

# AAOMS TODAY



March/April 2021  
VOLUME 19, ISSUE 2

A publication of the  
American Association of Oral and Maxillofacial Surgeons

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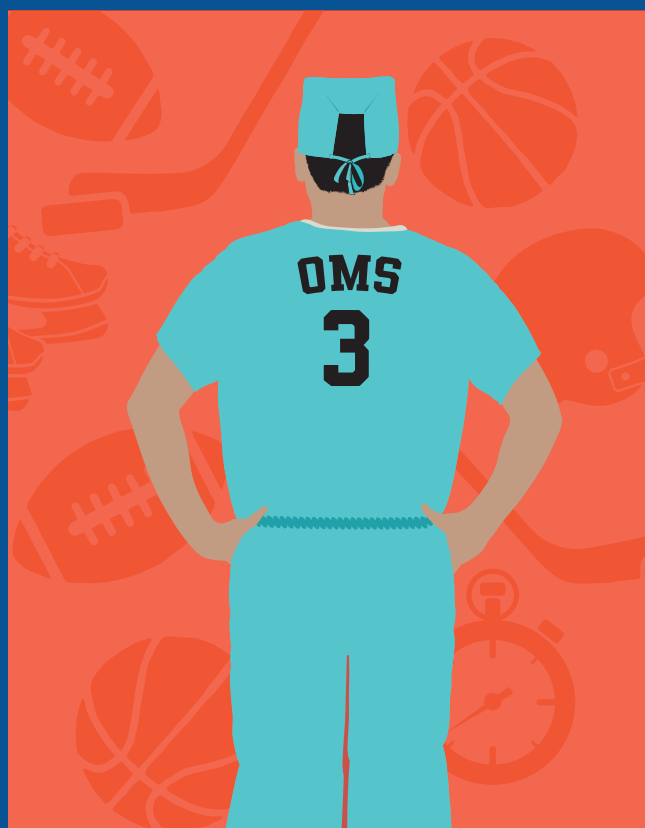
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## COVER STORY

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# Professional athletes turned professional surgeons

*Members see connections between their two careers*

“Although perfection can never be achieved, at least in the literal sense, the pursuit of it is ongoing on the athletic fields and in the operating room.

– Dr. Ken MacAfee,  
former San Francisco 49er

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*Both are critical for affirming requirements and qualifications to deliver the highest level of care.*

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

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



**2020:** Silver Award for Association Magazine

HealthcareADAWARDS

**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





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

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*“As the past 20 years of advocacy have proved, we collectively have the power to make positive changes for our members and patients.”*

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## IN MY VIEW

# A reflection on AAOMS

**A**s we celebrate recent advocacy successes – such as enactment of antitrust reform, a long-standing AAOMS priority – I reflect on how much AAOMS advocacy efforts on behalf of both OMSs and our patients have developed over the last 20 years.

## Day on the Hill

AAOMS Day on the Hill, for example, was established in 2000 as an annual opportunity for OMSs to travel to Washington, D.C., to learn about the political and policymaking landscape and meet with members of Congress and their staff to discuss federal legislative priority issues impacting the specialty. Through these meetings, attendees work to cultivate long-term relationships with congressional staff who play an important role in the legislative process.

Day on the Hill has since been held every year with the exception of 2001 and last year due to the COVID-19 pandemic. Given the pandemic's lingering impact, we are gearing up for our first Virtual Day on the Hill on April 20. Instead of trekking from one congressional office to the next on Capitol Hill, attendees will jump from one Zoom link to the next to discuss OMS legislative priorities with members of Congress and their staff.

The 100 or so OMSs who attend Day on the Hill each year have played a crucial role in helping AAOMS achieve a number of federal advocacy victories.

## Federal advocacy

In addition to antitrust reform – signed into law in January – AAOMS has been able to successfully advocate for OMSs to opt out of Medicare, pay parity for OMSs in the military, repeal of the Medical Device Tax and the Medicare Independent Advisory Board as well as the recent introduction of the Resident Education Deferred Interest Act (AAOMS-initiated legislation to provide student debt relief for dental and medical residents).

We also have successfully fought against legislation that would harm OMSs, such as a federal prescribing mandate and less provider-friendly versions of the recently enacted surprise medical billing legislation.



# advocacy accomplishments over the past 20 years

We still have work to do on some issues, such as medical liability reform and insurance coverage for patients with congenital anomalies. A bill to provide such coverage – reintroduced in 2018 as the Ensuring Lasting Smiles Act – received enthusiastic support from the patient advocacy group the National Foundation for Ectodermal Dysplasias (NFED). The bill gained more than 300 bipartisan House cosponsors and 53 bipartisan Senate cosponsors by the end of the 116th Congress, and we look forward to working with NFED to get it over the finish line this session of Congress.

In 2006, AAOMS took the important step of hiring contract federal lobbyists to ensure a regular presence for the specialty in Washington, D.C. The Association has been able to leverage their knowledge, expertise and professional relationships on Capitol Hill to help advance our issues and ensure members of Congress and their staff know who OMSs are, the important work we do and our role in the nation's healthcare system.

Our involvement in a number of coalitions with dental and medical groups in recent years also has helped AAOMS amplify its voice on a number of federal issues – especially this past year as COVID-19 brought about many new and urgent issues for many dental and medical professionals.

## State advocacy

AAOMS also continues to support state OMS societies by providing resources to augment their efforts. In addition to tracking state legislation and regulations that impact the specialty, AAOMS offers toolkits, best practices and general guidance for performing basic government affairs tasks.

To financially assist societies, AAOMS established the State Advocacy Grant (SAG) program in 2018. SAGs are available to societies to advance their health policy initiatives, including state lobbying expenses. These grants are prioritized based on the nature of the project, society need and a commitment of matching funds. Three SAGs have been awarded to date.



On the anesthesia front, AAOMS over the past decade has successfully assisted numerous state societies – including those of Arizona, California, Iowa, Mississippi, New Hampshire and Texas – as they faced challenges to our anesthesia delivery model. The specialty was successful in promoting our model based on records of safe patient outcomes, economic savings and lack of scientific data supporting the alternative.

## Ways to engage

AAOMS advocacy efforts would be unsuccessful without the involvement of our members, who have been building important relationships with congressional members for years:

- **OMS Action Network** – In 2010, AAOMS created this grassroots program to formalize member advocacy efforts. OMSs have since taken advantage of AAOMS resources to give office tours to members of Congress – showcasing the work we do – and become “key OMS contacts” with them.
- **VoterVoice** – AAOMS provides regular opportunities to engage with congressional members and state legislators through this write-your-representative software platform. In the last two years, more than 1,600 members sent over 10,000 letters to nearly 700 federal and state officials on issues ranging from COVID-19 to antitrust reform.
- **OMSPAC** – As one of the earliest federal PACs created, OMSPAC is celebrating its 50th anniversary this year. It provides another opportunity for OMSs to engage in advocacy by supporting the election of – and building relationships with – members of Congress who understand and support the specialty.

As the past 20 years of advocacy have proved, we collectively have the power to make positive changes for our members and patients. We must not let these challenging times dissuade us from continuing this important work. ■

The background is a solid orange color with faint, stylized illustrations of sports equipment: a football on the left, a stopwatch in the upper center, and a basketball on the right. In the foreground, the back of a person is shown. They are wearing a light blue long-sleeved shirt with 'DMS' and the number '3' printed in dark grey on the back. They are also wearing a light blue cap and a black neck brace or collar. The person's hands are on their hips.

# Professional athletes turned professional surgeons

*Members see connections  
between their two careers*



## *Before they were oral and maxillofacial surgeons, they played in national championship games, scored during high-pressure moments and won noteworthy awards.*

One, a towering figure, played basketball overseas. Another excelled at a legendary football school before heading to the National Football League. And the other played a role in one of the most famous sports moments.

Before they were surgeons, they were athletes – and not just athletes, professional athletes.

While they played sports, they developed an interest in oral and maxillofacial surgery and patient care. And when their sports careers

were long over, they saw the parallels between their athletic background and their surgical profession – dedication, perseverance, attention to detail. They remained connected to sports by supporting their children's athletic achievements and even treating other athletes.

Three AAOMS members recount their proudest moments as professional athletes, why they decided to become surgeons and how their sports pasts overlap with their current lives.



Credit: Brainerd Dispatch/Kelly Humphrey

William (Bill) Baker, DMD  
AAOMS Retired Member  
Brainerd, Minn.  
*Hockey at University of Minnesota, Olympics and NHL*

*A first-team All-American defender and team captain, Dr. Baker led the University of Minnesota to national titles in 1976 and 1979 before playing on gold-medal-winning Team USA at the 1980 Olympic Games. He scored the tying goal against Sweden to help the Americans reach the medal round, where they faced the Soviets in the famous "Miracle on Ice" game.*

*Dr. Baker then played more than 100 games in the National Hockey League (NHL) with the Montreal Canadiens, Colorado Rockies, St. Louis Blues and New York Rangers. In 2003, he was inducted into the U.S. Hockey Hall of Fame.*

Dr. Baker said he became interested in fixing faces when he saw other children hit with hockey pucks and sticks, their teeth knocked out and their jaws broken, at the neighborhood ice rink. He later joined an OMS team doctor for a tour of the dental school and labs during college.

"I got more interested in a lot of the orthognathic surgery," Dr. Baker said. "I felt that was pretty gratifying, to be able

to help people with dental facial deformities and improve their bite and facial appearance."

Dr. Baker was accepted to dental school right before the Olympic team roster was decided. He approached his college coach, the notoriously fiery Herb Brooks – who was leading Team USA – to check on his chances of securing a roster spot.

"I thought maybe he would give me some kind of an inkling," Dr. Baker said. "But he did not. Basically, he opened up his door and said, 'Get out. What are you even in here for?'"

"So, I walked out with my tail between my legs. He certainly didn't tip his hand at all. You know who the better players are in college hockey, but you don't know. It's a trial process. It was a little bit of a gamble."

*continued on next page*

"I just took my chances and felt my chances were good to make the Olympic team. And it all worked out."

In the end, Dr. Baker was one of nine University of Minnesota players on the team in Lake Placid, N.Y. As an extra skater, he scored the tying goal against Sweden with 27 seconds left in the Olympic opener, setting the stage for the historic game against the Soviet Union.

"We'd pulled our goalie with about 40 seconds to go, and you just try to get yourself into position," Dr. Baker said. "I knew the clock was winding down and the puck went around the boards and into the corner. Mark Pavelich tipped it out into the slot area, and it came out and was flat. I was able to one-time it and got it on net. It beat (goalie) Pelle Lindbergh, and I knew it was in and it was just an unbelievable scene for a few seconds."

In the Miracle on Ice game, the Soviet Union – which had won the previous four gold medals – played mostly with professionals who boasted international experience. Team USA's roster consisted mainly of amateurs and was the youngest team in the tournament and national team history.

The seemingly mismatched teams met in the semifinals. After the first period, the score was tied. Team USA trailed 3-2 after the second period. In the final period,

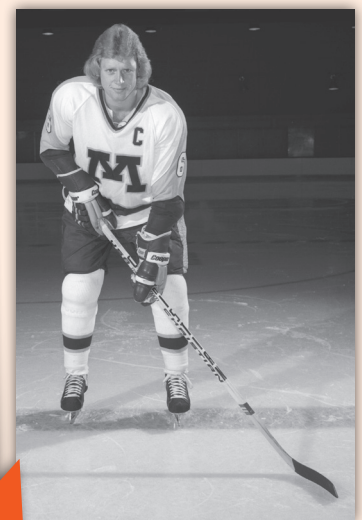
the Americans scored twice to take their first lead. They had to hold on for 10 minutes to seal the 4-3 victory.

"I remember my parents being there. I remember the scene after the upset, the Russians. We played seven games in two weeks, and it just went fast, really fast," Dr. Baker said.

Two days later, Team USA beat Finland 4-2 for the gold. The National Museum of American History retrieved Dr. Baker's white jersey, adorned with blue lettering, for its collection.

"It was just really, really unexpected," Dr. Baker said. "Nobody gave us a chance going in. And that's what made it even sweeter."

After tallying seven goals and 25 assists during five NHL seasons, Dr. Baker retired from hockey and reapplied to dental school.



*Dr. Baker helped the University of Minnesota win two NCAA titles.*

*Credit: University of Minnesota Athletics*





*Top: Dr. Baker on defense during the historic "Miracle on Ice" game between Team USA and the Soviet Union at the 1980 Olympics.*

*Credit: Heinz Klutmeier/Sports Illustrated via Getty Images*

*Right: Dr. Baker with the Montreal Canadiens in an NHL game in 1980.*

*Credit: Paul Kennedy/Sports Illustrated via Getty Images*

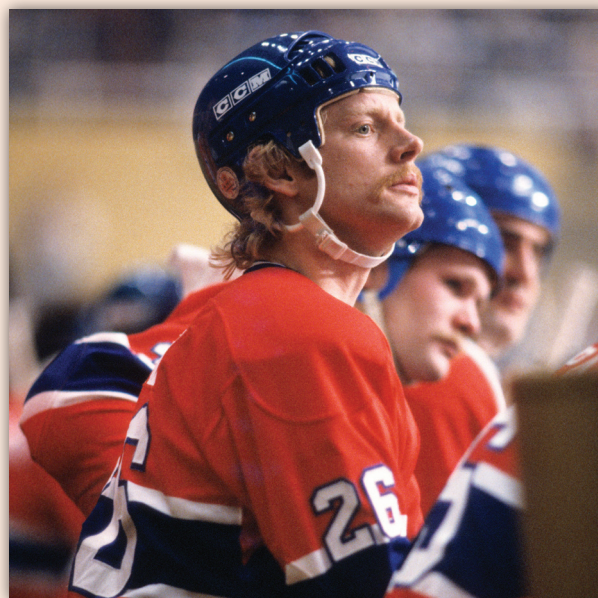
He said his mantra has always been: "I may not have the best hands as a surgeon, but I know there are not too many who are going to outwork me."

