on Sept. 21. The Senate version (S 350) has not moved beyond introduction. AAOMS continued to work with the ADA and the Senate bill sponsors – Sens. Steve Daines (R-Mont.) and Patrick Leahy (D-Vt.) – to move the issue in the Senate before the end of 2020.
- **Surprise billing** – Throughout 2019, both the House and Senate worked on separate pieces of legislation to end surprise medical billing but were unable to agree on a final solution. AAOMS advocated in support of several principles that included a streamlined arbitration process if a mutually agreed upon rate could not be negotiated with direct payment to out-of-network providers. Members of Congress remained optimistic they would address the issue before the end of 2020.
- **Medical Device Tax repeal** – The Medical Device Tax, originally enacted as part of the Affordable Care Act (ACA), was repealed as part of a 2019 year-end spending package – following several years of advocacy by AAOMS and numerous other stakeholders in support of the repeal.
- **COVID-19** – Congress last passed a comprehensive stimulus package in March when it enacted the CARES Act. Congress has since primarily focused on enhancing and providing flexibility to the Paycheck Protection Program. At press time, Congress was unable to reach an agreement on another COVID-19 package. AAOMS continues to promote its COVID-19 priorities and concerns in coalition letters and grassroots campaigns



addressing healthcare issues in the new year

as well as monitor COVID-19-related regulatory guidance and report relevant updates to the membership.

- **Medicare dental benefits/prescription drug pricing**
– The spotlight on rising prescription drug prices prompted Congress and the Trump administration to seek a legislative solution. The parties have different approaches. However, of note to dentistry, House Democrats included language in their drug pricing bill to expand dental, vision and hearing benefits under Medicare Part B. The House voted to approve the bill (HR 3) in December 2019. However, the Republican-controlled Senate did not take action on it. AAOMS is on record as opposing the Medicare dental benefits language. COVID-19 sidelined the issue of access to oral health for seniors for the remainder of the 116th Congress, but the issue is expected to resurface.
- **Medicare provider cuts** – OMSs face a 5 percent cut in Medicare payment in 2021 due to an offset needed for the E/M increases provided for in the 2021 Medicare Physician Fee Schedule Final Rule. AAOMS joined a coalition to urge Congress and the Trump administration to find a way to avoid the cuts, and a temporary, one-year fix is expected.
- **Opioid abuse** – The CDC announced it will reconvene a task force to consider updates to chronic pain prescribing guidelines. The task force indicated it may consider writing guidelines for acute care opioid prescribing. AAOMS sent comments to the CDC expressing concern that dental providers are not adequately represented on the task force and a task force created to address chronic pain prescribing guidelines should not address acute care guidelines.



Election impact on federal health policy

The fate of the U.S. Senate lies with Georgia's two Senate seats that are headed to run-off elections in early January. The House will remain in Democratic control, but a strong showing by Republicans in competitive House races means the new majority in the House will be slimmer for Democrats.

Healthcare policy will be at the top of the list of the Biden administration and Congress. Beyond focusing on how to address the COVID-19 pandemic, no major action on healthcare is anticipated until the Supreme Court ruling on the constitutionality of the ACA in early summer. One exception would be if Democrats wrestle away control of the Senate after the Georgia runoff elections. They could

continued on next page



make the ACA challenge moot by quickly reinstating the individual mandate, which Congress removed in 2017, creating the standing for the legal challenge.

President-elect Biden ran for President promising to build upon the ACA and expand access. He pledged to expand the number of those eligible for subsidies under the ACA and create a so-called “public option” run by the federal government that would be available to anyone and compete with other private health insurance plans. In addition, he has promised to lower the eligibility for Medicare to age 60. Stakeholders, such as the American Hospital Association and America’s Health Insurance Plans, are expected to fight back on the plan, arguing it would slowly push everyone into a government-run plan. President-elect Biden also has promised to reduce the cost of prescription drugs.

In addition to dealing with COVID-19-related issues, the 117th Congress will likely focus on two other issues it has debated the past two years: surprise billing instances – assuming it does not address this during the lame-duck session – and lowering prescription drug prices.

OMSPAC update

The new year marks OMSPAC’s 50th anniversary. The AAOMS House of Delegates will recognize the anniversary at the 2021 Annual Meeting, and throughout the year the OMSPAC Board will highlight OMSPAC’s history and role in advancing the specialty.

OMSPAC raised \$375,812.50 from 15.71 percent of the membership through October. In addition, OMSPAC contributed \$360,000 to federal candidates leading up to the 2020 elections.

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



Did you know **OMSPAC** was one of the **earliest** federal political action committees created?

OMSPAC is celebrating 50 years as the sole voice for the specialty in Washington, D.C., as AAOMS's bipartisan political action committee.

Visit OMSPAC.org to learn additional fun facts about OMSPAC from the past 50 years.

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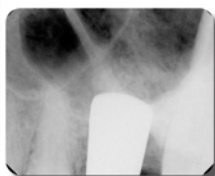
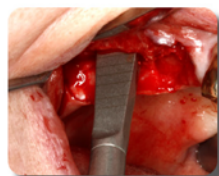
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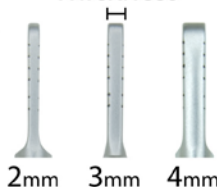
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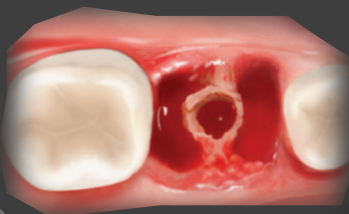
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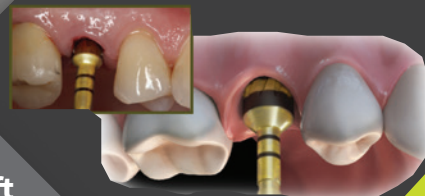
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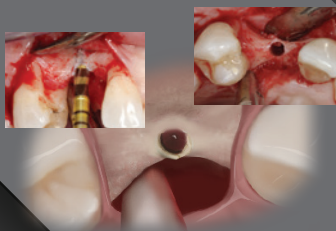
Molar Septum Expansion



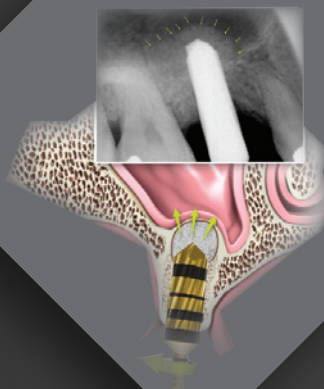
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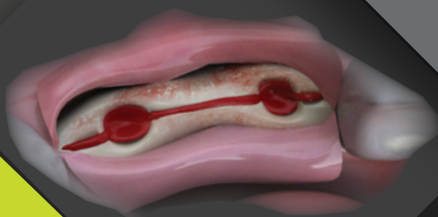
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Day on the Hill moves to virtual

The 2021 AAOMS Day on the Hill will be a virtual meeting on April 20 due to ongoing concerns stemming from the COVID-19 pandemic.

With the 2020 meeting canceled due to the pandemic, AAOMS will celebrate the 20th anniversary of Day on the Hill in 2021. From home or the office, attendees can meet virtually with members of Congress and their staff to inform them about the specialty and issues impacting OMSs and their patients.

Additional details will be available at AAOMS.org/DayontheHill.



HEALTH IT BYTES



■ **ONC data blocking rule delay** – The Office of the National Coordinator for Health Information Technology (ONC) issued an interim final rule delaying implementation dates of its information-blocking rule until April 2021 and beyond. This is the second time the rule's implementation has been delayed with the first occurring in April due to the COVID-19 pandemic. While not unexpected, this delay institutes a much longer implementation period than stakeholders originally planned and requested. The rule also extends the dates for the Conditions and Maintenance of Certification provisions required for electronic health records (EHR) platforms and clarifies information.

■ **ATA** – The American Telemedicine Association (ATA) is partnering with the Organisation for the Review of Care and Health Apps to provide information on safe and effective healthcare apps. ATA will work to develop criteria specific to the United States and establish an ATA-approved library.

■ **Patient profile photos** – The addition of patient headshots in EHR decreased wrong patient order entry by 35 percent, according to a recent study in JAMA Network Open. The addition of patient photos also increased patient identification and enhanced patient safety in emergency rooms. The study results show the value of photos over other mitigations – such as system alerts, which can result in provider burden and be subject to “alarm fatigue.”



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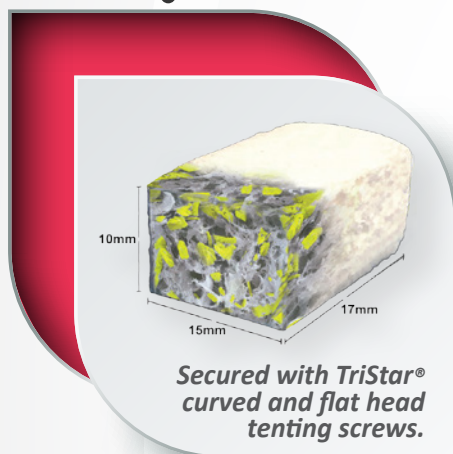
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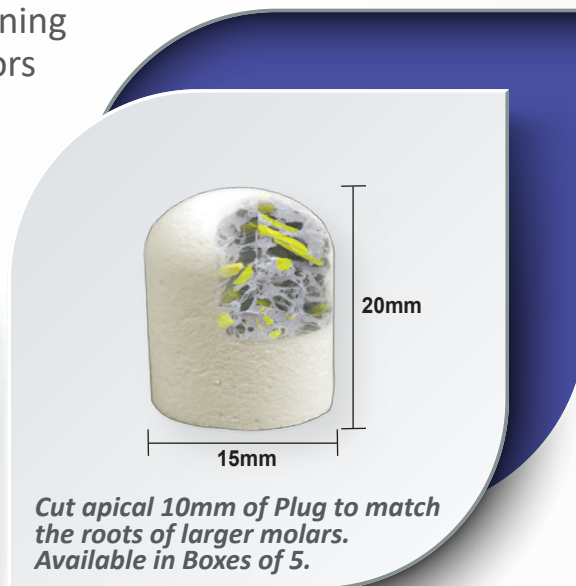
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Masks, employee personnel records and PHI

Q How can I ensure my practice orders authorized N95 masks when shortages and changes in suppliers continue?

A During the COVID-19 pandemic, the FDA issued Emergency Use Authorizations (EUAs) for certain PPE products, including face shields, other barriers and respiratory protective devices such as N95 masks and other respirators. When supply shortages occur or suppliers change, it is important to confirm available products are authorized for healthcare personnel use.

To ensure your practice orders authorized N95 masks and respirators for staff use, the FDA website provides searchable tables to verify if a respirator has been approved for emergency authorization use by healthcare personnel during the COVID-19 public health emergency. These searchable tables provide product information for both NIOSH-approved and non-NIOSH-approved respirators authorized for use under the umbrella EUA.

Finally, check the list of respirator models no longer authorized under the EUA. These respirator models had previously been listed under an EUA but no longer meet the eligibility criteria for continued use.

The FDA compiled a list of frequently asked questions on EUAs for non-NIOSH-approved respirators at [FDA.gov/medical-devices](https://www.fda.gov/medical-devices).



