

AAOMS TODAY



November/December 2021
VOLUME 19, ISSUE 6

A publication of the
American Association of Oral and Maxillofacial Surgeons



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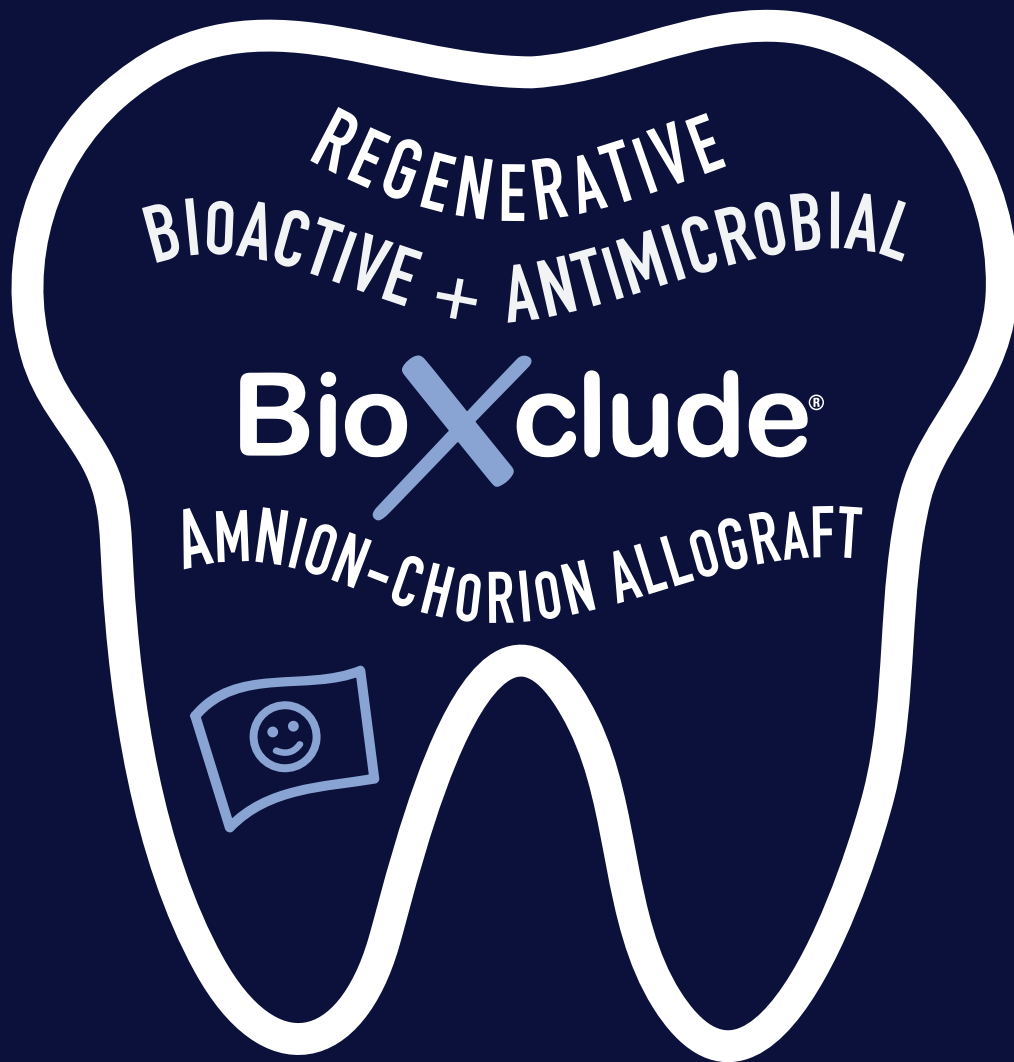
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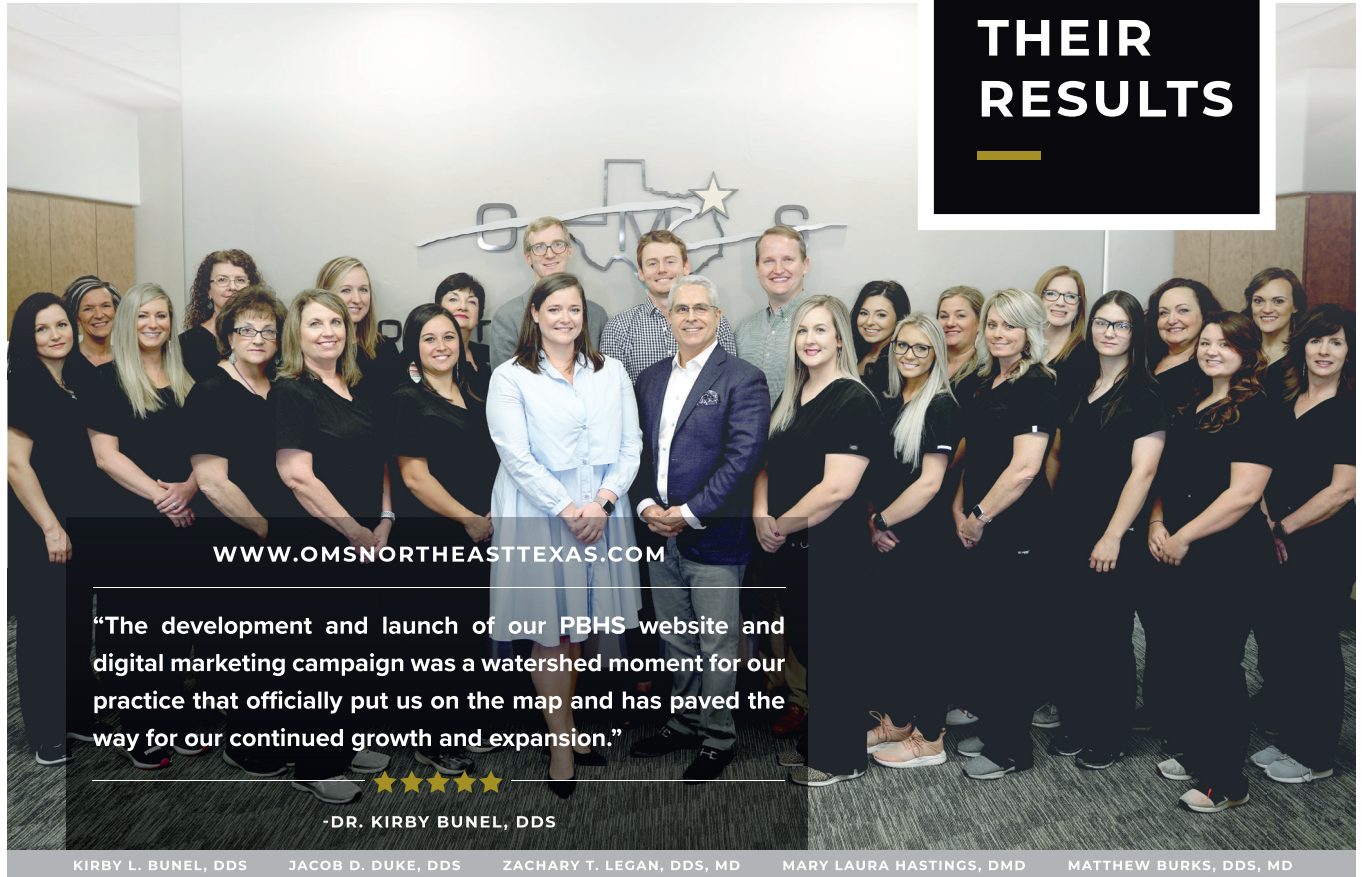
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AAOMS TODAY

November / December 2021 Volume 19, Issue 6

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Together again

*Annual Meeting reunites
members in-person, online*

It's returning to normalcy.
— Attendee Dr. Steven Anderson

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New office opens for ABOMS

ABOMS has moved its office from Chicago to a location closer to O'Hare International Airport.

AAOMS Today: Award-winning AAOMS member magazine



2021: Awards of Excellence for Writing
2019: Grand Award winner in Magazine category
2018: Most Improved Magazine



2020: Silver Award for Association Magazine



2021: Gold Award
2020: Merit Award
2019: Gold Award
2018: Bronze Award



2021: Gold Award for Article Writing
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



J. David Johnson Jr., DDS
AAOMS President

“Join me in focusing on three important issues: challenges to the OMS office-based anesthesia team model, oral health benefits in Medicare and Medicaid and member engagement.”

This column is based on Dr. Johnson's Inaugural Address at the 2021 AAOMS House of Delegates.

IN MY VIEW

Our 2022 Annual Meeting

The 2021 AAOMS Annual Meeting theme is wellness and *diversity*. Let there be no doubt – AAOMS supports racial justice. We must squarely face the realities of a history that includes the horrors of slavery and the trail of tears. We must learn these painful lessons so going forward we stand firmly with what is virtuous – we stand on the side of equality.

As we soberly recognize past and present failures and strive to be better, we can simultaneously celebrate triumphs and heroism of the past.

One cannot deny the historical symmetry of holding the 2021 Annual Meeting in Nashville and the 2022 Annual Meeting in New Orleans. Just a few miles from the Nashville location is the Hermitage, home of Andrew Jackson, a dichotomous personality who served as the seventh U.S. President. Just a few miles from next year's meeting stands the famous equestrian statue of Jackson in the center of Jackson Square.

During the Battle of New Orleans, Brevet Major General Jackson rode to an artillery position overshooting the assigned target to give his famous order, “Elevate those guns a little lower!” After the victory, Jackson – already famous in his native Tennessee – became famous across the country. Tennessee became known as the Volunteer State because of the large number of Tennesseans who volunteered to serve in the War of 1812 and later the Mexican War.

With the ties between Nashville and New Orleans in mind, I have pondered volunteerism and the paradox of rugged individuals united in a common cause. Strong individuals unified in purpose attracted me to oral and maxillofacial surgery in the first place. I was drawn to skillful surgeon dentists operating in a medical arena with courage and extreme confidence. I was drawn to service that yielded tangible results in treating disease and relieving suffering. Thoughts of service and the dichotomy between the individual and the collective gave rise to my 2022 Annual Meeting theme – Volunteerism: Individuals United in Service.

As the Board of Trustees made selections for 2021-22 standing committee appointments, we identified especially talented individuals who could work successfully with committee members to make significant contributions toward fulfilling the AAOMS mission of ensuring patient access to safe and effective care by advancing, promoting and preserving the specialty as well as AAOMS members' skill and professionalism.



theme: Volunteerism: Individuals United in Service

It was gratifying to discover those who were chosen exhibit meaningful diversity of ideas and interests – indicative of our great Association's health.

It is important we as individuals and as an Association push ourselves to actively and intentionally seek out those with varied backgrounds and perspectives. We should harness our unique abilities and energies to pursue the AAOMS mission as we relieve patient pain and suffering, restoring form and function. This is our calling.

The Board of Trustees has a high degree of confidence in all AAOMS committee members. Together and individually, these colleagues exemplify a selfless spirit. They are the very best of AAOMS, serving as models of volunteerism. Throughout the year, communications, such as *AAOMS Today*, will highlight unsung Association heroes.

Challenges ahead

As we advance the Strategic Plan, we brace for renewed challenges on many fronts that abated somewhat during the COVID-19 pandemic. Jackson said, "I was born for a storm, and a calm does not suit me." From an advocacy standpoint, the storm is coming. Join me in focusing on three important issues: challenges to the OMS office-based anesthesia team model, oral health benefits in Medicare and Medicaid and member engagement.

OMS office-based anesthesia team model

Anesthesia is at the core of OMS training and practice. Residency education standards require a dedicated five-month rotation on the medical anesthesia service and an ongoing outpatient experience in all forms of anesthesia throughout four to six years of training. OMSs are trained in medical assessment and emergency management on

par with our medical colleagues. Our training and ability to deliver treatment safely and affordably to patients via our team model of practice in our offices is unparalleled.

Patient care policy decisions should be based on data – not conjecture, supposition or prejudiced opinion. National

data show a low rate of adverse anesthesia incidence in OMS offices, especially when compared to the total number of anesthetics performed.

Recently, AAOMS obtained claims data from independent sources that demonstrate that OMSs provide the overwhelming majority of dental office-based intravenous moderate and deep sedation/general anesthesia services in the United States. The Board of Trustees is working to develop a white paper on these findings and, if interested in quoting these data for advocacy

purposes, please reach out to our state government affairs department at AAOMS headquarters.

With its exemplary and long-term history of safe anesthesia delivery, the specialty should be involved at every level of health-related policy decision-making regarding anesthesia in the dental office. AAOMS hopes to work with all parties of interest in advancing patient access to safe and effective care. We will continue to raise the bar on patient safety by enhancing our OAE Program, anesthesia assistant training and certification as well as simulation. The specialty speaks with authority as we emphasize core safety principals that have long protected patient welfare, such as careful patient selection for office-based anesthesia.

Utilizing the Parameters of Care, *OAE Manual*, CODA standards and other OMS resources, the Special Committee on Patient Safety in collaboration with other OMS content experts will craft definitive OMS office-based anesthesia guidelines. We will expand Association activities at federal and state levels and look for collaborative advocacy opportunities with the ASA, ADA and other parties of interest. For example, we

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“As we advance the Strategic Plan, we brace for renewed challenges on many fronts that abated somewhat during the COVID-19 pandemic. Jackson said, ‘I was born for a storm, and a calm does not suit me.’ From an advocacy standpoint, the storm is coming.”

will advocate for improved third-party reimbursement for facility-based care provided to appropriate dental patients – especially special needs, elderly and medically compromised patients and those 7 or younger.

Oral health benefits in Medicare, Medicaid

It is important AAOMS appropriately advocate for elder, pediatric and special needs patient access to oral healthcare. With the recent political changes in Washington, D.C., the stakes are high. We have a responsibility to communicate ideas that advance sustainable access to safe and effective OMS care. Remembering Medicaid benefits are means-tested and Medicare benefits are not, AAOMS should focus on such priorities:

- Medicare recipient coverage and Medicaid “over-21-year-old” recipient coverage for dental extractions (and associated radiographic and pathologic evaluations) when the dental/oral condition places a substantial disease burden on a co-existing medical condition (e.g., cancer, major organ failure, damaged heart valves, malnutrition, dehydration and potentially life-threatening odontogenic infections), using ICD-10 to justify medical necessity.
- Expanded adult and senior (older than 21) Medicaid coverage for oral healthcare, especially basic preventative dental care.
- Addition of Medicare Advantage Plan products to Medicare Part C that give more options for additional dental coverage.

AAOMS has an approach that improves access to necessary oral healthcare, is fiscally responsible and protects practices’ financial viability. In addition to meeting with legislators and policymakers, we have been working with the National Association of Dental Plans and Delta Dental Plans of America, asking they distribute our proposed policies to their members. We will send the Board of Trustees article, “Oral Health Benefits in Medicare and Medicaid,” and supporting materials to colleagues who attend our Insurance Industry Forum. We also will ask the American Association of Dental Consultants to publish our recommendations in its newsletter and/or website.



Dr. Johnson gives his Inaugural Address at the House of Delegates.

It is important AAOMS appropriately advocate for elder, pediatric and special needs patient access to oral healthcare.

Member engagement

The Board of Trustees will examine the effectiveness of AAOMS communications, including *AAOMS Today*, the Informational Campaign, social media and our spokesperson program. We will consider the most effective methods of information dissemination to membership with the goal of increasing member engagement and fostering diversity and inclusion. Our plan for the use of AAOMS Connect communities and exciting member-facing podcasts is ongoing. We will continue to look for ways to support allied organizations – OMS Foundation, OMSPAC, ABOMS and OMSNIC – communicating the essential role each plays for our specialty.

Gratitude

Ten years on the Board of Trustees as District III Trustee, Treasurer, Vice President, President-Elect and now President are the culmination of my service as an advocate for our specialty. I can tell story after story of how so many have



helped me. I made a long list of those who deserve special recognition for making a substantial difference in my life. Generating this list was a humbling exercise that revealed how truly fortunate I am:

- Past Presidents, Officers and Trustees who have been so generous and kind to me. Each time I look at the pictures on the boardroom walls at AAOMS headquarters, I am reminded, “If (we) have seen further, it is by standing on the shoulders of giants.”
- Members of the Board of Trustees who have served during my time on the Board: Drs. Larry Moore, Art Jee, Miro Pavelka, Eric Geist, Bill Nelson, Lou Rafetto, Doug Fain, Brett Ferguson, Tom Indresano, Vic Nannini, Larry Busino, Vince DiFabio, Paul Lambert and Hank Windell. Each of you has taught me so much, through word and example.
- Current AAOMS Officers and Trustees – Drs. Paul Schwartz, Mark Egbert, Bob Clark, B.D. Tiner, Steve Nelson, David Shafer, Marty Eichner, Deb Sacco, J. David Morrison, Chuck Crago, Fred Stephens and Secretary of the Board Karin Wittich. I could not have a better, more talented network of support and friendship.
- Current AAOMS Senior Management Team (SMT) and senior staff – Mark Adams, Mary Allaire-Schnitzer, Mary DiCarlo, Beth Hayson, Jolene Kremer, Caroline Lee, Kim Molley, Vicky Rappatta, Srin Varadarajan and Karin Wittich.
- Past SMT and senior staff during my time on the Board – Randi Andresen, Barb Choyke, Scott Farrell, Shannon Peterson, Bob Rinaldi and Jan Teplitz. SMT and the entire staff are such incredible people!
- Dental and OMS friends – too numerous to name, but I must include my friend and orthodontist, Dr. John Pryse – as well as OMSs who have generously taken call for my practice while I have been away on AAOMS business, such as Drs. Eddie Brooks, Josh Campbell, Eric Carlson, Andrew Cheung, Turner Emery, Jack Gotcher, J.W. Hudson, Jason Kennedy, Tim McConnell, Mike McCoy, Lindsey Nagy, Randall Napier, Garren Petree, David Pickett, Charlie Shanks, Troy Trondson and Mike Wooten.
- OMS teachers – especially Drs. Don Chase, J.W. Hudson, Jack Gotcher, Mike McCoy, John Sullivan, Carroll Shanks and Jimmy Albright.

We do not know where the road of life will lead us. If we pursue our mission, 'to assure patient access to safe and effective care,' our Association will be going in the right direction.

- Longtime partners – Drs. Brett Jaffrey and Thomas Moye.
- Longtime staff of my private practice – Gina Holt, Sharon Keith, Theda Stephens, RN, and Pam Wallace, RN.
- My amazing grandparents, parents – I am merely a poor imitation of JD and Carolyn, whom continue to be personal heroes – my son, Andy; his wife, Alyssa; and my grandsons James and Ethan; my daughters Katie and Carolyn; Andy's, Katie's and Carolyn's mother, Elizabeth, who died in 2004; and my twin sons JD and Thomas.
- My wife, Caroline, rescued me from despair. Her big heart, enthusiasm for life, sense of humor, openness to others and adventurous spirit keep me guessing and thoroughly enthralled.