"I would consider myself an overachiever, and I think that's because my parents told me when I was young: 'You're going to have to work as hard as you can to make up for maybe some things you don't have. Maybe you're not as smart, maybe you're not as big, maybe not as strong, you can't shoot as well, you can't skate as fast. You'll make up for a lot.'"

Dr. Baker retired from OMS practice in 2015 and spends time fishing for walleye and hunting deer and waterfowl at Lake of the Woods and his South Dakota farm. He helped coach his three children's youth teams, and he hopes to play sports with his four grandchildren after undergoing surgery on both shoulders.

Dr. Baker keeps in touch with his Olympic past through reunions and coaching a Miracle on Ice Fantasy Camp. Team USA celebrated its 40th anniversary in 2020.

"It's fun to get to meet these fans, and it's very humbling they think that much of our team," Dr. Baker said.



He remains in close contact with most of his former Olympic teammates, especially Mike Ramsey and Phil Verchota.

"This was a special group," Dr. Baker said. "Even if we hadn't done anything in Lake Placid, it was a really fun year. You've got 20 college players without college. We traveled around, played games and all tried to hang out together. It was fun, and it just didn't have the stress of having to go to classes for the year."





Robert (Bob) Guyette, DMD, MD  
AAOMS Fellow  
OMSNIC Board of Directors, Treasurer  
Scottsdale, Ariz.  
*Basketball at University of Kentucky and Spanish League*

*Dr. Guyette scored 16 points and grabbed seven rebounds in the University of Kentucky's 92-85 loss to UCLA in the 1975 NCAA Tournament championship game. A 6-foot, 8-inch forward, Dr. Guyette averaged nine points and 6.4 rebounds per game during his three varsity seasons with the Wildcats.*

*National Basketball Association (NBA) and American Basketball Association (ABA) teams drafted him, but he signed with FC Barcelona of the Spanish League. Over five years, he helped that team win three Spanish King's Cup titles, and he was the league's top scorer in 1977 with 32 points per game.*

*After sciatica ended his basketball career, Dr. Guyette completed dental school at the University of Kentucky and medical school at the University of Alabama. He founded a practice in the Phoenix, Ariz., area.*

In the 1975 national championship game, Dr. Guyette's Kentucky team faced UCLA and legendary coach John Wooden. Two days earlier, Wooden – who had won nine national titles in 11 years – announced he would retire after the contest.

"So, 99 percent of the world wanted him to win, except those of us from Kentucky," Dr. Guyette recalled. "And he did."

"We thought we had a better team than UCLA. The guys who were freshmen on my team won the national championship in '78. But time passes, and I moved onto the next step of my life and was off to Europe. Things happened pretty quickly."

The Kansas City-Omaha Kings chose Guyette with the 49th pick in the 1975 NBA Draft, and the New York (now New Jersey) Nets selected him in the fourth round in the ABA Draft. He said he was close to signing with the Nets – he and his agent prepared to fly there. But they received a phone call from a team in Barcelona that wanted to know if he was interested in playing in the Spanish League.

Dr. Guyette decided to take the all-expenses-paid, four-day trip to a destination he had never visited. He told his then-girlfriend, now-wife, he would return and likely sign with the Nets.



*Left: Dr. Guyette made Kentucky his college choice after his star prep career in Illinois. Top: Dr. Guyette (third from left) signs with Kentucky in his home with his parents (far left and right) and Wildcats coach Adolph Rupp (second from left). Credit: UK Athletics*

He traveled for the tryout, watched Formula One racing for the first time and decided he wanted to see more of Europe.

"I spent four great days there and I thought, 'I've already been to Cleveland and Chicago, I've been to New York, I've been to Cincinnati, I've been to so many other places, but I'd never been to Rome and Copenhagen and you name it.' So, I thought maybe this wouldn't be too bad."

Dr. Guyette signed a contract. He said he never second-guessed his decision to play overseas for five years instead of attempting an NBA or ABA career. He has had to answer to his three sons.

"I had this amazing time and traveled through the European continent," Dr. Guyette said. "I played in Romania, Czechoslovakia, the old Yugoslavia, all behind the Iron Curtain, which few people got to do, especially Americans."

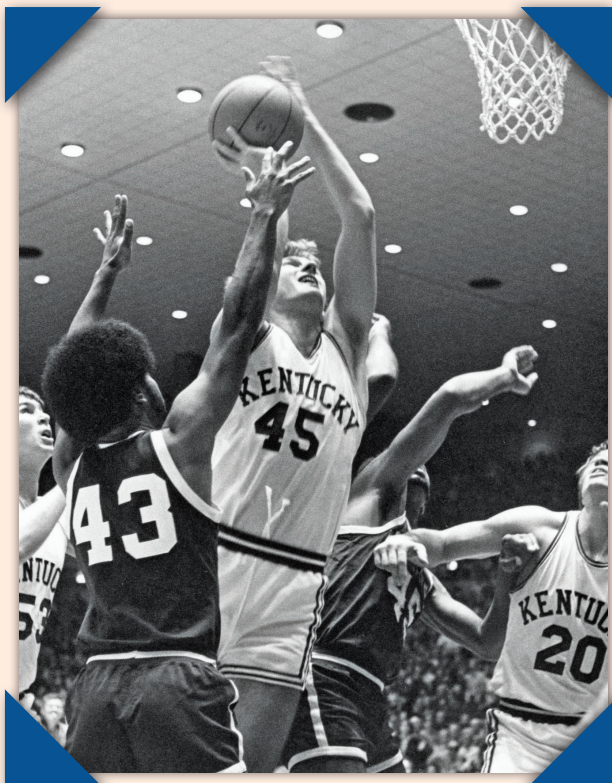
A few years ago, Dr. Guyette traveled to Barcelona with two of his sons. They attended basketball and soccer games and visited his friends.

"One (son) said right before he was heading to the airport, 'Now I get it. Now I know why you came over here to play,'" Dr. Guyette said.

Ultimately, sciatica from a herniated disc halted his basketball career.

"We did well, and I played pretty well, but every night I was having muscle cramps, and I just knew it was time to move on," he said.

Dr. Guyette grew interested in medicine and dentistry through his older sister, Maribeth, a dental hygienist and nurse. He chose a college based on its basketball program



*Dr. Guyette played for a University of Kentucky team that finished national runner-up in 1975. Credit: UK Athletics*

and dental school and fell in love with the OMS specialty while learning about new techniques with orthognathic surgery, miniplates, screws and dental implants.

The son of a mechanical engineer who played football at Notre Dame and served in World War II, Dr. Guyette said

*continued on next page*





*“Just because you played a sport doesn’t necessarily mean you’re going to be a great surgeon.”*

*– Dr. Bob Guyette*

he always knew he wanted to branch out beyond sports. Balancing high-level basketball and a pre-dental, pre-medical curriculum at Kentucky required discipline, he said.

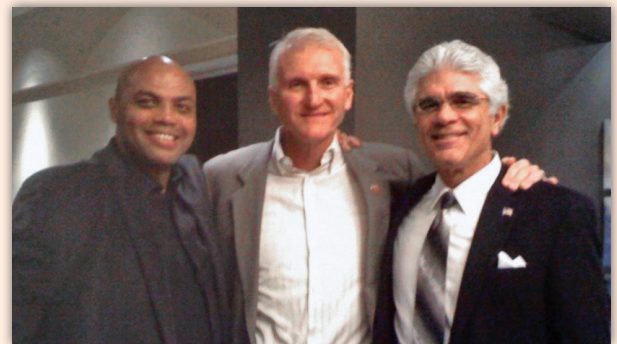
“Many times after practice, we didn’t get back to the dorm until about 8 o’clock and then you’re supposed to get something to eat and study,” he said. “Most of my teammates weren’t as dedicated to the school part as I was. It makes you realize you can do a lot more than you think. At a place like Kentucky, every day of practice is a war because you’re playing for a starting position, competing. If you have two or three bad days in a row at practice, you’re not starting anymore. The games were the easy part.”

Dr. Guyette said he learned organizational skills, time management, persistence and other qualities beneficial for a physically and mentally challenging OMS career.

“With all the practices and travel for road games, keeping up with the classwork was difficult, especially if you are taking chemistry, biology and physics,” he said. “Those undergraduate years at Kentucky were the most challenging years of my life.”

Growing up with a lighted basketball court in their backyard, Dr. Guyette’s three sons all played sports, and he was involved with coaching them early on. Oldest son, Rob, played basketball at the U.S. Naval Academy. Middle son, Kevin, pitched at the University of Arizona before he was drafted by the Boston Red Sox and reached Triple-A. However, an elbow issue ended his playing career. Youngest son, Brian was the captain and starting goalkeeper for the U.S. Air Force Academy soccer team.

Dr. Guyette continues to attend Kentucky games, and memorabilia – including photos and a signed basketball – adorn his office. He has treated athletes from the Phoenix Suns, Arizona Coyotes and Arizona State University baseball and basketball teams.



*Top: Dr. Guyette at a Kentucky game in 2020 with his granddaughter, Bentley. Bottom: Former NBA player Charles Barkley, Dr. Guyette and Lt. General John Regni, USAF (Ret.).*

“I don’t spend much time talking about my career because usually these guys have done more than I have in the world of sports. But sometimes they’ll ask, and we go over things quickly,” Dr. Guyette said.

Once, he removed third molars from a 7-foot, 2-inch basketball player unable to fit well in the chair.

Athletes “still want to know you are good at what you do surgically,” Dr. Guyette said. “And just because you played a sport doesn’t necessarily mean you’re going to be a great surgeon. But I think they’re able to relate to stories, and you decrease the anxiety levels that sometimes come with surgery patients. But it’s an easy conversation, and I believe they feel comfortable in our office.”





Ken MacAfee, DMD

AAOMS Fellow

Waltham, Mass.

Football at University of Notre Dame and San Francisco 49ers

*Dr. MacAfee was a three-time All-American at the University of Notre Dame and finished third in Heisman Trophy voting for the nation's top college player in 1977. With Joe Montana at quarterback and the 6-foot, 4-inch Dr. MacAfee at tight end, the Irish won the national championship that year.*

*The San Francisco 49ers chose Dr. MacAfee seventh overall in the National Football League (NFL) draft in 1978. In his two seasons, he caught 46 passes and scored five touchdowns. His father, Ken, also played in the NFL with the New York Giants.*

*After Dr. MacAfee was asked to play guard instead of tight end, he left the NFL to attend dental school full-time at the University of Pennsylvania. His rights were traded to the Minnesota Vikings, but he didn't play again in the NFL.*

*Inducted into the College Football Hall of Fame in 1997, Dr. MacAfee taught at the University of Pennsylvania, and he practices in Waltham, Mass.*

After losing its second game of the season to Ole Miss, Notre Dame – with Dr. MacAfee as the star tight end – went on to win the national championship in 1977.

"Just about everyone in the sports world had written us off," he said. "To win our remaining games and then defeat the No. 1 team in the country, Texas, in the Cotton Bowl was beyond exciting. Our team overcame so many obstacles to achieve that goal."

After San Francisco selected him in the first round of the NFL Draft, Dr. MacAfee scored a touchdown and caught 22 passes as a rookie. In his second season, he finished with 24 receptions and four touchdowns.

During the offseason, Dr. MacAfee attended dental school to keep up with the curriculum and fulfill academic requirements before his football career ended. He became interested in the dental profession in high school through a colleague who was attending the University of Pennsylvania School of Dental Medicine. The friend captained the Holy Cross football team and was drafted by the Washington Redskins but entered dentistry after experiencing a head injury.

*continued on next page*



*Dr. MacAfee during his playing days at Notre Dame. Credit: Notre Dame Athletics*

With his interest in art, Dr. MacAfee was drawn to dentistry – exceptional patient care requires a particular artistic quality in the restoration process and a thorough knowledge of function, he said. He decided to pursue oral and maxillofacial surgery after observing and participating in orthognathic surgery during an OMS internship.

“The instantaneous occlusal and functional benefits in addition to the favorable cosmetic results were most impressive,” Dr. MacAfee said.

“Obviously, the other aspects of the OMS specialty were equally enticing. Implantology was in its infancy in the 1980s, yet one could envision the significant changes that this surgical (procedure) would bring to the OMS profession.”

Dr. MacAfee’s career went in a different direction heading into his third football season.

“Of course, in professional football, one never knows when the end of one’s career will occur,” he said. “A change in the San Francisco 49ers coaching staff brought new challenges and philosophies. One of the changes

*“Although the physical preparation is more rigorous in the athletic realm, there is a psychological correlation between the two professions – a never-ending attempt to strive for perfection.”*

*– Dr. Ken MacAfee*

they wanted to implement was moving me from tight end to guard. After three years in the NFL, I wasn’t thrilled with the idea of playing a new position, so I decided to call it a career and return to dental school full-time to complete my education.”

After he completed his OMS residency, Dr. MacAfee held an academic position at the University of Pennsylvania for eight years.

“I thought I would teach for a year or two, gain more surgical experience and then seek employment in a private practice,” he said. “I sincerely enjoyed the interaction with the dental students and teaching them

in both a lecture setting as well as the OMS clinic. Eight years later, I was still there.”

Dr. MacAfee then moved his family to his native Massachusetts and purchased an OMS practice, where he has remained for 26 years. He taught part-time at Harvard School of Dental Medicine and Massachusetts General Hospital.

Dr. MacAfee sees connections between sports and his profession. Training in both requires sacrifice, determination and a high level of motivation.

“Although the physical preparation is more rigorous in the athletic realm, there is a psychological correlation between the two professions – a never-ending attempt to strive for perfection,” he said.

“Lou Holtz, former head football coach at



*From left: Earl Campbell, 1977 winner of the Heisman Trophy, and Ken MacAfee, who finished third. Campbell was a running back for the University of Texas.*

Credit: Associated Press

the University of Notre Dame, when asked about motivating his players replied, 'Motivation is simple. You eliminate those who are not motivated.' Although perfection can never be achieved, at least in the literal sense, the pursuit of it is ongoing on the athletic fields and in the operating room."

Dr. MacAfee remains tied to athletics – he enjoys skiing and exercises several times a week. His children competed in college sports – his son, Dalton, played hockey at Army and Boston University and daughter, Keeley, played lacrosse at Harvard.