Q I am moving my office. How long do I need to keep employee personnel records for former employees?

A The U.S. Equal Employment Opportunity Commission (EEOC) regulations require an employer to maintain all personnel and employment records for one year. In the event an employee is involuntarily terminated, the personnel records must be retained for one year from the date of termination.

In addition to personnel records, under the Fair Labor Standards Act recordkeeping requirements, employers must retain payroll records for at least three years. An employer also must keep any record that explains the basis of paying different wages to employees of opposite sexes in the same business. These records include anything that pertains to wage rates, performance evaluations, merit systems and collective bargaining agreements and must be retained for at least two years.

All employers covered by federal anti-discrimination laws are responsible for meeting these requirements. More information is available at [EEOC.gov](https://www.eeoc.gov).

Q Do I need a signed authorization form to disclose or release my patient's Protected Health Information (PHI) to another provider who is providing treatment?

A No, under the HIPAA Privacy Rule, a covered healthcare provider can use or disclose PHI for treatment purposes. The rule permits a healthcare provider to disclose PHI about an individual, without the individual's authorization, to another healthcare provider for that provider's treatment of the individual. More information is available at [HHS.gov](https://www.hhs.gov).

Q How long is an authorization to release PHI valid and does it need to include a specific expiration date?

A According to the HIPAA Privacy Rule, an authorization must contain an expiration date or event that relates to the patient or the purpose of use.

For example, the authorization form may include language indicating it expires one year from the date the form is signed. Typically, an authorization is valid until the documented expiration date, unless revoked in writing by the individual before the expiration date or event.

In the event state law is more restrictive than the HIPAA Privacy Rule, state law would determine how long an authorization is effective. More information is available at [HHS.gov](https://www.hhs.gov). ■

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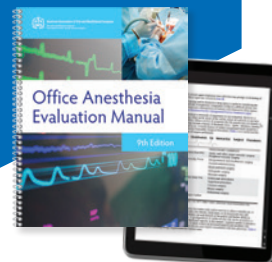
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Ensuring your OMS practice is data-driven

By Peter Jackson

OMSVision Senior Marketing Manager

Why is properly maintaining and effectively monitoring data so vital to the health of a thriving OMS practice? Sean Wild, CEO of Practice Metrix – an OMS practice management analysis software company – has a straightforward analogy.

“It’s like putting headlights on a car,” Wild said. “Prior to the headlight, there wasn’t a big discussion about it. Once you show someone headlights and put them on a car, who is going to turn them off and say, ‘I don’t need a stinking headlight at nighttime?’”

Being smart about data is not all about what’s ahead. On top of illuminating future business decisions, effective data documentation, analysis and storage are vital to the state of a healthy OMS practice. Keeping close tabs on your data not only can inform actionable decisions that will help you make more money year to year but also create a more organically run practice day to day that will ensure you deliver the best patient experience. You can increase revenue by paying attention to your data.

Adjusting to COVID-19

Using data to drive business decisions around referrals is particularly timely as the industry deals with the pandemic. Tracking data allows you to keep an eye on referrals after mandatory COVID-19 lockdowns.

“COVID-19 interrupted our business – it took about two months of our income away,” Wild said. “We also were depending on how quickly general practitioners were getting back to business. Being able to track that with real-time information, you can call them and say, ‘Looks like you are off to a slow start. Is everything good?’”

Potentially, you can help with factors slowing your referring dentists or at least commiserate with them as they get back on their feet. Maybe they will no longer practice in your town, and you’ll know to focus efforts on building relationships with other dentists in the area.

Reviewing your data also is paramount to making sure patients who stayed away from your practice through the tightest periods of lockdown don’t fall through the cracks. Be sure to follow up on implant consults from before the pandemic.

Boosting referrals

Once practices are on the other side of COVID-19-related interruptions, data will continue to help manage referral-based relationships.

“Let’s say you are a new dentist in town and sending me work, but I am not looking at my numbers and you aren’t in my top 20,” Wild said. “That means you aren’t important with the old ways of looking at data. You could be up 700 to 3,000 percent, and I never even took the time to call you and say thank you. What can that cost me if you can’t see that?”

Not thanking a dentist sending business your way is an unfortunate way to potentially sour what could have otherwise been a mutually beneficial relationship.

Evaluating collections

Another extremely important question you can answer by analyzing your data is: How are your collections performing?

If you closely track your data and use an analytics software to examine your coding, you can add an extra layer of efficiency to how much money you earn for the work you are already doing.

Looking at carriers

Another question data can help answer is: Are your carriers unnecessarily holding up your money?

Even if you are confident your carriers will pay what they owe, keeping track of how long it takes them to pay – and what might delay them – can increase the amount of money you collect from year to year. Seeing how cleanly your billers send claims can accelerate the process.

continued on next page



Oftentimes, a carrier might be slow sending a payment because of clerical errors or an unnoticed change on its side of the process, potentially inhibiting your cash flow in ways that might seem minor transaction to transaction but will make a significant change over a year.

Your data also are your currency in bargaining power with carriers.

A request for a better rate on wisdom tooth extractions will carry more weight if backed up with data stating you are one of the largest providers of that service in a ZIP Code.

Enhancing marketing

Carefully analyzing patient data also can help pinpoint marketing efforts and inform smart location decisions for practices. It is a mistake to assume all your patients live in the ZIP Code where your practice is located.

On top of implementing marketing campaigns that target the ZIP Codes of most of your patients, you will be able to gauge how successful a new practice can be if you place it in the ZIP Code of most of your patients.

Improve the day to day

Data are not only key to help drive business decisions that will make your practice more profitable – they also are an incredibly important day-to-day tool that, when used correctly, can help minimize mistakes in any portion of your practice.

Good documentation is important to inform your staff and protect your patients.

– Dr. Michael Malmquist, OMS and co-owner of Malmquist Oral and Maxillofacial Surgery

“Data are very important for the success of our practice,” said Dr. Michael Malmquist, OMS and co-owner of Malmquist Oral and Maxillofacial Surgery in Portland, Ore. “One of the most fundamental changes for success in modern-day practices is to be data-driven. Procedural documentation is designed to help reduce variation within a given process. Documentation is fundamental for good clinical practice and an essential skill for practitioners.”

Proper documentation isn’t just good for the provider – it’s important for the patient.

“Documentation plays a crucial role in any treatment setting,” Dr. Malmquist said. “Good documentation is important to inform your staff and protect your patients. Good documentation promotes patient safety and quality of care. Complete and accurate electronic health records can



help ensure your patients receive the right care and assure continuity of care.”

Keeping close tabs on your data also helps with the little touches that make patients feel more connected with you. Dr. Malmquist sees an extremely high volume of patients five days a week. Documentation is the way he can keep their personal details straight to help establish trust.

“I always put specific details about each patient in there that keeps that personal touch,” he said. “If the patient is a high school student, it’s: ‘Where are they going to school? Are they going to college? What are they studying?’ When they come back, I can ask them how that’s going.”

Efficient management systems are vital for the day-to-day flow of a practice.

“First and foremost is added efficiency, specifically in regard to workflow and processes, impacting a clinician’s ability to achieve quality patient outcomes,” Dr. Malmquist said. “Medical and dental practice management software offers a standardized system for maintaining peak performance: minimizing errors and helping staff operate smoothly and efficiently and reducing patient wait times.”

Data are key to not only informing business decisions, but also to keeping your practice running smoothly day to day. If you ask yourself if your practice is data-driven and your answer is “no,” take steps to change that answer to the affirmative. ■

OMSVision is the AAOMS-approved practice management software that has been optimized to allow OMSs to use data to drive the day-to-day operations in a practice.

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This is number 177 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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Appending coding modifiers: Who needs 'em? To

Do you ever feel a CPT code did not adequately represent the efforts you put in for a surgical service? Do you find you need to relay additional information to the insurer? Do you think there are too many CPT codes to wade through?

If your answers to those questions are a resounding yes, appropriate use of modifiers can become your office's new best friend.

Modifiers were created to append certain CPT codes to more adequately reflect or more concisely define a service without having to create a separate CPT code. Sometimes, it is necessary to "modify" an evaluation and management code, and other times it is necessary to "modify" the surgical procedure code.

Modifiers are usually two-digit alpha or alpha numeric codes that are important to coding and reimbursement. Level I (CPT) and Level II (HCPCS) modifiers consist of pricing modifiers and informational modifiers. Pricing modifiers also are known as payment-impact modifiers or reimbursement modifiers because they affect the reimbursement rate.

Examples of commonly used pricing modifiers by OMSs are – 50, 51 or 80. Informational modifiers provide information about the procedure and claim that may affect coverage – without them, the claim may be denied.

For example, it may be necessary to inform the payer the procedure billed was repeated, more work was involved than typical or the encounter resulted in a decision to perform surgery.

If both modifiers apply to a particular procedure(s), the pricing modifier is typically listed first unless the payer indicates otherwise. Therefore, it is necessary to become familiar with payer policies. Local Medicare contractors and some commercial payers post their coverage and reimbursement policies on their websites. Most Medicare contractors will provide a list of pricing and informational modifiers as well as indicate which they prefer to be listed first.

Review of modifiers

The following is a list of modifiers commonly used by OMSs. A complete list of modifiers and their detailed descriptors and guidelines are found in CPT and HCPCS coding books. These modifiers also are covered in detail in the AAOMS coding courses.

CPT surgical modifiers	Evaluation and Management (E/M) modifiers
Pricing: 50 Bilateral procedure 62 Two surgeons 78 Unplanned return to OR, related procedure, during the postop period 80 Assistant surgeon Informational: 22 Increased procedure 47 Anesthesia by surgeon 51 Multiple procedures 52 Reduced services 58 Staged or related procedure, same surgeon during the postop period 59 Distinct procedural service 76 Repeat procedure, same surgeon 77 Repeat procedure, different surgeon 79 Unrelated procedure, same surgeon during postop period 95 Telehealth service	Informational: 24 Unrelated E/M by the same physician on same day as a procedure 25 Separate E/M by the same physician on same day as a procedure 57 Decision for surgery



modify or not to modify – that's the question

HCPCS modifiers

HCPCS modifiers are maintained by CMS and typically used on Medicare claims unless directed by a commercial payer. Similar to the CPT modifiers, they provide additional information to Medicare about the claim.

The most common HCPCS codes reported by OMSs are those associated with the Advance Beneficiary Notice and opting out of Medicare and those used to indicate a distinctly separate procedure as an alternative to the – 59 modifier (known as X{EPSU} modifiers).

Except for the X{EPSU} modifiers, which are only appended to the procedure impacted by a coding edit, the following HCPCS modifiers are typically appended to all codes reported during the encounter:

■ ABN modifiers

- GA Waiver of liability statement issued
- GX Notice of liability issued, voluntary under payer policy
- GY Item or service statutorily excluded, does not meet the definition of any Medicare benefit
- GZ Item or service expected to be denied as not reasonable and necessary

■ X{EPSU} modifiers (alternative to CPT 59 modifier)

- XE Separate encounter, a service that is distinct because it occurred during a separate encounter
- XP Separate practitioner, a service that is distinct because it was performed by a different practitioner
- XS Separate structure, a service that is distinct because it was performed on a separate organ/structure
- XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

■ Opt-out modifier

- GJ "Opt-out" physician or practitioner emergency or urgent service

Telehealth modifiers

The COVID-19 pandemic and state shutdowns prompted the increase in telehealth services and, as a result, CMS and other commercial payers extended their benefits for such services during the public health emergency.