We do not know where the road of life will lead us. If we pursue our mission, “to assure patient access to safe and effective care,” our Association will be going in the right direction. For 2022, I hope all roads will lead to New Orleans, our Annual Meeting site. My home is the House of Delegates. Thank you for granting me the privilege of serving as your President. ■

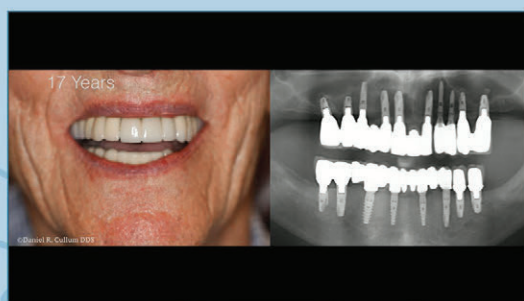


Clockwise from top: The Anesthesia Update addressed mental health; several sessions were live-streamed; Disasters from the Masters discussed dental implants.



Together again

Annual Meeting reunites members in-person, online



AAOMS members wore masks in common areas. Some fist-bumped or elbow-bumped instead of shaking hands. And attendees underwent daily wellness check-ins before heading to educational sessions and the Exhibit Hall.

While the COVID-pandemic somewhat impacted the 2021 AAOMS Annual Meeting, members were able to reunite in-person once again.

After the pandemic shut down events and limited social interaction in 2020, attendees reconnected with their colleagues – some they hadn't seen in a few years – in Nashville, Tenn. The Annual Meeting returned to its traditional in-person format with an online-only option – after last year's event went completely virtual due to the pandemic.

"That's been the highlight, getting back together, meeting new people from all over the country, but just that opportunity to interact," said attendee Tania Nkungula, DDS, of Washington, D.C. "COVID has been so isolating, and everybody's been affected."

Nearly 2,800 members, residents, staff and guests convened in Nashville, while more than 800 attended the online program featuring both live-streamed and on-

demand sessions. Beyond the educational courses and 2.5-day exhibition, in-person highlights also included the President's Event with live music at the Country Music Hall of Fame and Museum.

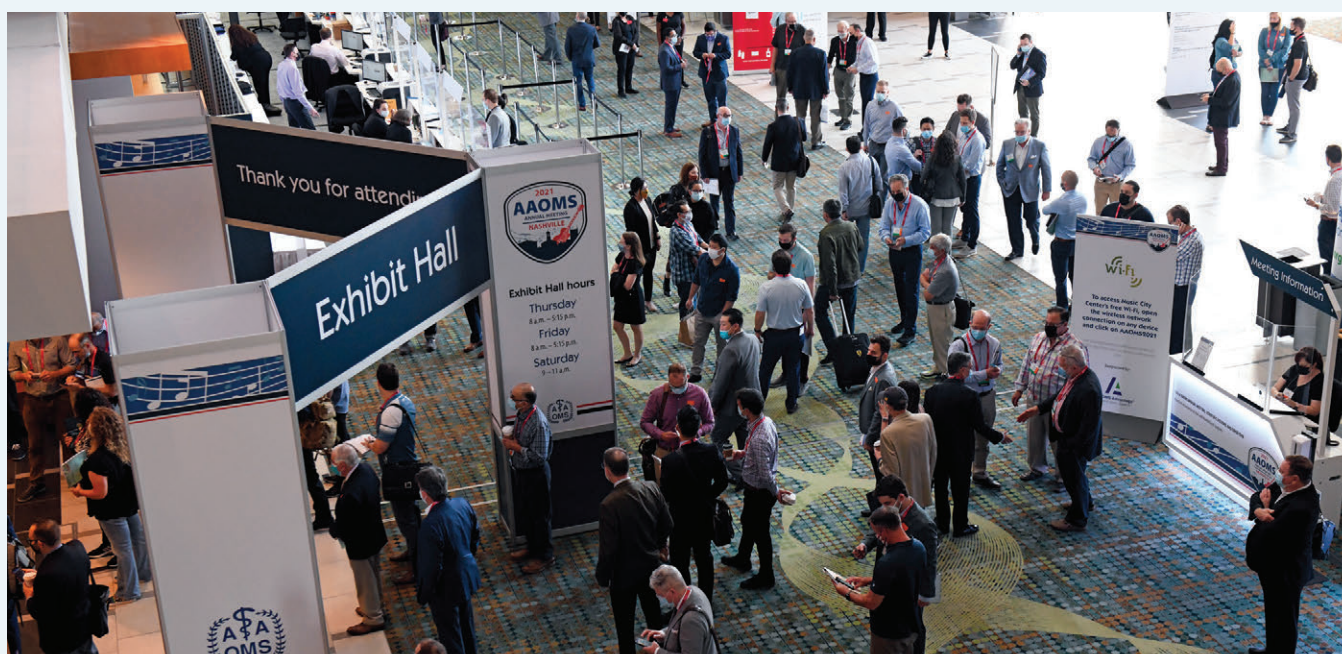
"It's returning to normalcy," said attendee Steven Anderson, DMD, of London, Ky.

Online opportunities

With the return to normalcy, the Annual Meeting provided added convenience through an online platform – maintaining virtual accessibility that has proven critical during the pandemic. To support attendees' needs and preferences, three types of registration were offered: Nashville with online access, Online-only access and On-demand Practice Management Program, all with

continued on next page

The Exhibit Hall showcased products and services over 2.5 days.





From left: Cathy Holderfield sang the U.S. and Canada national anthems, and musician Gary Jenkins provided entertainment.

on-demand course access until Dec. 31. Regardless of the platform, all registrants received access to more than 100 CE courses.

Inside the Exhibit Hall, more than 140 vendors displayed the latest OMS products and services. Likewise, its virtual counterpart allowed attendees to highlight and “favorite” booths, write notes about exhibitors as well as find products and Show Specials.

Sessions featured a mix of both in-person and online education. Some speakers joined sessions via Zoom to answer questions posed by attendees both in Nashville and online.

“This past year and a half has presented us all with complex challenges. These have included changes to everything we want to be stable: our work, our families, our own

health,” said Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) President Miller Smith, DDS, MD, FRCDC, FACS, FRCS (Edin), during the Opening Ceremony. The meeting was held in conjunction with CAOMS.

“If nothing else, this period has really forced us all to be resilient and to adapt to the unknown. Over the past 15 months, our two organizations have been able to transition to a more virtual environment and disseminate knowledge and information in new and innovative ways. While we have not yet put the pandemic behind us, this meeting is a great first step forward to being able to once again socialize, enjoy ourselves and certainly ask each other questions without being interrupted or muted on Zoom.”

Educational opportunities included more than 50 Master Classes, over 30 practice management courses, the popular



The Educators Summit was a newly added preconference program.



Top and right: A new feature of the meeting was the Wellness and Diversity Symposium.

Anesthesia Update and the Chalmers J. Lyons Memorial Lecture – held at every Annual Meeting since 1952 – focusing on MRONJ this year. Hillsdale College President Larry P. Arnn, PhD, MA, gave the Keynote Lecture: The Maxillofacial and the Metaphysical – The relation of the head, neck and soul.

“To get to congregate with your colleagues and hear the collegial discussions that go on and to be here, it gives you time away from your practice to focus on continuing education versus just watching computer-based learning,” said attendee Billy Dale Turley, DMD, of Leawood, Kan. “In-person learning is always going to, in my personal opinion, be a better fit.”

What was new

A new two-hour symposium explored the meeting’s theme of Ensuring Our Future through Wellness and Diversity, discussing such topics as burnout, shaming, racial diversity and gender inclusion.

“What I enjoyed about it is we are having this discussion – because two or three years ago, I don’t think this discussion would’ve been had,” said attendee Cecilia Brown, DDS, a Delegate from Florida. “We’re at least having the discussion to try to get to a point where we can face there is a real problem.”

Symposium speakers shared study results, explained the importance of diversity and wellness as well as proposed potential solutions for improving both, including



establishing clear goals, supporting and promoting faculty as well as identifying role models and mentors.

During his session on burnout in academic oral and maxillofacial surgery, speaker Steve M. Roser, DMD, MD, FACS, FRCS, addressed which conversations need to be started: What are the biggest work stressors? What changes in resources would assist with burnout? What happens when a colleague displays signs of depression?

“This meeting actually proved to me that storytelling is what we missed most during this pandemic,” Dr. Roser said. “A Zoom call will get business done, no question about it, but what’s missing are the stories that are told that then allow people to relate to each other as human beings and allow people to help each other to get things done.”

During each of the 12 clinical tracks that covered the entire scope of OMS practice over two days, a new one-hour, fast-paced session presented “hot-off-the-press” *JOMS* articles to deliver timely research. In another new feature of the tracks, oral abstracts were discussed during each two-hour plenary session with expert speakers before a Q&A session.

continued on next page



Left: Some speakers answered attendee questions via Zoom. Right: More than 30 practice management sessions were offered.

"It's good to finally get to meetings," said attendee Dave Stahr, DDS, of Fairmont, W.Va. "I always pick up the small things that help with the practice that ordinarily you would miss. And you pay attention better when you have the day off and you're dedicated to class. At home, you're just distracted, virtually."

The newly added Educators Summit provided an opportunity for full-time educators to discuss teaching practices to ensure the continuous quality of education and training. The preconference program addressed such topics as best practices in applicant and resident assessment, the culture of research and investigation in an OMS department as well as interprofessional relationship-building and networking opportunities.

"One of the challenges we all face right now when it comes to education is the advances of the specialty," said speaker Kevin Arce, DMD, MD, FACS. "We think of the things we learned back in our training days; the amount of information has exponentially increased as the advances of our specialty, medicine and dentistry altogether have increased."

*It's good to finally get to meetings.
– Attendee Dr. Dave Stahr*

"There's more demand for us to teach more but not only to teach more but also to be better at it and to be more effective teachers so our trainees actually learn – because overall the outcome is how much do they truly learn from



The 12 clinical tracks included head and neck.

the information we're providing them during those training sessions."

Special sessions

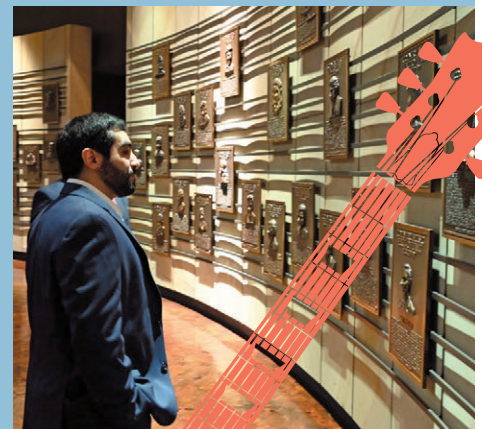
After it was first offered at the 2019 Annual Meeting in Boston, Mass., Basic Emergency Airway Management (BEAM) – the first module of the AAOMS National Simulation Program – was scheduled again in 2021. All five sessions sold out. Over four hours, attendees practiced and mastered techniques for critical office-based anesthesia situations without risking patient safety.

"I applaud AAOMS because I've said for a couple of years that I think our anesthesia courses should be more hands-on, less lecture-based, more case-based, and I think we're moving in that direction," Dr. Turley said.

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President's Event delivers music, food, museum exhibits

Attendees of the President's Event – the Annual Meeting's top social event – danced to live music, viewed exhibits and enjoyed food at the Country Music Hall of Fame and Museum. Museum displays showed off famous musicians' costumes, instruments, awards and even childhood toys.





Above and top right: All five sessions of Basic Emergency Airway Management sold out.

The standardized program ensures all participants experience the same events, and state-of-the-art technology allows performance to be automatically evaluated and areas that might benefit from additional training to be identified.

"You can't be prepared enough," Dr. Anderson said. "It's always good to go through the scenarios."

Keeping in mind the pandemic, several Annual Meeting sessions addressed its effects. Examples ranged from practice management (How to Set up and Implement a Respiratory Protection Program for the OMS Setting) and clinical tracks (Trauma Plenary: Craniomaxillofacial Trauma Management in the COVID-19 Era and Tracheotomies in COVID-19 Patients: Protocols and Outcomes) to abstracts (How has the COVID-19 Pandemic Impacted the Clinical Volume and Variety of an Academic Oral and Maxillofacial Surgery Program?).

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Above: The Exhibit Hall featured more than 140 exhibitors.

Annual Meeting photos online

Photos from the 2021 AAOMS Annual Meeting are available for purchase on The Photo Group's website at ThePhotoGroup.com. The access code is AAOMSGallery21. The gallery will remain open until Jan. 3, 2022.



More than 75 members take advantage of video shoot opportunity at meeting

More than 75 AAOMS members participated in the first-ever OMS Experts video shoot during the Annual Meeting in Nashville.

The complimentary opportunity invited attendees to record two videos: one for the Informational Campaign's OMS Experts video series and one as a personal video for their practice.

"We were really pleased at the number of AAOMS members who found time in their schedule to participate in recording a video for the OMS Experts series," said Lee Allen, DMD, MD, Chair of the Committee on Public and Professional Communications. "They gave thoughtful responses to a variety of common oral and maxillofacial surgery questions. I believe these personable videos that showcase our expertise will resonate well with the public."

The videos created for the OMS Experts campaign will allow the Informational Campaign to further its reach in educating the public about the expertise of OMSs and the conditions they treat. Participants were matched with a question often asked in search engines, including:

- Can I have oral surgery while pregnant?
- What is the difference between an OMS and a dentist?
- Why should I have an OMS perform my wisdom teeth extraction?
- How can I best care for a dental implant?
- What is a full-mouth dental implant?

- What is the difference between a simple and surgical tooth removal?
- What are the symptoms of TMD?
- Can OMSs perform facial cosmetic surgery?
- What is a frenectomy and what should I do if my child needs one?

More than 100 videos were recorded and will be added to the series library. The videos produced as part of the campaign will not mention any practice-specific location or information, allowing for the entire membership to benefit from and use these videos to inform the public about the specialty through social media and practice websites.

The new videos will be available for members to download in early 2022.





Clockwise from top: The Exhibit Hall was available both in-person and online; the Welcome Reception offered entertainment and a social opportunity; the AAOMS Store was part of the Exhibit Hall.

"I want to try to help you navigate the regulatory environment so you can make your way through all of these crazy changes," said speaker Leslie D. Canham, CDA, RDA, CSP, during her infection control session.

Despite changes brought on by the pandemic, the Annual Meeting provided attendees a chance for in-person education, celebration and networking. The 2022 Annual Meeting is scheduled for Sept. 14 – 17 in New Orleans, La.

"I'm thrilled we were able to gather in-person again for the 103rd Annual Meeting in Nashville," said AAOMS President B.D. Tiner, DDS, MD, FACS. "I hope attendees take advantage of the more than 90 days of online access to courses in the robust educational program. The Board looks forward to seeing everyone again next year in New Orleans." ■



Access continues through rest of year

In-person and online-only registrants of the 2021 AAOMS Annual Meeting can access recorded and on-demand clinical sessions as well as the On-demand Practice Management Program through Dec. 31. Additional information is available at AAOMS.org/AnnualMeeting.

THANK YOU!

AAOMS gratefully acknowledges the following for their generous support of the 103rd AAOMS Annual Meeting, Resident Organization (ROAAOMS) and OMS Foundation as well as other Association activities throughout the year.

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Winners of oral abstracts and posters announced

During oral abstract sessions, authors presented their research before answering attendees' questions. The winners are:

Mortality and Associated Variables of Full-mouth Extractions

Presenter: Yotom Rabinowitz, DDS

Is Bone Grafting during Implant Placement a Protective Factor against the Development of Peri-implantitis? A Retrospective Cohort Analysis

Presenter: Peter Rekawek, DMD

MRRead: A Novel Approach to Training Residents in MRI TMJ Interpretation

Presenter: Wendall Mascarenhas, DDS, MD, CM

Clinical Accuracy of Bimaxillary Surgery Completed with Custom Prefabricated Splints vs. Patient-specific Surgical Guides and Plates

Presenter: Jason Jones, DDS, MD

Comparative Efficacy of Patients with OSA Undergoing Multi-level Surgery followed by Upper Airway Stimulation vs. Isolated Upper Airway Stimulation

Presenter: Corissa Chang, DDS

Conformity of Virtual Surgical Plans to Postoperative Results in Segmental Orthognathic Surgery

Presenter: Sarah Phillips

Risk Factors and Complications Associated with Early Oral Intake in Patients Undergoing Microvascular Free Flap Reconstruction of the Oral Cavity: A Single-institution, Retrospective Study

Presenter: John Le, DDS, MD

Development of a Cause-based Treatment for NBP-induced MRONJ

Presenter: David Young, DMD

Maxillomandibular Development after Mandibular Distraction Osteogenesis in Isolated Pierre Robin Sequence Patients

Presenter: Laya Jacob

Racial Disparities in Cleft Lip Repair: A National Assessment

Presenter: Yassmin Parsaei, DMD, MDS

What is the Orbital Volume of African-Americans?

Presenter: James Jeong, DMD, MD



Poster authors answered attendees' questions.

Comparing Opioid Prescription Trends of Oral and Maxillofacial Surgeons Practicing in Rural and Urban Settings

Presenter: Tim Wang, DMD, MPH

In addition, poster authors discussed their findings in conjunction with a wine-and-cheese reception. Winners are:

Poster 4: Enhanced Recovery after Surgery (ERAS) Protocol for Orthognathic Surgery: A Retrospective Study of 56 Patients

Presenter: Corey Toscano, DMD

Poster 15: Oral Cavity and Oropharyngeal Cancer Disparities in Alabama and the United States: A Review

Presenter: Joseph Park, DDS, MD

Poster 21: Is the Low and Short Medial Horizontal Osteotomy a Predictive Factor for Postoperative Hypoesthesia in Sagittal Split Osteotomies?

Presenter: Nicholas Kolar, DDS

Poster 27: Hyperbaric Oxygen as Adjunctive Therapeutic in Management of Craniocervical Necrotizing Fasciitis: Case Series and Treatment Protocol

Presenter: Sarah McGowan, DDS

Poster 36: Outcomes of Oral Epithelial Dysplasia Managed by Observation vs. Excision at a Canadian Tertiary Center

Presenter: Christopher Bernard, DDS

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¹Bergamo, ETP, Zahoui, A, Barrera, RB, et al. Osseodensification effect on implants primary and secondary stability: Multicenter controlled clinical trial. Clin Implant Dent Relat Res. 2021; 1– 12. <https://doi.org/10.1111/cid.13007>

²Neiva R, Tanello B, Duarte W, Coelho PG, Witek L, Silva F. Effects of osseodensification on Astra TX and EV implant systems. Clin Oral Implants Res. 2018;29(S17):444.

³Tanello B, Neiva R, Huwais S. Osseodensification Protocols for Enhancement of Primary and Secondary Implant Stability- A Retrospective 5-year follow-up Multi-center Study. Clin Oral Implants Res. 2019;30(S19):414.

⁴Gaspar J, Esteves T, Gaspar R, Rua J, João Mendes J. Osseodensification for implant site preparation in the maxilla-a prospective study of 97 implants. Clin Oral Implants Res. Published online 2018. doi:10.1111/clr.48_13358

⁵Kumar B, Narayan V. Minimally invasive crestal approach sinus floor elevation using Densah burs, and Hydraulic lift utilising putty graft in cartridge delivery. Clin Oral Implants Res. 2017;28(S14):203.

⁶Huwais S, Mazor Z, Ioannou A, Gluckman H, Neiva R. A Multicenter Retrospective Clinical Study with Up-to-5-Year Follow-up Utilizing a Method that Enhances Bone Density and Allows for Transcrestal Sinus Augmentation Through Compaction Grafting. Int J Oral Maxillofac Implants. 2018;33(6):1305-1311. doi:10.11607/jomi.6770



The OMSPAC Board of Directors hosted its annual Contributors' Reception at The Bell Tower in Nashville to honor its 50th anniversary.