"Now that I'm 64 years old, just getting up in the morning is considered an athletic event!" Dr. MacAfee said.

Dr. MacAfee has treated several former and current athletes – mainly local college players. He removed third molars from the children of two former New England Patriots and placed dental implants in two wives of former Boston Red Sox players. With these fellow athletes, he has engaged in conversation.

"Most of the stories are related to either coaching statements or locker-room occurrences, neither of which may be repeated in print!" he said.

He sutured lacerations on the faces of at least 10 of his son's high school hockey teammates.

"In order to bypass an extended wait in the emergency room, my kitchen table provided the necessary means to render treatment," Dr. MacAfee said. ■



*Dr. MacAfee on the sidelines with the San Francisco 49ers in 1978. Credit: Associated Press*

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*Now that I'm 64 years old, just getting up in the morning is considered an athletic event!*  
– Dr. Ken MacAfee

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# Rethinking communications due to COVID-19



By David Fenton,  
DDS, MD, FACS  
*Chair, Special  
Committee on Recovery  
and Response to the  
Pandemic*

The COVID-19 pandemic has prompted all healthcare providers to rethink their traditional communication avenues. OMSs can lead as experts, assisting referral networks and communities with revamped communication and resources while navigating the unknown together.

■ **Engaging in advanced telehealth** – Due to the pandemic, individuals are more receptive to technology and change. Telehealth services have influenced the way OMSs evaluate and manage patients. The same technology can be used with a referral network.

Telehealth meetings are convenient for collaborative treatment planning with doctors and the patient – especially for more complex cases. These meetings can improve a patient's understanding and case acceptance, engage patient interaction and allow the referring dentist to view radiographs, photographs and CBCT images.

Separate videoconferencing between doctors permits a more thorough collaborative treatment planning process – which is especially appreciated for orthodontic and implant treatments. Detailed, considerate deliberations on a videoconference can help create or reinforce relationships with referring doctors and improve patient care.

■ **Maximizing website messaging** – Websites are valuable for highlighting the practice's safety precautions and measures. This information may be especially important for doctors when informing patients about a referral. The better the OMS can educate the referring doctor to prepare a patient for surgical consultation or procedures, the easier and smoother the patient care and management for the OMS.

Social media allows a frequent, casual flow of short-but-potent messages. Members can easily share content from AAOMS public-facing social media accounts.

■ **Leading respirator education** – While it is unlikely to become permanent in infection control strategy for

routine procedures, respirator use will likely remain in OSHA practice policy, and annual fit testing will be required. Just as many OMSs provide Basic Life Support training and certification for referring doctors and staff, they also can offer N95 fit-testing events.

■ **Coordinating supplies** – Staying attuned to commercial availability and pricing of products and materials – and providing foresight on potential shortages – can help the referral network.

■ **New approach to study clubs** – Videoconferencing is an efficient, convenient way to start – or expand – a study club. Compared to CE webinars and virtual learning, a study club offers a better opportunity for sharing ideas and experiences.

Spearheading this type of activity allows OMSs to stand out as leaders and provides a platform to highlight the practice's features. Study clubs may be the best option for addressing doctors' questions about protocols, staff management, supply chain obstacles and implementation of best practices.

If a regular commitment is unsuitable, consider a one-time event. The OMS or an invited speaker can provide a COVID-19 update or answer questions in a town-hall format. A relevant professional – such as an accountant, attorney or consultant – presenting on managing practice aspects during the pandemic can prove valuable.

■ **Having fun** – To combat isolation during the pandemic, OMSs can organize virtual social events. Virtual games – such as Houseparty, Jackbox.tv and TriviaMaker – can serve smaller groups on mobile devices or apps. Shared experiences not only foster community but also provide needed respite from the pandemic.

■ **Meeting goals** – It is important to evaluate each community specifically to best meet the referral network's needs and demands. Defining goals and metrics of success is crucial. Is the goal to increase production and patient referral, or is it to maintain relationships and provide relevant services to a loyal referral base? Different strategies achieve different goals, so start with an organized, detailed agenda and desired outcome.

Ask how these goals will be measured or how to respond if desired progress isn't seen. Remain flexible and accommodating. The overriding goal should be to maintain and reinforce the position in a community as a responsible, well-informed leader who can provide the best patient care and professional resources for referring doctors. ■

# VERSAH-TILITY

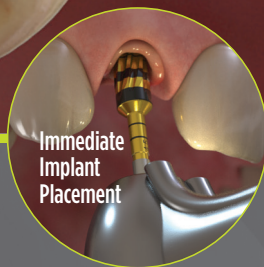
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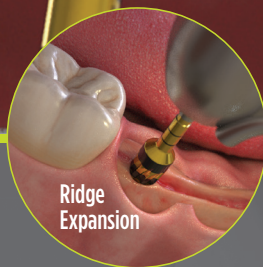
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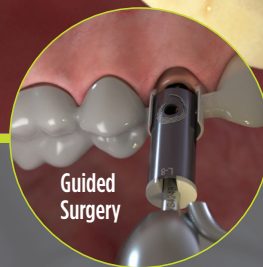
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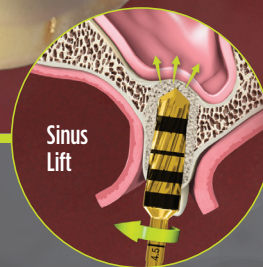
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September 24, 2021  
October 22, 2021  
Osseodensification:  
Optimize the Site -  
Optimize the Outcome  
*Salah Huwais*



September 25, 2021  
Contemporary  
Strategies for Soft Tissue  
Development  
*Rodrigo Neiva*



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## 21 OMSs, staff share their reasons for attending

Advancing clinical knowledge, networking with peers and discovering the latest research are just a few of the reasons oral and maxillofacial surgeons, residents and allied staff are encouraged to attend AAOMS Annual Meetings.

Each year, AAOMS strives to offer top-notch clinical education and practice management support that benefits the Association membership. This national meeting gives members a chance to learn the latest innovations.



**Michael B. Border, DDS, MD**  
Nashville, Tenn.

"The Annual Meeting has always been an incredible opportunity to converge with our specialty's members from across the country to hear about the **newest advances in clinical practice** within oral and maxillofacial surgery. Our Association never fails to impress with the clinicians it is able to organize to provide a high-yield and educational meeting each year. Whether exploring the Exhibit Hall to learn about the newest products available to clinicians or taking in a panel discussion on the management of complications associated with a particular surgical scope, I always leave the Annual Meeting empowered to continue to provide the highest quality and most innovative care to my patients."

While the 2021 AAOMS Annual Meeting in Nashville, Tenn., will likely include both in-person and virtual opportunities in a hybrid format as a result of the COVID-19 pandemic, the reasons for participating have not changed. Twenty-one OMS colleagues – from surgeons to allied staff – share the reasons they enjoy the meeting year after year:

"Attending the AAOMS Annual Meeting has **improved my knowledge** in many different ways. Assistants should go outside of their comfort zone and attend all sorts of courses."



**Jen Brady, surgical assistant**  
Bend, Ore.

"The AAOMS Annual Meeting is the **premier conference** for the most recent research and clinical developments in our specialty. I am tasked with building research in our department, and it is of utmost importance that I attend this conference to keep abreast of the **latest innovations** and research opportunities in the specialty. Furthermore, as a junior faculty, this meeting is **paramount for networking** and developing collaborations."



**Andrea Burke, DMD, MD**  
Seattle, Wash.



## year after year



**Eric R. Carlson, DMD, MD, EdM, FACS**  
Knoxville, Tenn.

"Attending the Annual Meeting is **always time and money well spent.** There is something meaningful occurring at this meeting each year for every member of our specialty. Attending the AAOMS Annual Meeting permits learning new information, exploring new ideas and **rekindling personal and professional relationships** in our specialty."



**Paul Ciuci, DMD, MD, FACS**  
Milford, Conn.

"Early in my career, I went to the AAOMS meeting for the CE credits. Now I go to the AAOMS meeting to stay current and up-to-date with topics that pertain to my practice. I also **encourage lifelong learning for my staff** and bring them to the national meeting. It allows for constant and never-ending improvement. I always learn something every year to bring back to my office and team to make us better. The Annual Meeting is a time for my team to learn and get better too. It's important to sharpen the axe. You have to **take time away from the office to recharge,** learn and advance. It's good for your patients, your team and yourself."

*continued on next page*



## 103rd AAOMS ANNUAL MEETING, SCIENTIFIC SESSIONS AND EXHIBITION

*Ensuring Our Future through Wellness and Diversity*

**Sept. 27 – Oct. 2**

**[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)**

**COVID-19 update:** At press time, the Annual Meeting will likely involve both in-person and virtual opportunities in a hybrid format. AAOMS is focused on the safety of its members and their staff while closely monitoring updates related to COVID-19. If components of the meeting change, attendees will be notified.

**Registration:** Opening this summer. More information will be available in email announcements and at [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting).

"I try to attend the Annual Meeting every year. I believe **attending the meeting each year provides validation in your office that you are practicing the right way.**

If attending an Annual Meeting and everything seems new, you should probably reassess your office as well as your practice and how you go about staying educated and current."



**Michael J. Doherty, DDS, FACS**  
Medford, Ore.

"There are always educational opportunities about procedures that are on the cutting edge of our specialty that I otherwise might not be exposed to. The Annual Meeting is where I first heard about rigid internal fixation for orthognathic surgery and trauma. **It is the first place I heard about TMJ surgery.** Of the many things I've learned about, my first exposure was the Annual Meeting."



**Edward Ellis III, DDS, MS, FACS**  
San Antonio, Texas

"By attending the Annual Meeting, I have had valuable interaction with colleagues and experts who have given me several pearls that have greatly enriched my practice. Just come and see what it can add to your practice. Plan ahead and find the courses/seminars that would appear to benefit you the best and attend.

**Be engaged and proactive to get the most out of it."**



**Robert Flint, DMD, MD**  
Louisville, Ky.



**Steven L. Fletcher, DDS, FACS**  
Iowa City, Iowa

"The Exhibit Hall is always 'buzzing' with excitement, new products and ideas for the surgeon. It is enjoyable to speak with the representatives of the different companies and learn about their products. It provides an opportunity to **see and try different products all in one location,** allowing us to make a hands-on, informed decision as to what will work best for each of us. Also, it is a great place to run into friends and colleagues!"

**"I liked the ease of the virtual format in 2020.**

I was able to attend some sessions live, but most were reviewed at my convenience. I was able to attend numerous sessions in my areas of interest and maintain my CE credits for license renewal. Thank you for the creative solution to last year's meeting under such difficult circumstances!"



**Paul M. Flynn, DDS, MBA**  
Lansing, Mich.

"I would encourage my fellow professional staff members to take the opportunity to elevate themselves within our profession. Learning comes in all forms, and the Annual Meeting definitely has a **broad base of courses that can be utilized by adjunct staff.**

Also, it is important to always continue to develop your professional growth, and attending the meeting definitely contributes to this growth."



**Virginia Fulmer, CDA**  
Chapel Hill, N.C.



**Raza A. Hussain, BDS, DMD, FACS**  
Chicago, Ill.

"It was no small undertaking to put together an educational and comprehensive virtual meeting, but AAOMS did an **excellent job during these unprecedented times.**

I enjoyed the multiple educational sessions I was fortunate to attend. As a member of the AAOMS House of Delegates, I also found the virtual HOD sessions to be well-organized, and the virtual voting platform worked seamlessly."



**Daniel J. Meara, DMD, MD, MS, MHCDS, FACS**  
Wilmington, Del.

"The first-ever Virtual AAOMS Annual Meeting was a success as it provided the attendees and membership an opportunity to gather as a community amidst COVID-19 challenges to focus on the specialty and optimize care for patients. I personally enjoyed being able to **tailor my experience** around work and other commitments, having exposure to **so much varied content** that is often not possible when in-person only."

*continued on next page*



"I have attended the AAOMS Annual Meeting because it gives me an opportunity to **see and learn new and innovative techniques and equipment**, which I can introduce to my residents and into my private office. Also, I am able to reunite with my colleagues and former residents most times in a new and interesting city."



**Patricia Miller, DDS**  
Chester, N.Y.

"I think a common misconception is that Annual Meeting is geared toward practicing members rather than residents, and this is certainly not the case. **The OMS resident has a tremendous amount to gain by attending the Annual Meeting**, including networking opportunities, seminars pertinent to the training of the oral surgery resident and resident-specific lectures. Furthermore, exploring the Exhibit Hall as a resident and visiting with vendors and companies that one may choose to use in their future practice is very exciting."



**Scott D. Morgan, DDS, MD**  
Dallas, Texas



**Gregory Ness, DDS, FACS**  
Columbus, Ohio

"I haven't missed an Annual Meeting since 1990! The opportunity to **learn, socialize, encourage, discover, grow** and revitalize professionally has never been more important. Our Annual Meeting is one of the highlights of my annual calendar."

"Attending the AAOMS Annual Meeting allowed me to create an emergency protocol and training paradigm for our clinical staff that I had struggled with for years. As a residency director, I also enjoy the resident activities. **Interacting with the residents renews the excitement for the OMS specialty** that I remember having as a resident myself."



**Thomas Schlieve, DDS, MD, FACS**  
Dallas, Texas

"The courses and lectures at the meeting keep me current with new advances in the field and either reinforce what I am doing in practice or let me know that I have to make some changes in my technique or procedures that I offer patients. **If you learn one new thing that you can take back to your practice, it will pay for time and money spent on the meeting.**"



**Mark Steinberg, DDS, MD, FACS**  
Lake Forest, Ill.



**W. Frederick Stephens, DDS**  
Pasadena, Calif.

"Meeting attendance has allowed me to develop many relationships that have benefited me both professionally and personally. The meeting has always provided **top-level continuing education**, which I take directly back to my practice. In addition, as a long-term member of the House of Delegates, the Annual Meeting gives me the **opportunity to professionally guide the direction of our specialty**. On a personal basis, I have benefited by the comradery and lifelong friendships found by involvement in AAOMS and the Annual Meeting. As a result, the overall success of my practice and my professional development has benefited immensely."