CMS recognizes three types of virtual medical services: telehealth visits, virtual check-ins and e-visits. CMS advises that during the public health emergency, telemedicine visits may be billed using standard E/M codes with the place of service (POS) code 11 (office) along with the modifier – 95 to allow CMS to ensure payment parity for these services. CMS also has indicated modifier – GT may alternatively be reported to indicate the evaluation was rendered via "interactive audio and video telecommunication systems."

Commercial medical payers may have their own individual billing rules with regards to POS and modifiers. Therefore, it is advised to confirm each payer's preference prior to submitting claims. For example, some payers have specified they require POS code – 02 (telehealth) and the modifier – 95.

These modifiers may be reported on CDT codes when billed to medical insurance. However, dental claims/insurance do not accept modifiers currently. ■

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 © 2021 American Medical Association Current Dental Terminology® (CDT) © 2021 American Dental Association. All rights reserved.

Summarizing the final 2021 Medicare Physician Fee

The final 2021 Medicare Physician Fee Schedule (PFS) released Dec. 1, 2020, continues to represent the Patients Over Paperwork initiative and find ways to reduce burden, recognize clinicians for their time spent taking care of patients and make it easier for clinicians to be on course for practicing value-based care. The final rule updates changes to calculations and payment rates imposed by budget neutrality and revaluation of Evaluation and Management (E/M) services and streamlines easier access to patient care through the COVID-19 public health emergency (PHE).

E/M services

The 2020 PFS final rule finalized policy to adopt the new coding, framework and increased payment rates suggested by the AMA's CPT Editorial Panel and AMA/Specialty Society Relative Value Scale Update Committee for office/outpatient E/M visits. CMS reports that with more than two-thirds of Medicare beneficiaries having two or more chronic conditions, increasing the payment rate of E/M office visits ensures providers are paid appropriately for the time they spend on coordinating care for patients, especially those with chronic conditions. This implementation became effective Jan. 1, 2021.

While this demonstrates a huge success toward the Patients Over Paperwork initiative, CMS continues to stand firmly with not applying increased Relative Value Units (RVUs) to the office/outpatient visits associated with the 10- and 90-day global surgical packages. CMS proposes it will continue to review claims data on the utilization of postoperative visits to determine if they are appropriately accounted for in the surgical global period.

As a reminder, it is important when providing follow-up visits to surgical procedures associated with a 10- or 90-day global to record CPT code 99024 in the patient record.

Conversion factor and OMS pay cut

CMS will apply a considerable decrease to the 2021 conversion factor (CF). The 2021 rate is \$32.41, a 10.2 percent decrease from \$36.09 in 2020. This reduction is due to budget neutrality and the acceptance of increased RVUs assigned to the updated E/M codes as well as the increase of payment for E/M codes in the maternity bundle, some therapy services and emergency department codes.

The new CF will result in an estimated impact of 4 percent to the OMS unless Congress acts to suspend the budget neutrality requirement. AAOMS provided comment to CMS, urging it to waive budget neutrality to avoid payment cuts to the OMS specialty.

CPT code 99417 vs. HCPCS code G2212

In the proposed rule, CMS attempted to clarify the interpretation guidelines for the new prolonged service code, CPT code 99417. In the final rule, CMS indicated it did not agree with the AMA's code description of reporting the prolonged service code when a time-based office E/M visit exceeded the minimum time for 99205 and 99215.

Therefore, CMS established a new HCPCS code, G2212, which will require the E/M visit to exceed the maximum time of 99205 or 99215 to be reported. G2212 is intended to be reported when a maximum of 15 minutes of additional time has been met after the total time of the E/M service.

It is yet to be determined how payers other than Medicare will interpret how time will be recognized when reporting the new CPT code, 99417. However, HCPCS code G2212 will be the appropriate code for Medicare claims to report prolonged services when the highest level of office outpatient service of E/M is determined by time. CMS also indicated in the final rule the valuation for HCPCS code G2212 will be the same as for CPT code 99417, work RVU valuation 0.61.

Add-on code G2211

The final rule also clarifies the definition of the new HCPCS code, G2211, *visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed healthcare services, including the circumstances in which it applies.*

Although RVU values for E/M services 99202-99215 have increased, CMS believes these codes do not adequately reflect the resources associated with primary care and certain types of non-procedural specialty visits. Therefore, CMS finalized the definition of G2211 to describe the higher level of complexity associated with reporting the office/outpatient E/M services and recognizes the resources involved when practitioners furnish services that are best-suited to patients' ongoing care needs and potentially evolving illness.



Schedule: potential impact to the OMS specialty

Although it is assumed certain types of specialties will report the add-on code more than others, CMS is not restricting the use of the add-on code to specific specialties and clarified in the final rule the new add-on code can be used for both new and established patients.

Telehealth

During the PHE, CMS flexed its authority to add specific telehealth services to the Medicare telehealth list of covered services. This advantage has proven to be beneficial to the healthcare community, allowing greater flexibility and easier access to patient care during the COVID-19 pandemic.

CMS finalized additions and revisions to the Medicare's telehealth list of covered services by creating three categories: permanent (category 1), temporary (category 2) and an "end" list (category 3).

Telehealth codes will be added to the list of covered services on a permanent basis, covered for a period of time after the PHE or will no longer be covered after the PHE ends. Included in the permanent list of covered services and codes impacted by the OMS will be the new 2021 CPT code, 99417, HCPCS codes G2212 and G2211 already established emergency department E/M service codes (99284-99285) as well as observation services codes (99217, 99224-99226).

Geographic and originating site of service conditions will apply after the PHE unless congressional legislation intervenes and removes the restriction.

Direct supervision

CMS will continue to allow direct supervision to be provided using real-time interactive audio and video technology through the calendar year in which the PHE ends or Dec. 31, 2021.

OPPS and ASC proposed rule

The Outpatient Prospective Payment System and Ambulatory Surgical Center (ASC) final rule also was released Dec. 1, 2020. In this rule, CMS will gradually eliminate the Inpatient Only list,



allowing more than 1,700 services to be paid when rendered in the hospital outpatient setting over a three-year transitional period with the list completely phased out by 2024.

In the first year, CMS will begin with the removal of nearly 300 musculoskeletal-related services – of which 36 are reported by the OMS. Once removed, these procedures will be eligible for Medicare reimbursement when rendered in the hospital outpatient setting when outpatient care is appropriate or in the hospital inpatient setting when inpatient care is determined by the physician.

AAOMS commented and supported the proposal to allow more flexibility for the OMS to determine site of service.

In this final rule, CMS also revised the criteria it uses to add covered surgical procedures to the ASC Covered Procedures List (CPL). Using the revised criteria, CMS is adding 267 surgical procedures (16 reported by the OMS) to the ASC CPL beginning in 2021.

Conclusion

AAOMS continues to analyze the final rule's impact on the OMS and will provide additional details in Association publications. ■

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Answering questions about the CM process

Diplomates of the American Board of Oral and Maxillofacial Surgery (ABOMS) are committed to lifelong learning, keeping current in knowledge and skills, and practicing in a safe and contemporary manner.

ABOMS assures its Diplomates' commitment to these goals through the Certification Maintenance (CM) program. The ABOMS CM process is available on Diplomate profiles.

If you have questions, ABOMS has the answers. The following are some frequently asked questions about the process:

Q Where do I find my CM requirements?

A Everything for CM can be found on your Diplomate profile. Log in at ABOMS.roc-p.com/Login.aspx. The Diplomate Dashboard will provide all the information that is needed.

Q How many assessments must I complete?



A Diplomates are required to submit two assessments in the article review and clinical case scenarios during certificate years 3, 6 and 9.


Q Where can I locate the articles?

A ABOMS is not able to provide the full article due to copyright laws. Many Diplomates have been able to locate articles using their *JOMS* subscription in their AAOMS profile at AAOMS.org/JOMS.

Q Is the Certificate of Added Qualifications (CAQ) application required?

A No, the CAQ application is not required for CM. ■



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Robert S. Clark, DMD
Treasurer

“The virtual Annual Meeting was a success with higher-than-projected attendance and positive reviews from participants, many who never previously attended an AAOMS Annual Meeting.”

TREASURER'S ACCOUNT

Annual Meeting a success;

My first year as Treasurer proved to be challenging as the COVID-19 pandemic halted normal operations. Almost all 2020 in-person meetings, representing a significant portion of the budget, were canceled.

The Board of Trustees, committees and staff had to quickly adjust in a short timeframe to hold the 102nd AAOMS Annual Meeting virtually. The revamped meeting combined the Annual Meeting and Dental Implant Conference into one meeting.

The virtual Annual Meeting was a success with higher-than-projected attendance and positive reviews from participants, many who never previously attended an AAOMS Annual Meeting.

Although expenses are still being finalized, the status of the meeting's revenues is clear. The original budget for the combined meetings anticipated revenues of approximately \$5.3 million. It appears final revenues will fall short of budget by \$3.9 million, the result of lower registration fees – offered as a courtesy this time – and lower exhibition fees.

Overall, 66 companies participated in the virtual exhibition. We thank these companies for supporting AAOMS and taking a chance on a virtual format new to everyone.

Expenses

Significant savings are anticipated in regards to meeting expenses as we were able to avoid many cancellation fees due to rebooking for future years and invoking force majeure clauses.

Early estimates anticipate expenses will be greater than revenues by approximately \$450,000, which will fall short of budget by \$1.3 million.

Fortunately, AAOMS carries meeting cancellation insurance that covers infectious disease. Insurance is intended to make us “whole,” as if the meetings were held and made budget. A claim has been filed, and early response from the insurance company was positive, so some reimbursement is anticipated. Unfortunately for future years, the insurance companies are not writing coverage for infectious disease.

In September, the House of Delegates convened virtually and reviewed some resolutions with financial impact. The 2021 budget was approved and includes revenues of \$22 million



adjustments made

and expenses of \$21.84 million, resulting in anticipated revenues over expenses of \$44,000.

The pandemic and the future

Despite the challenges of 2020, our financial position remains strong with manageable cashflow. Strong reserves built up over many years provide a cushion for potential revenue loss in 2020 and 2021 if in-person meetings remain halted. At press time, reserves have a positive return for the year.

The Board acted early in the pandemic, and expenses were trimmed to generate savings where possible. A hiring freeze was implemented on open positions, and no staff raises were issued for 2020. Travel restrictions and the Board and Committees holding virtual meetings resulted in significant savings. Informational Campaign tactics were curtailed while member practices were operating in limited capacities. Because AAOMS is ineligible for a Paycheck Protection Program loan due to our tax status, the employee retention credit was applied.

The Board and staff will remain vigilant and continue to review expenses to provide savings should the pandemic continue to disrupt revenue streams in 2021.

The members of the Board of Trustees are looking forward to the next Annual Meeting being held Sept. 27 – Oct. 2. We hope you, your staff and guests will be able to join us when AAOMS travels to Nashville, Tenn., and we look forward to meeting safely in-person again. ■

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Visit **AAOMS.org/DAANCE**
to learn more about the program.