OMSPAC celebrates 50 years of preserving the specialty

OMSPAC, AAOMS's political action committee (PAC), was formed after the California and Pennsylvania Societies of Oral and Maxillofacial Surgeons brought forth a House of Delegates resolution in 1971 – making it one of the earliest healthcare provider PACs.

For the last 50 years, OMSPAC has pooled together voluntary funds from AAOMS members eligible by federal law to contribute and provided more than \$5 million in support to congressional candidates who understand the role of the specialty in the country's healthcare system.

The OMSPAC Board honored this 50th anniversary throughout 2021 in several ways:

- A fundraising campaign goal of 21 percent participation in all 50 states.
- An ad featuring Facts about OMSPAC included in every issue of *AAOMS Today*.
- Interviews with longtime OMSPAC contributors in *ImpACT*, OMSPAC's quarterly publication.
- House of Delegates recognition at the 2021 AAOMS Annual Meeting.
- A celebratory booth in the Exhibit Hall at the Annual Meeting.

Celebrating at Contributors' Reception

The OMSPAC Board hosts its annual Contributors' Reception during the AAOMS Annual Meeting to thank AAOMS members for their contribution during the year. In honor of OMSPAC's 50th anniversary, an enhanced reception was held at The Bell Tower in Nashville.

Contributors and guests attended the event at the historical venue with a private whiskey-tasting cellar and entertainment provided by The Carmonas, a highly regarded Nashville-based band.



The Contributors' Reception took place at The Bell Tower.



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Delegates approve anesthesia and dues

Among the highlights of the House of Delegates at the 103rd AAOMS Annual Meeting, President Dr. B.D. Tiner was honored, incoming President Dr. J. David Johnson Jr. was introduced, and Dr. W. Frederick Stephens was elected as a new Trustee to serve District VI.



Dr. Tiner delivered his President's Address.

The Delegates also voted on 13 resolutions, approving several related to anesthesia requirements and dues.

Dr. Tiner provided a recap of the Association's activities during the 2020-21 year in his President's Address.

"The Association has faced many challenges in the past year because of the ongoing pandemic," Dr. Tiner said. "At AAOMS,

I am proud to say, we never missed a beat, and we did not slow down. Instead, AAOMS offered our members more resources, more communications, more education, more advocacy and more benefits. We accomplished many goals and made strides toward others."

Dr. Tiner reflected on accomplishments during his term. The Board of Trustees developed a four-year Strategic Plan to guide AAOMS initiatives, focusing on preserving the

OMS anesthesia team model, advancing the specialty and increasing member value and engagement. The first AAOMS Virtual Day on the Hill in April gathered more than 100 OMSs, and the Association saw progress with key federal legislative issues, including antitrust reform law and surprise billing as well as reintroduction of the Resident Education Deferred Interest Act and Ensuring Lasting Smiles Act.

One of Dr. Tiner's goals was to encourage more women to pursue an OMS career. Last year, just 18 percent of OMS residents were women. To encourage qualified female dental students, ROAAOMS launched the Women in OMS Mentoring Program in 2020, matching 222 dental students with 85 OMS resident mentors. AAOMS edged toward Dr. Tiner's goal of the resident pool to be comprised of 25 percent women within three years with 21 percent in 2021. ROAAOMS also is beginning an Underrepresented Minority OMS Mentorship Program.

In addition, under Dr. Tiner's leadership, the 2021 Annual Meeting returned to an in-person setting while also offering online opportunities after the meeting moved to virtual last year due to the pandemic.

"I am so happy we are here together in-person," Dr. Tiner said. "This has been an unforgettable year. I could not have done this without the unwavering support of the AAOMS Officers and Trustees and the tireless work of the AAOMS staff."

During his Inaugural Address, Dr. Johnson discussed the 2022 Annual Meeting theme of Volunteerism: Individuals United in Service.



Dr. Tiner was recognized for his term as President.

resolutions, introduce 2021-22 President

"This year, as the AAOMS Board of Trustees made selections for 2021-22 AAOMS standing committee appointments, we identified especially talented individuals who could work successfully with existing AAOMS committee members in advancing the AAOMS mission," he said. "It was gratifying to see the resultant diversity of ideas and interests – diversity indicative of a healthy Association. It is important that we as individuals and as an Association push ourselves to actively and intentionally seek out those with varied backgrounds and perspectives. We should harness our unique abilities and energies to pursue the AAOMS mission as we relieve patient pain and suffering, restoring oral and maxillofacial form and function. This is our calling."

Dr. Johnson focused on the issues of challenges to the OMS office-based anesthesia team model, oral health benefits in Medicare and Medicaid as well as AAOMS member engagement.

The Board of Trustees is working to develop a white paper on recently obtained claims data from independent sources that show OMSs provide the majority of dental office-based intravenous moderate and deep sedation/general anesthesia services in the United States.

In addition, AAOMS hopes to work with all parties of interest in advancing patient access to safe and effective care and will "continue to raise the bar on patient safety" by enhancing the Office Anesthesia Evaluation (OAE) Program, anesthesia assistant training and certification as well as simulation. With the Parameters of Care, OAE Manual, CODA standards and other resources, the Board of Trustees and committees in collaboration with other OMS content experts will craft definitive OMS office-based anesthesia guidelines, he said.

"I look forward to serving as your President in the coming year. We do not know where the road of life will lead us, but if we pursue our AAOMS mission, 'to assure patient access to safe and effective care,' our Association will be going in the right direction," Dr. Johnson said.

During three days, the Delegates also:

- Recognized the contributions of Immediate Past President Dr. Victor L. Nannini.
- Honored the 50-year anniversaries of the Colorado, Maine, Oklahoma and Washington, D.C., societies.
- Elected Dr. Martin Steed as Director to ABOMS.



Dr. Johnson was introduced as 2021-22 President.

- Elected Dr. John Schaefer III – who spearheaded development of the AAOMS National Simulation Program – and JOMS Managing Editor Carmen Hupp to be awarded with AAOMS honorary fellowships at next year's Annual Meeting in New Orleans, La.
- Memorialized fellows and members who passed away during the last year.

In addition, the House celebrated OMSPAC's 50th anniversary. The PAC formed after the Pennsylvania and California societies put forth a House of Delegates resolution to further the specialty's advocacy efforts. OMSPAC has played a role in helping AAOMS achieve federal victories, such as Medical Device Tax repeal, Medicare opt-out for OMSs and incentive special pay for OMSs in the military.

"Perhaps more than ever, the past two years have underscored the need to have meaningful relationships with members of Congress," OMSPAC Chair Dr. Matthew C. Lowe said. "Throughout the COVID-19 pandemic, AAOMS was able to capitalize on the relationships OMSPAC has forged to successfully voice our concerns on issues ranging from PPE access to small business loan relief. Additionally, we were able to help secure enactment of anti-trust reform legislation and provider-friendly language in surprise billing legislation."

In other actions, the House adopted:

■ **Required simulation training** – The Board, with input from the Committee on Anesthesia, will develop a process to approve anesthesia simulation training courses and, by 2026, all members who provide OMS office-based moderate

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Delegates voted on resolutions addressing such topics as anesthesia and dues.

sedation, deep sedation and/or general anesthesia must successfully complete an approved anesthesia simulation training course. Anesthesia simulation training must be successfully completed every five years. Verification of compliance of successful anesthesia simulation training will be through the OAE Program, and failure to comply will result in loss of membership:

■ **Required anesthesia surveys** – An anesthesia survey to gather essential data will be incorporated into the OAE Program. For OMSs in states exempt from reporting to the OAE, verification of this requirement will be recorded and reported to AAOMS through the OAE web app. Members will be notified of commencement of their data collection period before the deadline. Each member would complete the survey in the year leading up to their scheduled OAE inspection.

■ **Required mock drills attestation** – An attestation of mandatory quarterly team mock emergency drills defined in the *OAE Manual* or equivalent (done at every OMS practice location) will be completed through a log reviewed at the scheduled OAE, beginning in 2022.

■ **Anesthesia data collection** – The Board will gather essential data from third-party entities, such as privately billed insurance claims, that will be used to advocate for the safety of the OMS anesthesia team model, and members will be encouraged to participate in the AAOMS Anesthesia Safety Study via the OMS Quality Outcomes Registry (OMSQOR®) to assist in

gathering essential information on the practice and safety of OMS office-based anesthesia.

Members also will be encouraged to report any unintended event related to the delivery of anesthesia for a patient through the Dental Anesthesia Incident Reporting System (DAIRS), an anonymous self-reporting system used to collect and analyze anesthesia incidents in order to improve the quality of dental anesthesia care.

■ **Dues increase** – Dues for fellows and members will be \$1,550, due Dec. 15 of the previous year. Exceptions will be at the discretion of the Board in accordance with policy.

■ **Rescinded campaign assessment** – The final year of the \$350 Informational Campaign three-year assessment adopted by the House of Delegates was rescinded.

■ **Budget** – A 2022 operating budget of \$22,015,099 in revenues and \$21,997,244 in expenses was approved.

■ **Cannabis white paper** – AAOMS will develop a white paper on surgical and anesthetic considerations addressing physiologic, pharmacologic and medicolegal concerns regarding cannabis products.

■ **Committee makeup** – The Committee on Continuing Education and Professional Development will be expanded to include a member of the Committee on Practice Management and Professional Staff Development.

The House voted to refer two resolutions regarding anesthesia assistant certification back to the Board and the appropriate committee to develop the criteria for the anesthesia assistant certification program for action in 2022. The first amended resolution states:

“By 2026, a designated dental assistant (DA), registered dental assistant (RDA), registered dental hygienist (RDH), emergency medical technician (EMT), licensed practical or vocational nurse (LPN/LVN), registered nurse (RN) or similarly qualified individual participating in OMS office-based moderate sedation, deep sedation and/or general anesthesia must be certified by an AAOMS-approved OMS anesthesia assistant (OMSAA) certification process. Verification of compliance of a designated individual obtaining OMSAA certification and maintaining recertification may be through the OAE Program and attestations required on the annual dues statement. Failure to comply will result in loss of

membership. Exception to these requirements may be acceptable for OMSs working in an accredited institution or military setting that operates in compliance with its own regulations. These alternative standards must meet or exceed the expectations previously delineated to ensure quality of care.”

The second amended resolution adjusts the timeline to “as soon as feasible, but not beyond 2026.”

The House also defeated a proposed resolution in its first reading that would have changed the Membership Bylaws definition of “active practice” as it relates to retired fellows and retired members and add language to the same section on volunteer activities.

AAOMS Officers, Trustees elected at Annual Meeting

These Officers and Trustees were installed during the House of Delegates’ third session Sept. 29:

- President J. David Johnson Jr., DDS
- President-Elect Paul J. Schwartz, DMD
- Vice President Mark A. Egbert, DDS, FACS
- Treasurer Robert S. Clark, DMD
- Speaker of the House Steven R. Nelson, DDS, MS
- Trustee District I David M. Shafer, DMD
- Trustee District III Debra M. Sacco, DMD, MD
- Trustee District VI W. Frederick Stephens, DDS



The 2021-22 Officers and Trustees are: (back row from left) District III Trustee Debra M. Sacco, DMD, MD; District IV Trustee J. David Morrison, DMD; District V Trustee Charles A. Crago, DMD, MD, FACS; District I Trustee David M. Shafer, DMD; District II Trustee Martin E. Eichner, DDS; District VI Trustee W. Frederick Stephens, DDS; and (front row from left) Speaker of the House of Delegates Steven R. Nelson, DDS, MS; Treasurer Robert S. Clark, DMD; Vice President Mark A. Egbert, DDS, FACS; President J. David Johnson Jr., DDS; President-Elect Paul J. Schwartz, DMD, FACS; Immediate Past President B.D. Tiner, DDS, MD, FACS; and Secretary/Executive Director Karin Wittich, CAE.

2020 and 2021 award winners honored onstage

During the Opening Ceremony, Awards Presentation and Meeting Dedication at the 2021 Annual Meeting, members, fellows and residents were honored for their achievements in leadership, research, education, advocacy and other areas. Awards were distributed onstage for both 2020 and 2021 after last year's meeting moved to a virtual platform. Award winner bios have been compiled from nominations submitted to AAOMS.

Meeting Dedication

Considered the organization's most prestigious award, the AAOMS Annual Meeting Dedication honors a respected colleague or group.



Dr. Haug

2020

The 2020 AAOMS Annual Meeting was dedicated posthumously to **Richard H. Haug, DDS**, an international expert in maxillofacial trauma. His honors include the 2007 American Dental Association's Golden Apple Award for undergraduate education, the 2007 AAOMS Donald B. Osborn Award for an Outstanding Educator,

the 2016 OMS Foundation Research Recognition Award and the 1999 AAOMS Committee Person of the Year Award.

The author of more than 125 peer-reviewed articles and six books, Dr. Haug served two decades as Current Therapy and Craniomaxillofacial Trauma Section Editor for *JOMS*. Dr. Haug also was Consulting Editor for the *Oral and Maxillofacial Surgery Clinics of North America* and its accompanying *Atlas*.

2021

Since 2020, the COVID-19 pandemic has significantly impacted the OMS specialty and AAOMS members' practices. Members faced economic issues, and some experienced serious health concerns. In addition, a few members passed away due to COVID-19. President Dr. B.D. Tiner recommended to the Advisory Committee on Awards Nominations that the 2021 Annual Meeting be dedicated to the memory of those fellows, members and residents who have lost their lives to COVID-19.

R.V. Walker Distinguished Service Award

Originally called the Distinguished Service Award and renamed to honor AAOMS Past President and *JOMS* Associate Editor Dr. Robert V. Walker, this award honors those who have made a significant contribution to the OMS specialty.

2020

R. Gilbert (Gil) Triplett, DDS, PhD, is Regents Professor and Acting Head of the OMS Department at Texas A&M University and Chief of the OMS Division at Baylor University Medical Center. He served in the U.S. Navy Dental Corps for 21 years and was head of the dental branch Combat Casualty Care section of the Naval Medical Research Institute in Bethesda, Md.

His other titles have included Program Director of the OMS residency program at University of Texas Health Science Center at San Antonio and Chair of the OMS and Pharmacology Department and Assistant Dean for Hospital Affairs at Baylor College of Dentistry. Dr. Triplett received the OMS Foundation's 2014 Research Recognition Award. He has served as reviewer for the National Institute of Dental and Craniofacial Research and authored more than 100 peer-reviewed articles.



Dr. Triplett

2021

M. Franklin Dolwick, DMD, PhD, is recognized as an innovator in TMJ arthrography and procedures for treating TMJ internal derangement. He developed the TMJ arthrocentesis procedure in 1989 that has been used to alleviate pain in thousands. Dr. Dolwick has served on TMJ research committees for AAOMS, the ADA and National Institute of Dental and Craniofacial Research, written more than 100 articles and coauthored four textbooks.



Dr. Dolwick

for efforts in research, education, others areas

He is former Chair of the OMS Department at the University of Florida, where he serves as a full-tenured professor, craniofacial-cleft palate team member and sleep medicine faculty. Until 2015, he was Residency Program Director. His other honors include the OMS Foundation Research Recognition Award, Donald B. Osbon Award for Outstanding Educator and 1980 Meritorious Service Award from the U.S. Air Force.

Presidential Achievement Award

This award recognizes AAOMS fellows and members for important long-standing contributions to the OMS specialty through clinical, academic, research or public service activities.



Dr. Sachs

2020

For nearly 50 years, **Stephen A. Sachs, DDS, FACS**, has trained dental students, residents and faculty. He has served as Chief of the OMS Division at Long Island Jewish Medical Center, Clinical Professor at Stony Brook University School of

Dental Medicine and Zucker School of Medicine at Hofstra/Northwell and Adjunct at Weill Cornell Medical Center.

He also has extensively lectured and authored publications and book chapters on head and neck pathology. Dr. Sachs is credited with pioneering orthognathic surgery in the Long Island region. He built an OMS division with more than 50 attending volunteers. After full-time academics, he founded a private practice, New York Center for Orthognathic and Maxillofacial Surgery.

2021

For 15 years, **James A. Davis Jr., DDS**, was an AAOMS Delegate or Alternate, and he was District III Caucus Chair in 2008. From 2004 to 2013, he served on the OMS Foundation Board of Directors and was Chair from 2011 to 2012. Because of his commitment



Dr. Davis

to the Foundation, Dr. Davis was honored with the 2008 Ambassador Service Award and the 2014 Torch Award.

Dr. Davis also has served as President of the Florida and Southeastern Societies of Oral and Maxillofacial Surgeons as well as on the AAOMS Committee on Governmental Affairs and the ABOMS Examination Committee. For his service to the Florida Society, he received honors including the Political Action Award, Minuteman Award and Committeeman of the Year Award.

Honorary Fellowship

This honor recognizes non-members who have made distinguished contributions to the OMS specialty.

2020

Pamela Congdon, CAE, IOM, has served CALAOMS for 25 years and been Executive Director since 2001. She has promoted the success and public image of oral and maxillofacial surgery in California and across the country, defending the anesthesia delivery model to legislators and the public. She has appeared at all board hearings at the state capital and ensured board members and anesthesia taskforce members have resources.

Since its inception, Ms. Congdon has worked to ensure the financial success of CALAOMS, resulting in an organization with robust resources and reserves for critical challenges. She helped create CALAOMS's charitable arm, California CareForce, which is funded by donations she solicits. It has provided more than \$11 million in free healthcare to over 27,000 patients.



Ms. Congdon

William C. Passolt, CPA, has been President and CEO of OMSNIC since 2009 and Director since 2000, serving the national insurance company for more than 27 years. He has forged relationships across dental and legal communities as well as with state regulators and insurance agents to safeguard OMS practice.



Mr. Passolt

continued on next page

Through his work with OMSNIC, he has strived to grow AAOMS membership and been a strong proponent for developing the OMSNIC Resident Surgical Log, which helps residents and programs. On the OMS Foundation Board of Directors, he has been instrumental in forging a new path for research and education opportunities. He promoted the OMSNIC \$100,000 matching-funds donation that helped the Foundation raise more than \$1.7 million in recognition of AAOMS's centennial. He is concluding his term as Foundation Chair.

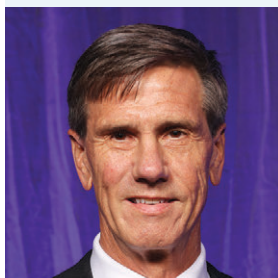


Ms. Dezelan

2021

Laney Dezelan has been Executive Director of the Indiana Society of Oral and Maxillofacial Surgeons for the last 25 years, almost half of its existence. She has helped the society grow, engaged members and pursued new and important initiatives. She has provided energy, focus and commitment to bring initiatives to

fruition. Her relationship to those in the OMS community is supportive and caring, and her guidance has helped foster leadership in the society. Ms. Dezelan also had a second career as a medical transcriptionist, and she has the ability to strategize a vision in the OMS community and encourage others to buy into that vision.



Mr. Herrmann

For more than 25 years, **Michael J. Herrmann** has served as Executive Director of the New York State Society of Oral and Maxillofacial Surgeons. He has organized educational meetings, kept members informed of legislative actions and ensured Board of Directors meetings run efficiently. Six years ago, he became the AAOMS District I Executive Director, tracking finances and providing frequent

reports to Caucus members and the Trustee.