"Attending the AAOMS Annual Meeting has contributed to the success of my practice in multiple ways. The Annual Meeting is a great tool for team building in my practice. **The offering of formal CE for clinical and office staff has increased confidence, efficiency and safety.** My staff always is excited to be exposed to the broad scope of our specialty and come away from each meeting with a greater appreciation for AAOMS and oral surgeons."



**Erik Warren, DDS, MD**  
Amherst, Ohio



**Ashleigh Weyh, DMD, MPH**  
Jacksonville, Fla.

"I attended the AAOMS Annual Meeting first as a dental student as it was a great place to learn more about the specialty as well as meet many of the surgeons I was going to be interviewing with for residency. As a resident, I've attended to present research, network and catch up with my friends from dental school and the interview trail and those I've met at other OMS events. **The ROAAOMS Booth always has a lot of great resources for residents.**"



## House composition changes slightly in 2021

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

The bylaws state that the total members of the House of Delegates shall be 102 – with two of them OMS residents representing the ROAAOMS Executive Committee separate and apart from any District. Regardless of its total fellows, members, life fellows and life members, each of the following is to be represented by one Delegate and one Alternate to start:

- Each state
- The District of Columbia
- Each branch of the five federal dental services
- The U.S. Territories (Virgin Islands and Guam) and Puerto Rico combined

Additional Delegates and Alternates are granted based on the remaining number of aforementioned categories to the remaining number of Delegates, after allocation of the first Delegate, until the ceiling of 100 Delegates is reached.

The 2021 House of Delegates is based on a total membership (fellows, members, life fellows and life members, including unknown addresses) of 7,326 representing 73 fellows/members per Delegate as of Jan. 12. The composition of the House changed slightly for 2021, affecting Georgia (gained one) and

Virginia (lost one). The composition of the 2021 House of Delegates is:

- **District I (Northeastern)** – 14 Delegates; 993 AAOMS members in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont.
- **District II (Middle Atlantic)** – 14 Delegates; 983 AAOMS members in Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, U.S. Air Force, U.S. Army and U.S. Navy.
- **District III (Southeastern)** – 21 Delegates; 1,764 AAOMS members in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico and U.S. Territories (Virgin Islands and Guam), South Carolina, Tennessee, Virginia and West Virginia.
- **District IV (Great Lakes)** – 14 Delegates; 1,003 AAOMS members in Illinois, Indiana, Michigan, Ohio, Wisconsin, Veterans Administration and U.S. Public Health Service.
- **District V (Midwestern)** – 20 Delegates; 1,231 AAOMS members in Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas and Wyoming.
- **District VI (Western)** – 17 Delegates; 1,309 AAOMS members in Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.
- **Resident Organization** – Two voting Delegates and two Alternates. ■



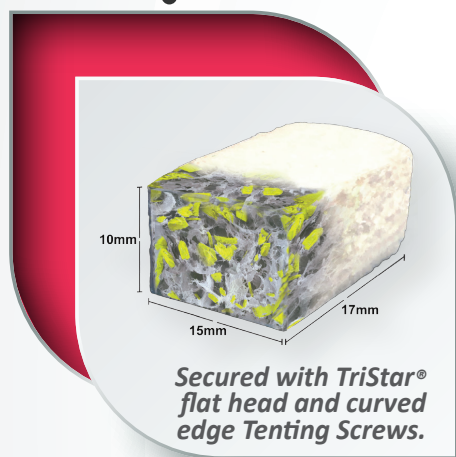


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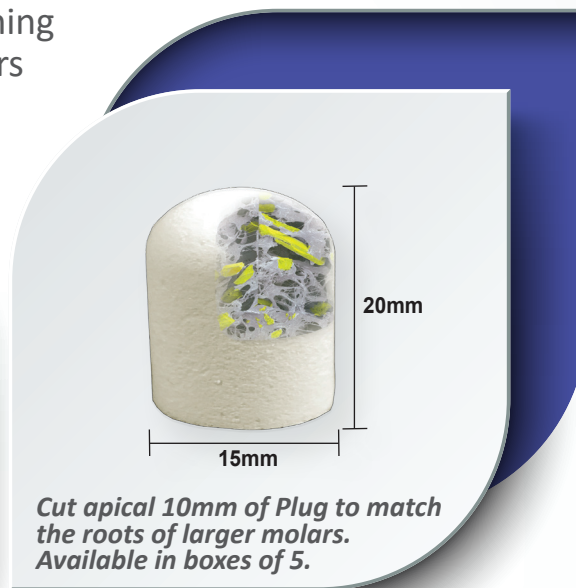
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## JOMS Simply Put: Helping inform the public

With its new monthly feature, the *Journal of Oral and Maxillofacial Surgery* is joining AAOMS's Informational Campaign efforts to inform the public of the OMS specialty. Simply Put: *JOMS* Information for Patients converts complex, scientific articles from the journal into an easy-to-understand format.

"Simply Put allows individuals without clinical training to understand more about our specialty and articles appearing in our journal," said *JOMS* Editor-in-Chief James Hupp, DMD, MD, JD, MBA, FACS. "Much of the information on the internet has not been vetted or curated for accuracy or level-appropriate language. Simply Put will offer a more reliable alternative."

Each issue of *JOMS* will feature at least one Simply Put article. Detailed illustrations will accompany the articles to further communicate the latest evidence-based information while reiterating the breadth and skills of OMSs.

"There is a plethora of information readily available to the patient that is not always trustworthy and more often misinforms patients on OMS medical/dental conditions, who should be treating these and why," said Antonia Kolokythas, DDS, MSc, MSed, FACS, a member of the *JOMS* Editorial Board who spearheads Simply Put. "Simply Put is supported by scientific-based data and should help demystify misconceptions and misinformation and offer evidence-based information to the patient in an easy-to-understand manner."

Available in the online edition and print issue of *JOMS*, Simply Put articles will be disseminated to the public through the Informational Campaign's communication vehicles – social media, press releases and, most importantly, the MyOMS.org website.

With nearly 1 million pageviews a year, the public-facing MyOMS.org website is a valuable touchpoint for prospective patients looking for credible information about oral and maxillofacial surgery. With new clinical articles added to the website, visitors will be able to read about the latest scientific research and information in terms they understand.

"For more than 75 years, *JOMS* has served as the source for peer-reviewed scientific research for the field of oral and maxillofacial surgery," said AAOMS President B.D. Tiner,

DDS, MD, FACS. "Now the public has a chance to learn from a highly respected and credible source as they educate themselves about procedures and conditions."

Additional audiences who can benefit from Simply Put are pre-dental or dental students who may be considering the specialty as well as active general practitioners with limited knowledge of the education and skills of OMSs.

*Now the public has a chance to learn from a highly respected and credible source as they educate themselves about procedures and conditions.*

– Dr. B.D. Tiner, AAOMS President

"A *JOMS* study published in August clearly showed that general practitioners and dental specialists have limited knowledge and understanding of our scope of practice," Dr. Kolokythas said. "Simply Put can certainly be used to enhance our relationship with our dental community and show what is our role in healthcare."

Members are invited to share Simply Put articles with their dental colleagues and patients. ■





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

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Daniel M. Laskin, DDS, MS  
AAOMS Today Editor

## Remaining vigilant about the marijuana user

In the late 1980s and early 1990s, when cocaine was the most abused drug in the United States with more than 10 million using it on a regular basis, oral and maxillofacial surgeons were initially unaware of the dire consequences that could occur in patients undergoing oral surgery, especially under general anesthesia.

It was only later it became obvious the drug could cause acute cardiovascular events with the possibility of life-threatening cardiac arrhythmias and acute myocardial infarction as well as hypoxia and respiratory depression.

As a result, practitioners began to take more extensive drug-related histories and learned how to recognize the various signs and symptoms of cocaine use.

Currently, marijuana is the most commonly used “illicit” drug in the United States. Although its use is still banned nationally, 15 states and the District of Columbia have legalized its use, and 16 states have decriminalized its use. Moreover, the U.S. House of Representatives has passed a bill making its recreational use legal.

All these actions will increase its use even more and raise the question of whether there are potential health risks in users undergoing oral and maxillofacial surgery.

Unfortunately, because of prior bans on cannabis research, we currently know less about this drug than we knew about cocaine.

However, studies have shown long-term use can result in hypertension and increased heart rate, and it can affect lung health, resulting in chronic bronchitis.

We do not know whether these changes can make such patients more resistant to local and general anesthesia or

induce other serious problems, but we need to carefully monitor the literature to be aware of any trends that may develop.

We also need to document preoperative marijuana use and duration in the record so the information is available if any unusual problems develop in our patients.

Will we encounter problems with treating marijuana users? Hopefully, the situation will be different than it was with cocaine.

However, it is better to err on the side of caution. Remember the old adage: An ounce of prevention is worth a pound of cure! ■

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*It is better to err on the side of caution. Remember the old adage: An ounce of prevention is worth a pound of cure!*

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William C. Passolt, CPA  
*OMS Foundation Chair*

## Finding silver linings in the COVID-19 cloud

Since 1959, the OMS Foundation has pursued a consistent and ambitious mission: to improve the quality and safety of patient care by advancing innovation in oral and maxillofacial surgery research and education.

Mission statements are often relegated to obscurity, but realizing these lofty goals is critical to the specialty's continued sustainability and success. Toward that end, the Foundation:

- Identifies and invests in solidly constructed, innovative and relevant research and education programs.
- Fundraises to support those investments.
- Stewards the monies and assets entrusted by donors.

This past year will be forever identified with the COVID-19 pandemic, but the Foundation succeeded in realizing its mission on a number of fronts.

### Investing in research and education

In November, the Foundation Board approved \$675,000 to fund in 2021 a robust portfolio of programs, including a Clinical Research Support Grant, three Research Support Grants and two Student Research Training Awards as well as support for the Resident Transitions into Practice Conference.

Previously approved but undisbursed funds were allocated for analysis of data related to anesthesia and patient safety from the OMS Quality Outcomes Registry, the AAOMS anesthesia simulation validation study and the Global Initiative for Volunteerism and Education (GIVE).

### Fundraising

Although the pandemic curtailed traditional engagement opportunities at OMS state society meetings, donors remembered the Foundation and its continued mission.

The new OMSFIRE (OMS for Innovation, Research and Education) donor recognition program finished the year with more than 60 donors committed to a gift of \$2,500 or more per year for five years. The 2020 commitments will contribute more than \$250,000 per year to the Annual Fund through 2024, and the 2021-25 OMSFIRE enrollment campaign is off to a strong start.

The OMSFIRE donor list on the Foundation's Donor Impact webpage resembles a "who's who" of the specialty. (To add your name, visit the Donate webpage or call 847-233-4325.)

Our corporate donors remain staunch allies. U.S. Oral Surgery Management and OMS Partners, LLC, again supported (successful) \$25,000 gift-match challenges in 2020 and signed on as OMSFIRE donors in 2021. Treloar & Heisel's generous \$100,000 commitment announced in 2019 added \$20,000 to 2020 revenues, and OMSNIC again contributed \$10,000 to support the Alliance's Norma L. Kelly Scholarship and GIVE programs. Donations from dues statements contributed another \$360,336.

### Stewardship

Returns on assets under professional management were positive despite market volatility. The Foundation ended 2020 with assets of approximately \$15 million, a slight increase over 2019.

We "stayed the course" in 2020 despite a 31 percent decrease in fundraising revenues, but that course is unsustainable without the support of every AAOMS member.

If our mission resonates with you, please take action. Your donation is an investment in yourself and your specialty's future, and the returns will resonate across the specialty. ■



# What will *your* legacy be?



“It’s up to us to ensure that the opportunities we enjoyed are available to the next generation.”

– *Dr. Deepak and Preethi Krishnan*

*R.V. Walker Society members since 2016*



“The Foundation consistently supports the careers of female OMSs with its research and FEDA awards each year. I’m honored to support the empowerment of our specialty’s women and minorities with my legacy gift.”

– *Dr. Stephanie J. Drew*

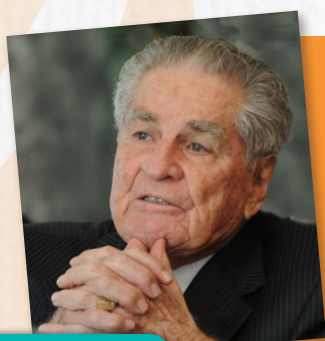
*R.V. Walker Society member since 2013*



“None of this was complicated; the hardest part was getting around to it. But it sure feels good to give back when life has given us so much.”

– *Drs. Brett Ferguson and Rita Burnett*

*R.V. Walker Society members since 2009*



“Whatever I leave to the OMS Foundation is assurance that my life’s work will not perish.”

– *Dr. Robert V. Walker, 1924-2011*



**CREATE YOUR LEGACY**

Say “**thank you**” to the specialty that has given you so much with a gift in your will to the OMS Foundation.

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– *Oral and Maxillofacial Surgery Associates, Wichita, Kan.*

 Oral and Maxillofacial  
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2020  
Gold Donor



(From left):  
Jonas A. Lichty, DDS, MD  
Remy H. Blanchaert Jr., DDS, MD  
Roy E. Cole, DDS, MD  
Christopher Harris, DMD, MD

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## Legacy gifts helped stabilize an unstable year

Ten years ago, neither Dr. George W. Oatis nor Dr. John S. Bond could have foreseen the impact of the COVID-19 pandemic on their beloved OMS specialty, yet both men took action to help prepare for it.

In addition to supporting the OMS Foundation as Annual Fund donors throughout their careers, Drs. Oatis and Bond made a decision to each include a gift of \$25,000 to the Foundation in their estate plans. For this, they were welcomed into the Foundation's prestigious R.V. Walker Society that recognizes donors whose generosity extends beyond their lifetimes.

The OMS specialty mourned the loss of these two respected colleagues in 2020, but their foresight ensured they also would be remembered for helping to sustain the Foundation's mission – even in the face of a global pandemic.

This year, during the 10th anniversary of Dr. Robert V. Walker's passing, the Foundation has set a goal to continue his legacy by welcoming a dozen new members to his namesake society. Qualifying "legacy gifts" – valued at \$25,000 or more – might include a gift of cash or assets in the donor's will, transfer of ownership of a life insurance policy or designation of the Foundation as a beneficiary of a trust.