ANNUAL MEETING



Abstract, poster applications due

Applications for oral abstracts and posters to be presented at the 2021 AAOMS Annual Meeting can be submitted by March 14.

In addition, residents submitting an oral abstract may consider applying for the Resident Research Award. Full details and the online application are available at AAOMS.org/Speakers.

ANNUAL MEETING



Credit can be claimed until Jan. 31

Attendees of the 2020 AAOMS Annual Meeting must claim their continuing education credit by Jan. 31. To obtain credit, attendees can visit AAOMS.org/MyCE, select the 2020 Annual Meeting and log in with their registration/member ID and email address. Evaluations must be completed for every course attended to obtain credit.

Questions can be emailed to conteducate@aaoms.org.

ANNUAL MEETING



Session recordings available

Recordings of 2020 AAOMS Annual Meeting sessions are available for purchase at AAOMS.org/Recordings. The full set contains more than 100 sessions, and discounted pricing is offered for meeting attendees.

ANNUAL MEETING



Survey drawing winner named

Dr. Charles Bloomer of Abilene, Texas, is the winner of the 2020 AAOMS Annual Meeting survey drawing. He will receive complimentary registration to the 2021 AAOMS Annual Meeting in Nashville, Tenn.

ADVANCED EDUCATION



Resident Transitions into Practice Conference moves to virtual format

The 2021 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the move into practice.

This residents-only event will be held virtually Feb. 7 (11 a.m. – 3:15 p.m. Central Time) and Feb. 14 (11 a.m. – 3 p.m.). Topics will include:

- Leadership, practice models and early-career prep
- Incorporating full-scope oral and maxillofacial surgery into a practice
- Financial strategies for personal life and practice life



2021 Resident Transitions into Practice Conference:
Preparing for Post-residency Life

Feb. 7 and 14 | Virtual

- Understanding contract negotiation
- Coding and billing

OMSNIC and ABOMS will deliver special presentations. More information is available at AAOMS.org/Transitions.

MEMBERSHIP



Senior residents can save by joining AAOMS before program completion

AAOMS encourages senior residents to become candidates for active membership and take advantage of the full array of membership benefits and services.

Highlights of benefits include:

- Discounted registration to OMS-specific CE opportunities, including the AAOMS Annual Meeting, Dental Implant Conference, National Simulation Program modules, online CE on Demand, practice management and clinical webinars as well as one free Annual Meeting registration once elected to membership.
- Discounts on patient education, practice management, clinical resources and other publications developed especially for OMSs and their office staff.
- Assistance with coding and reimbursement, practice management, governmental affairs, anesthesia and credentialing matters.
- A complimentary directory listing in the consumer-facing website MyOMS.org and the AAOMS.org Membership Directory for up to four practice locations.
- Discounted subscription to the *Journal of Oral and Maxillofacial Surgery*.
- Print and electronic access to *AAOMS Today*.
- Access to the AAOMS CareerLine and *AAOMS Today* classifieds for employment, fellowships and sale-of-practice opportunities.
- Eligibility to participate in programs sponsored by AAOMS Advantage.
- Eligibility for malpractice insurance coverage through OMSNIC, where members are shareholders and policyholders.

Reduced dues through 2024

When senior residents apply for AAOMS candidate status before completing their training, their first year of dues will be waived. In addition to more savings and membership benefits at no charge through the end of 2022, the following years' dues are discounted. In 2023, one-third of the full-dues level established for AAOMS members will be charged. In 2024, two-thirds of the full-dues level will be billed. The full member rate will not have to be paid until 2025.

Save more through fellowship program

Those entering a fellowship program post-residency are encouraged to apply for candidacy. To ensure the dues discount, the fellowship letter (with dates of duration) should be forwarded when submitting an application for candidacy to membership@aaoms.org. By applying now, the dues discount will be extended through the fellowship year(s). Fees will not need to be paid until the next dues cycle after the end of the program.

Practicing outside the U.S.?

Although OMSs practicing outside the United States do not qualify for the graduated dues discount, they can apply for affiliate candidate status, which has substantially reduced annual membership fees, at AAOMS.org/Affiliate.

How to apply

The application process is available at AAOMS.org/Apply. For those who prefer to fax or mail their application, all application components are available to download at AAOMS.org. Membership Services can be contacted by emailing membership@aaoms.org or calling 800-822-6637 for more information.

MEMBERSHIP



Members can update their profiles in enhanced public directory

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

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

The dues statement also includes a request for information that will greatly enhance member profiles on the Find a

Surgeon feature on MyOMS.org – the public-facing website of the Informational Campaign. Improvements include allowing patients to search for an OMS by condition or procedure, listing the language(s) spoken in the practice and displaying profile photos in search results.

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

MEMBERSHIP



Members can discuss topics and network through AAOMS Connect

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

To access AAOMS Connect, members log in to AAOMS.org, click on AAOMS Connect under Member Center and click

Join Group to request access to the CIGs. Discussions are available through the Forum tab on the top-most navigation bar. In each CIG/SIG thread, the corresponding officers and liaisons are listed.

Additional information, including an Online Communities Training Guide, is available at AAOMS.org/Communities. Questions can be emailed to conteducate@aaoms.org.

COMMUNICATIONS



JOMS editor search to begin

With Dr. James Hupp informing AAOMS leadership he will not seek a fourth term as Editor-in-Chief of the *Journal of Oral and Maxillofacial Surgery*, the AAOMS Board of Trustees will conduct a search for a successor.

The new JOMS Editor-in-Chief is expected to assume his or her duties Jan. 1, 2022. Check future AAOMS communications for more details, including criteria for applying.

CONTINUING EDUCATION



CE sessions offered

New on-demand education is now available at CEonline.AAOMS.org. In addition to new offerings, a complimentary session is offered. This free course is valued at up to 1.0 CDE/CME credit.

MEETINGS



Webinar application available

AAOMS is always accepting applications for webinar presentations. The application is available at AAOMS.org/Speakers. Questions can be emailed to sjones@aaoms.org.

ADVANCED EDUCATION



AAOMS helps with single-, dual-degree applications for ACS fellowship

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

AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary. Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. They can submit the following materials to acsfellowship@aaoms.org by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.

- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS.org/member-center/ACS-fellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

Applicants should note whether they are single- or dual-degree.

AAOMS also provides case log review for dual-degree applicants, who will still directly apply to ACS. Their case logs should be sent to acsfellowship@aaoms.org by May 1 each year.

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

Additional information is available at FACS.org/member-services/join/fellows and AAOMS.org/member-center/ACS-fellowship.

MEMBERSHIP



Nominations due in January

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 is available at AAOMS.org/Awards.

Clarification

The introductory paragraph in the Learning from OMS Legends article in the March/April 2020 issue of *AAOMS Today* should have included mention of the important contributions Dr. Bryce Potter made to the development of the fellowships in head and neck oncology and reconstruction (the first in oral and maxillofacial surgery) in 1992 and the fellowship in advanced craniomaxillofacial and trauma surgery in 2001. Dr. Potter was Dr. Eric Dierks' partner and a senior staff member in oral and maxillofacial surgery at Legacy Emanuel Medical Center in Portland, Ore., during that timeframe.

MEMBERSHIP



Office Anesthesia Evaluation recertification due for certain members

Office Anesthesia Evaluation (OAE) recertification is now due for current members and fellows who last completed an OAE or exemption form in 2015 (or 2014 in Delaware and New Jersey).

Although the 2020 AAOMS House of Delegates approved a one-year extension for members due to the pandemic, members are encouraged to work with their state OMS society to complete recertification early if possible. Those grandfathered from state society membership, and the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for assistance.

Members whose AAOMS records show as due for evaluation were sent correspondence late last year. This

correspondence included information about exemption from the requirement. Eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

Confirmations of successful completion of the re-evaluation are due to AAOMS Membership Services no later than July 31, 2022. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

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

CALENDAR



AAOMS Opportunities

2021

Feb. 7 and 14

**Virtual Resident Transitions into Practice Conference:
Preparing for Post-residency Life**

[AAOMS.org](https://aaoms.org)

April 20

Virtual Day on the Hill

[AAOMS.org](https://aaoms.org)

Regional & State Society Meetings

The following regional and state society meetings were planned as of press time. Each meeting website is listed for updates.

2021

Jan. 16

CALAOMS 2021 January Anesthesia Meeting Webinar

[CALAOMS.org](https://calaoms.org)

Expected to be available on-demand after the live event

May 11–16

Southeastern Society of OMS Annual Meeting

The Ritz-Carlton, Amelia Island in Amelia Island, Fla.

[SSOMS.org/category/meetings](https://ssoms.org/category/meetings)



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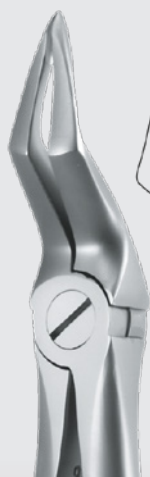
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Osteo Science Foundation's mission is to advance hard and soft tissue regeneration, with a focus on Oral and Craniomaxillofacial Surgery. The Foundation was established by Dr. Peter Geistlich in 2013 and is funded by Geistlich Pharma, a global leader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

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Drs. Cheifetz, Slade named AAAHC officers



Dr. Cheifetz

Ira Cheifetz, DMD, and Edwin Slade, DMD, JD, have been named officers to the 2021 Board of Directors of the Accreditation Association for Ambulatory Health Care (AAAHC). They assumed their positions Nov. 15.

Dr. Cheifetz, Immediate Past Board Chair, has more than 30 years of OMS practice experience. For nine years, he has contributed to AAAHC governance and was involved with leading the design and transition to a more strategic AAAHC Board structure, conducting several surveys on behalf of AAAHC. For AAOMS, he served on the Board of

Trustees for eight years and was President from 2009-10.

Dr. Slade, Board Chair-elect, has served in AAAHC capacities and leadership roles since 2003. His previous OMS leadership positions include President of the Pennsylvania and Delaware Valley Societies of Oral and Maxillofacial Surgeons as well as AAOMS Trustee and Treasurer.



Dr. Slade

Dr. Donoff earns ADEA award



Dr. Donoff

Former Harvard University School of Dental Medicine Dean R. Bruce Donoff, DMD, MD, has received the American Dental Education Association (ADEA) Distinguished Service Award.

Each year, a dental education professional receives this honor for

significant contributions to the association and its members through education, research and service. Dr. Donoff is the Walter C. Guralnick Distinguished Professor of Oral and Maxillofacial Surgery and Harvard University Distinguished Service Professor.

Dr. Lamb elected as Vice President



Dr. Lamb

Robert M. Lamb, DDS, has been elected Vice President to the American College of Dentists Board of Regents. He is Past President of the Oklahoma Society of Oral and Maxillofacial Surgeons and Southwest Society of Oral and Maxillofacial Surgeons and served as

Legislative Chair of the Oklahoma Society for 20 years.

Dr. Lamb retired as Colonel after serving 14 years of active duty in the U.S. Air Force and six years in the Air Force Reserves. His military awards include the Air Force Meritorious Service Medal and the Air Force Commendation Medal.