He also works with the New York State Dental Society, bringing its influence to help pass positive legislation. As a strong advocate for AAOMS, he attends the Regional and State Leadership Conference, maintains close ties to AAOMS staff and promotes Day on the Hill attendance and giving to OMSPAC and OMS Foundation.

Outstanding Legislator of the Year Award

This award recognizes legislators from the state and federal levels for contributions to legislation that positively affects the OMS specialty.

2020

U.S. Sen. Tammy Baldwin (D-Wis.) is being honored for her efforts to introduce the Ensuring Lasting Smiles Act (ELSA) in the Senate. She and her staff worked with stakeholders, including AAOMS, to draft legislation that seeks health insurance coverage for patients with congenital craniofacial anomalies. She introduced ELSA in the 115th Congress and reintroduced it in the 116th and 117th Congresses. She also has been instrumental in garnering bipartisan support for the bill in the Senate. Sen. Baldwin, who is on the Senate Health, Education, Labor and Pensions Committee, is serving her second term in the U.S. Senate.



Sen. Baldwin

Former U.S. Rep. Steve Stivers (R-Ohio) Former Rep. Stivers is being recognized for his support of several OMS priority issues. He cosponsored the Resident Education Deferred Interest Act, which would allow physicians and dentists to defer their student loans interest-free during residency; the Ensuring Lasting Smiles Act; and legislation to repeal the Medical Device Tax, which was enacted.



Former Rep. Stivers

He also introduced in Congresses the Responsible Additions and Increases To Sustain Employee Health Benefits Act to expand the use of flexible spending arrangements, and he was lead cosponsor of legislation to allow patients to partially fill prescriptions that was signed into law in 2016. Former Rep. Stivers resigned from Congress in 2021 during his sixth term representing Ohio's 15th Congressional district to take a position in the private sector. He served on the House Financial Services Committee.



Sen. Daines

2021

U.S. Sen. Steve Daines (R-Mont.) was lead sponsor of the Competitive Health Insurance Reform Act, which was enacted into law earlier this year and removes the antitrust exemption from the McCarran-Ferguson Act previously enjoyed by health

insurers. He played a leading role in getting the bill through the Senate. Sen. Daines also has cosponsored the Ensuring Lasting Smiles Act, and he was a lead sponsor of legislation, which was ultimately enacted, to repeal the Medical Device Tax. Sen. Daines is in his second term in the U.S. Senate, and he serves on the Senate Finance Committee.



Rep. Neal

U.S. Rep. Richard Neal (D-Mass.) is being honored for his efforts to ensure the concerns of healthcare providers were reflected in surprise billing legislation enacted in late 2020. He blocked last-minute efforts in 2019 by House and Senate leaders to advance surprise

billing legislation in a year-end package that would have been harmful to out-of-network providers. Rep. Neal then introduced the Consumer Protections Against Surprise Medical Bills Act of 2020, which was more favorable to providers than surprise billing legislation pursued by other congressional committees.

In late 2020, he steered final negotiations toward his bill that included provisions AAOMS supported. Rep. Neal is Chair of the House Ways and Means Committee. He is serving his 17th term in the U.S. House, representing Massachusetts' first Congressional district.

Board of Trustees Special Citation Award

This award recognizes individuals or a group of AAOMS, or an outside entity, for significant long-standing contributions to the OMS specialty.

2021

James R. Hupp, DMD, MD, JD, MBA, FACS, is Senior Associate Dean for Policy and Compliance at Washington State University's College of Medicine. He is completing his third three-year term as *JOMS* Editor-in-Chief in 2021. He served as Director of ABOMS from 1996-2003 and President in 2003.



Dr. Hupp

His other titles have included Founding Dean and Professor at the East Carolina University School of Dental Medicine, Dean and Professor at the University of Mississippi's School of Dentistry and OMS Chair at the University of Maryland and University of Medicine and Dentistry of New Jersey. Dr. Hupp also was Editor-in-Chief of *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology* from 2003-11.

Daniel M. Laskin, DDS, MS, is the longest-serving editor of a dental association newsletter. He received the 2018 Distinguished Dental Editor Award from the ADA Council on Communications and American Association of Dental Editors and Journalists.



Dr. Laskin

Dr. Laskin has been Editor of *AAOMS Today* and its predecessors since 1966. He also is Editor of *AAOMS: A Century of Progress – The History of the Organization and the Contributions of its Members*, a history book published in 2021 to honor the Association's 100-year anniversary. He has served as President of AAOMS and IAOMS and *JOMS* Editor-in-Chief. Annual accolades named after him include an award for the best *JOMS* article and AAOMS's outstanding predoctoral educator award. He is adjunct clinical professor and Chair Emeritus in the OMS Department at Virginia Commonwealth University. He also served as head of the OMS Department at the University of Illinois at Chicago.

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Committee Person of the Year

This award recognizes a member of a standing or special committee who has provided outstanding service to AAOMS in the year preceding each Annual Meeting.



Dr. Kademani

2020

Deepak Kademani, DMD, MD, FACS, has served as Chair of the AAOMS Committee on Continuing Education and Professional Development, Committee on Research Planning and Technology Assessment and Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery. He also has served as Assistant

Professor in the Department of Surgery at Mayo Clinic and Associate Professor at the University of Minnesota.

His other roles have included Department of Surgery Chair, Fellowship Director for the Oral/Head and Neck Surgery Program as well as OMS Chief and Chief of Staff at North Memorial Medical Center. An author or coauthor of over 100 publications, he has served on the ABOMS Board of Directors and the ADA Clinical and Scientific Affairs Committee and as President of the Minnesota Society of Oral and Maxillofacial Surgeons. In 2004, he received the Faculty Educator Development Award.

2021

David A. Fenton, DDS, MD, FACS, has served as Chair of the AAOMS Special Committee On Recovery and Response to the Pandemic (SCORRP) and the Committee on Practice Management & Professional Staff Development. Under his leadership, SCORRP has developed important pandemic-related information for

Dr. Fenton

AAOMS members about such topics as air management, symptom screening and contact tracing while considering both private practice and academic institutions.

Dr. Fenton also is a member of the Special Committee on Virtual Meetings, helping plan the Annual Meeting, and the Special Committee on OMS Parameters Of Care for dentoalveolar surgery as well as a House of Delegates Alternate. With a practice in Bristol, Conn., Dr. Fenton also has served as Connecticut Chair of OMSPAC, and he supervises and teaches University of Connecticut OMS residents and dental students.

Daniel J. Meara, DMD, MD, MS, MHCDS, FACS, has served as Chair of the AAOMS Special Committee on Virtual Meetings and the Committee on Continuing Education and Professional Development. He has helped lead planning for the



Dr. Meara

Annual Meeting during its shift to an online format due to the pandemic. Dr. Meara is Chair of the OMS and Hospital Dentistry Department at ChristianaCare in Delaware and director of research, scholarly activity and simulation for the residency program.

He has received the Faculty Educator Development Award and served as AAOMS commissioner on the ADA Commission for Continuing Education Provider Recognition. He also is Past President of the Delaware Academy of Medicine, an executive committee member for the Mid-Atlantic Society of Oral and Maxillofacial Surgeons and affiliate faculty in the University of Delaware's Department of Physical Therapy.

Humanitarian Award for Fellows and Members

This award recognizes fellows and members who have donated substantial time and effort within their local community or on a global basis, resulting in an improvement in the quality of life for the public.

2020

Jeffrey J. Moses, DDS, is President and Founder of Smiles International Foundation, which has provided pro bono treatment of facial deformities to thousands of children. He and his wife lead several surgical missions each year. Their biennial clinics in Cabo San Lucas and Tecate, Mexico, treat patients from Sonora and Sinaloa.



Dr. Moses

Dr. Moses also takes missions to San José, Costa Rica, and the Yucatán Peninsula. His mission sites in the Ukraine and India have reached self-sufficiency. Under Dr. Moses' leadership, the foundation in partnership with Rotary International updated the Costa Rica mission site with

advanced power bone and hand instrumentation as well as education and software for complex craniomaxillofacial reconstruction with virtual surgical planning. Dr. Moses received the California Dental Association Foundation's Humanitarian Award in 2016.



Dr. Ratner

Sanford L. Ratner, DDS, FACS, has led or participated in more than 40 international medical missions, and he is co-founder and lead surgeon of the McGann Ratner Foundation and Open Heart Project. The foundation organizes trips to Indonesia twice a year to treat

craniofacial deformities and cleft lip and palate disorders while training surgeons to provide advanced treatment. The Open Heart Project provides surgical and orthodontic support at hospitals in Vietnam. More than 30 residents have joined him on missions.

Dr. Ratner also regularly volunteers with California CareForce. He is a craniofacial team member at Children's Hospital of Orange County and OMS Chief at St. Joseph's Hospital. He has taught at UCLA and been an ABOMS examiner. As a member of the OMS Foundation's Committee on Humanitarian Programs, he was among the principal architects of the Global Initiative for Volunteerism and Education (GIVE).



Dr. Burke

2021

As Founding Partner and Director of High Desert Oral and Maxillofacial Surgery in El Paso, Texas, and Las Cruces, N.M., **Vernon P. Burke, DMD, MD, FACS**, has been dedicated to treating children with craniofacial defects. He has been

involved in founding craniofacial clinics in the United States and Mexico that have tripled access capacity within a 500-mile radius to diagnose and treat children with craniofacial defects.

Dr. Burke also has served as Department Chair of Oral and Maxillofacial Surgery and Pediatric/Hospital Dentistry at El Paso Children's Hospital, Vice President of the Texas Society and an AAOMS Alternate Delegate. He has completed

mission trips to Ecuador for dental and cleft palate/lip repair and India for management of congenital and acquired craniofacial deformities.

For nearly 30 years, **Robert M. Lamb, DDS**, has been extensively involved in international missions. With Health Talents International, he has traveled to Central America over 30 times since 1992 and served on its Board of Directors and as Board President from 2000 to 2002 during facility construction. He also has volunteered with Oklahoma Mission of Mercy, serving as oral surgery lead for most years.



Dr. Lamb

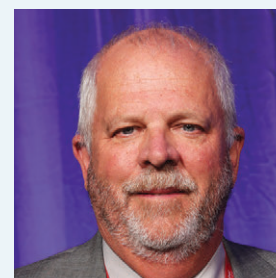
Dr. Lamb has been Vice President of the American College of Dentists, Past President of the Southwest and Oklahoma Societies of Oral and Maxillofacial Surgeons and Oklahoma Society Legislative Chair for 20 years. Dr. Lamb retired as Colonel after serving 14 years of active duty in the U.S. Air Force and six years in the Reserves. His awards include the Air Force Meritorious Service and Commendation medals.

John F. Freihaut Political Activist Award

This award recognizes fellows and members, state OMS societies, state dental associations or groups of individuals for their grassroots efforts and support of legislative issues at the state and federal levels that benefit oral and maxillofacial surgery.

2020

Jay Asdell, DDS, is a strong advocate for the specialty, forging relationships with elected officials, including Congresswoman Jackie Walorski (R) and U.S. Senator Todd Young (R) in Indiana. His connection to Rep. Walorski was valuable during debate on the Comprehensive Addiction and Recovery Act, the first significant congressional legislative package enacted into law to address opioid abuse. She sought AAOMS's opinion on the bill during the conference committee process.



Dr. Asdell

Dr. Asdell also secured her support for the Ensuring Lasting Smiles Act during the 116th Congress. He reached out to

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other members in the Indiana congressional delegation – at AAOMS’s request – for support on issues. Dr. Asdell also can be counted on to provide insight on his state’s political landscape for AAOMS advocacy and OMSPAC purposes.



Dr. Moore

2021

Larry J. Moore, DDS, MS, has long served as an OMS advocate. Since his time as AAOMS President, he has frequently been called upon to help defend the anesthesia delivery model. Dr. Moore was integral in testifying to the California legislature during the “Caleb’s Law” debate and was the primary drafter of SB 501, the

CALAOMS proposal for safe dental anesthesia delivery in the state. He has traveled on behalf of AAOMS to help other states considering amending their anesthesia delivery models.

Dr. Moore presented information to the Minnesota Board of Dentistry in 2020 and served as a primary consultant for the Arizona Society and the state dental board’s anesthesia taskforce during a potential pediatric dental anesthesia challenge. He also frequently attends Day on the Hill.

William J. Gies Foundation Award

Named for Dr. William J. Gies, a Columbia University biochemist who was acknowledged as an authority in dental education, the award recognizes the distinguished achievements of OMS educators.



Dr. Peacock

2020

For AAOMS, **Zachary S. Peacock, DMD, MD, FACS**, is Chair of the Committee on Research Planning & Technology Assessment and serves as a member of the Special Committee on Emerging Leaders in OMS and liaison to the Committee on Continuing Education and Professional Development.

Dr. Peacock is an attending OMS at Massachusetts General Hospital and Assistant Professor of Oral and Maxillofacial Surgery at Harvard School of Dental Medicine. He also is Co-director of the Cleft and Craniofacial Center at Mass General and Shriners Hospitals for Children – Boston.

Dr. Peacock has served as principal investigator on grants studying the sequence of healing of the automated

continuous distraction osteogenesis wound and published on histologic and genomic analysis of benign jaw tumors, helping improve understanding of their etiology and pathogenesis.

2021

John H. (Jack) Campbell, DDS, MS, FACS, has served on faculty at several top research universities. As Associate Professor, Residency Program Director and Interim Chair at the University at Buffalo, he has executed a didactic, broad-scope curriculum and shifted the program for more robust scholarly activities. He has implemented journal clubs, a morbidity and mortality conference and multidisciplinary head and neck tumor boards. He also has guided residents to pursue postgraduate fellowship, mentored students in research and founded a predoctoral minors program engaging students to pursue an OMS career.

Dr. Campbell also has served as a CODA site visitor, participated in more than 15 funded research projects and twice received the OMS Foundation’s Research Support Grant. An author of over 60 publications, he has been an ad hoc journal reviewer and *JOMS* Dentoalveolar Surgery Section Editor.



Dr. Campbell

Donald B. Osbon Award for an Outstanding Educator

This award recognizes an outstanding faculty member of an OMS residency program who has exemplified the higher ideals of an educator.

2020

For more than three decades, **David J. Dattilo, DDS**, has been involved in graduate dental education. He has served as Division Director at two Level I trauma centers. He was Division Chief at Mercy Hospital of Pittsburgh and Clinical Professor at University of Pittsburgh Medical Center from 1986 to 2004. He has since served as Director of the



Dr. Dattilo

OMS Division and Residency Program at Allegheny General Hospital in Pittsburgh, Pa.

Dr. Dattilo also has served as President of the Pennsylvania and Western Pennsylvania Societies of Oral and Maxillofacial Surgeons as well as on the ABOMS Examination Committee and the Board of Directors of the American Society of Temporomandibular Joint Surgeons. He has lectured internationally and authored or coauthored publications on such topics as trauma, reconstructive surgery, implants and OSA.



Dr. Stanton

2021

David C. Stanton, DMD, MD, FACS, practiced for the last 24 years at the University of Pennsylvania. He held dozens of faculty appointments, including Associate Professor and Program Director in the OMS Department, and earned

numerous honors, lectured internationally and authored substantial research. In 2018, he received the AAOMS Committee Person of the Year Award for his service to the Committee on Education and Training (CET), CODA, Faculty Section, special committees and OMS Faculty Section Executive Committee and as its Chair.

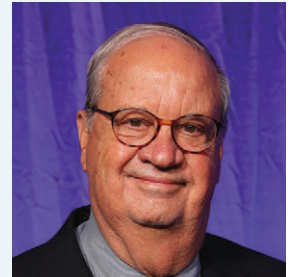
He was instrumental in developing OMS education benchmarks to create a blueprint for tracking progress during residency. With CET and the AAOMS Board of Trustees, Dr. Stanton helped enhance the Resident Surgical Log through OMSNIC. As OMS Commissioner, he was a leader in conducting systematic reviews of education and training accreditation and fellowship standards. He was honored posthumously.

Daniel M. Laskin Award for an Outstanding Predoctoral Educator

This award recognizes outstanding predoctoral educators in the specialty.

2020

Warren W. Arrasmith, DMD, is an AAOMS Delegate from Alabama and serves as Recorder for the House of Delegates. After serving as Adjunct Assistant Professor at the University of Alabama at Birmingham, he has been Associate Professor and OMS Clinic Director since 2012 at the school.



Dr. Arrasmith

He received the university's President's Award for Excellence in Teaching in 2017 and the Thomas W. Jones Endowed Professorship in 2013. Dr. Arrasmith has spent direct quality teaching time with nearly 2,000 dental students. In addition, he served in the U.S. Air Force Medical Service as a Captain from 1969-71 and as Past President of the Southeastern Society of Oral and Maxillofacial Surgeons and the Alabama Society of Oral and Maxillofacial Surgeons.

2021

Glenn J. Reside, DMD, MS, has been Clinical Associate Professor at the University of North Carolina (UNC) OMS Department since 2003. He directs the dental students' OMS education and serves as the primary faculty for dental implantology in the OMS residency program.



Dr. Reside

Dr. Reside is credited with enhancing the curriculum to ensure dental students are exposed to every aspect of oral and maxillofacial surgery. He introduced a dental implant course as well as a local anesthesia and medical emergency course to facilitate second-year students' early clinical exposure into dentistry. A member of several UNC committees, he increased the average number of extractions per graduating student. Previously, Dr. Reside developed an OMS curriculum at Southern Illinois School of Dental Medicine. He served as OMS Chief at Army hospitals in Germany, Kansas, North Carolina and Virginia.

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Clinical Research Award

This award recognizes fellows and members who are engaged in clinical research that fosters innovations or new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery.



Dr. Aghaloo

2020

Tara L. Aghaloo, DDS, MD, PhD, is Professor of Oral and Maxillofacial Surgery and Assistant Dean for Clinical Research at the UCLA School of Dentistry. She also is the Director of the Clinical Research Center. Her clinical practice focuses on bone and soft-tissue regeneration for dental implants and patients with MRONJ. Dr. Aghaloo

will assume her duties as Associate Editor of *JOMS* next year.

She also has served as consultant to the AAOMS Committee on Research Planning and Technology Assessment, President of the Academy of Osseointegration, a member of the ADA Council on Scientific Affairs and the Osteo Science Foundation Scientific and Clinical Review Committee, Board member of SORG North America and Section Editor of the *International Journal of Oral & Maxillofacial Implants*.



Dr. Marx

Robert E. Marx, DDS, is Professor of Surgery and Chief of the Division of Oral and Maxillofacial Surgery at the University of Miami Miller School of Medicine and Chief of Surgery at Jackson South Medical Center in Miami. Regarded as an expert in pathology and reconstructive surgery, he won the 1995 William J. Gies Foundation Award, 1995 Donald B. Osbon Award for an Outstanding

Educator, 2006 OMS Foundation Daniel M. Laskin Award for outstanding article in *JOMS* and 1989 Research Recognition Award from the Foundation.

A prominent stem cell researcher and bone growth factor specialist, he is credited with identifying bisphosphonate-induced osteonecrosis of the jaws. He has authored and co-edited several textbooks as well as written fiction novels.

2021

R. Bryan Bell, DDS, MD, FACS, has pioneered the use of virtual surgical planning in head and neck surgery and served as Director of the Providence Head and Neck Cancer Program and Clinic at Providence Cancer

Institute, where he directs a fellowship in Head and Neck Oncologic and Microvascular Reconstructive Surgery.