Dr. Karen Crowley recently amended her will to include a gift of \$50,000 to the Foundation. She credits Drs. Don Booth, Paul Danielson, Jack Farnham and Philip Maloney with modeling an attitude of responsibility for the future of oral and maxillofacial surgery.

"I hope that my legacy donation will help support the success of future generations of oral surgeons in this dynamic, forward-looking profession," she said. "I know that my actions alone can't make that happen, but many of us working together can ensure the continuing vitality of oral and maxillofacial surgery. It gives me the greatest satisfaction to contribute to the ongoing growth of this wonderful specialty."

AAOMS Past President Dr. Brett Ferguson and his wife, Dr. Rita Burnett, named the Foundation as beneficiary on a life insurance policy several years ago.

"It was easy, inexpensive and tax-deductible, and suddenly we were philanthropists," Dr. Ferguson said. "As OMSFIRE donors, we get to see our gifts to the Annual Fund bear

fruit in our lifetimes. Our Walker Society commitment will support research and education after we're gone. None of this was complicated. The hardest part was getting around to it!"

Including a gift to the Foundation in a will or estate plan is a practical, often inexpensive way to ensure the opportunities that supported an individual's professional advancement and success are available for future generations of OMSs.



*Dr. Bond*



*Dr. Oatis*

Some legacy donors, – such as AAOMS Past President Dr. A. Thomas Indresano and his wife, Rita, – embraced the opportunity to make a transformative gift to the Foundation from their estate. Citing the impact of the Foundation's Research Support Grants and Faculty Educator Development Awards (FEDA), Dr. and Mrs. Indresano considered their \$100,000 commitment to the Walker Society "a worthy legacy. We're confident that it will be well-invested." ■

To learn more about legacy giving to the OMS Foundation, call 847-233-4325 or email [mdicarlo@omsfoundation.org](mailto:mdicarlo@omsfoundation.org).





**April 20**

**VIRTUAL  
EVENT**

Register by  
March 26

Advocate, educate, preserve

**[AAOMS.org/DayontheHill](https://AAOMS.org/DayontheHill)**



## Day on the Hill moves to virtual format

From at home or at the office, OMSs can join their colleagues from around the country this year to advocate on behalf of the specialty during Virtual Day on the Hill.

Participants will learn the latest about federal healthcare policy, network with fellow state attendees and meet virtually with congressional offices April 20 while advocating for the specialty and patients without the time and cost commitment of traveling to Washington, D.C.

"AAOMS is pleased to provide the 2021 Day on the Hill in a virtual format with added convenience for our members," AAOMS President Dr. B.D. Tiner said. "We encourage members to participate in Day on the Hill to celebrate its 20th anniversary and help educate Congress about important issues affecting the OMS specialty."

AAOMS will ensure attendees are well-prepared for their virtual congressional visits. Optional events leading up to Day on the Hill include:

- Evening of April 12 – An overview from AAOMS lobbyists of the issues to be discussed during the congressional meetings.
- Evening of April 19 – An update on the political landscape by analyst Charlie Cook.

AAOMS encourages attendance from Day on the Hill veterans and welcomes members who have been unable

### Day on the Hill

**What:** Advocate to members of Congress

**When:** April 20

**Where:** Virtual event

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

**Questions?** Call 800-822-6637, ext. 4392, or email [dbranch@aaoms.org](mailto:dbranch@aaoms.org)



to attend due to logistics, time or cost. No experience is needed. Registration ends March 26.

Additional information is available at [AAOMS.org/DayontheHill](https://AAOMS.org/DayontheHill). ■

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# Federal and state policymakers begin new year

The new year brings new leadership in Washington, D.C., and state capitals. Federal and state policymakers continue their work to mitigate the COVID-19 pandemic's impact with a particular focus on removing supply and distribution barriers to vaccinating Americans as quickly as possible.

## Federal level

Democrats now control the executive and legislative branches following the inauguration of President Joe Biden (D) and the U.S. Senate special election victories of Jon Ossoff and Rev. Raphael Warnock in Georgia, giving Democrats control of the Senate. Democrats maintain a narrow majority in the House. The following is a summary of recent federal activity of interest to the specialty through the end January:

- In the closing days of 2020, Congress passed – and then President Donald Trump signed into law – the Consolidated Appropriations Act, 2021 (HR 133), an omnibus package that included several AAOMS-supported COVID-19 provisions, provider-friendly language to prevent surprise billing instances and a temporary reprieve on Medicare provider cuts that were scheduled to begin Jan. 1.
- AAOMS-supported legislation, the Competitive Health Insurance Reform Act (HR 1418), was signed into law Jan. 13 – culminating more than a decade of AAOMS advocacy efforts on the issue. The new law amends the McCarran-Ferguson Act of 1945 to remove the federal antitrust exemption for health and dental insurers, thereby involving the Federal Trade Commission and Justice Department in antitrust enforcement of health insurers.
- In his first days in office, President Biden released a \$1.9 trillion COVID-19 relief plan focused on several issues, including vaccine and PPE supply and distribution. Democrat congressional leaders hope to pass his plan in the form of legislation before expanded unemployment benefits expire March 14.







## addressing lingering impact of COVID-19

President Biden also signed more than a dozen COVID-19-related executive orders, including mandatory masks on federal property, the creation of the COVID-19 coordinator who reports directly to the president, a pause on federal loan payments and interest through Sept. 30 and use of the Defense Production Act to shore up vaccine and PPE supplies.

- AAOMS sent a letter to President Biden's COVID-19 vaccine coordinator, Dr. David Kessler, with several recommendations developed by the AAOMS Special Committee on Recovery and Response to the Pandemic for the federal government to help expedite the vaccine distribution process.

### State level

The state legislative sessions officially kicked off in January, and AAOMS is tracking hundreds of bills that could affect the specialty. The state bills being discussed can be viewed at [AAOMS.org/TrackingMap](https://AAOMS.org/TrackingMap). The following is a summary of issues finalized as of January:

■ **NGA/ASTHO** – AAOMS sent a letter – available at [AAOMS.org/COVID](https://AAOMS.org/COVID) – in January to the National Governors Association (NGA) and Association of State and Territorial Health Officials (ASTHO) expressing concern with the COVID-19 vaccine distribution process, urging access to the vaccine to both OMSs and their staff and offering suggestions to improve the process.

■ **Vaccine administration** – Per the state dental associations, 18 states allow dentists to administer the COVID-19 vaccine. Most states require registration and additional training to perform the task, and administration

locales may be limited. Dozens of additional states have introduced legislation to this effect, but they remain pending as of publication. State dental boards have guidance regarding individual situations.

■ **Virginia** – The Department of Labor and Industry's Safety and Health Codes Board made permanent an emergency rule from 2020 related to COVID-19 workplace safety. In addition to infection control protocols, the rule addresses flexible sick leave policies, notification requirements and air handling specifications. Additional information, training and guidance are available at [DOLI.Virginia.gov](https://DOLI.Virginia.gov).

### OMSPAC update

OMSPAC raised \$381,088 from 15.82 percent of the membership as of December. In addition, OMSPAC has contributed \$7,500 to federal candidates so far during the 2021-22 election cycle.

Information on member contribution totals and a list of candidates to whom OMSPAC has contributed are available at [OMSPAC.org](https://OMSPAC.org). ■



Did you know **OMSPAC** has been among the top 25 contributing healthcare PACs in the nation for the more than 10 years?

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

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## HEALTH IT BYTES



■ **ONC** – Micky Tripathi, PhD, was chosen to serve as the new National Coordinator for Health IT under President Joe Biden's administration. The Office of the National Coordinator for Health Information Technology (ONC) provides counsel for the development and implementation of a national health information technology framework. Tripathi most recently served as chief strategy officer at Arcadia, a population health management solutions company, and was president and CEO of the Massachusetts eHealth Collaborative, a nonprofit health IT advisory and clinical data analytics company.

■ **Haven** – The founders of Haven, an independent joint corporation developed to improve outcomes and lower healthcare costs for employees, announced they are ceasing operations in February. The three founding companies – Amazon, JPMorgan Chase and Berkshire Hathaway – indicated they would continue to utilize the information they learned during the three-year venture to collaborate informally.

■ **Telehealth** – In a letter in the *Journal of the American Medical Informatics Association* published by a Harvard Medical School team, the group warns of "substantial" security concerns about telehealth. The letter indicates that while telehealth has made healthcare more accessible during the pandemic, relaxation in regulations in conjunction with heightened security breaches in the sector could jeopardize security and privacy. To adequately ensure protection for telehealth services, the group says a multipronged approach will be required, including awareness, best practice security behaviors (such as encryption), software updates and two-factor authentication. The team also recommends transitioning from consumer video conferencing tools to healthcare-specific platforms.



## Controlled substances, e-prescribing, vaccination

**Q** Is specific guidance available for prescribing controlled substances to patients who are unable to be seen in the office during the COVID-19 pandemic?

**A** In response to the COVID-19 public health emergency, the Drug Enforcement Administration (DEA) adopted policies allowing DEA-registered practitioners to prescribe controlled substances without in-person interaction with patients. These policies went into effect March 31, 2020, and will remain in effect for the duration of the public health emergency or until the DEA specifies an earlier date.

Under federal law, practitioners acting in accordance with their professional practice may prescribe controlled substances for legitimate medical purposes. In addition, practitioners must comply with all state laws.

To assist practitioners with determining the appropriate course of action, the DEA created a quick reference decision tree to summarize prescribing policies. While this decision tree does not provide all requirements, practitioners can view the full requirements on the DEA's website at [DEAdiversion.usDOJ.gov](https://deaadiversion.usdoj.gov).

**Q** Is e-prescribing a requirement for OMSs?

**A** Many states require electronic prescribing of controlled substances. It is expected additional states will follow suit within the next few years.

As of Jan. 1, 2021, Medicare also mandates prescriptions for controlled substances covered under the Medicare Part D prescription drug plan or the Medicare Advantage Prescription Drug Plan be done so electronically.

AAOMS tracks important issues that affect the OMS community in its State Legislative Tracking Map at [AAOMS.org/TrackingMap](https://AAOMS.org/TrackingMap). One tracked category is Controlled Substances & Prescription Drugs. Any information related to pending e-prescribing legislation as it affects the OMS will be found in this category and can be filtered by state. Individual state laws can be reviewed for practice guidance.

**Q** What does the CDC recommend if any staff begin to show systemic signs and symptoms after COVID-19 vaccination?

**A** Systemic signs and symptoms (e.g., fever, fatigue) from COVID-19 vaccine trials indicate most are mild to moderate in severity, occur within the first three days of vaccination and are more frequent and severe after the second dose among younger individuals (under 55).



Because these may be difficult to distinguish from symptoms of COVID-19 or other diseases, the CDC has published strategies to effectively manage post-vaccination systemic signs and symptoms to limit unnecessary work restrictions. The strategies apply to all healthcare personnel (HCP) working in healthcare settings. Some, but not all, of the considerations include:

- Vaccinating HCP before one to two days off (when they are not required to be in the facility).
- Informing HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options (e.g., nonsteroidal anti-inflammatory medications or acetaminophen) for mitigating them.
- Offering nonpunitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms.

The CDC also published suggested approaches for evaluating and managing new-onset systemic post-vaccination signs and symptoms in HCP and provides suggested approaches for handling them. More information is available at [CDC.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html). ■



# AAOMS Advantage Partners

AAOMS Advantage Partners have been chosen because of their commitment to the oral and maxillofacial surgery specialty. Their stream of royalty payments\* throughout the year help fund the goals of AAOMS, including its advocacy efforts and other important programs and services. To learn more about these valuable offerings, visit [AAOMSAdvantage.org](http://AAOMSAdvantage.org).

*\*Quarterly royalty payments vary based on AAOMS member usage of each of the AAOMS Advantage Partners.*



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### AAOMS Advantage Annual Member Award

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If you use six or more AAOMS Advantage Partners in your practice before Oct. 1, 2021, AAOMS would like to show its appreciation by giving you a **\$100 discount** on any webinar or in-person meeting of your choice in 2022\*. Not only do AAOMS members receive special discounts and benefits, but the royalties generated from members' usage of the Partner Programs produce non-dues income that funds a variety of AAOMS programs and AAOMS advocacy throughout the year. AAOMS appreciates all AAOMS members who have enrolled in these approved Partner Programs throughout the years. **Thank you!**



\*Identification of members using six or more Partners are through year-end reports submitted by the Partners. If you do not receive an email from AAOMS identifying you as a recipient by Jan. 10, 2022, and you believe you used six or more Partner programs in 2021, contact personnel in the AAOMS Advantage department before Jan. 15, 2022, at 800-822-6637. A posting of all recipients of the award will be displayed on the AAOMS Advantage website the last week in January 2022 and highlighted in an ad in the March/April 2022 issue of AAOMS Today.



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# Lessons from the COVID-19 pandemic

By Jeff Broudy  
CEO, PCIHIPAA

COVID-19 caused a fundamental evaluation of how practices manage everything, including compliance. So what is your practice doing now?

During the pandemic, many practices closed or went largely remote in the initial phase and then had to return in a totally new environment.

A PCIHIPAA survey of more than 1,400 healthcare practices found the pandemic resulted in them making changes in major areas, including remote work and PPE, with a renewed emphasis on OSHA and HIPAA planning and training.

To help ensure your practice is protected, the following key areas should be addressed on an ongoing basis:

## Protect employees and patients

Three components are needed to protect your staff: PPE, policies and training. Now is the time to confirm your practice is covering employees on every base. The survey found 67 percent of the practices said, "Daily OSHA guidance about COVID-19 requirements and best practices" would be helpful or very helpful, and 61 percent said OSHA training for employees relating to COVID-19 would be helpful or very helpful.

OSHA defines and enforces standards that include policies and training for worker safety. More than 900 healthcare workers have died due to the pandemic – a reminder of the importance of verifying your practice is OSHA-compliant to ensure the safety of your staff as they face the day-to-day challenges of COVID-19.