Dr. Edwards joins ACPA Board



Dr. Edwards

Sean Edwards, DDS, MD, FRCD(C), FACS, has been elected to the American Cleft Palate-Craniofacial Association's (ACPA) Board of Directors.

Dr. Edwards is the James Hayward Endowed Clinical Professor of Oral and Maxillofacial Surgery at the University of Michigan and

Chief of Pediatric Oral and Maxillofacial Surgery at C.S. Mott Children's Hospital and Associate Chair for Research in the Section of Oral and Maxillofacial Surgery.

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



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Faculty Positions

Indiana

Oral and Maxillofacial Surgery (OMFS) and Hospital Dentistry in the IU School of Dentistry seeks qualified applicants for a full-time (1.0) clinical track position at the rank of assistant or associate professor. Review of applicants will begin immediately with an anticipated appointment start date of Jan. 1, 2021. Responsibilities include didactic, academic and clinical instruction for the OMFS Pre-Doctoral and Residency program. Qualified candidates will 1) have a DDS/DMD/equivalent degree, 2) have achieved satisfactory completion of a CODA-accredited OMS residency program, 3) be eligible for or has current Diplomate status in the American Board of Oral and Maxillofacial Surgery and 4) be eligible to obtain an unrestricted dental license in the state of Indiana by the position start date. Interested candidates should review the application requirements and submit their application at indiana.peopleadmin.com/postings/8310.

Massachusetts

The Department of Oral and Maxillofacial Surgery at Boston University and Boston Medical Center invites applications for a full-time faculty position to augment its Oncological Surgery service. Applicants must be graduates of an ADA-accredited OMS residency program and have fellowship training in microvascular surgery. They must be eligible for independent, full licensure in the Commonwealth of Massachusetts and be OMS board-certified or active candidates for certification. Responsibilities include oncology fellow training, resident education and participation in the intramural faculty practice. Multiple opportunities for research are available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications, is available. Interested candidates should contact Pushkar Mehra, DMD, MS, FACS, via email: pmehra@bu.edu.

Massachusetts

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine invites applications for a full-time faculty position. The position requires graduation from a CODA-accredited OMS program or foreign equivalent. Applicants must be eligible for licensure in the Commonwealth of Massachusetts. Responsibilities include education of dental students and OMS residents in an outpatient setting with emphasis on office-based surgery, including dentoalveolar and implant surgery and ambulatory anesthesia. There are no required hospital-based operating room or on-call responsibilities. Opportunities for scholarly activity, faculty development and research are readily available on campus. A competitive salary and benefits package, commensurate with experience and qualifications, are available. Interested candidates should send a

curriculum vitae to: Pushkar Mehra, BDS, DMD, MS, FACS, Chair, at: pmehra@bu.edu. Boston University is an equal opportunity employer and encourages applications from minorities and women.

New Jersey

Rutgers School of Dental Medicine Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate Professor level on clinical track. Responsibilities will include staffing the undergraduate and resident clinics as well as participation in the didactic curriculum offered by the department. The ideal candidate must have completed an accredited OMS training program and be eligible for New Jersey dental licensure with board eligibility/certification. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey, and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should apply for this position at jobs.rutgers.edu/postings/119090. Any questions can be directed to: Vincent B. Ziccardi, DDS, MD, FACS, Professor, Chair and Residency Director, Department of Oral and Maxillofacial Surgery, 973-972 7462 or ziccarvb@sdm.rutgers.edu.

New York

The Lincoln Medical and Mental Health Center, Department of Oral and Maxillofacial Surgery, is seeking a qualified ABOMS-certified/-eligible with a DDS/DMD and optional MD. The candidate must have expertise in maxillofacial trauma management and the full-scope OMS. Additional duties include resident education (giving lectures, supervision during operating room and clinic procedures, take on-call), some predoctoral teaching/supervision and scholarly activity and other duties within the scope of an OMS attending. This is a full-time/part-time faculty position. The candidate must be eligible for licensure in N.Y. Salary is commensurate with experience. This opportunity is available immediately. Interviews will be conducted as applications are received. The position will be filled when a suitable candidate is identified. Please call 718-579-5957 or email Rawle.Phillbert@nychhc.org.

Pennsylvania

Dentist Anesthesiologist at Temple University Advanced Dental Sedation Center Full and Part Time. Temple University Maurice H. Kornberg School of Dentistry in Philadelphia is seeking applicants for a full-time (5 days a week) and part-time (1-2 days

per week) dentist anesthesiologist faculty position at a rank to be determined based on academic credentials. The candidate must have at least five years of experience working at a multidisciplinary sedation dental care center, preferably affiliated with an academic health center or a dental school. Experience working and teaching in a postgraduate dental or general anesthesia program is preferred. The dentist anesthesiologist will direct patient care as anesthesiologist in our 4-chair Sedation Center. The faculty will work with other dentists, specialists and residents who will provide the dental treatment or provide dental examination and follow-up evaluation. The Center is designed to provide care to a diverse patient population, which includes but is not limited to, patients with behavioral, developmental or intellectual disabilities; pediatric patients; adults with dental anxiety, fear or phobia; and those in need of complex oral surgical procedures. The selected full-time faculty will participate in teaching activities, such as didactic and clinical instruction of pre-doctoral or postdoctoral students or residents in local anesthesia and sedation techniques, credentialing and CE for faculty of the sedation center, medical emergency training for pre-doctoral and post-doctoral students, nitrous oxide for pre-doctoral students, and sedative and analgesic techniques for students and faculty. Knowledge of dental and medical insurance, credentialing, certification and reimbursement for sedation care is necessary. Candidates must be an active clinician and dentist anesthesiologist who is certified by the American Dental Board of Anesthesiology or eligible for board certification. Eligibility for unrestricted licensure and General Anesthesia Permit in the Commonwealth of Pennsylvania is required. Salary and rank will be commensurate with experience and qualifications. Interested applicants should send a cover letter indicating interest, date of availability, a current curriculum vitae and three references to: Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, or via email at: jo.ann.nyquist@temple.edu (for full time) or sean.patton@temple.edu (for part time). Temple is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

Pennsylvania

Seeking Assistant Clinical Professor, Oral and Maxillofacial Pathology. Temple University Kornberg School of Dentistry (TUKSOD) is seeking applicants for a faculty position in the clinical track at an assistant professor level for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. This will be a joint appointment between TUKSOD and Lewis Katz School of Medicine (LKSOM). At TUKSOD, the major responsibilities of this position will include developing an oral pathology clinical service, didactic teaching at the pre- and postdoctoral levels with a major emphasis on patient-centered clinical applications in oral medicine and oral pathology, and research especially focused on immunology and the oral microbiome. At LKSOM, the faculty will provide clinical services in oral pathology biopsy service and clinical and didactic instruction to medical

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Faculty Positions

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students, and residents as assigned. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) and must have successfully completed advanced accredited education in Oral and Maxillofacial Pathology. Applicants must be eligible for full licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Pathology or be a candidate for board certification. Expertise in pre-doctoral education and clinical Oral and Maxillofacial Pathology with emphasis on multidisciplinary patient care and laboratory medicine is required. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Interested applicants should send a cover letter indicating interest, date of availability, a current curriculum vitae and three references to: Associate Dean Jo Ann Nyquist, Temple University Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, or via email at: jo.ann.nyquist@temple.edu.

Texas

The Department of Oral and Maxillofacial Surgery at Texas A&M College of Dentistry in Dallas is seeking a full-time, non-tenured faculty member at the rank Clinical Assistant or Associate Professor. Responsibilities include didactic/clinical teaching at the post- and predoctoral levels, supervision of OMS residents, providing direct patient care as part of the faculty practice – including on-call coverage, participation in research and other collaborative activities. Applicants must have a DDS/DMD or equivalent, have completed an ADA-accredited OMS residency program, be board-certified or actively seeking board certification and be eligible for a Texas dental license. An additional desirable accomplishment is the completion of a fellowship in Head and Neck Oncology. Apply through Interfolio at apply.interfolio.com/78708. Submit inquiries to hzimmerman@tamu.edu.

Texas

UT Health San Antonio Department of Oral and Maxillofacial Surgery is seeking applications for a full-time faculty position at the Assistant Professor level. The duties of the faculty member will include participation in patient care, teaching and research. Candidates fluent in Spanish are preferred. 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 UT Health San Antonio Careers

page located at uthscsa.referrals.selectminds.com/faculty. Please create a profile and submit your application. Applicants for the position are welcome to call 210-450-3112 if they have further questions. Formal applications should include a narrative statement of interests, Curriculum Vitae and three letters of reference. UT Health 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 seeks a full-time faculty member at the rank of clinical assistant or associate professor, salaried (non-tenure), who can engage in clinical activities as part of the faculty practice and contribute to the Department's research and teaching missions. The ideal candidate will practice the full scope of OMS and have a niche clinical interest, e.g., trauma, microvascular reconstruction, orthognathic or TMJ. Interested applicants should submit a personal statement, a CV, and the names and addresses of three references to Ms. Sara Paul (sarapaul@uw.edu). For questions, please contact: Dr. Dodson, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: tbdodson@uw.edu.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in Tumor Board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Fellowships Non-CODA Accredited

California

UCSF-Fresno Department of OMFS offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps. Radiation and medical oncology rotations. The fellow will act in a

teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We have recently begun interviews for the July 1, 2022, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMFS, cleft and craniofacial surgery. The primary goal of the fellowship is to educate and provide additional surgical training in the management and treatment of patients with congenital facial anomalies. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLCranio.com. Please email CV to admin@flcranio.com.

Florida

The Pediatric Maxillofacial and Craniofacial Surgery Fellowship Program at University of Florida – Jacksonville, Department of Oral and Maxillofacial Surgery is offering a one-year postgraduate fellowship commencing July 1, 2022, and ending June 30, 2023. Significant improvements to the program have occurred recently. We now have six designated faculty, all with appointments to the department and fellowship specifically. This includes the pediatric OMFS and fellowship director, a pediatric neurosurgeon (associate program director), 2 pediatric plastic surgeons (1 is craniofacial trained) and 2 pediatric ENT surgeons. The fellow has the opportunity to operate with all of them and greatly expand surgical scope. This fellowship encompasses ALL aspects of pediatric maxillofacial and craniofacial procedures (15 years old and younger). In conjunction with the attendings, the fellows work to provide comprehensive treatment of pediatric soft and hard tissues and abnormalities of the maxillofacial and craniofacial region in a dynamic surgical and clinical setting. This includes primary repair of cleft lip and palate as well as transcranial procedures. Our fellows also have the opportunity to conduct research projects at both UF Health Jacksonville and Wolfson Children's Hospital. The fellow will be on-call for cases operated on by the pediatric craniomaxillofacial service. It is expected that the fellow (shared coverage with an OMFS senior resident on service) will also cover the pediatric cranial and maxillofacial trauma as well as PICU and NICU consults from UF Health Jacksonville and Wolfson Children's Hospital. The fellow will attend pediatric craniomaxillofacial clinic weekly along with a weekly multidisciplinary cleft and craniofacial clinic. Interested candidates should contact



904-244-3689 or submit a letter of interest and CV via email to Barry Steinberg, DDS, MD, PhD, FACS, at Barry.Steinberg@jax.ufl.edu.