His other titles have included Associate Member of the Earle A. Chiles Research Institute at Robert W. Franz Cancer Center; Attending Trauma Surgeon at Legacy Emanuel Medical Center; Clinical Professor at Oregon Health & Science University; and Consultant at The Head and Neck Institute in Portland. Dr. Bell's Phase I and Phase II trials have studied reversal of immunosuppression through monoclonal antibody therapy to enhance resection. He has authored over 150 scientific articles and book chapters and co-edited two textbooks.



Dr. Bell

Resident Scientific Award

This award recognizes OMS residents for the scientific quality of manuscripts submitted for judging.

2020

Corissa P. Chang, DDS

Jeffrey S. Marschall, DMD, MD, MS



Dr. Chang



Dr. Marschall

2021

Rachel B. Lim, DDS, MD

Christopher K. Ward, DMD



Dr. Lim



Dr. Ward

Faculty Educator Development Award

Recipients commit to serving in a full-time faculty position for six years after they are selected for this award, which encourages OMSs to continue their careers in academia.

2020

Kyle Ettinger, DDS, MD – *Mayo Clinic*

Arshad Kaleem, DMD, MD – *University of Miami*

Mark A. Miller, DMD, MD – *University of Texas Health Science Center at San Antonio*

Simon Young, DDS, MD, PhD, FACS – *University of Texas Health Science Center at Houston*

2021

Ashley Manlove, DMD, MD – *Carle Foundation Hospital*

Gwendolyn Reeve, DMD, FACS – *NewYork-Presbyterian Hospital/Weill Cornell*

Rabie Shanti, DMD, MD – *University of Pennsylvania*

Yedeh Ying, DMD, MD, FACS – *University of Alabama at Birmingham*



Dr. Ettinger



Dr. Kaleem



Dr. Manlove



Dr. Reeve



Dr. Miller



Dr. Young



Dr. Shanti



Dr. Ying

Special Honorary Fellowship

This honor recognizes OMSs from other countries who have served as ambassadors and leaders of their organizations with a one-year honorary fellowship.

2020

British Association of Oral and Maxillofacial Surgeons (BAOMS) President Robert P. Bentley, BDS, MB BChFDSRCS, FRCS, FRCS (OMFS)

2021

BAOMS President Austen T. Smith, BDS (Wales), FDSRCSed, FRCSEd (OMFS)

IAOMS Immediate Past President Gabriele N. Millesi, DMD, MD



Mr. Bentley



Mr. Smith

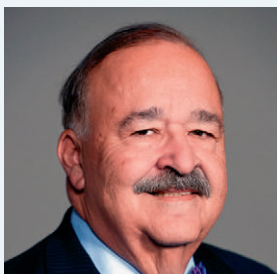


Dr. Millesi

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OMS Foundation Gerald E. Hanson Outstanding Service Award

This award recognizes advocates whose support for the Foundation demonstrates extraordinary stewardship.



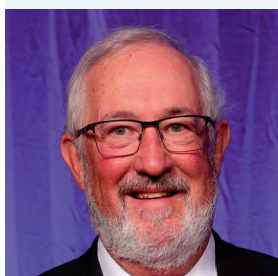
Dr. Indresano

2020

A lifelong educator, mentor and leader, **A. Thomas Indresano, DMD, FACS**, served as a Foundation Director from 1992-94 and 2010-12. As an AAOMS Trustee and newly retired as OMS Department Chair at the University of the Pacific School of Dentistry, he helped craft and implement the Foundation's Strategic

Alliance with AAOMS.

At the end of his term as AAOMS President in 2019, Dr. Indresano rejoined the Foundation Board for a third time. He and his wife, Rita, announced a \$100,000 legacy gift to the Foundation. Dr. and Mrs. Indresano are consistently generous supporters of the Foundation's annual campaigns, contributing a gold leaf to the Centennial Tree and committing \$25,000 to OMSFIRE in 2020.



Dr. Frost

2021

David E. Frost, DDS, MS, served as Foundation Chair from 2009-10 and on its Board and several committees, including currently the Committee on Humanitarian Programs. He received the 2015 Foundation Torch Award and the 2008 AAOMS Presidential Achievement Award. Dr. Frost also has served as ABOMS examiner,

Director and President, Past President of the Southeastern Society of Oral and Maxillofacial Surgeons and on the *JOMS* Editorial Board.

In addition, he has been the Consultant to the Surgeon General for Oral and Maxillofacial Surgery for the U.S. Air Force and Chair Emeritus of the Health Volunteers Overseas Board of Directors. Dr. Frost has volunteered, leading groups in Chile, Cuba, India, Nepal, Peru and Vietnam.

OMS Foundation Torch Award

The Foundation's most prestigious award recognizes individuals who have made significant contributions and/or provided exemplary service in fostering the purposes of the Foundation.

2020

Eric T. Geist, DDS, FACS, served as a Director of the Foundation from 2016-18 and its Vice Chair in 2017-18. He was a tireless advocate for the Foundation's mission while serving the specialty as AAOMS District III Trustee and 2013-14 President as well

as President of ABOMS and the Southeastern and Louisiana Societies of Oral and Maxillofacial Surgeons.

A generous supporter of the Annual Fund, Dr. Geist is a bronze OMSFIRE donor and a member of the R.V. Walker Society. Dr. Geist also has served as Clinical Assistant Professor at LSU Health Shreveport and Clinical Associate Professor and Course Director of Head and Neck Anatomy and General and Oral Pathology at the University of Louisiana at Monroe.

2021

As Foundation Chair from 2017 to 2019, **Kathy A. Banks, DMD**, was an integral part of the Strategic Alliance between AAOMS and the Foundation. For AAOMS, Dr. Banks has served as a Delegate, District II Caucus Secretary and Chair of the Committee on Healthcare Policy, Coding and Reimbursement. She also has served on OMSNIC committees.

Dr. Banks was the first female President of the New Jersey Society of Oral and Maxillofacial Surgeons, and she is Past President of the Monmouth-Ocean County Dental Society. She is on staff at Jersey Shore University Medical Center and Southern Ocean Medical Center and in private practice in Barnegat, N.J.



Dr. Geist



Dr. Banks

OMS Foundation Research Recognition Award

This award recognizes those who have developed significant scientific contributions that have led to a better understanding of basic disease processes and improvement of care related to disorders of the maxillofacial region.



Dr. Boyd

2020

Scott B. Boyd, DDS, PhD, is Professor of Oral and Maxillofacial Surgery, Retired Faculty of Vanderbilt University Medical Center, having chaired the school's OMS Department from 1997-2007. He also is a bronze OMSFIRE donor

and a member of the R.V. Walker Society.

Since 2008, Dr. Boyd has focused his attention on multidisciplinary clinical research related to the diagnosis and management of obstructive sleep apnea with funding from the OMS Foundation and the National Center for Advancing Translational Sciences at NIH. His team's findings have been extensively published in major medical journals and were recognized with the Foundation's Daniel M. Laskin Award for the most outstanding article published in *JOMS* in 2013 and 2019.



Dr. Le

2021

Anh D. Le, DDS, PhD, is Chair of the OMS Department and the Norman Vine Endowed Professor of Oral Rehabilitation at the University of Pennsylvania. Her research centers on studying mesenchymal

stem cells from adult oral tissues. She patented the finding of characterizing isolated adult stem cells from gingival tissue while at USC. She proposed these stem cells may help with wound healing in a novel way, and her team's research about altered wound environment earned NIH funding to further study regenerating missing craniofacial tissue.

Dr. Le and her collaborators also have discovered an infusion of mesenchymal stem cells can cure BRONJ in

mice. The Foundation has supported her research with a 1994 Research Fellowship, Research Support Grants in 2007 and 2010 and the Stephen B. Milan Award in 2014.

OMS Foundation Daniel M. Laskin Award

This award recognizes the author(s) of the most outstanding article published in *JOMS* during the previous year.

2020

The *Journal* Editorial Board selected "Maxillomandibular Advancement Improves Multiple Health-Related and Functional Outcomes in Patients with Obstructive Sleep Apnea: A Multicenter Study." The authors are:

- **Scott B. Boyd, DDS, PhD**
- **Joseph E. Cillo Jr., DMD, PhD, MPH, FACS**
- **Gail Eskes, PhD, R Psych**
- **Reginald H.B. Goodday, DDS, MSc**
- **Tina Meisami, DDS, FRCDC**
- **Christopher F. Viozzi, DDS, MD**
- **Peter D. Waite, DDS, MD, MPH, FACS**
- **James W. Wilson, DDS**
- Not pictured: **Radhika Chigurupati, DMD, MS**

2021

The *Journal* Editorial Board selected "Oral Lichen Planus-Associated Oral Cavity Squamous Cell Carcinoma Is Associated With Improved Survival and Increased Risk of Recurrence." The authors are:

- **David L. Best, DDS, MD**
- **Curtis Herzog, DDS**
- **Corey Powell, PhD**
- **Thomas Braun, PhD**
- **Brent B. Ward, DDS, MD, FACS**
- **Justine Moe, DDS, MD**

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AAOMS ANNUAL MEETING AWARDS *(continued)*

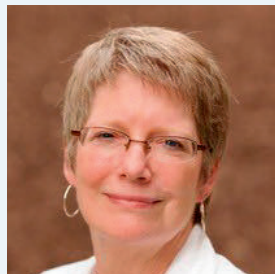
2020



Dr. Boyd



Dr. Cillo



Dr. Eskes



Dr. Goodday



Dr. Meisami



Dr. Viozzi

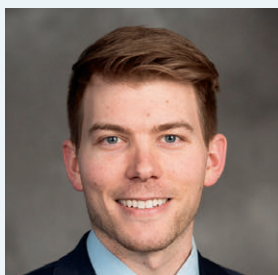


Dr. Waite

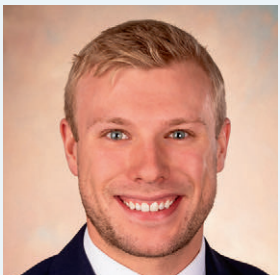


Dr. Wilson

2021



Dr. Best



Dr. Herzog



Mr. Powell



Mr. Braun



Dr. Ward



Dr. Moe

OMS Foundation Daniel M. Laskin Award winners.

2020 and 2021 Osteo Science Foundation grant and award winners also recognized

Osteo Science Foundation winners also were honored:

Clinical Observership recipients

2020

Christopher Chan, DDS, MD

Joy Chen, DMD, MD

Furkan Dogan, DMD

Brittany Ecker, DDS

J. Brian Jackson, DMD, MD

Brian Mitchell, DDS

Shouvik Ponnusamy, DMD

Joshua Wohlgemuth, DDS, MD

2021

Adam Abel, DMD, MD

Sloan Ashabranner, DDS

Dharma I. Bayron-Vazquez, DMD

Austin Be, DDS, MD

Thomas Brader, DDS, MD

Jeffrey M. Dyke, DDS

Gabriel Hayek, DMD, MD

Andy Tuan-Ahn Vu, DDS

Owen Insel, DMD

Nina Karwowska, DDS, MD

Chris Kim, DMD

Alexander McMahon, DDS, MD

Cody Mumma, DDS

Junaid Mundiya, DMD

Luke Soletic, DDS, MD

Michael Spatafora, DDS

Matthew D. Van Hoof, DDS

Resident Research Awards

2020

Danny Hadaya, DDS, PhD – UCLA

The Effects of Platelet Rich Fibrin on Bone Regeneration

2021

Puhan He, DMD – University of Pennsylvania

Application of UBM Laden with GMSC-EVS Fibrin Hydrogel in Rat Tongue Myomucosal Regeneration

Peter Geistlich Research Awards

2020

Joshua Campbell, DDS; Jack Gotcher, DMD, PhD; and

Mina Fahmy, DDS – University of Tennessee Health Science Center

3D Printing to Generate a Novel Biometric Platform for Oral/Maxillofacial Bone Tissue Engineering

Venu Varanasi, PhD, and Simon Young, DDS, MD, PhD,

FACS – University of Texas at Arlington

Antioxidant Implant Coatings for Rapid Bone and Vascular Regeneration in Compromised Wound Healing

Michael Detamore, PhD, and Gregory Tull, DMD –

University of Oklahoma

Regenerative Engineering of a Patient-Fitted Temporomandibular Joint Prosthesis

Simon Young, DDS, MD, PhD, FACS – The University

of Texas Health Science Center at Houston

Use of a Compromised Maxillofacial Wound Healing Model for Characterization of Bone Graft Materials

2021

Alejandro Almarza, PhD, and William Chung, DDS, MD –

University of Pittsburgh

Extracellular Matrix Scaffold for Temporomandibular Joint Disc Replacement

David Dean, PhD, and Hany Emam, BDS, MS – Ohio State

University

Tethered Ligands for Craniofacial Bone Tissue Engineering

Umadevi Kandalam, PhD, and Anastasiya Quimby, DDS,

MD – Nova Southeastern University

A Novel Strategy for Vascularized Bone Tissue Regeneration

AAOMS award nominations due

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

The deadline for nominations each year is Jan. 31.

The AAOMS Advisory Committee on Awards Nominations reviews nominations from Association fellows and members. More information is available at AAOMS.org/Awards.

Committee on Anesthesia leads the way in

To recognize the 2022 AAOMS Annual Meeting theme of Volunteerism: Individuals United in Service, each issue of AAOMS Today during 2021-22 President Dr. J. David Johnson Jr.'s term will feature articles about several of the 20 AAOMS committees available for member participation. The stories will highlight the committees' crucial responsibilities, myriad accomplishments and participating members' valuable service.

Patient safety in office-based anesthesia is of paramount importance for oral and maxillofacial surgeons – and the focus of the AAOMS Committee on Anesthesia (CAN).

“CAN works tirelessly to preserve and protect our privilege to provide office-based anesthesia,” said Deepak G. Krishnan, DDS, FACS, Chair of CAN. “The committee’s biggest achievement in my view: a constant battle that it has mounted both offensively and defensively to uphold that

mission over the years. The committee is always working hard to ensure the standards of our education and training and practice of anesthesia are at the highest level possible to ensure the safety of our patients.”

The committee promotes practice models that provide effective and efficient patient care, delivers emergency

preparedness training for the anesthesia team as well as advances anesthesia standards that enable AAOMS members to preserve the OMS team model.

CAN, along with staff, “do some heavy lifting on behalf of every member of AAOMS,” Dr. Krishnan said. The committee has established a liaison with the American Society of Anesthesiologists, collaborating on Patient Safety Conferences and standards of practice. CAN also has been instrumental in anesthesia resolutions – considered by the 2021 House of Delegates – that were developed to improve the minimum standard of anesthesia practice for the membership, enhance patient safety and defend the team model.



Dr. Krishnan

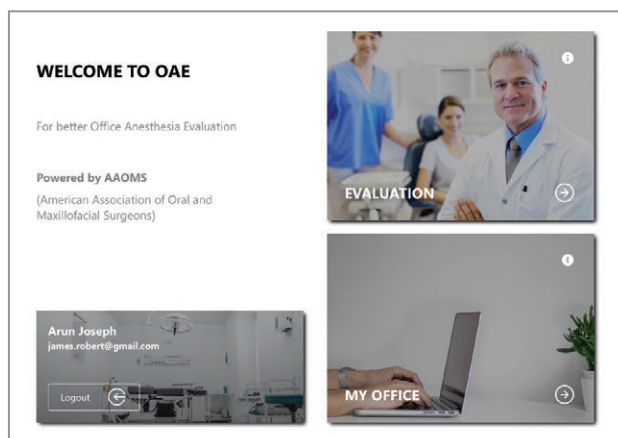
CAN’s duties and responsibilities also include:

Office Anesthesia Evaluation (OAE) Program

- Establishing the program that helps protect members and their patients and provides the regularly updated *OAE Manual* to set the standard for the specialty regarding how practices handle anesthesia and self-regulation.
- Developing an OAE Web application to document the onsite evaluation during OAE.

AAOMS National Simulation Program

- Developing the program to create a practical, simulation-based training course and assessment toolset that will measurably increase the safety of sedation administration in practices.



SCAN ME

An application was developed to document onsite office anesthesia evaluation.



defending OMS team model, offering training

- The program's first module – Office-Based Emergency Airway Management (OBEAM) – has been held at AAOMS Annual Meetings and is scheduled for two sessions in November at AAOMS headquarters. (The module's name changed recently to be more reflective of the education received.)

■ Educational programming

- Hosting the Anesthesia Update at the Annual Meeting to discuss current topics and trends of anesthesia.

■ Patient Safety Conference

- Convening anesthesia-focused Patient Safety Conferences in 2017 and 2019 to assist members with the ability to provide dental sedation in an ambulatory or office setting, acknowledging that as both a privilege and a profound responsibility.

■ Assistant programs

- Offering a variety of educational programs and an assessment-based certificate program for OMS assistants, such as the Dental Anesthesia Assistant National Certification Examination (DAANCE), Anesthesia Assistants Review Course (AARC), Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME) and Anesthesia Assistants Skills Lab (AASL), to enhance the anesthesia team and protect the public, elevate the profession and establish standards for professional knowledge, skills and practice.

Dr. Krishnan noted CAN is instrumental in implementing the AAOMS Strategic Plan – one of its primary objectives is to preserve the anesthesia delivery model. CAN provides recommendations to the Board of Trustees for appropriate response to other specialties' criticism of the model. The committee also strives to ensure practices are up-to-date and based on sound, scientific evidence while maintaining the highest safety standards, he said.

"The future of our practices depends on the grassroots level work of committees such as CAN – they shape the future of our specialty," Dr. Krishnan said.

Since 2011, Dr. Krishnan has served various capacities with CAN. As a full-time faculty and Chair of a residency program,



The Office-Based Emergency Airway Management module has provided simulation training.

he said he felt he would understand the private practice OMS's needs regarding resident anesthesia training and be an ambassador from the academic community.

"My time on CAN has been nothing but fulfilling, despite the frequent teleconferences and loads of committee work," he said. "It helps to understand every aspect and point of view, including those that are constantly on the offensive against our model of anesthesia delivery."

Dr. Krishnan said serving the specialty through a committee allows AAOMS members to take a "front-seat view," contribute and be involved in solutions.

"AAOMS leadership relies on a legion of dedicated and selfless volunteers in various committees to be the voice of the collective membership in the matters related to various services and concerns," he said. "Being a part of that volunteer service should be a matter of pride for every member, regardless of the committee they choose to serve. AAOMS committee members better appreciate an insider's perspective about the challenges that face our specialty than those members who take an outsider's view on the same. CAN is all about that insider's perspective, having learned from our history and peering into our future for the benefit of our specialty and our patients." ■

Committee advocates and educates on coding

The AAOMS Committee on Healthcare Policy, Coding and Reimbursement (CHPCR) monitors governmental and third-party carrier policies and trends.

When necessary, CHPCR proactively intercedes and advocates on behalf of AAOMS members for coverage of the team model of administered anesthesia services as an approved cost-effective service. This committee also provides education and advice on correct, effective and ethical procedural and diagnostic medical and dental coding.



Dr. Hillgen

Among the committee's major accomplishments, CHPCR assisted with reducing the Medicare degree of provider denials by working with CMS to update the criteria for provider classification for "Maxillofacial Surgery."