The pandemic created an enormous focus on PPE to protect employees and patients. The ensuing PPE shortage proved how essential it is to plan far in advance for worker safety. OMS healthcare providers are at one of the highest risks of exposure to COVID-19.

■ **Step 1: Update respiratory plan, policies** – Your practice must create a preparedness and response plan. The two OSHA standards most closely related to the pandemic

are the Respiratory Protection Program and Aerosol Transmissible Diseases (specific to California) standards. You also must properly train employees for the increased risk of contracting certain airborne infections due to their work activities.

The consequences of not having a plan in place can be damaging. During the pandemic, an Ohio nursing facility received \$40,482 in penalties from OSHA after seven employees were hospitalized for coronavirus-related reasons. OSHA cited this facility for failing to have a written respiratory protection program and not providing medical evaluations to determine employees' ability to use a respirator at work.

This unfortunate situation shows the financial impact the pandemic may have on a practice on top of the threat it poses to patients' and employees' health. Ensuring your practice has policies and procedures in place and has properly trained employees can be the difference between your employees staying healthy or contracting an aerosol-transmissible disease such as COVID-19, influenza or whooping cough. It also can protect your practice from financial liability.

■ **Step 2: Look at OSHA compliance** – Health and safety events can be a catalyst to review compliance and safety plans. Some states have their own OSHA requirements, so it is important to also review any state-specific guidelines.

Additional steps include verifying bloodborne pathogen policies and employee training are in place. The OSHA Bloodborne Pathogens Standard could be a framework to assist in controlling some of the sources of the virus, such as exposure to body fluids.

Hazard communication also requires an exposure plan and training for employee safety and practice compliance.

An additional step for your practice's OSHA compliance is maintaining Safety Data Sheets (SDSs). OSHA requires every chemical onsite to have an SDS. Your SDSs must be in order and accessible at all times to your employees. Many practices keep a SDS binder, but the best way to ensure compliance is to use an online database that provides access to virtually all chemicals your practice might have onsite and can easily be changed and updated.

*continued on next page*

### Protect from breaches

Hackers are constantly targeting healthcare practices, so your practice needs to be prepared for the threat of a security breach. Hackers have leveraged the panic of COVID-19 and intensified their efforts. The chance of ransomware – a type of malware that can lock you out of your computer systems and files – has increased.

HIPAA rules restrict healthcare providers from treating patients without access to their data. Providers must follow HIPAA standards and have a plan to protect against the threat of cybersecurity. Remember, a data breach also is a HIPAA violation.

■ **Step 1: Undergo required risk assessment** – As circumstances change, such as remote work, first complete federally mandated risk assessment. By completing risk assessment regularly, you will satisfy the Office for Civil Rights' (OCR) requirement and know your practice's vulnerabilities.

The risk assessment covers several areas: Are your policies and procedures updated? Are you regularly training employees? Do you have proper infrastructure to safeguard your practice from hackers? Is your practice insured in the case of a cyberbreach?

■ **Step 2: Check all policies, procedures** – Proper protection requires a plan. If your practice is hacked, it is important to have policies and procedures to organize during an already hectic time.

HIPAA outlines regulatory standards for policies and procedures that entities and business associates must develop to stay compliant. Now is the time to confirm your policies and procedures are up-to-date and your employees are aware of them.

■ **Step 3: Move training online** – Online HIPAA training is interactive and can include the added benefit of online recordkeeping, which maintains up-to-date information and stores records safely in one place.

Employee training is required to be HIPAA-compliant and essential to protect a practice. Many ransomware attacks



begin by targeting uninformed users, so employees need to know how to properly detect suspicious behavior. OCR requires that employees are trained on HIPAA guidelines. Most times a practice violates HIPAA, the circumstance is made worse by improperly trained employees.

■ **Step 4: Verify proper infrastructure** – To protect your systems, you must have proper infrastructure. Working with a HIPAA-compliant managed service provider will establish a front line to safeguard your practice's information from unauthorized physical access, tampering and theft.

In the incident of a breach, your practice must have data backup updated regularly. Practices also must use encrypted email solutions to protect email content.

■ **Step 5: Confirm practice insurance** – The pandemic has cost healthcare practices enough money. Cybersecurity insurance is essential to protect your practice in the event of a cybersecurity data breach. General liability policies do not typically cover data breaches.

If a data breach occurs, HIPAA fines can cost between \$100-\$50,000 per incident if the practice is found to have not made a "good faith effort" toward compliance. In addition to HIPAA fines, if your practice's data are hacked, you also may





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*Three components are needed to protect your staff: PPE, policies and training. Now is the time to confirm your practice is covering employees on every base.*

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have to pay for lawsuits, ransom, lost wages, direct costs and expenses incurred.

For example, a practice subjected to a ransomware attack incurred \$199,484 in legal representation, restoration and decryption of client systems, forensic investigation and the initial cost of ransom.

In the case of a data breach, your practice will not only have to deal with the financial factor but also the hassle of organizing a response. It is important to have an emergency and incident response team to help manage the process of evaluating the breach, dealing with negotiating with the hackers and getting systems back up.

### **Instill a safety, compliance culture**

Protecting your practice is a team effort. It is essential to include your staff in all aspects of compliance and safety. Many OMS practices find the easiest way to ensure a culture of compliance is to use a blend of outside sources and experts to help protect employees, patients and practices.

The following are a few tips for protecting a practice:

- Include staff in policies and procedure discussion and planning.
- Establish formal written plans.
- Create a formal review process for any incidents that occur.
- Hold regular safety and HIPAA compliance meetings.
- Create a safety and compliance portal online.

Ensuring compliance can lighten some of the pressure the pandemic has placed on healthcare workers. Create a solid approach to protect your practice from whatever happens next. ■

*PCIHIPAA is cybersecurity and compliance company that focuses exclusively on healthcare practices. It helps to prevent catastrophic losses caused by regulatory non-compliance, data breaches and human error. PCIHIPAA provides solutions to help keep protected health information private and secure and employees safe. For more information, visit [PCIHIPAA.com/AAOMS](https://PCIHIPAA.com/AAOMS).*



*This is number 178 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](https://AAOMS.org).*

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## Exploring options for common debridement

Debridement of an area can be difficult. However, knowing which correct code to use usually is the bigger challenge.

Debridement codes can range from a simple bone spicule removal to a sequestrum of necrotic bone. The codes are designed to help providers differentiate the type of work and bill correctly if out of the global window of the original surgery. This quick reference aims to help eliminate questions and concerns about the codes.

D6100 is used at the time of implant removal a month to 10 years after the implant was originally placed. This is usually a surgical procedure, and the clinical note or dictation will need to accompany the claim explaining the location and describing the procedure. In the case of significant bone loss and granulation tissue, the area may need grafting.

The bone grafting dental code to use is the same used when extracting a tooth: D7953. It is important to remember to send this claim to the insurance company so it has a record of the implant removal. If the patient tries to bill for a new implant a year later, this implant removal procedure needs to be documented.

D6101 is used when removing granulation tissue around an implant that has periodontal disease and with cleaning of the surface of the implant exposed due to recession. This procedure includes making a flap but does not involve work on the bone around the implant.

D6102 is used when removing granulation tissue from bony defects around the implant and cleaning the surface of the implant covered with the granulation tissue. This code is used for attempts to graft the areas of the bony defect under the flap and when the bone is involved while cleaning the defects around the implant.

Use code D6103 for the graft and membrane placement after the debridement. This graft is designed to aid in bony regeneration around the implant.

D7550 is commonly used when removing a piece of bone from a third molar site that was infected. This code also is frequently used with MRONJ patients when they experience exposed sharp necrotic bone and debridement is necessary. This code also can be applied when a flap and a bur are used to smooth areas and to pinpoint bleeding healthy bone.



Medical codes that may be used to report debridement with open fractures, infected hardware, non-union of bone, infected bone or osteomyelitis (i.e., mandible, maxilla, mid-face or orbits) may include CPT codes 11010 through 11012 or codes 11042 through 11047. CPT guidelines state, "When performing debridement of a single wound, report depth using the deepest level of tissue removed. In multiple wounds, sum the surface area of those wounds that are at the same depth, but do not combine sums from different depths." ■

*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.*



# Provider enrollment – the nuances of credentialing

Healthcare provider credentialing and payer contracting are comprehensive, time-consuming processes but represent a critical component affirming requirements and qualifications necessary to deliver the highest level of patient care. They also are essential for insurance reimbursement.

The process of provider enrollment with an insurance network consists of two phases: credentialing and contracting. Credentialing can be defined as the process of obtaining, assessing and confirming the qualifications of a licensed or certified healthcare provider. The contracting phase is when the company issues a participating provider agreement that defines the terms of participation for receiving in-network reimbursement for claims. Payers may vary on which phase occurs first, but regardless of order, both phases are necessary steps in the provider enrollment process.

Providers starting out in a new practice who have previously worked for other groups still need to contact each payer to determine network status. It is not to be assumed if a provider is contracted in one office, he or she will have the same status in another. Typically, a new agreement will need to be signed to continue as an in-network provider with a particular carrier.

Keep in mind, unless otherwise allowed by state regulations, providers must be approved through both the credentialing and contracting processes before consideration and the ability to submit claims as an approved network provider.



## CMS step-by-step process

CMS completes an extensive credentialing and application process for healthcare providers. The Medicare Enrollment Guide for Providers and Suppliers explains this step-by-step process at CMS.gov. Upon verification and depending on choice of participation, the provider is assigned a Unique Physician Identification Number and/or a Medicaid number – each is required to bill for Medicare and Medicaid services.

All managed care plans, including health maintenance organizations, other health insurance plans and some insurance companies also have their own exclusive and specific credentialing policies and procedures. Each credentialing program is developed in accordance with state and federal requirements and individual accreditation guidelines.

OMSs may want to work directly with a third-party payer via its application process or with a company that streamlines the process, such as the Council for Affordable Quality Healthcare (CAQH), which many medical and dental payers use to carry out their credentialing application process. CAQH simplifies the credentialing process so providers only need to submit their application and supporting documents once while allowing the ability to indicate which particular networks they wish to join. CAQH accomplishes this through its online database, the Universal Provider Datasource, which collects all information required for credentialing and makes it assessable to third-party payers. For example, Anthem Blue Cross Blue Shield and UnitedHealthcare link their credentialing process directly to the CAQH website.

Completing a credentialing application may take several hours, and it is not uncommon for the approval process to last up to three to four months. Therefore, to save time and ensure the application is complete, preparing a checklist can help compile all the required paperwork. Payers may vary based on the documentation required, although some common qualifications and supporting documents necessary to complete the credentialing process may include:

- Education, training and board eligibility or certification
- Work and medical staff history
- Clinical privilege history
- Names and emails of peers who can provide reference
- Clinical report cards and performance reviews



## and contracting

- Malpractice insurance carriers and any claims history
- Explanations for any gaps of 30 days or more in education, training or work history
- Federal, state and professional licenses and registration

In order for healthcare providers to be able to report services for reimbursement on a medical or dental claim, the credentialing process should be started at least four months before the expected start date of seeing patients.

### Rules for incoming provider

Oftentimes, the question may arise whether a provider that is new to the practice can see patients and report services under another provider's National Provider Identifier (NPI). Medicare and private payers have strict rules about billing for services performed by someone other than the treating provider. Services must be billed under the care-rendering provider's NPI, and it is inappropriate to bill a non-credentialed provider's services under a credentialed provider's NPI. This action may lead to a potential audit, fee recoupment and investigation by the insurance carrier. It also is a violation under the False Claims Act and can initiate exclusion of participation to all federal healthcare programs, including Medicare and Medicaid.

In addition, recredentialing occurs periodically and requires a provider to attest or renew the credentialing process. It is important to update provider profiles when changes occur and be aware of plan revalidation processes that may require affirming or updating information (e.g., license expiration, change of address or practice location).

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

## AAOMS CHOICE SAVINGS TIER



### DISCOUNT OPPORTUNITIES

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# Support for your busy practice, every step of the way

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

## Starting

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

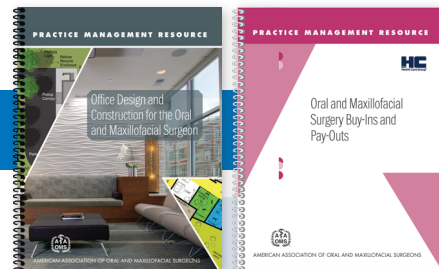


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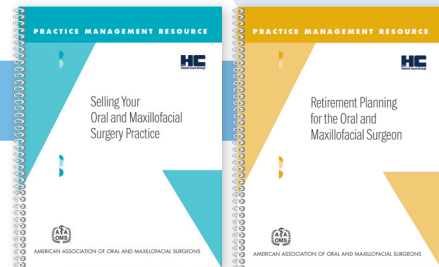
## Growing

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



## Retiring

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



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





## Breaking it down: Candidates and Diplomates

You may have heard a few different terms to describe the status of an individual in the process of completing – or who has completed – Board certification for the American Board of Oral and Maxillofacial Surgery (ABOMS).

To become Board-certified, you must pass both the Qualifying Examination (QE) and the Oral Certifying Examination (OCE). The first step is to submit an application. While “applicant” is not an official ABOMS status, you are considered an applicant once your QE application has been submitted. An applicant is not yet a Candidate but has simply taken the first step toward becoming certified.



**Candidate:** When ABOMS has accepted your QE application, you are given the official status of Candidate. You will remain a Candidate until you pass the OCE. If you do not pass it within


three years after passing the QE, you will need to re-apply for the QE. As a re-applicant, you will not have the Candidate status again until you pass the QE.

**Diplomate:** Once you have passed the OCE, you are a Board-certified OMS who has gained the Diplomate status. Once a Diplomate, you will just need to pay annual registration and keep up with yearly Certification Maintenance – both found in your online ABOMS Diplomate profile.

ABOMS frequently receives requests for letters proving Board eligibility. “Board-eligible” is not an ABOMS status, but ABOMS can send a letter of verification showing Candidate status if requested.