Massachusetts

Massachusetts General Hospital Department of Oral and Maxillofacial Surgery, Minimally Invasive Endoscopic Oral and Maxillofacial Surgery Fellowship. Acquire the skills of Endoscopic Surgery of the maxillofacial region, including temporomandibular joint (arthroscopy), salivary gland sialendoscopy, trauma, orthognathic and total joint reconstruction. During the Fellowship, education on translational research, clinical trials, prospective and retrospective studies will be available. Fellow will function as Junior Attending for Level I Trauma, Elective OMS and Resident case coverage. Massachusetts Dental License is required. MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship. Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114 or by emailing JMCCAIN@mgh.harvard.edu.

Michigan

The Head & Neck Oncology, Microvascular Reconstructive Surgery Fellowship at Ascension Macomb-Oakland Hospital is seeking applications for a fellow in its one-year clinical fellowship training program, available to begin July 1, 2021. The program provides the comprehensive surgical training needed to prepare competent individuals to practice Head & Neck Oncology, Microvascular Reconstructive Surgery; specifically, ablation, endocrine surgery, extremity reconstruction, salivary gland and transoral robotic surgery (TORS). Fellowship training occurs between two facilities, Ascension Macomb-Oakland Hospital and Ascension St. John Hospital & Medical Center, a Level I trauma center. Eligible candidates must have completed a U.S.-accredited residency program in Oral & Maxillofacial Surgery. Applicants must be eligible for Michigan medical licensure. Please direct all inquiries to Dr. Carlos Ramirez, carlos.ramirez@ascension.org.

Missouri (St. Louis)

2020-21 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced 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 trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. 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 Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251 6726, email lacyw@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

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

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 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.

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. We are currently recruiting for a fellow to begin in August 2023. For more information, contact colleen.mcdowell@duke.edu.

Oregon

The Head and Neck Institute (HNI) is offering a 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 (upper airway stimulation) and craniofacial surgery. The faculty includes Drs. Bryan Bell, Allen Cheng, Ashish Patel, Caitlin Magraw and Baber Khatib. Dr. Eric Dierks also serves as an emeritus faculty member. 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@head-neck.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, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 2022, to June 30, 2023. The position involves surgical and multi-disciplinary management of children with congenital and acquired deformities. This includes primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, pediatric otolaryngology surgery and other related pediatric treatments. 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

Alabama

Well-established, well-respected, busy oral Alabama Oral Surgeon needed due to immense patient demand. Metro Oral and Maxillofacial Surgery is a well-established and respected office in the Dothan, Alabama, area. Due to years of superior patient care, we have an unlimited number of patients from an extremely loyal referral base and need an additional Oral Surgeon to support patient demand. Dothan is the medical hub in the area and only 1.5 hours from the Gulf Coast. Dentoalveolar surgery and implants are at the practice's core with the ability to expand into hospital-based surgery should the additional Oral Surgeon choose to pursue that as well. This opportunity possesses high earning potential and outstanding benefits, including continuing education reimbursement, time off, a student-loan debt forgiveness program of up to \$300,000 and the potential for practice equity. To learn about this phenomenal career opportunity, please contact Troy Macklin at tmacklin@marqueedental.com or 330-921-1699.

Arizona

Well-established, well-respected, busy oral and maxillofacial surgery with multi-office practices located in north Phoenix is looking for a full-time oral surgeon. Partnership opportunity available for motivated individual. Send resume to Rosencrans9@gmail.com or contact Riki at 602-292-4055.

Arizona

Our OMS practice is seeking a full- or part-time board-certified (or active candidate), compassionate OMS to join an expanding two-location practice in the Phoenix area. Please send CV to petern739@gmail.com.

Arizona

Busy, highly profitable, OMFS practice in Intermountain West seeking associate to start as soon as possible. Well-defined, short, transparent track to partnership. Guaranteed \$300,000 salary with additional bonuses based on production. Benefits include but not limited to: malpractice, 3 weeks vacation, 401K, profit sharing and sick time. Truly seeking a partner and not "another associate." Candidate must be Board-certified/eligible. Practice scope includes dentoalveolar, implant surgery, pathology, some trauma and some orthognathics. Two-surgeon, multi-location practice with lots of growth potential. Office call on rotation. No trauma call. Trained staff. Community is hidden gem with around 200,000 people. Easy access to outdoors and only a few hours to several major cities. Great place to live, work and raise a family. Send CV to Austin Leavitt at Austin.leavitt@omsp.com.

British Columbia

Practice located in Surrey, British Columbia, Canada is looking for an associate certified specialist comfortable in all aspects of office-based oral and maxillofacial surgery. Our office is fully certified in general anesthesia and works with a medical anesthesia group. There is an opportunity to expand our current cosmetic, trauma reconstruction and dentoalveolar practice. The office is equipped with modern equipment including an ICAT machine, 3D software, scanners and printers. Position to commence in 2020. Please contact kb.omfs@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., area. 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.oralurgery@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.

California

Northern California, full scope with active orthognathic, TMJ and implant OMS practice seeks an associate to join our 2-office, 3-doctor practice. Intention is for the associateship to lead to full partnership. Fully digital and CBCT in each office. Send letter of interest and CV to Norcaloralsurgery@gmail.com.

Colorado

Great opportunity for a motivated and quality-oriented Oral and Maxillofacial Surgeon to join our highly respected, full-scope practice in a top-rated community. Our practice is strategically located in beautiful Colorado Springs, a rapidly growing vibrant town ranked No. 3 by U.S. News & World Report with high academic-scoring public schools. Candidate must be board-certified or board-eligible. Our office

is a state-of-the-art practice with a well-trained and motivated medical staff and loyal referral base. Dental alveolar, orthognathic, trauma, pathology, implants and cleft care provided. This is a fantastic opportunity for a surgeon who is passionate about personalized care and motivated to strive for excellence. Offering associateship leading to partnership. Salary with bonus with excellent benefits package. Please email: HR@Jaws-1.com.

Colorado

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

Florida

Wonderful associate opportunity position in Lakewood Ranch, Fla. Competitive salary, benefits, equal partnership opportunity. Two office locations. Full-scope practice with implants, dental alveolar emphasis. Sunny west coast Florida, excellent schools and activities. Contact 1-502-644-7833/ Prpand01@hotmail.com, attention: Shawn.

Florida

An excellent opportunity exists to join Pensacola, Florida's first Oral & Maxillofacial practice that has been serving our community for over 50 years. High-quality, full-scope practice with emphasis on dentoalveolar, orthognathic and implant procedures. Trauma and reconstructive pursuits are also available. Drs. Mark Greskovich and Kevin Dean are seeking a motivated and personable Oral & Maxillofacial surgeon who is board-certified or an active candidate for board certification. Please respond to omfs@greskovichbalcom.com or fax to 850-479-5809.

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

Join our 90-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

Florida

Oral-Facial Surgical Associates (OFSA) is a highly respected practice of oral and maxillofacial surgery that was established in 1973. We are a full-scope practice with emphasis on dentoalveolar surgery and implant reconstruction. Our community and practice are growing, and our senior partner is phasing out. We are seeking a board-certified/eligible surgeon



associate with transition to partnership. The highly competitive compensation and benefit package includes guaranteed salary with production bonuses, paid vacation, CE, 401K and insurance. We have three offices located in Martin and St. Lucie counties, which offer the benefits of South Florida without the congestion of the bigger cities farther south. The area schools are rated very high every year. The weather, fishing and beaches are fantastic, making the Treasure Coast of Florida a highly desirable area to live, work and raise a family. Please visit our website at www.jawdocs.org for further information regarding OFSA. Send CV to AAOMS Box A-0916.

Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have two doctors dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport and multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a population of over 1 million. Florida has no state income tax, and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at cforalsurgery.com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

Florida

Practice with reputation for exceptional surgical & patient care in Tampa Bay area, a beautiful place for raising a family. We maintain excellent relations with referral base and regularly provide CE courses. State-of-art offices have CBCT, operating rooms and full anesthesia equipment. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries. Searching for motivated BC/BE OMS for associate position leading to partnership. Above-average compensation and benefits. Please send CV to facial97@gmail.com.

Georgia

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

Georgia (Atlanta suburbs)

Excellent opportunity for OMFS to begin your career or change careers in private practice. Join a super-producing, fee-for-service, established practice in suburbia Atlanta focusing on 3 areas: dental implants, orthognathic surgery and dentoalveolar. Very reputable surgeon. Our implant practice is large with an onsite lab with 3 full-time lab technicians fabricating surgical guides, immediate provisional and orthognathic surgical splints. Our office surgery center is equipped for all types of implant cases and orthognathic surgery. Great work environment and community. We have a super capable and friendly staff, making your days enjoyable. Family-oriented community, close to metro Atlanta and near the great outdoors of Georgia. An opportunity to become passionate about OMFS, enjoy your work and utilize your skills. Training in orthognathic surgery and implant surgery is most ideal and will advance with us. A second state-of-the-art facility is under construction in an ideal Atlanta location that will facilitate expansion. We have a large referral base and study club in place. If you are a people person and energetic, this is your chance to join a wonderful practice, earn great income and equity and be part of a passionate team. Creative routes to ownership available. Visit us at jawimplant.com. Contact person: Anusha at 770-664-5550 or at Anusha@jawimplant.com.

Illinois

Oral surgeon needed for our growing, locally owned oral and facial surgery office serving the metro east Ill. area. A highly competitive salary, student loan reimbursement, matching 401(k) and health insurance are just a few of the benefits we offer. This opportunity gives the doctor full business support so the focus can be patient care and a healthy work-life balance. Our main location is a new, state-of-the-art facility with multiple surgical suites and major surgery center while the practice itself has been in successful operation for over 30 years with consistent referrals. Email resume to classifieds@aaoms.org with subject line A-0131 to learn more about this exceptional opportunity.

Illinois

Fantastic opportunity! Extremely successful, well-respected group practice with loyal referral base. Partners enjoy great quality life, rapport and special comradery. Suburban Chicago Associateship leading to early partnership in a full-scope practice affiliated with Level I trauma hospital. Teaching possibilities. Reply to AAOMS Box A-101320.

Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an Oral Surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope.

Excellent earnings to include great benefits package. Please email CV to omaxdoc@gmail.com.

Indiana

Truly unique opportunity to start your career at an extremely flourishing practice in Northwest Indiana. We are seeking a new graduate surgeon to join our team in July of 2021-22. Associate period will be highly profitable with a full benefit package and a packed patient schedule from day one. The purpose of this position is to find a long-term partnership with an energetic, outgoing and motivated surgeon. Please send CV and cover letter to hull.dmd@gmail.com.

Indiana

Looking for an opportunity to join an elite practice located 45 minutes from Chicago's loop? One of the largest solo implant practices in Indiana is looking for a motivated surgeon. The offer includes a competitive salary with benefits as well as a fast track to full partnership. We have achieved a high level of patient care and production through proven systems that will make your transition into our practice seamless. The area is known for a great school system, and you will have the ability to take advantage of all downtown Chicago has to offer: MLB, NBA, NFL, Broadway, museums and much more. Please send CV to classifieds@aaoms.org re: AAOMS Box A-111720.

Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20 years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington, D.C. We have access to big city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax: 301-694-7372.