"As a result of the committee's hard work, CMS permits board-certified OMSs, regardless of their degree, to enroll in the maxillofacial surgery specialty category because he or she is performing the same type of procedures," said John J. Hillgen, DMD, MBA, Committee Chair. "This recognition of our members identifies our

specialty as equal to our physician colleagues."

Several CHPCR members advocate and serve as advisors on behalf of AAOMS and dentistry on the ADA Code Maintenance Committee, Systemized Nomenclature of Dentistry Committee and Dental Quality Alliance as well as on the AMA CPT Editorial Panel and Relative Value Scale Update Committee. Committee members also advocate and represent the specialty at American Association of Dental Consultants meetings and ICD-10-CM committee meetings when necessary. Policies and decisions of these committees impact AAOMS members through coding, claim filing and reimbursement, CHPCR member Dr. Joshua Everts said.

Under CHPCR's direction, for nearly 20 years, AAOMS has hosted the Insurance Industry Open Forum, where dental directors and consultants from major dental plans discuss policy and reimbursement issues affecting the specialty. The

forum also provides an opportunity to strengthen AAOMS's relationship with payers, proving beneficial to both sides when protecting interests for fair reimbursement of OMS services, Dr. Everts said.

"The absolute range of topics that this committee covers is likely its most admirable quality – from developing quality performance and outcomes measures to educating our membership on coding and billing and even tackling regulatory compliance issues and CMS updates," he said. "Almost every critical aspect of my practice is being monitored and advocated by this committee."

Dr. Hillgen was involved with the Connecticut Society of Oral and Maxillofacial Surgeons when District representative Dr. Larry Busino asked him to join CHPCR. At the time, Dr. Hillgen had recently graduated with an MBA and was interested in using his newly acquired skills.

"This committee provided the opportunity to utilize my training in analytics, negotiations and leadership," he said. "It was a proud moment to serve on this important committee with my esteemed colleagues."

With the committee, Dr. Hillgen has served in such capacities as a representative in Washington, D.C., and interactions with the AMA, American Society of Anesthesiologists and others.

The committee's other projects include development of the OMS Quality Outcomes Registry (OMSQOR®), a registry that has gathered aggregate and de-identified data – including patient demographics, procedures and medications administered – to demonstrate the safety of the OMS anesthesia team model.

A component of OMSQOR is the Dental Anesthesia Incident Reporting System (DAIRS), which collects and analyzes information about anesthesia incidents in order to improve quality of care. Submissions are converted into aggregate, de-identified data, which can be used for research and education on patient safety and anesthesia delivery.

"The impact of these two projects will help us protect the core of our specialty," Dr. Hillgen said.

Being involved in a committee helps a member develop a broader knowledge of the Association and its role in society, Dr. Hillgen said.

"It is an opportunity to interact with some of the best and brightest members in our Association and one of the most dedicated staff at AAOMS," he said. "In summation, for an exceptional person, it is an opportunity of a lifetime." ■



ACAN helps recognize member achievements

Every year, the AAOMS Advisory Committee on Awards Nominations (ACAN) reviews nominations submitted by Association members to honor their colleagues' accomplishments in education, research, advocacy and other areas.

Doing so, the committee identifies members who have distinguished themselves for both the Association and the specialty.

"We recognize, with the help of our membership and the Board of Trustees, those special individuals who go beyond normal metrics and contribute in a positive way to the achievements that have moved the specialty forward," said ACAN Chair Jay P. Malmquist, DMD. "The sacrifices that have been made by members in the name of humanity are clearly one of the goals the committee focuses its energies toward. It is always an honor to serve the specialty that we all love."

The winners are recognized onstage during the Opening Ceremony, Awards Presentation and Meeting Dedication at the AAOMS Annual Meeting.

"The impact these special awards convey is not measurable," Dr. Malmquist said. "Seeing what others are doing can be very inspiring and can be effective to those considering getting involved. Knowing what is done and what is available

to the membership is particularly important. As we have moved away from the centralized meetings, it becomes even more important to see what and how the Association is serving its membership at all levels. Recognizing these individuals is critical to future successes and future ingenuity."

Dr. Malmquist said committee involvement is a way to contribute to the advancement of the specialty.

"It is critical to the specialty that we have innovative ideas and new concepts to stay relevant in the practice of oral and maxillofacial surgery," he said. "Having a voice is important, helping devise and refine ideas is important and using the talent to help others is novel and supplies new energies. Giving back to your specialty is clearly an important part of the future successes of oral and maxillofacial surgery. Ask all to consider being involved in committee work at the local, regional or national level. It is rewarding and extremely helpful to the profession. Leadership is infectious and can influence all around you." ■



Dr. Malmquist



AAOMS award winners are recognized at each Annual Meeting.



Sessions to be in-person, live-streamed

The Dental Implant Conference resumes its traditional in-person setting – while also offering online access.

While exploring the theme of evidence-based, state-of-the-art restorations, the conference being held Dec. 2 – 4 at Sheraton Grand Chicago in Chicago, Ill., will present evidence that drives clinical decisions for restoration of patients missing at least one tooth. Last year, the COVID-19

pandemic forced the conference to be combined with the Virtual Annual Meeting.

The Dec. 3 theme will review approaches for treating common clinical situations. Speakers will address case scenarios with evidence for their treatment methods for the atrophic mandible and maxilla, atrophic posterior mandible and narrow anterior maxilla. The Keynote Lecture will describe conditions that raise implant failure risk, sharing methods to reconstruct patients with ablative defects.

The Dec. 4 sessions will explore technology use with speakers displaying how they treat the patient using methods Gen X clinicians expect.

On the final day, the afternoon theme of consensus/ endpoint findings will review treating common clinical

situations, including how smoking cessation, diabetes and osteoporosis affect healing.

General sessions and the three Dec. 2 preconference sessions will be live-streamed. On-demand courses for staff are:

- Ways to Jumpstart Your Implant Practice on Monday Morning
- The Business of Implant Dentistry: Concepts of Practice Management and Growth in Today's Economy
- Your New Job as an Implant Coordinator: What Now?

In the Exhibit Hall, more than 90 companies will showcase the latest dental implant products and services. A list of exhibitors is available at AAOMS.org/DICvxh. Exhibitor-hosted programs will include Eat, Drink and be Industry-Educated sessions and Industry Symposiums.

A Virtual Exhibit Hall will feature all in-person and online-only exhibitors. Attendees will be able to highlight and “favorite” booths, write notes and find products.

As of October, all attendees, speakers, exhibitors and guests are required to provide proof of vaccination for COVID-19 and wear masks at all times during the conference. Additional information is available at AAOMS.org/DIC. ■



Team savings offered

A reduced rate is available for general dentists and other dental professionals attending the conference. AAOMS members who wish to invite other dental professionals can provide them with a promotional code – available at AAOMS.org/DICspecial – for the reduced registration.



Thursday, Dec. 2 (Preconference)

Time	Session #	Session Name
11:15 a.m.–12:45 p.m.		Two Lunch and Learn sessions : Yomi by Neocis and Beacon Oral Specialists
1–4:30 p.m.	P01	Approaches to Augment the Posterior Narrow Ridge
1–4:30 p.m.	P02	Predicting, Preserving, Restoring Facial Soft Tissue around Dental Implants
1–4:30 p.m.	P03	Avoiding Common Complications in Bone Grafting and Dental Implant Treatment Planning
4:30–6 p.m.		Two Industry Symposiums: Birdeye and Straumann

Friday, Dec. 3

Time	Session #	Session Name
8 a.m.–3:30 p.m.	A01	Anesthesia Assistants Review Course – Day 1 of 2
8 a.m.–noon	G01	Current Approaches for Treating Common Clinical Situations
8:15–8:35 a.m.		The Atrophic Maxilla: 3 mm Bone Anterior and Posterior – Surgical considerations
8:35–8:55 a.m.		The Atrophic Maxilla: 3 mm Bone Anterior and Posterior – Augmentation considerations
8:55–9:15 a.m.		The Atrophic Maxilla: 3 mm Bone Anterior and Posterior – Restorative considerations
9:15–9:30 a.m.		Panel Discussion and Interactive Questions
9:30–10 a.m.		Break in the Exhibit Hall
10–10:45 a.m.		Atrophic Posterior Mandible Case Presentations
10:45–11 a.m.		Panel Discussion and Interactive Questions
11–11:20 a.m.		Prosthetic Approach: When to Graft and When to Use Short Implants – Is there a difference long-term? Fixed or removable
11:20–11:40 a.m.		The Atrophic Edentulous Mandible: 8 mm
11:40 a.m.–noon		Panel Discussion and Interactive Questions
Noon–1 p.m.		Lunch in Exhibit Hall
1–4:40 p.m.	G02	Current Approaches for Treating Common Clinical Situations
1–1:15 p.m.		Single Missing Teeth with Bone Loss on Adjacent Teeth
1:15–1:30 p.m.		Single Missing Teeth with Bone Loss on Adjacent Teeth
1:30–1:45 p.m.		Single Missing Teeth with Bone Loss on Adjacent Teeth
1:45–2 p.m.		Panel Discussion and Interactive Questions
2–2:30 p.m.		Keynote Address: Patient Conditions that Increase Risk of Implant Failure
2:30–3 p.m.		Break in the Exhibit Hall
3–3:20 p.m.		Grafting the Central Incisor Site when Patient has Labial Bone Loss with Tooth Present
3:20–3:40 p.m.		Grafting the Concave Defect for Lateral Incisors in 17-year-old Female or Male: Growth Considerations and Long-term Considerations
3:40–4 p.m.		Treatment of 15-year-old Patient with Retained Deciduous Mandibular Molars with Premolar Agensis
4–4:20 p.m.		Combination Syndrome Patients: Edentulous Atrophic Anterior Maxilla with Opposing Anterior Dentition
4:20–4:40 p.m.		Sinus Grafting, Onlay Anterior Grafts or Zygomas
4:40–6 p.m.		Reception in the Exhibit Hall

Saturday, Dec. 4

Time	Session #	Session Name
7:45 a.m.–1 p.m.	A02	Anesthesia Assistants Review Course – Day 2 of 2
8 a.m.–noon	G03	The Use of Technology is Here and it's Being Used Daily
8–8:20 a.m.		What Does the Surgeon Need to Perform Digital/Virtual Planning and What Methods are Available for Combining Digital/Virtual Records for Composite Planning
8:20–8:40 a.m.		How do You Perform a Digital Waxup and Confirm Esthetics: Taking Merged Information and Performing Digital Waxup with Esthetic Smile Design
8:40–9 a.m.		How do You Confirm Implant Positioning Using Digital Planning
9–9:20 a.m.		The Complete Case: Start to Finish
9:20–9:40 a.m.		Panel Discussion and Interactive Questions
9:40–10:30 a.m.		Break in the Exhibit Hall
10:30–10:45 a.m.		Robotics: Yoni
10:45–11 a.m.		Dynamic Navigation
11–11:30 a.m.		Digital Workflow for Immediate Dental Rehabilitation in the Ablative Patient: Start to Finish
11:30 a.m.–noon		Digital/Virtual Reconstruction of the Ablative Cancer Patient: Start to Finish – Handling of complications
Noon–1 p.m.		Lunch in Exhibit Hall
1–5:30 p.m.		Anesthesia Assistants Skills Lab
1–3:40 p.m.	G04	Consensus/Endpoint Findings: Statements on Clinical Topics Presented in Previous Sessions
1–1:20 p.m.		Short Implants as an Alternative to Extensive Grafting for Vertical Atrophy
1:20–1:40 p.m.		Success Rates of Zygomas Alone for Atrophic Maxillas: Considering Design of Prosthesis and Long-term Maintenance
1:40–2 p.m.		Use of Bone Placed within the Sinus, Onlayed to Atrophic Ridge or Used with Interpositional Osteotomies
2–2:15 p.m.		Smoking: Does Cessation Affect Healing?
2:15–2:30 p.m.		Diabetes: Will the Controlled Diabetic Heal Better than a Non-diabetic Patient?
2:30–3 p.m.		Osteoporosis: Does Anti-resorptive Therapy Affect Bone Healing on an Implant – Or is the porosity of bone the key factor?
3–3:20 p.m.		Does Aging and Frailty Affect Implant Success?
3:20–3:40 p.m.		OMSNIC Update

'If you don't have a seat at the table, you're probably

AAOMS Today is publishing a series of interviews with AAOMS members who have served as President of the American Dental Association. They share their perspective, thoughts on collaboration and leadership as well as their journey to this prestigious position. This is the second article.



Ronald L. Tankersley,
DDS

A AOMS Life Fellow Ronald L. Tankersley served as 2009-10 ADA President. Previously, he was a member of the AAOMS Committee on Governmental Affairs, completed a four-year term as ADA 16th District Trustee – representing North Carolina, South Carolina and Virginia – and was involved in ADA committees and groups, including the Future of Healthcare/Universal Coverage Taskforce.

Dr. Tankersley also served as ADA Board liaison to the Dental Economics Advisory Group, Committee on the New Dentist, Council on Access, Prevention & Interprofessional Relations, and Council on Ethics, Bylaws & Judicial Affairs.

In addition, Dr. Tankersley is Past President of the Virginia Dental Association (VDA) and the Virginia and Southeastern Societies of Oral and Maxillofacial Surgeons. He practiced in Newport News, Williamsburg and Hampton, Va., retiring in 2015.

The VDA and other supporters established the Ronald L. Tankersley, D.D.S. Leadership Scholarship for dental students who display inventive, influential leadership.

Dr. Tankersley earned his DDS and completed his OMS residency at the Medical College of Virginia School of Dentistry, where he was Adjunct Professor of Oral and Maxillofacial Surgery.

Q Why is it important to get involved with the ADA?

A The ADA is the “umbrella” organization for the dental profession:

- It represents and advocates for the entire dental profession.

- It develops and maintains the standards for the dental profession, including those standards that directly impact oral and maxillofacial surgery.

Because of their training, affiliation with hospitals and scope of practice, most OMSs understand dentistry's relationship with America's overall healthcare sector better than most other dentists – the ADA needs that perspective.

Most OMS patients are referred by general dentists and other dental specialists. Actively participating in ADA activities helps OMSs better understand the concerns of those referral sources.

Because oral and maxillofacial surgery is an integral component of the dental profession, OMSs benefit from a strong dental profession: “What's best for the dental profession is what's best for oral and maxillofacial surgeons.”

Q How can involvement in the ADA support positions important to OMSs?

A Because the ADA develops and maintains the standards for the dental profession, OMSs who are active in the ADA have the opportunity to offer their perspectives in such areas of interest as diagnostic and procedural coding, third-party payer issues, legislative initiatives, specialty matters, ethics and professional conduct, education and accreditation standards, parameters of care, anesthesia education and practice standards and materials.

Q What did you learn or gain from your time as ADA President?

A Prior to serving in ADA leadership, I was active with AAOMS. So, I already appreciated AAOMS's value to OMSs. But my experiences as an ADA Trustee and Officer increased my appreciation for AAOMS's strength and sophistication relative to other dental specialty organizations.

My increased awareness of the many perspectives of my dental colleagues helped me better understand and represent the entire profession.

on the menu!' – lessons from an ADA Presidency

Q How did you work with AAOMS during your time as ADA President?

A Because I was an active member of AAOMS, I personally knew many AAOMS staff and volunteer leaders. So, I was able to work in concert with AAOMS on several issues, including dental anesthesia as a dental specialty, dentistry's role in Obamacare, dentistry's role in Medicare and the definition of oral health.

Q What would you say were your major accomplishments – and the ADA's major accomplishments – during your Presidency?

A Prior to my ADA Presidency, I was able to provide an OMS's perspective to the development of the ADA's procedure codes. As a result, 1) the descriptors for the tooth-removal procedure codes were updated to more accurately reflect the procedures used for those codes and 2) additional evaluation codes were added to more accurately reflect OMSs' evaluations of patients with emergency dental disease, dentofacial deformities and TMJ/TMD disorders.

Prior to my ADA Presidency, I also was active in developing the ADA's Parameters of Care and Definition of Dentistry; the latter facilitated OMSs' ability to provide cosmetic facial surgical services.

During my Presidency, the ADA: 1) formed a multidiscipline group to develop criteria to assess the long-term "effectiveness" of oral health programs and 2) initiated a formal and ongoing effort to bring together the many diverse groups with interests in oral health to help develop symbiotic relationships for providing dental care and advocating for our common goals.

Q How did you get involved with leadership roles and, ultimately, this Presidency?

A The head of my OMS residency program at the Medical College of Virginia (now affiliated with Virginia Commonwealth University) was Dr. S. Elmer Bear. From the beginning of my residency, Dr. Bear stressed our "home" was the dental profession, and it was important for us to be personally involved.

So, like most who attended MCV's OMS residency, I became an active member of the ADA. After beginning my private practice, I was active in my local ADA component society. Within a few years, I was elected to local leadership positions and became active in the VDA.

Then, my interest in third-party issues was piqued. Insurance coverage for one of my orthognathic patients was denied. When I learned the patient had the same insurance carrier I did, I was both surprised and perturbed. I realized I didn't have a clue about the policies and operating procedures of third-party healthcare payers. So, I worked to acquire a better understanding of that industry.

Soon, I became more knowledgeable than most dentists about third-party issues. Subsequently, I was appointed to and became Chair of the VDA's committee dealing with third-party issues and was appointed the VDA's representative on Virginia's BlueCross/BlueShield Advisory Board.

Because of their training, affiliation with hospitals and scope of practice, most OMSs understand dentistry's relationship with America's overall healthcare sector better than most other dentists – the ADA needs that perspective.

Several years later, I was elected President-Elect of the VDA. After I was elected to represent Virginia in the ADA's House of Delegates, I was appointed to and served as Chair of the ADA's Council on Dental Benefit Programs and the strategic planning, CDT-2 and diagnostic coding committees. I also served on the ADA's dental parameters committee.

After being elected 16th District Trustee on the ADA's Board of Trustees, my primary areas of interest were healthcare policy and ethics/professionalism. During my tenure on the Board, I chaired the ADA Institute for Diversity in Leadership board and was the Board's liaison to the ADA's Council on Ethics, Bylaws, and Judicial Affairs.

Subsequently, I was elected ADA President-Elect.

continued on next page

Q Why is it important to get involved in leadership positions? What would you say to encourage others to get involved in a leadership role?

A I encourage those who strongly support the profession to become involved in leadership in both the ADA and AAOMS.

But there is a caveat. Unlike leadership positions in corporate industry, climbing the leadership ladder in membership organizations does not increase your “power” – it only increases your knowledge and “responsibilities.”

For example, the primary responsibilities of the ADA President are to: 1) represent the Association, 2) promote the Association’s policies and 3) facilitate its business. During the entire year I served as President of the ADA, I was able to vote on only one issue (to break a tie on the ADA Board of Trustees).

My responsibility was to permit the different perspectives on issues to be considered by the Board, not to make the final decisions. So, volunteer leadership is not the “right fit” for those who believe it gives them “power.” Unfortunately, those volunteer leaders who do perceive their positions give them power can be a disservice to the mission of the organization.

That said, those who really care about the future of the profession should be actively involved in leadership so they can be involved in making the decisions that help determine that future.

One of the greatest benefits of being involved in leadership is the privilege of meeting and working with incredible people: 1) Most volunteer leaders are conscientious people who put the welfare of the profession above maximizing their personal “bottom lines” and 2) some professional staff members are more dedicated to the profession than many members themselves. Many on the professional staff know more about their specific areas of interest than anyone else in the state, country or world.