Questions can be emailed to [info@aboms.org](mailto:info@aboms.org). ■



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\*20% discount applies to the 2021 editions of Coding Guide for OMS, ICD-10-CM Expert for Physicians, ICD-10-PCS Expert, Dental Customized Fee Analyzer and Customized Fee Analyzer, as well as EncoderPro.com, FeeAnalyzer.com and MedicalReferenceEngine.com.  
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# Impact investing: strategies with a conscience

By Jeffrey E. Wherry, CFP, CLU, ChFC

Director of Research and Planning

Treloar & Heisel Wealth Management

More and more, investment managers are called to provide deeper insight into companies they select to include in their portfolios. Consumers are increasingly educated, attuned to and careful about the corporate practices of companies they are invested in. People want to feel good about where they put their money and, for many, that means their investments need to align with their personal values. An increasing interest is observed in portfolios designed to fit with clients' priorities.

Many terms are used to define an investment philosophy that has positive social impact. What used to be called socially responsible investing has evolved. No longer is it just about avoiding "sin stocks," such as alcohol, tobacco and firearms. A term used is impact investing: an investment strategy that seeks to create positive financial outcomes and keeps the investor's conscience in mind. Impact investing may include energy, healthcare, education and agriculture.

Impact investing looks at what a company sells and, more importantly, how it goes about doing business. Investment managers will examine a company's governance practices, gender and racial diversity – whether the company is a good environmental citizen, human rights practices, board of directors composition and so on. A wide range of criteria is used to assess the company's social impact.

Some research indicates companies concerned with a positive social impact tend to outperform others. For example, a company is dedicated to providing a superior level of customer service and knows taking care of its employees will go a long way toward ensuring they take good care of customers. It may cost more to be a better employer, but the company's commitment to its workforce will likely result in better customer service, potentially resulting in higher customer satisfaction, customer retention and profits.

A company may look at its ecological footprint and be able to innovate to create efficiencies and reduce environmental harm. This was the case with 3M, a company that creates adhesives and abrasives for application. A large pension firm approached 3M about its carbon footprint in a particular area. The company decided to invest in and implement strategies to reduce its negative environmental impact. The strategy saved money and



resulted in a win-win-win – for the company, the pension plan as well as people and the environment, according to 3M's annual report at [3M.com/3M/en\\_US/sustainability-us/annual-report](http://3M.com/3M/en_US/sustainability-us/annual-report).

In keeping up with the financial industry, much shareholder advocacy is occurring around impact investing. Big investment firms and pension plans that fund companies are showing greater engagement in companies to help them meet impact-investing criteria. When a big investor asks about a company's track record on the environment, for example, companies start to pay attention. That may end up benefiting everyone: institutional shareholders, such as pension plans, and individual shareholders, such as yourself.

Why should you consider impact investing? If you care about your impact in addition to your accumulation goal, you will want to know which companies are represented in your investment portfolio. Besides other positive outcomes – such as taking care of the planet and ensuring others are treated fairly, impact investing may make you more comfortable with your investments, allowing for more of a long-term view of investing. That could be a great foundation for anyone's investment strategy. ■

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# DECISIONS

The transition from training to practice will impact your life in a significant way. You'll need to make some big decisions about how to spend your money, where and when to save, and how much, and how to ensure you're suitably protected.

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### MEMBERSHIP



#### Second dues notices mailed

Second dues notices were mailed in January to those who have yet to renew for the 2021 membership year. Professional staff previously sponsored for allied staff membership were included on the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped.

Third notices for OMS members are scheduled to be mailed in April and, per AAOMS policy, will include a late fee.

Members can renew at [AAOMS.org](https://AAOMS.org) or email [membership@aaoms.org](mailto:membership@aaoms.org) for more information or to receive another copy of their statement.

### PRACTICE MANAGEMENT



#### Online coding courses available

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance. Course access is immediate and can be accessed through [CEonline.AAOMS.org](https://CEonline.AAOMS.org).

Courses include:

- Basic Coding
- ICD-10-CM Coding
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for the OMS
- OMS Billing

### ANNUAL MEETING



#### Last chance for abstracts, posters

Applications to present an oral abstract or poster at the 2021 AAOMS Annual Meeting must be submitted by 11:59 p.m. Central Time March 14. Applications will be accepted in a variety of clinical topics.

In addition, applicants may submit for the Resident Research Award with a full research manuscript.

The applications are available at [AAOMS.org/Speakers](https://AAOMS.org/Speakers). Questions can be emailed to [shannonm@aaoms.org](mailto:shannonm@aaoms.org).

### MEETINGS



#### Webinar application online

AAOMS is always accepting applications for webinar presentations. The application is available at [AAOMS.org/Speakers](https://AAOMS.org/Speakers). Questions can be emailed to [sjones@aaoms.org](mailto:sjones@aaoms.org).

### CONTINUING EDUCATION



#### New content in CE library

CE on Demand courses and live webinars have been added to CE online by AAOMS at [AAOMS.org/CEonline](https://AAOMS.org/CEonline). CE online by AAOMS offers a wide variety of subject matter for the OMS, resident and professional staff to participate at their own pace, wherever and whenever convenient. Special member pricing is offered.

Questions and feedback can be emailed to [conteducate@aaoms.org](mailto:conteducate@aaoms.org).

### ANNUAL MEETING



#### Recordings can be purchased

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

## MEMBERSHIP



## Members can add their treatments, languages spoken in 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



## AAOMS Connect offers member networking beyond Annual Meeting

AAOMS Connect – an online community for AAOMS members – features a discussion forum, private messaging and more. AAOMS Connect is a resource to network with colleagues or become involved in Clinical 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](mailto:conteducate@aaoms.org).

## COMMUNICATIONS



## JOMS editor search underway

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, after a three- to four-month transition period working with the current Editor-in-Chief. Additional information is available at [AAOMS.org/JOMSEditor](http://AAOMS.org/JOMSEditor).

## COMMUNICATIONS



## Story on ergonomics planned

For a future story in the magazine, *AAOMS Today* is seeking OMSs who use ergonomics to avoid injuries at practice. Those interested in being featured can email [strotto@aaoms.org](mailto:strotto@aaoms.org)

## ADVANCED EDUCATION



## Applications due April 1 for Faculty Educator Development Award

AAOMS is accepting applications for the 2021 Faculty Educator Development Award (FEDA) until April 1.

The award was established to support individual faculty members by:

- Encouraging promising, young OMSs to choose a long-term faculty career in the specialty.
- Inspiring promising OMS faculty members who have been on faculty for up to five years to continue a faculty career in the specialty.
- Providing a financial incentive to Commission on Dental Accreditation (CODA)-accredited residency training

programs to retain current faculty and recruit new faculty.

Upon adherence to the FEDA guidelines, the recipient will be awarded \$40,000 annually for three years for a total disbursement of \$120,000. In addition, the faculty member's institution will receive disbursements of \$5,000 for three years for a total disbursement of \$15,000. All funds disbursed to the institution must be used solely to support the FEDA recipient.

FEDA applications and guidelines are available at [AAOMS.org/FEDA](http://AAOMS.org/FEDA).

## MEMBERSHIP



## Office Anesthesia Evaluation recertification due for some 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](mailto:membership@aaoms.org) or calling 800-822-6637.





## ADVANCED EDUCATION

### AAOMS assists 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](mailto: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](http://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](http://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](mailto: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](mailto: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](http://FACS.org/member-services/join/fellows) and [AAOMS.org/member-center/ACS-fellowship](http://AAOMS.org/member-center/ACS-fellowship).



## AAOMS Opportunities

## 2021

## April 20

## Virtual Day on the Hill

AAOMS.org

## Sept. 27–Oct. 2

## 103rd AAOMS Annual Meeting, Scientific Sessions and Exhibition

Music City Center and Omni Nashville Hotel  
in Nashville, Tenn., and virtual

## Regional &amp; State Society Meetings

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

## 2021

## April 15–17

## Southwest Society of OMS Combined Annual Meeting

Waldorf Astoria Monarch Beach Resort & Club  
in Dana Point, Calif.

[TX-OMS.org/Education/2002-SWSOMS-Combined-Annual-Meeting](https://TX-OMS.org/Education/2002-SWSOMS-Combined-Annual-Meeting)

## July 15–18

## Florida Society of OMS Summer Meeting

Loews Portofino Bay Hotel at Universal Orlando  
in Orlando, Fla.

[FSOMS.org/Category/Meetings](https://FSOMS.org/Category/Meetings)

## May 12–16

## Southeastern Society of OMS Annual Meeting

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

[SSOMS.org/Category/Meetings](https://SSOMS.org/Category/Meetings)

## Nov. 5–7

## Florida Society of OMS Annual Meeting

Eau Palm Beach Resort & Spa in Manalapan, Fla.

[FSOMS.org/Category/Meetings](https://FSOMS.org/Category/Meetings)



**2021  
AAOMS  
ANNUAL MEETING  
NASHVILLE**

**103rd AAOMS Annual Meeting, Scientific Sessions and Exhibition**

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS)

**Sept. 27 – Oct. 2**

**Music City Center • Omni Nashville Hotel  
Nashville, Tenn.**

**[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)**



## Faculty Positions

### Georgia

Emory University School of Medicine in Atlanta is seeking applications for a full-time faculty position in the Division of Oral and Maxillofacial Surgery at the Assistant or Associate Professor level. Responsibilities include patient care, didactic education and clinical teaching of residents and research. The position includes responsibilities at Grady Memorial Hospital, The Emory Clinic, Emory University Hospital, Emory University Hospital Midtown Emory and Children's Healthcare of Atlanta. The candidate should have an interest in major oral and maxillofacial surgery with a particular interest in trauma management and is expected to actively participate in the clinical and research activities. The individual will be expected to participate in the Emory oral and maxillofacial faculty practice. Collaborative opportunities are available with area colleges and universities and public health agencies. The position requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school and completion of a CODA-approved oral and maxillofacial surgery residency program. The candidate should be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates must also be eligible for an unrestricted Georgia dental or medical license. Salary and academic rank are commensurate with experience and qualifications. Emory University is an Equal Opportunity/Affirmative Action Employer. Applicants should submit their curriculum vitae to: Dr. Gary Bouloux, Chief, Oral and Maxillofacial Surgery, The Emory Clinic, 1365 Clifton Rd., Suite B-2300, Atlanta, GA 30322, email: gfboulo@emory.edu.

### 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](http://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](mailto: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](mailto:pmehra@bu.edu). Boston University is an equal opportunity employer and encourages applications from minorities and women.

### Mississippi

The University of Mississippi Medical Center's School of Dentistry is conducting a search for a full-time faculty position in the Department of Oral Maxillofacial Surgery and Pathology. Applicants must have a DDS/DMD degree recognized by ADA, have successfully completed advanced training in Oral & Maxillofacial Surgery from an accredited institution, be eligible for Mississippi licensure and be board-certified or board-eligible by ABOMS. Responsibilities include didactic and clinical instruction for residents and dental students, participation in clinical practice and research. Candidates with additional fellowship training in Orthognathic and TMJ Surgery are preferred. Interested applicants should submit a letter of interest, curriculum vitae to Ravi Chandran, DMD, PhD, FACS, at [rchandran@umc.edu](mailto:rchandran@umc.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](mailto:Rawle.Phillbert@nychhc.org).

### New York

Columbia University College of Dental Medicine (CDM) invites applications for a full-time faculty position in the Section of Hospital Dentistry, Division of Oral & Maxillofacial Surgery. Responsibilities will include residency and predoctoral education, participation in the intramural faculty practice and participation in research. The successful candidate will be expected to work collaboratively between the NewYork-Presbyterian Hospital System at the Columbia University Irving Medical Center Campus, the Morgan Stanley Children's Hospital as well as the Columbia University College of Dental Medicine. The ideal candidate must have completed an accredited OMFS training program, be eligible for New York State licensure and be either ABOMS-certified or on the path to certification. A medical degree and fellowship training, while preferred, is not required. Academic rank including possibility of tenure track and salary will be commensurate with experience and training. Interested, qualified applicants should send a CV, letter of interest and the names and contact information of three professional references by visiting [pa334.peopleadmin.com/postings/6829](http://pa334.peopleadmin.com/postings/6829). Columbia University is an equal opportunity employer; minorities and women are encouraged to apply. Qualified applicants also may contact Alia Koch, DDS, MD, FACS, at [ak2045@cumc.columbia.edu](mailto:ak2045@cumc.columbia.edu) for further information.

### New York

The Division of Oral & Maxillofacial Surgery and Dentistry at Weill Cornell Medicine in collaboration with NewYork-Presbyterian Hospital and NewYork-Presbyterian Hospital Queens invites applications for a full-time faculty position. We are seeking an outstanding individual with excellent clinical, teaching and leadership skills to contribute to all aspects of our clinical and educational programs. Responsibilities include academic and clinical teaching of NYP/WCM OMS residents rotating to NYPQ and NYPQ GPR residents. Participation in

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## Faculty Positions

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intramural faculty practice as well as research also is expected. The candidate must have a DDS or DMD, be/about to be a graduate from a U.S. or Canadian OMFS residency program, be eligible for licensure to practice dentistry in New York State and be ABOMS-certified or eligible to take the exam. Salary and academic rank will be commensurate with the candidate's training, experience and academic productivity. NYP/WCM offers competitive salary and benefits, including college tuition assistance for dependents. Candidates should send a letter of interest, curriculum vitae and three professional references to: Gwendolyn S. Reeve, DMD, at gsr9001@med.cornell.edu.

## Pennsylvania (Philadelphia)

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.

## 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](http://apply.interfolio.com/78708). Submit inquires to [hzimmerman@tamu.edu](mailto:hzimmerman@tamu.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](mailto: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](mailto: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](mailto: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](http://www.FLcranio.com). Please email CV to [admin@flcranio.com](mailto: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. We 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](mailto: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 sialoendoscopy, 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](http://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](mailto: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](mailto:carlos.ramirez@ascension.org).

## Missouri (St. Louis)

2022-2023 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute ([www.ofsinstitute.com](http://www.ofsinstitute.com)) and accredited by The Department of Graduate Medical Education at Mercy. This advanced 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](mailto:lacyw@ofsinstitute.com) or visit our website at [www.ofsinstitute.com](http://www.ofsinstitute.com).