Maryland (Annapolis)

Associate position (FT/PT) for immediate and Summer 2021, leading to fast-track partnership in an expanding, multi-location, full-scope OMS surgery practice in the Maryland/D.C./Virginia metro area. Our future partner must be proficient in all phases of OMS. 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 achang@mosa4os.com.

Available Positions

continued from previous page

Maryland (Md./D.C. suburbs and Frederick, Md.)

Associate position (FT/PT) for immediate and Summer 2021, leading to fast-track partnership in an expanding, multi-location, full-scope OMS surgery practice in the Maryland/D.C./Virginia metro area. Our future partner must be proficient in all phases of OMS. 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 achang@mosa4os.com.

Massachusetts

Well-established, highly respected, thriving two-office OMS practice in greater Boston area seeking an energetic, personable, highly motivated oral surgeon. Must be board-certified or eligible. Our office provides full scope of oral and maxillofacial surgery. Candidate must be able to provide excellent surgical skills, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Our employment package has a very competitive salary and partnership track. For more information about our practice and our surgeons, please email CV to manager@mvoralsurgeons.com, attention Sandra.

Michigan

Fantastic and rare opportunity to join a thriving practice that is a keystone in Southeast Michigan! This multi-office practice has the most well-respected name and referral base across two large counties in Michigan. The staff and doctors are considered family and work as a highly efficient team to make a happy workplace. We are focused on ethically doing what's best for each patient and have the technology to back up that plan. Our offices are close enough to enjoy sporting events, concerts and theater events in Detroit and Ann Arbor. Your new position would come with a guaranteed base salary plus commissions, expenses for gas, phone, travel, CE and dues to professional associations. The position is open for immediate occupancy, so please apply soon. We are excited to bring on a new face to the practice and looking forward to meeting you. Please email CV and any questions to zmcfx1@gmail.com.

New Jersey

Associate position available for three practice locations in southern N.J. 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.

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 N.Y.C. 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. Send your CV to jma@riversideoralsurgery.com.

New Jersey

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

New Jersey

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 37 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. Our focus is on dentoalveolar surgery, implants, pathology and office anesthesia. There is an 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/printing. Please email resumes to TKolb@coastaloralsurgerynj.com.

New Jersey (Northeast)

Associate OMFS. Highest-quality, efficient, customer-oriented FFS practice immediately seeking an associate to continue with growth. Best location, technology and culture for a committed, recent or upcoming single- or double-degree for associate/partnership. For info, email omfsdoctor@aol.com or AAOMS Box A-100420.

New Jersey (Pennsylvania)

Well-established, highly respected, three-office, full-scope OMFS practice in Sussex and Pike county is seeking a full-time oral surgeon. Offering a very competitive salary and partnership track. If interested, please fax CV to 973-729-0946.

New Jersey

27-year, highly reputable, well-established solo practice looking for a full-time Board-eligible or Board-certified OMS. We are offering a competitive compensation and benefits plan. A path to partnership with a transition to ownership for the right person is our desire. Our office is newly renovated with state-of-the-art equipment. We are located 20 minutes from New York City in a family-oriented region with strong school systems. The practice is focused on office-based OS with a focus on implantology. We are growing rapidly with room for continued growth. You have the opportunity to expand the scope of the practice should you desire. We are committed to quality care, and a personable surgeon would be the perfect fit for our friendly environment. Please check us out at echooralsurgery.com. Email CV to Echooralsurgery@gmail.com: 973-667-5844.

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@mofsnny.com or contact Robert Bodey at 347-590-9910.

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 or phone 585-223-1200.



New York (Rochester)

Well-established OMS practice seeking associate leading to fast-track partnership. Full fee-for-service, loyal referral base, long-time, hard-working staff, prime location. Please send resume to AAOMS Box A-0220.

Ontario, Canada

A well-established group practice in London, St. Thomas, and soon Sarnia is seeking an OMS associate leading to partnership. In our modern surgical centers and hospital-based practice, we provide broad scope of OMS services. We are partnering with a very supportive dental, medical and referral network. Candidates must be eligible for licensure as a specialist in OMS in Ontario as well as eligible for Fellowship in the Royal College of Dentists of Canada (FRCDC). Inquiries: OMFCV@gmail.com.

Pennsylvania

Established, modern, full-scope, multi-office practice seeking associate leading to partnership. Located in scenic Doylestown, Bucks County. Offers competitive salary, malpractice, health insurance and retirement benefits. Send resume and inquiries to tcohen@oralandfacialsurgery.com.

South Dakota

Busy four-doctor practice in South Dakota and Northwest Iowa, close to Sioux Falls and Omaha, looking for BC/BE candidate for one-year associate position with very affordable partner buy-in. Possible immediate buy-in for the right candidate. Very high-income potential. Low cost of living. No state income tax in S.D. Full-scope practice if desired. Reply to cnorb001@gmail.com if interested.

Vermont/Massachusetts

We are seeking a BC/BE Oral and Maxillofacial Surgeon to join our busy, two-location practice with a loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery, with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive benefit package, the opportunity to live near major cities and still hike, hunt and ski from your backyard. Please send CV to chris@odisurgery.com.

Virginia

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

Virginia

Exciting opportunity available to replace retiring partner at established, well-respected oral surgery practice in beautiful central Virginia. Multi-office, five-doctor practice looking for associate to transition to full partner. Applicants must be board-certified/active candidates for certification. Seeking applicants who are enthusiastic, motivated, dedicated to exceptional patient care and committed to continuing strong referral relationships. Emphasis on dentoalveolar/pre-prosthetic surgery, implants, pathology, anesthesia, orthognathic surgery, minimal hospital call. Candidate to start in 2022. For more information, please send CV to gsimmons@cvoofs.com.

Washington

We are seeking a board-eligible or board-certified oral surgeon to join our long-standing, multiple location OMS group practice located in the highly desired Seattle area. This is an excellent opportunity with associateship leading to partnership pathway for a motivated, friendly and skilled surgeon. Please send CV to pd@47NorthOralSurgery.com.

Washington, D.C./Baltimore/ Virginia metro area, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/ Virginia Metro area in Hagerstown & Frederick, Md., and Martinsburg, W.V. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and 25-team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing and monthly auto allowance are all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

Wisconsin

Does the idea of living in a friendly, safe Midwestern community appeal to you? Our practice is located in east-central Wisconsin, which boasts excellent schools, safe communities and abundant four-season, outdoor recreational activities, plus nearby NBA, NFL, MLB, major college sporting events and performing arts centers. We are offering a competitive salary and comprehensive benefit package starting as an

associateship with options leading to an equal partnership in our highly productive, multi-provider practice. Interested candidates should send CV or resume to lynn@omswinnbago.com or fax to 920-231-4559, Attn: Lynn.

Wisconsin

Progressive, forward-thinking OMS group with ownership in a physician-owned hospital system with full clinical autonomy. Booking 1.5 months out, drawing from a referral base of over 200 general dentists in a populous area of 500k+. Join a team of four full-time surgeons of varying tenure with four state-of-the-art practice sites and a legacy staff that is DAANCE-trained as well as a full-time, dedicated marketing and referral professional. Offering a dynamic surgeon, a two-year partnership track with a significant earning potential as well as a full schedule day one. Our competitive compensation package includes over \$90k in benefits, a \$10k relocation allowance, vehicle, gas and insurance as well as a \$5k continuing education allowance annually. We are based in Green Bay, Wis., which is home to superior education systems, unbelievably low cost of living and nationally known superior quality of life. If this fits your career goals, contact Pam Seidl at pseidl@baycare.net.

Wisconsin

Premier Oral & Maxillofacial Surgery is seeking a highly personable, energetic and motivated Oral Surgeon to join an established and highly productive private practice with two locations in Southern Wisconsin. Practices provide a comprehensive scope of oral and maxillofacial surgery services. Candidates must be well-trained in all phases of specialty and board-eligible or board-certified. Offices are located just south of Madison, 80 minutes from Milwaukee and just over 100 miles from Chicago, offering an excellent quality of life, including sporting and cultural events, great outdoor activities and solid schools. Oral surgeons looking for a great lifestyle and rewarding career leading to an early partnership can contact Dr. Jason Swantek at 608-756-8744 or jswantekdds@gmail.com.

Position Wanted

Colorado

Well-trained, experienced OMS seeks part-time position in Denver (preferably) metro area. Ideal position would entail treating special needs patients and have access to hospital or surgery center ORs. All opportunities will be considered. Please email contact information to classifieds@aaoms.org, attention AAOMS Box PW-1024.

Miscellaneous

OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

Practices for Sale

Arizona

Well-established, well-respected OMFS practice on the West Side of Greater Phoenix area. Full scope of Oral and Maxillofacial Surgery, especially full-arch reconstruction, implant and dentoalveolar surgery. Fully modern, upgraded practice, CBCT, digital scanning and 3D printer. Great community hospital with no call. Two-doctor practice, selling 50% share for new partner. Great community and lifestyle in Arizona. Seeking board-eligible or board-certified surgeon to join our excellent practice. Please email classifieds@aaoms.org, attention Box S-111620

California

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

California

Well-established OMS practice in desirable location in sunny Southern California for sale. Professional medical building close to hospital and freeways for over 20 years with great referral base. The owner is moving out of state and motivated but will stay for a smooth and stress-free transition. The owner surgeon has a study club that meets 4 to 5 times a year. The gross production for the last year was over \$1M (breakdown for each procedure is available) with collection of \$900K on 3 1/2 days a week! The practice procedures are summarized as full scope of implantology, dentoalveolar, pathology, TMJ. No HMO insurance. There is a lot of potential for expansion of services for an enthusiastic,

new surgeon. The office has a fully equipped and functional operating room for general anesthesia with intubation and anesthesiologist. The office was certified as surgery center requiring renewal if desired. If you love great climate and outdoor activities, great schooling system, safety, beach lifestyle in Southern California, this is your opportunity. For confidential, detailed information, please contact us at Sylviamini@hotmail.com.

California

Ddsmatch.com currently has multiple Oral Surgery practices available in Southern California. Currently featuring listings in West Los Angeles, Orange County and San Diego. Visit ddsmatch.com for all opportunities nationwide. For California practice details, email socal@ddsmatch.com or call Jason Owens, 310-429-8978.

California

Fully remodeled established Northern California OMS practice in Silicon Valley for sale. Perfect small practice for young OMS or addition to an OMS group. Contact siliconvalleyoms@gmail.com or text 408-596-4840.

California

Oral surgery practice for sale. Our long-established practice has an excellent reputation and exclusive referrals from a large majority of dental practitioners and clinics within our community. The office has 3 operatories (2 equipped), 3 recovery rooms, 2 consultation rooms, CS 9300 Pano/CBCT machine and an outstanding long-term staff. The facility is approximately 2,700 sq. feet with equipment in excellent condition (less than 6 years old). The practice operates CS WinOMS as our management software. We see an average of 1,400 new patients per year and collected approximately \$1.4M in 2019, working only 2 weeks a month. Motivated and flexible. Seller willing to stay on to facilitate a smooth transition. Seller intends to immediately reduce his workload to allow new owner adequate patient flow and sufficient net earnings to afford the purchase and to fulfill lifestyle requirements while facilitating a hand-off of the important community and professional goodwill. This is a prominent OMS practice in Northern California. Send inquiries with a letter of interest and a CV to oralsurgeryreddingca@gmail.com.