Another benefit is the experience of “making a difference.” Making a positive difference is psychologically very satisfying in any aspect of our lives. Most volunteer leaders believe they have “made a difference.” They cherish instances when they were at the right place at the right time with the right information and/or perspective to have a positive influence on the outcome of an issue.

Unfortunately, volunteers who don’t have that experience often become discouraged and quit their volunteer efforts. That’s one reason it’s important veteran leaders

Unlike leadership positions in corporate industry, climbing the leadership ladder in membership organizations does not increase your ‘power’ – it only increases your knowledge and ‘responsibilities.’

give newer leaders opportunities to actively contribute to the discussions and activities of the organization.

Finally, because the ADA is the umbrella organization for the dental profession, multiple perspectives are considered for any given issue. So, the perspectives of the OMSs in leadership positions don’t always prevail in the ADA.

Nonetheless, it’s important they have a seat at the table because, “If you don’t have a seat at the table, you’re probably on the menu!” ■

Other AAOMS members who have served as ADA President are:

1936-37 Dr. Leroy M.S. Miner

1946-47 Dr. Sterling V. Mead

1953-54 Dr. Leslie M. FitzGerald

1954-55 Dr. Daniel F. Lynch

1955-56 Dr. Bernerd C. Kingsbury

1975-76 Dr. Robert B. Shira

1978-79 Dr. Joseph P. Cappuccio

1979-80 Dr. I. Lawrence Kerr

1997-98 Dr. David A. Whiston

2005-06 Dr. Robert M. Brandjord

2020-21 Dr. Daniel J. Klemmedson



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— Drs. Kevin Patterson, Juliana DiPasquale and Lauren Hanzlik,
Denver Metro OMS

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Juliana DiPasquale, DMD and Kevin Patterson, DDS, MD
(not pictured: Lauren Hanzlik, DDS)

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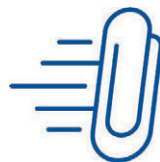
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Conference to focus on head and neck oncology

The biennial Head and Neck Oncology for the OMS conference returns in March.

Advances of Head and Neck Oncology for the OMS – being held March 4 – 6 at the OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill. – will bring together OMS leaders to discuss surgical and scientific developments in head and neck oncology. Participants will obtain education to help ensure patients receive the highest-quality surgical care with optimal functional outcomes after ablative and reconstructive head and neck surgery.

Topics will include advanced ablative techniques in head and neck surgery as provided by the OMS, evaluation and multimodality management of head and neck cancer patients,

ethical principles of head and neck oncology practice as an OMS as well as advanced management strategies for rare head and neck tumors.

Speakers also will discuss robotic head and neck surgery, emergency management of head and neck cancer, immunotherapy as well as osteoradionecrosis of the jaw and hyperbaric oxygen. A reception and an abstract session are scheduled.

Registrants will be able to sign up for two sessions of the March 4 Limited Hands-on Preconference, which will feature sessions addressing the sentinel lymph node, sialendoscopy, airway management and ultrasound with 10 attendees apiece.

More information is available at AAOMS.org/HeadandNeck. ■

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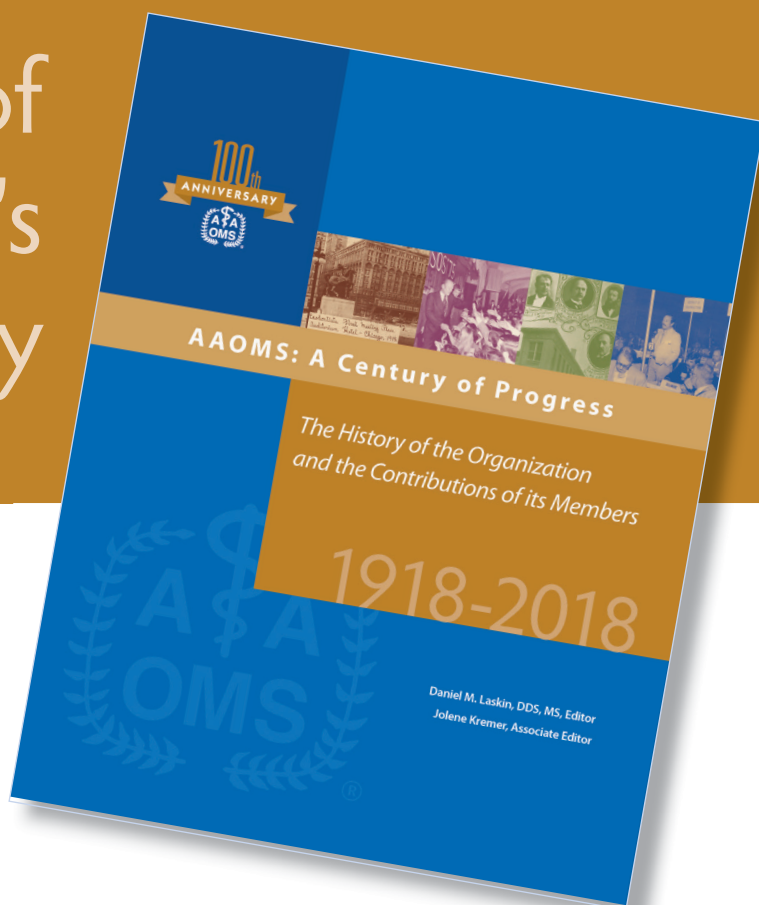
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Daniel M. Laskin, DDS, MS
AAOMS Today Editor

Improving the accuracy of survey research

The lack of grant-supported research funding – or the lack of research facilities – has led many residency programs to turn to surveys as a means of answering important clinical questions.

This also has been stimulated by the introduction of electronic survey platforms, such as SurveyMonkey, and the fact that such research is generally not subjected to extensive IRB review if there is proof the information is anonymous.

The important question, however, is how accurate is survey research?

Survey research has some of the same biases as other clinical research methods that can lead to inaccurate outcomes.

One is sampling error. With the great variation in the scope of clinical practice among oral and maxillofacial surgeons, this can lead to the sample of participants not truly representing the desired study population.

Sample size is another factor. A sample size that is too small may not include all the potential representatives of a heterogeneous population in proper proportion.

Response bias is another factor that can affect the accuracy of survey research. Respondents may misinterpret

questions, provide guestimates rather than accurate data or alter their responses to please the investigator.

However, the most common error in most survey research is the non-response error. Non-response is seldom random, and this can have a serious effect on the findings.

Attendees of a recent meeting of the Editorial Board of

JOMS discussed the question of what percent response to a survey should be considered adequate to warrant publication. This is a difficult question to answer, but it is an important clinical consideration based on the consequences of sample bias.

However, this is an area where we can be of help.

Responding to survey requests – rather than deleting them from your inbox – and providing

accurate answers will help improve the validity of such published research.

As a result, not only will the findings be more reliable, but they will ultimately lead to improved patient care. ■

The most common error in most survey research is the non-response error. Non-response is seldom random, and this can have a serious effect on the findings.

Planning your legacy?

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A new, guaranteed-issue life insurance program from Treloar & Heisel offers AAOMS members an easy and affordable way to make a new or upgraded legacy gift to the R.V. Walker Society



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– *Dr. Jeff and Lisa Wallen*

R.V. Walker Society members since 2019



“I hope that my legacy donation will help support the success of future generations of oral surgeons in this dynamic, forward-thinking profession.”

– *Dr. Karen Crowley*

R.V. Walker Society member since 2019



“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*

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Louis K. Rafetto, DMD
OMS Foundation Chair

New Chair encourages non-donor feedback

Who among us can truthfully say at this moment, “I saw this coming from a mile away”?

When I accepted the nomination for Vice Chair of the OMS Foundation’s Board in 2019, I never envisioned the circumstances under which I would be taking on the Chairmanship.

I speak for my fellow Directors when I express my thanks and praise to William C. Passolt, CPA, for his leadership during these past two years. He began

his term tasked with sustaining the forward momentum created by the Foundation’s Strategic Alliance with AAOMS and its Centennial Tree fundraising campaign. He concluded it during a resurgence of the mutating COVID-19 virus that has stubbornly rewritten our definition of “normal.”

And yet, in spite of the obstacles and detours of the past 20 months, the Foundation is experiencing its own resurgence. Since January 2020, more than 100 OMS for Innovation, Research and Education (OMSFIRE) donors have committed to major annual gifts of \$2,500, \$5,000, \$10,000 and \$20,000 for five years. Their generosity is helping fund new clinical research into improved non-narcotic pain management strategies, an analysis of data related to anesthesia and patient safety as well as yearly Student Research Training Awards that assist with sustaining a reliable pipeline for top talent to enter our specialty.

These donors also are rewriting the definition of the “typical” Foundation donor. Their ranks include retirees, new practitioners, young faculty, established practice owners and increasing numbers of OMSs who have partnered with DSOs and private equity firms. Though

they span the spectrum of age, ethnicity and gender, these donors share a desire to give back to the specialty they love and to take an active role in sustaining its vitality, resilience and relevance.

You can help by telling us what ‘meaningful and relevant’ mean to you or suggesting ways we can better meet your needs as a 21st century OMS.

If you are a donor, I offer my sincere thanks for your generosity and confidence in our mission.

If you are not, I would like to ask “Why not?” Even now, a majority of AAOMS members have chosen not to support our mission in 2021. We

would like the opportunity to change your mind and enlist your support, but first we need to know what’s deterring you. I challenge you to email info@omsfoundation.org with the subject line “Feedback” and allow us the chance to understand and address your concerns. Be assured that your comments will be taken seriously and kept confidential.

We are committed to serving the evolving needs of the specialty by investing in meaningful, relevant research that will help preserve our specialty’s competitive edge in an increasingly competitive arena. You can help by telling us what “meaningful and relevant” mean to you or suggesting ways we can better meet your needs as a 21st century OMS.

I hope you will take this opportunity to be heard or – if you can’t articulate a good reason why you have not given this year – I hope you will support our mission with a donation this month. Your gift will be matched by OMS Partners, LLC, effectively doubling its impact. Plus, you will get to enjoy the endorphin rush that accompanies every deliberate act made on behalf of the greater good.

Happy holidays and thank you! ■

Advocacy can turn an initial moment of despair

Similar to many others in his rotation year, Kristopher R. Cooper, DMD, MD, was looking forward to completing his residency training at the University of Pittsburgh's Department of Oral and Maxillofacial Surgery.

A former program chief resident, Dr. Cooper and his family of five were looking to settle in his home state of Maine. Anticipating the beginning of his professional life, he applied for licensure under both his dental and medical degrees, believing his six years of postgraduate, hospital-based OMS residency training would meet state requirements.

However, a seemingly simple bureaucratic process swiftly became a situation that would ultimately require state legislative and gubernatorial action.

While his dental license was granted without issue, the Maine Board of Licensure in Medicine informed Dr. Cooper he failed to meet the state's minimum educational requirements for medical licensure. Maine is one of a few states that requires an applicant to complete three years of postgraduate, ACGME-accredited residency training, but a provision was added to the law in 2012 to provide for OMS residency programs that may not otherwise meet this requirement.

The medical board, however, interpreted this law requires three years of residency-based training to be completed after achieving a medical degree.

"The postgraduate medical education requirement is interpreted to mean postgraduate education from medical school, not from dental school. That's what the issue is here," a board member said during a May hearing.

Because Dr. Cooper's degree was issued in Year Four of six, the medical board interpreted Dr. Cooper having only two years of PGY education.

"I thought that once they saw that we complete six years of postgraduate, hospital-based medical training and reviewed my month-by-month schedule of rotations that they would never consider my postgraduate education inadequate for

their requirements," Dr. Cooper said. "After all, this is one of the longest residencies when compared to the majority of other medical specialties."

Not only was Dr. Cooper told he was ineligible for licensure, board staff also informed him that, as a result, the board could not review his application and if he continued to pursue, any denial may lead to a disciplinary report to the National Practitioner Data Bank.

I didn't understand the importance and the impact of political action until I found myself stuck being treated unfairly by the laws of my state.

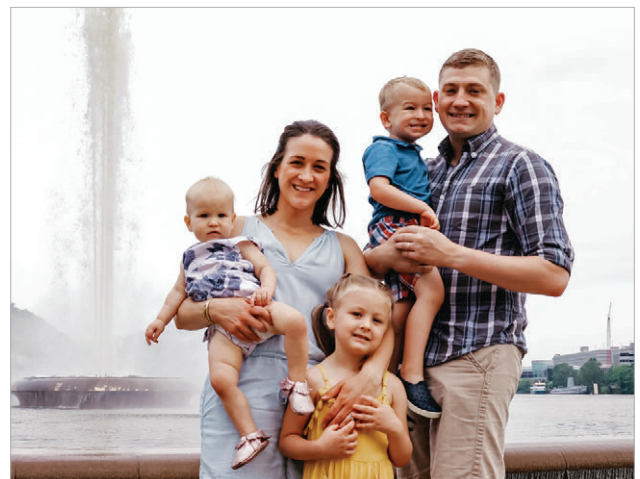
– Dr. Cooper

"Though they made clear this 'formal denial' was unlikely, the fact that requesting further review of my application could lead to such an outcome was enough to convince me to withdraw the application right away," Dr. Cooper said.

Frustrated with this response – and wanting to return to Maine to practice under the degrees he invested significant time

in – Dr. Cooper turned to mentors in the OMS community, eventually connecting with the state OMS and medical societies, which helped him initiate legislative action to clarify the state statute.

LD 1629 was introduced to address Dr. Cooper's and other OMSs' situations. During a subsequent hearing, Dr. Cooper and others testified in support of the measure. In addition



Dr. Kristopher R. Cooper and his family in Pittsburgh.



into ultimate triumph – one surgeon's story



Top: Dr. Cooper testifies on May 18 before the Joint Health Coverage, Insurance and Financial Services Committee. Right: Maine Speaker of the House Rep. Ryan M. Fecteau (D) gavel on June 9 passage of LD 1629.

to support from AAOMS, the Maine Society of Oral and Maxillofacial Surgeons, Maine Dental Association and Maine Medical Association all issued statements of support.

"I was so incredibly grateful on the day of my testimony before the relevant legislative committee – they really listened to me, and it was clear they had read up on the issue before the hearing took place," Dr. Cooper said. "They asked excellent questions and demonstrated understanding of the importance of our specialty to the community."

After some minor amendments, legislation was approved to move forward and signed by Gov. Janet Mills (D) on June 16, effectively providing for dual-degree OMSs to achieve medical licensure in Maine.

"In a way, I feel somewhat selfish – I didn't understand the importance and the impact of political action until I found myself stuck being treated unfairly by the laws of my state," Dr. Cooper said.

When asked what advice he would offer others in similar situations, he said, "Don't give up. If you know that what you are fighting for is the right thing to do, all you need is to shed more and more light on the issue."



Dr. Cooper also advised: "Ask someone who knows more about the issue than you do" and "don't shy away from asking for help from the community." ■

Additional information on joining state advocacy efforts is available by contacting one's state OMS society, dental association or advocacy@aaoms.org. In addition, those interested can sign up to assist in AAOMS advocacy efforts by joining the OMS Action Network at AAOMS.org/Action.



Federal and state governments work to accomplish

While many states sought to mitigate COVID-19 surges associated with the delta variant, Congress and the Biden Administration have been working before the end of the year to advance several priorities they believe will help the country rebound from the pandemic.

Federal level

This fall, Congress is seeking to address a number of issues, including passing legislation to fund the government in Fiscal Year 2022 and to raise the nation's borrowing limit.

Congressional Democrats also are trying to pass a bipartisan infrastructure package and a \$3.5 trillion reconciliation package that is expected to include domestic Democrat priorities related to healthcare, education, childcare, clean energy and more. As of mid-October, the House reconciliation package includes legislation to expand Medicare dental benefits under Part B.

AAOMS has vigorously advocated against this legislation through congressional meetings, letters to congressional committees of jurisdiction and grassroots efforts. The Association also has encouraged its members to ask Congress to oppose the use of the reconciliation processes to expand Medicare dental benefits and to instead work with the dental stakeholder community to craft a more thoughtful and successful legislative approach to providing low-income seniors with access to dental care.

In addition, other recent federal activities have occurred:

- The Biden Administration announced Aug. 6 a "final extension" through Jan. 31, 2022, on the pause of federal student loan payments and interest accrual stemming from the impact of COVID-19. As the economy continues to rebound, extending the deadline gives the

Department of Education time to prepare for a smoother transition that may prevent borrowers from payment delinquencies or loan defaults.

- The U.S. Department of Education announced Oct. 6 changes to Public Service Loan Forgiveness, the federal loan program aimed at providing loan forgiveness after 10 years to borrowers serving in the public sector. The program, created in 2007, has been criticized for failing to forgive the loans of thousands of borrowers by not giving them credit for years of payments due to complicated eligibility rules, servicing errors and other procedural hurdles. The Administration will create a time-limited waiver through Oct. 31, 2022, to allow borrowers with certain loans to qualify for forgiveness, even if previously ineligible. It also will eliminate certain barriers to forgiveness for military members.
- Rep. Steve Cohen (D-Tenn.) introduced Aug. 27 the Medicare Medically Necessary Dental Care Act (HR 5110), which would provide coverage under Medicare Part B for medically necessary dental procedures in conjunction with treatment of patients requiring prosthetic heart valve replacement and organ transplantation or diagnoses of cancer of the head or neck, lymphoma and leukemia. AAOMS sent a letter of support to Rep. Cohen.
- The Biden Administration announced Aug. 31 the establishment of the Office of Climate Change and Health Equity within HHS. The new office – reporting to HHS Secretary Xavier Becerra, JD, and the Assistant Secretary for Health – will treat climate change as a public health issue. Its mission will be to "protect vulnerable communities who disproportionately bear the brunt of pollution and climate-driven disasters, such as drought and wildfires, at the expense of public health."



priorities before end of year with pandemic ongoing

One of its first tasks will be to evaluate greenhouse gas emissions from parts of the healthcare sector while noting no specific goals for emission reduction.

- The Centers for Medicare and Medicaid Services (CMS) announced Aug. 30 the appointment of Natalia Chalmers, DDS, MHSc, PhD, a board-certified pediatric dentist and public health advocate, as Chief Dental Officer. Dr. Chalmers will use her role to help advance oral health in Medicaid, the Children's Health Insurance Program (CHIP), Affordable Care Act marketplace and Medicare. CMS has not had a Chief Dental Officer since September 2017, when Dr. Lynn Mouden retired. AAOMS and other dental stakeholders have since advocated for the appointment of a new CMS dental director.

State level

COVID-19 vaccine mandates continue to expand throughout the states, particularly for healthcare providers. California took action on an issue that has long-plagued state OMSs while New Hampshire is following many states in mandating e-prescribing for controlled substances:

■ **COVID-19 vaccines** – President Biden has announced additional vaccine mandates for offices with more than 100 employees or hospitals that receive funds from Medicaid or Medicare. Formal language on this announcement was pending at press time.

In addition, vaccine mandates have been announced by the Department of Defense as well as for many healthcare providers, including those in Connecticut, Delaware, Illinois, Maine, Maryland, New Mexico, New York, Oregon, Pennsylvania, Rhode Island and Washington. Some states allow an option for individuals to receive weekly COVID-19 testing in lieu of vaccination.