## Nationwide

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

## North Carolina

The 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](mailto:dketola@mycenters.com) for an application. For more information on the practice, log on to [www.mycenters.com](http://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](mailto: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](http://www.head-neck.com). Please email us at [chenga@head-neck.com](mailto: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](mailto: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 Kloostra, DDS, MD, Director, CAMC Cleft and Craniofacial Center, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email [paul.kloostra@camc.org](mailto:paul.kloostra@camc.org) and [natalie.sims@camc.org](mailto:natalie.sims@camc.org); fax 304-388-2951.

## Available Positions

### 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](mailto:tmacklin@marqueedental.com) or 330-921-1699.

### Alabama

Incredible opportunity for Summer 2022 associateship with partner track in an actively expanding, 4-surgeon, 4-location practice across Central Alabama into West Georgia. Emphasis on dentoalveolar, dental implants, bone grafting, pathology, some orthognathic. Limited trauma call. CV to [joshua.everts@gmail.com](mailto:joshua.everts@gmail.com).

### 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 [Rosenccrans90@gmail.com](mailto:Rosenccrans90@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](mailto: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, 401(k), 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](mailto:Austin.leavitt@omsp.com).

### Arizona

A well-established, well-respected, busy, full-scope oral surgery practice in Tucson seeks a motivated BC/BE OMS for an associateship position with a potential partnership. Looking for top clinical, surgical and interpersonal skills and a commitment to compassionate patient care. The candidate also must be able to establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. The absence of a surgeon presents a rare opportunity to have a full surgical schedule immediately. Our practice operates two locations with state-of-the-art facilities and equipment with a well-trained and motivated staff. A competitive salary is commensurate with experience level and training, and incentives for growth and an excellent benefits package are available. Send CV to [aklemmedson@sazoms.com](mailto:aklemmedson@sazoms.com).

### Arizona

Well-established, well-respected, busy oral and maxillofacial surgery practice located in the greater Phoenix area seeks a surgeon who is board-certified or board-eligible for association leading to full partnership/ownership. Practice emphasis in dentoalveolar, implants, pathology, orthognathic and trauma. State-of-the-art facility and equipment. Candidate should be energetic, motivated and passionate. Excellent clinical/surgical skills are important with an emphasis on providing compassionate patient care. Send CV to [mdallard2017@gmail.com](mailto:mdallard2017@gmail.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](mailto:kb.omfs@gmail.com).

### British Columbia

Well-established and progressive multi-office OMFS practice in beautiful Vancouver, British Columbia, is looking for an experienced surgeon to join our practice. Our office environment provides a state-of-the-art setting with a team that is committed to provide the highest standard of care. Opportunity for associateship with potential for partnership/purchase. Vancouver offers amazing urban and outdoor opportunities and a quality of life second-to-none. Please contact us at [ursula@westcoastoralsurgery.ca](mailto:ursula@westcoastoralsurgery.ca).

### 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](mailto:apply.oralurgery@gmail.com).

### California

Northern Calif., Sierra Foothills, well-established practice seeking an associate leading to partnership. Very desirable community with opportunities for an active outdoor lifestyle. Send inquiries with letter of interest and CV to [nfantovrn@aol.com](mailto: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](mailto: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.

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## 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.

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## 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.

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## 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.

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## 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.

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## Florida (Orlando)

Excellent opportunity for motivated and personable associate leading to partnership. Two-surgeon, three-office, state-of-the-art, fully digital practice within 20 minutes of downtown Orlando. Emphasis on dentoalveolar/implants and facial esthetics. Competitive salary; malpractice; CE; retirement benefits. Please send CV/inquiries to ofsa444@gmail.com.

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## 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

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## 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.

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## 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.

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## 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.

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## Illinois

Busy, two-doctor practice with long history as the primary OMS practice serving two north-central counties. Looking for a full-time associate leading to early partnership. Solid referral base. Full scope of practice as desired. Great place to raise a family and only 40 minutes to one of the busiest airports in the world. For more information, please send CV to doctma@gmail.com.

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## 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.

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## 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.

## Available Positions

*continued from previous page*

### Indiana

In search of a board-certified/-eligible oral surgeon for a position in southern Indiana, across the Ohio River from Louisville, Ky. The practice consists of one doctor and two offices with expectations to open a third office. The scope of practice is dentoalveolar, but the option to expand is not without hesitation and highly encouraged. A competitive salary and benefits package will be offered with an opportunity to negotiate. Please send curriculum vitae to leighannswan@hotmail.com.

### Indiana

**MUST READ!** Your search is over! A preeminent Midwest OMS practice is actively seeking a highly skilled, well-trained, contemporary surgeon looking to practice surgery in its fullest capacity. This non-corporate, privately owned, six-surgeon practice has over 300 active referring providers and places over 2,000 implants per year. This is truly a full-scope practice including orthognathic surgery, benign and malignant pathology, joint surgery, complex bone regeneration and implant placement for hybrid dental rehabilitation and facial cosmetic surgery. Practice has five offices in the metropolitan area. High-income potential in family-oriented location. Great schools and tons of amenities in a thriving community. Practice is fee-for-service. Extremely competitive salary and benefits including CE, licensing and membership dues, medical insurance and malpractice coverage. Live and practice in a vibrant and growing community with honest and trustworthy partners. Live your life as you've envisioned. Contact deanna@omsafw.com.

### Louisiana

Two-surgeon, two-office practice in metro New Orleans. Senior surgeon retiring. Position leading to partnership, ideal for graduating senior resident or experienced surgeon. Interested surgeons reply via email to oralsurgeryoffice@yahoo.com, and we will contact you.

### 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.

### 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@mvsoral surgeons.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 NewYork-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!

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## 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.

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## 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.

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## 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.

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## 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.

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## New York

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

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## 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.

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## 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.

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## 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.

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## 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 (RCDC). Inquiries: OMFSCV@gmail.com.

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## Oregon

Two-doctor practice needs energetic, patient-focused, personable, board-certified/-eligible oral and maxillofacial surgeon to join our busy, well-established practice as an associate with fast track toward partnership. We have three locations we serve in the beautiful Southern Oregon Cascades. This is a smaller city that functions as a hub for regional healthcare. Hiking, camping, golf, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, paid vacation and continuing ed, relocation assistance. Please contact us at alicer@aomsurgery.com.

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## 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.

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## Pennsylvania

Progressive, energetic oral maxillofacial practice in Central Pennsylvania seeking an associate leading to partnership. Cornerstones of the practice are education, technology, community service and enjoying our team atmosphere. Candidates should be open communicators and creative. Boarded or board-eligible oral maxillofacial surgeon. Please send inquiries to classifieds@aaoms.org, attention Box A-0121.

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## South Carolina

Well-established, highly respected, growing multi-office OMS practice located in upstate South Carolina is seeking a board-certified or board-eligible oral surgeon to join our practice. We are a team of three board-certified oral surgeons and well-trained team members in the process of expanding and are looking for a team-oriented oral surgeon to join us. Our clinical team includes DAANCE- and ACLS-certified surgical assistants and an RN. We are a full-scope oral and maxillofacial surgery practice including hospital-based procedures with modern, state-of-the-art facilities and a strong referral base. Our offices are close to the amenities of multiple metropolitan areas but without all the congestion with access to beautiful lakes and mountains. This is an excellent opportunity for an associate position with a competitive compensation package, which will transition into a partnership opportunity. Reply to joudeh@upstateoms.com.



## Available Positions

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### 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.

### Texas

Part-time position available for oral surgeon at established dental office in Austin, Texas. We currently have oral surgery three times a month. Staff is trained, and equipment is provided. Please reach out for more information at operations@omnidentalgroup.com.

### 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 gsimmmons@cvofs.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

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

### Louisiana

Electric drills, handpieces/attachments and overhead lights for sale. Drills and handpieces/ attachments to be sold as a whole: 4 Bien-Air Chiropro L Premium edition drills with 4-foot pedals, 3 handpieces and 3 power cords along with 8 Bien-Air contra-angled handpiece attachments and 7 Bien-Air straight handpiece attachments. Asking price \$29,500. Lights to be sold as a whole. Four Midmark dual surgical lights model 355-034. Asking price \$12,500. Photos available upon request. Contact Amy at amy@miscuraorthodontics.com or call 225-766-3300.

### OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our



team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email [austin.leavitt@omsp.com](mailto:austin.leavitt@omsp.com).

## Practices for Sale

### 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](mailto:classifieds@aaoms.org), attention Box S-111620.

### Arizona

Well-established, well-respected, productive and profitable OMFS practice in NW Phoenix. Practice has an emphasis on wisdom teeth, implants and full-arch reconstruction but has the potential for any endeavors the surgeon wishes to pursue. I-CAT, DSN-practice management software are in place. Excellent community hospital in a still growing but established community. This is a wonderful opportunity for an OMFS who wishes to own their own practice. Flexible in regards to transition. Send inquiries to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention AAOMS Box S-0128.

### California

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

### California

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](mailto: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](http://ddsmatch.com) for all opportunities nationwide. For California practice details, email [socal@ddsmatch.com](mailto: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](mailto: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](mailto:oralsurgeryreddingca@gmail.com).

### Colorado

OMS Practice for sale, Denver Metro, Colo. Asking price \$850,000, Net income: ~\$375,820. Contact CTC Associates: 303-795-8800 or [info@ctc-associates.com](mailto:info@ctc-associates.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](mailto:butchcass19@aol.com) or phone 305-915-0007.

### Georgia

30-year-old oral surgery practice located in a metropolitan area of West Georgia with approximately 300,000 people. The practice's production has consistently neared or exceeded \$1.3M annually. Real estate can be purchased. Seller is willing to stay on for a transition. Please contact [mmorris@practicerealestategroup.com](mailto:mmorris@practicerealestategroup.com) for more information.

### Illinois (Chicago West Suburban)

Beautiful practice and real estate for sale. Over 30 years in community. \$900K gross and good net. Over 100 implants/year. Great staff, retiring doctor will transition. Priced to sell! Contact Dr. Uhlund, 847-814-4149, [chicagodentalbroker@gmail.com](mailto:chicagodentalbroker@gmail.com).

### Maine

Well-established, turn-key OMS practice in northern Maine. Great location. Office on first floor: 3 operatories, 3 recovery rooms. Three-bedroom apartment on second floor. \$450K. For more information, contact Dr. Ed Laga: 207-551-9292 or [elagajr@aol.com](mailto:elagajr@aol.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 Dörner at N/L Transitions – 410-616-2042 or [edorner@nltransitions.com](mailto:edorner@nltransitions.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 Dörner at N/L Transitions – 410-616-2042 or [edorner@nltransitions.com](mailto:edorner@nltransitions.com).



## Practices for Sale

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### 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](mailto: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](mailto: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](mailto: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](mailto:edorner@nltransitions.com).

### New Jersey

Great, timely opportunity. Surgeon retiring from long-established practice in suburban N.J., 20 minutes from N.Y.C. The town has one of the highest median household incomes and best school systems in the state. Office is modern and fully equipped, including CBCT. There is a long-term lease with low rent. Priced well below market value. Please email [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention AAOMS Box S-110619.

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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.

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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.

### 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](mailto:RJLOMS@live.com).

### 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](mailto: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 \$800K on 2.5 days. Seller can stay post-transition. Real estate also available. Contact Sherry Foster 765-210-3793 or [Sherry@LegacyPracticeTransitions.com](mailto:Sherry@LegacyPracticeTransitions.com) (SCSF6725).

### Virginia

Oral surgeon with 30+ years experience selling practice in HIGHLY PROFITABLE MARKET NEAR THE COAST. Be your own boss in large, fully equipped office next to Newport News hospital. Practice netted over \$1 million per year. Email [charliecabaniss2004@gmail.com](mailto:charliecabaniss2004@gmail.com).

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Well-established practice consistently collecting \$1.6M+. 3,400 sq/ft, 3 surgical operatories, consult room, lots of storage. Digital X-ray, CBCT. Standalone building, busy part of town, two major hospitals and many medical and dental practices. Real estate for sale. Email [kelly@bridgewaytransitions.com](mailto:kelly@bridgewaytransitions.com).

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

## DRUG INTERACTIONS

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

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

#### Examples of Drugs Associated with Methemoglobinemia:

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

#### Bupivacaine

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

#### Non-bupivacaine Local Anesthetics

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

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

#### Water and Hypotonic Agents

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

## USE IN SPECIFIC POPULATIONS

### Pregnancy

#### Risk Summary

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

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

#### Clinical Considerations

##### Labor or Delivery

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

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

#### Data

##### Animal Data

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

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

#### Lactation

##### Risk Summary

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

#### Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

#### Geriatric Use

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

#### Hepatic Impairment

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

#### Renal Impairment

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

## OVERDOSAGE

#### Clinical Presentation

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

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

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

#### Management of Local Anesthetic Overdose

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

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

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

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

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

## DOSAGE AND ADMINISTRATION

### Important Dosage and Administration Information

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

### Recommended Dosing in Adults

#### Local Analgesia via Infiltration

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

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

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

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

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

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

### Compatibility Considerations

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

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.
- The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.
- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

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

### Non-Interchangeability with Other Formulations of Bupivacaine

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

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

## CLINICAL PHARMACOLOGY

### Pharmacokinetics

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

### PATIENT COUNSELING

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

**PACIRA**  
PHARMACEUTICALS, INC.

Pacira Pharmaceuticals, Inc.  
San Diego, CA 92121 USA

Patent Numbers:

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

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

Rx only

November 2018



# NON-OPIOID EXPAREL®

(bupivacaine liposome injectable suspension)

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OUTCOMES

IN OMFS  
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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<sup>1,2</sup>



In third molar extraction, mean cumulative pain scores were significantly lower through 96 hours. ( $P < 0.05$ )<sup>1\*</sup>



In full-arch implant, significant reduction in cumulative pain scores at 48 hours. ( $P < 0.0029$  [mandible],  $P < 0.0026$  [maxilla])<sup>1‡</sup>

Learn more at: [www.EXPAREL.com/oral-maxillofacial](http://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](http://www.EXPAREL.com) or call 1-855-793-9727.

**References:** 1. Lieblisch 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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