Florida

Excellent opportunity for an OMS who wants their own established practice. Practicing in the Miami area for 30 years, the office has four operatories and a strong referral base. Located between two major highways with ample parking and a well-trained staff. I am looking for an OMS to eventually take over the practice. Please email us at butchcass19@aol.com or phone 305-915-0007.

Illinois

Profitable, well-established practice in Chicago. Solid, young referral base, fee-for-service. Modern four fully equipped large operatories, two consult rooms, dedicated two-bed recovery room, central O2, EMR, CBCT. Level 1 trauma hospital privileges available, if desired. Spacious, 5,000-sq.-ft., free-standing building owned by seller with ample off-street parking. Flexible transition options. Email: chicago4sale@gmx.com.

Maryland

New listing. Carroll County, Md. – @1043 S/F medical bldg. Abundant free parking. 2 OPs. NueMD software. Low overhead. Excellent growth opportunity. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.

Maryland

New listing. Montgomery County, Md. 1586 S/F in upscale medical bldg. NueMD software. 2 OPS. Low overhead. Currently no marketing done, excellent growth opportunity. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.

Maryland

Long-standing practice with a large referral base in a great area! 2,000 sq. ft., 4ops., and CBCT. Call or email Tom Bonsack, DDS, at 410-218-4061 or Tom@MidAtlanticDentalTransitions.com for MORE DETAILS!

Maryland

NEW LISTING – OMS PRACTICE – BALTIMORE COUNTY – OS and implant practice in highly sought-after area. Located in a professional office park with abundant free parking. @2,500 S/F, 3 recently updated OPs. CBCT scan, digital radiography, computer-guided implant surgery. WinOMS software. For more information, contact Ellen Dorner – 410-616-2042 – edorner@nltransitions.com.

Maryland

NEW LISTING – OMS PRACTICE – SOUTHERN, MD – 1,800+ S/F with additional storage space upstairs. Free standing building with excellent visibility in growing area. 4 OPs, 1 addl plumbed, 2 additional unplumbed. Windent OMS software. Kodak 8000 Pan, Carestream periapicals. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.



Maryland

NEW LISTING – OMS PRACTICE – SOUTHERN, MD – 1,800+ S/F with additional storage space upstairs. Free standing building with excellent visibility in growing area. 4 OPs, additional plumbed OP. Windent OMS software. CBCT, digital radiography. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.

Massachusetts

Established solo practice for sale in metro Boston. Owner to retire but will help with transition. Reasonably priced. Net income \$500K. Office 1,500 sq. ft. Contact AAOMS Box S-0730.

New Jersey

Surgeon retiring from long-established practice in a suburban town 20 minutes from N.Y.C. with one of the highest median household incomes and best school systems in the state. Office is modern and fully equipped, including CBCT, and there is a long-term lease with low rent. Great opportunity for a primary practice or satellite office. Priced to sell. Please respond to AAOMS Box S-110619.

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 S-11803.

New York

Excellent opportunity to purchase a single owner, >35-year, established/ well-respected practice available for immediate sale or short transition. Two offices. Located in the Hudson Valley, 1.5 to 2 hours from N.Y.C. Fee-for-service/select insurance. Office equipment in good condition; WinOMS Practice Management Software integrated with digital Panoramic, Periapical, Photo and CBCT scanner. Great referral base and great staff. Good production and net with potential for significant growth. Please send inquiries to AAOMS Box S-0218.

North Carolina

Well-established practice for sale in Fayetteville, N.C. Owner is looking to slow down and retire. Equipment is state-of-the-art, including digital X-ray with new panorex machine and Sirona cone beam. Practice set up for two providers with 4 surgical and 2 consult rooms and has enough volume to

keep both very busy. Large medical center 1.5 miles away. Excellent referral network and staff. Flexible with regard to transition. Practice in its own freestanding building, which can be bought with the practice or leased. See Capefearoms.com for pictures. Contact Larry Tabatchnick via email at tabatchnick@capefearoms.com or 937-367-3245.

Ohio

Solo suburban northeast Ohio practice for sale. 35 years with ample referral base. Room for growth. Great interstate and airport access, convenient to hospitals and outpatient surgery centers. Office 7 years old. Reply to AAOMS Classified Box S-110419.

Oklahoma

OMS with 46 years private practice ready to retire. Have practiced full scope, but dentoalveolar and implants only with three days per week. Excellent opportunity for expanding back to full scope or "low key" or satellite. Very flexible seller. Contact RJLOMS@live.com.

Oregon

Portland Metro: Solo OMS practice available for sale. Annual collections \$1,700,000. Well-established, 37% overhead practice with dedicated staff. Seller able to assist in a transition. Please contact Paul Consani at paul@mydentalbroker.com or 866-348-3800.

Pennsylvania

New to the market is an excellent OMS practice in southern Pa. Located in a medical office building with over 2,200 square feet, the practice is open and inviting. Additionally, the real estate is also for sale! Supplemental revenue to the owner is also available via lease of space. The current doctor has practiced in the community for over three decades and is ready to bring on a partner for continued growth, affiliate with a group or is open to a straight buy-out. This oral surgery practice, between Pittsburgh and Philadelphia, has collections of \$1.58 million, adjusted EBITDA \$140,000, 1,200 patients in 2019. Ready to learn more and review the prospectus of this thriving OS practice in Pa.? Contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com or by phone: 719-694 8320. We look forward to hearing from you!

South Carolina

Oral Surgery practice available in central South Carolina. 4-op practice collecting over 750K on 2.5 days. Seller can stay post-transition. Real estate also available. Contact Sherry Foster 765-210-3793 or Sherry@LegacyPracticeTransitions.com (SCSF6725).

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. Webpage/ National Job Board: www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

Classified Advertising Deadlines

May/June 2021 issue: March 4, 2021

July/August 2021 issue: May 5, 2021

Sept/Oct 2021 issue: July 7, 2021

AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position

(please check all that apply):

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

☐ **AAOMS Box Number requested**

(No additional cost)

☐ **This is a confidential ad.**

 Please contact only the following members
 of my staff if you have questions:

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

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

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Faculty Ad Costs: **1-120 words: \$0** **121-160 words: \$200****Every 40 words thereafter: additional \$200**
**20 percent off
3-issue purchase**
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____
General Classified Advertising Order Form

Ad type:

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

☐ **AAOMS Box Number requested**

(No additional cost)

☐ **This is a confidential ad.**

 Please contact only the following members
 of my staff if you have questions:

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

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

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General Classified Ad Costs: **1-40 words: \$200** **41-80 words: \$400****81-120 words: \$600** **121-160 words: \$800****Every 40 words thereafter: additional \$200**
**20 percent off
3-issue purchase**
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____
Mail completed form and check to:

AAOMS Today Classified Ads

9700 W. Bryn Mawr Ave.

Rosemont, IL 60018-5701

Or email form to classifieds@aaoms.org**Or fax form to** 847-678-6279**Please attach a copy of your ad text
when returning this form.****Questions?**Visit AAOMS.org/classifieds,or email classifieds@aaoms.org.**Classified Advertising Deadlines**May/June 2021 issue: **March 4, 2021**July/August 2021 issue: **May 5, 2021**Sept/Oct 2021 issue: **July 7, 2021**

EXPAREL®

(bupivacaine liposome injectable suspension)

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

INDICATIONS AND USAGE

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

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

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

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

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

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

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

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

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

- patients younger than 18 years old
- pregnant patients

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

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

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

Adverse Reactions Reported in Nerve Block Clinical Studies

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

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

Postmarketing Experience

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

DRUG INTERACTIONS

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

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

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitropruside, nitrous oxide
Local anesthetics	articaïne, benzocaine, bupivacaine, lidocaine, mepivacaine, prilcaine, 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 palate). 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, pipercoloxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

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

Hepatic Impairment

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

Renal Impairment

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

OVERDOSAGE

Clinical Presentation

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

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

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

Management of Local Anesthetic Overdose

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

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

circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as epinephrine to enhance myocardial contractile force).

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

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

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

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

Recommended Dosing in Adults

Local Analgesia via Infiltration

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

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

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

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a full 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 dose is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

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

CLINICAL PHARMACOLOGY

Pharmacokinetics

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

PATIENT COUNSELING

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

PACIRA
PHARMACEUTICALS, INC.

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San Diego, CA 92121 USA

Patent Numbers:

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

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Rx only

November 2018

NON-OPIOID EXPAREL® (bupivacaine liposome injectable suspension)

IMPROVED
OUTCOMES

IN OMFS
PROCEDURES^{1,2}

BUILT TO WEATHER POSTSURGICAL PAIN

Non-opioid EXPAREL, powered by DepoFoam® technology, delivers precise pain control for the critical first few days after surgery to enable enhanced recovery.

EXPAREL study results in OMFS^{1,2}



In third molar extraction, mean cumulative pain scores were significantly lower through 96 hours. ($P < 0.05$)^{*†}



In full-arch implant, significant reduction in cumulative pain scores at 48 hours. ($P < 0.0029$ [mandible], $P < 0.0026$ [maxilla])^{†‡}

Learn more at: www.EXPAREL.com/oral-maxillofacial

OMFS=oral and maxillofacial surgery.

*Results of a phase 3 double-blind, placebo-controlled, parallel group study of adults undergoing bilateral third molar extraction under local anesthesia who received either liposomal bupivacaine (133 mg/10 mL) or placebo (sterile saline 10 mL). Study drug was administered in a blinded manner. Pain intensity was assessed using an 11-point numeric rating scale (0=no pain, 10=worst possible pain) at 15 minutes and 30 minutes and up to 96 hours after surgery, and immediately before each administration of opioid rescue analgesic medication. Because of numerous protocol violations, after the end of the study, a smaller population of patients who had been treated per protocol was identified for efficacy analysis (EXPAREL, n=59; placebo, n=30). Patients who received EXPAREL had a higher incidence of dysgeusia (76% vs 56% [$P=0.012$]).

†Results of a prospective, randomized, open-label study comparing 69 patients scheduled to undergo full-arch implant surgery who were randomly assigned to receive an opioid-sparing pain management protocol with or without liposomal bupivacaine 266 mg at the end of surgery. All patients received infiltration with <40 mL lidocaine 2% with epinephrine at the beginning of surgery and bupivacaine 0.5% with epinephrine near the end of surgery, as well as oral opioid or non-opioid analgesics (oxycodone 5 mg tablets or ibuprofen 600 mg). Pain severity at the surgical site (in the mandible and maxilla) was assessed using a verbal 0 to 10 numeric rating scale (0=no pain, 10=worst pain imaginable).

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 Prescribing Information on adjacent page.

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

References: 1. Lieblich SE, Danesi H. Liposomal bupivacaine use in third molar impaction surgery: INNOVATE study. *Anesthes Prog*. 2017;64(3):127-135. 2. Iero PT, Mulherin DR, Jensen O, Berry T, Danesi H, Razook SJ. A prospective, randomized, open-label study comparing an opioid-sparing postsurgical pain management protocol with and without liposomal bupivacaine for full-arch implant surgery. *Int J Oral Maxillofac Implants*. 2018;33(5):1155-1164.

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