■ **California** – Gov. Gavin Newsom (D) signed AB 526, a bill that, among other provisions, allows dentists to administer COVID-19 and influenza vaccines. The bill expands the definition of "laboratory director" to include dentists. State law requires a clinical laboratory test or examination classified as waived under the Clinical Laboratory Improvement Amendments of 1998 (CLIA) to be performed under the overall operation and administration of a laboratory director. Dentists are not recognized as acceptable providers for this role. While the impetus of the bill was to allow dentists to perform rapid COVID-19 testing in-office, the change will have a further positive effect, as the provision has long made it difficult – if not impossible – for single-degree OMSs to perform CLIA-waived testing, including certain immediate pre-op tests, such as PT/INR.

■ **New Hampshire** – Gov. Chris Sununu (R) signed HB 143, requiring all prescriptions for controlled substances to be e-prescribed by Jan. 1. The bill provides limited exceptions and a waiver process not to exceed one year. Thirty-three states now require e-prescription of controlled substances.

OMSPAC update

OMSPAC raised \$370,689 from 15.38 percent of the membership as of September. The PAC has contributed \$63,000 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 member contributions made to OMSPAC also support AAOMS advocacy efforts?

Visit [OMSPAC.org](https://www.omspace.org) to learn how and for additional facts about OMSPAC.

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



■ **FTC** – The Federal Trade Commission (FTC) issued a policy statement to clarify that its decade-old Health Breach Notification Rule not only covers personal health records, but also health apps and fitness trackers. The commission also provided notice it intends to bring action to enforce the rule, including civil penalties of \$43,792 per violation per day.

■ **Office of Digital Transformation** – The FDA launched the Office of Digital Transformation as a part of its data modernization strategy. The new office will manage the FDA's data management, cybersecurity and IT function and will report directly to the agency commissioner.

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Photo: Chris De La Mater, DDS and Laurie Goldenberg, DDS, MD, oral and maxillofacial surgeons and partners at Associated Oral & Maxillofacial Surgeons, Maple Grove, Minnesota.





Topics: Fit testing, OUD and accommodations

Q If my practice requires staff to wear N95s, is fit testing required? How often should this occur?

A Under OSHA standard 1910.134, any workplace where a respirator is necessary to protect the health of employees, or if the employer requires a respirator, the employer must establish a written Respiratory Protection Program (RPP). An RPP must include fit testing before using a respirator and annually thereafter.

Additional information on fit testing requirements is available at [OSHA.gov](https://www.osha.gov). A sample RPP can be found at [AAOMS.org](https://www.aaoms.org).

Q A new employee disclosed undergoing treatment for opioid use disorder (OUD) and requested a schedule change to attend a support group. Is my practice required to grant this request?

A Under the Americans with Disabilities Act (ADA), opioid addiction (sometimes called OUD) is a diagnosable medical condition that can be classified as a disability. An employee who is 1) using opioids, 2) is addicted to opioids or 3) has been addicted to opioids but is not currently using drugs illegally, may have the right to request and be granted a reasonable accommodation.

For example, an employee may request an altered schedule to attend a support group meeting or therapy session that will help him or her avoid relapse. However, when granting a reasonable accommodation, an employer never has to lower performance standards, eliminate essential job duties, pay for work not performed or excuse illegal drug use on the job as a reasonable accommodation.

Additional information is available at [EEOC.gov](https://www.eeoc.gov).

Q What is considered a reasonable accommodation or undue hardship? When is my practice required to provide an accommodation?

A Under Title I of the ADA, employers are required to provide a reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless providing an accommodation would cause an undue hardship to the practice.

Because of the nature of discrimination experienced by those with disabilities, the duty to provide a reasonable accommodation is a fundamental statutory requirement.

An employer may have to provide reasonable accommodations, such as:

- Making facilities accessible.
- Restructuring a job.
- Modifying or making a schedule part-time.
- Acquiring or modifying equipment.
- Changing tests, training materials or policies.
- Providing qualified readers or interpreters.
- Reassigning to a vacant position.

An employee can request a reasonable accommodation at any time using “plain English.” It is not required for an employee to mention the ADA or submit the request in writing. If the accommodation request is determined unreasonable and will result in an undue hardship, the practice is not required to grant the request and may consider an alternate accommodation. Additional information is available at [EEOC.gov](https://www.eeoc.gov).

Q To ensure my practice is not discriminating against a patient, current employee or potential employee, when is drug addiction a disability under federal rights laws?

A According to the HHS Office for Civil Rights (OCR), under Section 504 of the Rehabilitation Act, the ADA and Section 1557 of the Affordable Care Act, drug addiction, including an opioid addiction, is considered a disability when the addiction substantially limits a major life activity.

To be protected under federal disability rights laws, the individual must meet the essential eligibility requirements for receipt of services to be determined a “qualified” individual with a disability. Additional information is available at [HHS.gov](https://www.hhs.gov).

Q Are resources available to help train staff about discrimination and OUD?

A The OCR released resources to respond to the opioid crisis, offering fact sheets addressing nondiscrimination laws and civil rights as well as a five-part video series, Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder. These resources provide needed training and inform about protections under federal disability rights. HHS also released new HIPAA guidance regarding the opioid crisis. These materials are available at [HHS.gov](https://www.hhs.gov).

The AAOMS CE on Demand library offers the webinar, Safety and Dignity Front and Center: The Opioid Epidemic in the Time of COVID-19, at [AAOMS.org/CEOnline](https://www.aaoms.org/CEOnline).

For further explanation, consulting with legal counsel is encouraged. ■

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.

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New HP high-yield cartridge program created for members through Office Depot/OfficeMax



HP and Office Depot/OfficeMax have teamed up to offer AAOMS members HP high-yield cartridges at a special price. Most AAOMS members are familiar with standard cartridge SKUs in colored HP boxes, but high-yield cartridge SKUs are typically only available through special corporate agreements. These HP high-yield SKUs print twice as many pages as a standard cartridge. The slightly higher upfront cost of the high-yield cartridges is offset by a substantial annual savings.

If you missed the September e-newsletter announcement explaining this new program in detail, email aaomsadvantage@aaoms.org for more information. You also can visit the AAOMS Advantage Office Depot webpage for information on which HP standard cartridges match which high-yield cartridges. To find out if you are properly enrolled in the Office Depot/OfficeMax program to access these special discounts, visit the member portal on the Office Depot website or email aaomsadvantage@aaoms.org. Note: This special high-yield cartridge offer is not available at Office Depot/OfficeMax retail outlets.



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Build a team that ‘rocks’ to improve patient care

By Laura Nelson, MS, FAADOM

Founder/Operations Leader, Front Office Rocks

It seems everywhere you turn, someone is saying something “rocks,” people are “rock stars” or it is time to “rock ‘n’ roll.” That terminology has become more common, challenging one to put a bit more content and description behind these terms when using them to define building a team that “rocks.”

When working on building the best team, there are specific values, traits, qualities or personality styles you – the practice owner – want. Some join the team with some or all the qualities you desire while others might need some guidance or training to help them improve in one or more areas.

In order for your team to become great, it is important each team member is continually working to improve and grow professionally. No employee is perfect, and if someone on your team thinks he or she is, you might want to find a new team player. Building a rock star team requires a mentality that allows room for growth and a willingness to learn in an effort to improve patient care and the success of your practice.

To assemble an amazing team in your practice, you should seek all different types of strengths. The backbone of a good team is knowing who is strong and in what area, relying on each other while working together to achieve a better result than one team member can do alone. A great team combines each element listed, knowing that with the whole team working toward the same goal, anything can be accomplished.

Breaking this down: ROCKS

■ **Responsible** – definition: Capable of being trusted and morally accountable for one’s behavior.

This is the foundation to building a great team. Those who are responsible are accountable for their actions. They step up when needed. They don’t turn and look away from challenges. Instead, they jump in and do what they can to help situations.

Responsibility can be confused with blame, which is pointing fingers at each other and not taking responsibility

for something. When you have a team that has a foundation of responsibility, each team member is looking to make a difference. Team members understand how they play a part in the bigger picture and always do what they can to improve any situation.

■ **Organization** – definition: An efficient and orderly approach to tasks or an organized body of people with a particular purpose.

First, your team members should be organized in their work. Not everyone needs to be organized to the extent of being “Type A,” but your team should have systems, plans and follow-through to carrying out tasks. It is critical for staff to have a system of organization in place to fulfill their responsibilities.

Organization also relates to a team’s understanding of the practice as a whole. As mentioned, team members need to understand and value they are part of a bigger group and how their roles directly correlate to the success of the practice. You may have a staffer who is not necessarily the most qualified or experienced employee, but that staffer puts all the effort possible into accomplishing tasks. That is highly preferable to a staffer who thinks he or she is the perfect employee but does not work well with others or feels too valuable to put in any hard work toward achieving team goals.

■ **Conscientious** – definition: Wishing to do what is right, especially to do one’s work or duty well and in a thorough manner.

At the end of the day, a great team also is made up of staff who do right. Being conscientious as an employee means you make decisions carefully, have the best interests of the practice and patients at heart, follow policies and guidelines and are a trustworthy member of the team.

To build a team that rocks, everyone needs to be able to rely on each other, believe team members are honest in what they say and do and know everyone is doing the best to ensure they do not drop the ball or let tasks fall through the cracks.

■ **Kind** – definition: Having or showing a friendly, generous and considerate nature.

No one wants to be around someone who is unkind. Staff spend more time with their coworkers than they do their

continued on next page



own families, so working with kind staff makes for a more enjoyable situation. Employees need not walk around with flowers, compliments and smiles every day – that is not realistic. But a good team will have staff who value the thoughts and feelings of others when conducting themselves at work.

In any industry, there are unhappy employees. If a practice has a team of unhappy staff who do not consider the feelings of others, that builds an unhappy office culture. This is not only negative for staff – it also is negative for patient care, as patients can pick up on these sentiments. Being a kind individual means understanding the world does not revolve around one individual. Everyone's feelings matter, and making an effort to be nice is just as critical to job performance as carrying out individual tasks.

■ **Succeed** – definition: To turn out well; to attain a desired object or end.

The final metric that makes employees be considered rock stars is having the desire to succeed in their role – for patients, coworkers and themselves. Success can look different depending on the individual, but mostly, it is about trying to do right. Not every team member is going to be successful from the start or all the time. But if a team member is putting in effort to improve, he or she is in the process of becoming a success. Having a team member who wants to learn, grow and look for ways to be successful is much preferred to one who puts in the bare minimum.

A work in progress

Lastly, it is critical to stay in regular communication with the team on each of these elements. Building a team that rocks is always a work in progress. It is important to recognize employees are not perfect and practices are always changing. An open dialogue with staff on their development in these areas is important, as is



acknowledgement that even a small improvement is a step in the right direction.

This helps team members understand how their efforts are contributing to the practice's success as a whole. Practice leaders should measure themselves against these same five metrics (R-O-C-K-S), which will help reinforce the importance of each. Lead by example, foster open communication and never let anyone on the team forget he or she is a rock star. ■

Additional content is available in the author's webinar recording, Build a Team that Rocks, at AAOMS.org/CEonline.



This is number 182 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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Anesthesia: Coding issues related to reporting

Q When reporting CPT code 00170 or 00190 to medical insurance, the practice received denials stating the code must contain a “valid anesthesia modifier.” What modifier is the insurance carrier asking for?

A CPT codes in the anesthesia chapter, such as 00170 (anesthesia for intraoral procedures) and 00190 (anesthesia for procedures on facial bone or skull), are normally used for someone other than the operating surgeon – for example, a certified registered nurse anesthetist (CRNA) or an anesthesiologist.

When a code from the anesthesia chapter is reported on a claim, the insurance carrier assumes a separate provider is administering the anesthesia and therefore may request a modifier, such as – AA or QX. These provider type modifiers would not be reported by an oral surgeon because they are personally performed by an anesthesiologist or a CRNA.

According to CPT’s anesthesia guidelines, to report anesthesia administered by the operating surgeon, append modifier – 47 (anesthesia by surgeon) to the surgical procedure, using a two-line method. For example, if reporting procedure code 41806 and the OMS is administering anesthesia simultaneously, the procedures would be reported as:

41806 Removal of embedded foreign body from
 dentoalveolar structures; bone

41806 – 47 General anesthesia performed by the surgeon

Per CMS 1500 claim instructions, unless time is indicated in the code nomenclature, the units box would reflect the total number of minutes anesthesia was administered. If time is indicated in the code nomenclature, units may be reported.

However, it is important to ask the insurance carrier if it prefers anesthesia units or time on the claim and if the payer requires physical status modifiers (P1-P6) to designate the general health of the patient.

Q What is the proper way to report anesthesia time when billing to a medical and dental payer?

A Billing for the next time increment depends on the coding system used. Per CPT coding guidelines, more than half of the time in a 15-minute increment of moderate sedation must be carried out in order to bill for an additional 15 minutes.

When utilizing modifier – 47 for general anesthesia (anesthesia by surgeon), time is to be reported instead of units, unless otherwise directed by a carrier.



On the other hand, CDT coding guidelines are silent on the matter. However, the ADA has stated in an opinion posted on its website that the next increment of time may be billed even if only one minute of that increment is rendered. Not all payers will have the same interpretation, so a practice will want to verify the payer’s policy before submitting claims.

Both CPT and CDT have similar definitions of what constitutes anesthesia time. Per CDT guidelines: “Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.”

Q How is general anesthesia or IV sedation reported to Medicare?

A Medicare does not allow separate reimbursement for general anesthesia when rendered by the operating surgeon, as it considers the reimbursement to be included in the reimbursement of the surgical procedure. Therefore, OMSs may not separately charge Medicare or Medicare beneficiaries for general anesthesia services. Because many third-party payers utilize Medicare policy, it is possible that other medical insurance carriers also may bundle payment for general anesthesia.

While AAOMS advocates third-party payers provide separate coverage for anesthesia services, OMSs are encouraged to work directly with their contracted third-party payers.



office-based services

On the other hand, the majority of Medicare contractors will allow separate payment for operator-administered moderate sedation (99151-99153).

It is important to note CPT anesthesia guidelines require the presence of an independent, trained observer to assist in the monitoring of the patient's level of consciousness and physiological status if the sedation is done by the same provider performing the procedure.

Q Can CDT code D9219 (evaluation for deep sedation or general anesthesia) be reported at the same time as a standard evaluation code, such as D0140?

A CDT code D9219 is not intended to be reported on the same date of service as another Evaluation and Management code. Therefore, if an evaluation is performed that results in a decision to perform surgery, the anesthesia evaluation may be considered included in that evaluation.

However, code D9219 may be reported by the OMS on the same date as the surgical procedure if the therapeutic evaluation was performed on a previous visit because an anesthetic evaluation is necessary prior to performing surgery.

AAOMS offers additional resources as well as coding and billing courses for reporting anesthesia services at AAOMS.org and AAOMS.org/CEOnline. ■

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.

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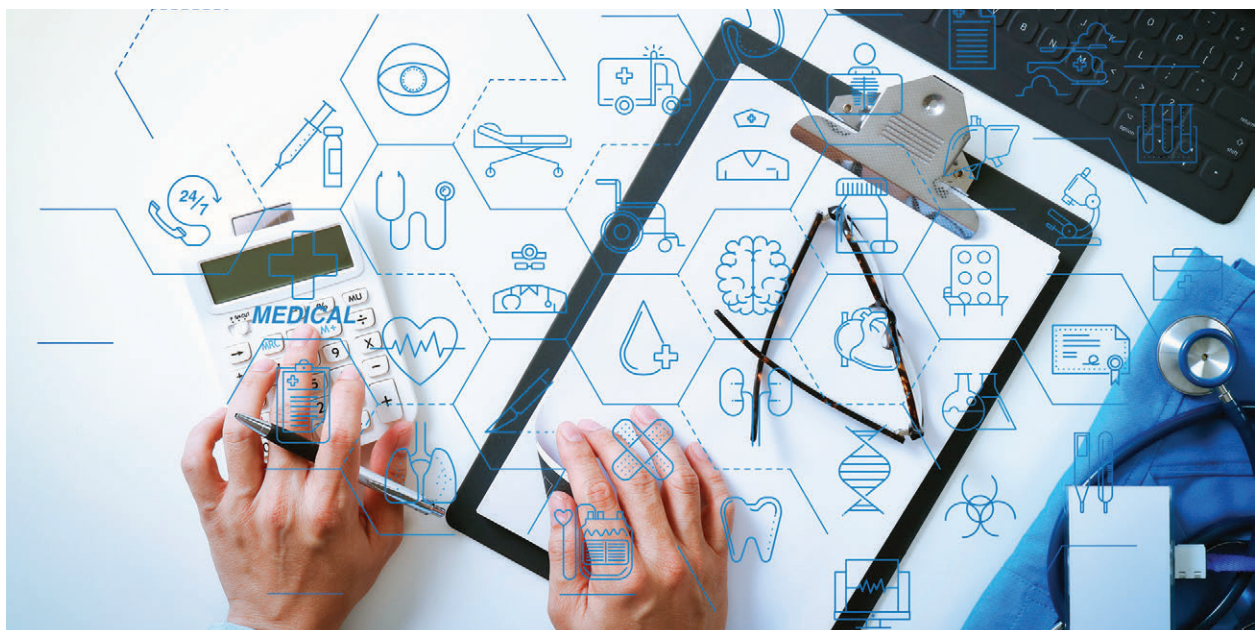
Highlighting proposed MPFS and Outpatient

While some OMSs may choose not to enroll as Medicare providers, it is important to become familiar with CMS policies in the Medicare Physician Fee Schedule (MPFS), as many commercial payers adopt the same claim processing guidelines.

The MPFS proposed rule for 2022 includes a wide range of topics related to the OMS. Due to mandated budget neutrality adjustments, the 3.75 percent payment increase provided by the Consolidated Appropriations Act, 2021, will expire at the end of 2021, and the proposed 2022 MPFS conversion factor is \$33.58, a decrease of \$1.31 from the 2021 PFS conversion factor of \$34.89.

Additional proposed highlights include:

- **Telehealth services** – Certain services added to the Medicare telehealth list are allowed to remain on the list until the end of Dec. 31, 2023, in order for a “glide path” to evaluate whether the services should be permanently added to the list following the COVID-19 public health emergency (PHE).
- **E/M visits** – Proposed refinements to policies for split (or shared) E/M visits and services furnished by teaching physicians involving residents include:
 - **Teaching physician services** – CMS is proposing to clarify that the time when the teaching physician was present can be included when determining the E/M visit level and clarifying the definition under the primary care exception policy that residents will be restricted to using Medical Decision Making (MDM) instead of time to select the level of E/M service.
 - **Split (or shared) E/M visits** – This refinement modifies existing policy to allow physicians and non-physician providers to bill for new and established patients, initial and subsequent visits, critical care visits and prolonged services. The claim will require a modifier and documentation in the medical record to identify the two providers who performed the visit where the individual providing the substantive portion must sign and date the medical record.
- Penalties for noncompliance of the appropriate use criteria program for advanced imaging services are delayed until Jan. 1, 2023, or the first January after the end of the COVID-19 PHE, whichever is later.
- Cuts to practice expenses to account for the four-year, market-based transition of supply and equipment prices have resulted in insufficient wage rates and undervalued clinical labor. Redistribution effects of the clinical labor pricing are proposed to impact the OMS specialty by -4 percent.





Prospective Payment System/ASC payment rules

- Also proposed are a transition to digital quality measurement and incorporation of the use of Fast Healthcare Interoperability Resources developing standardization, interoperability and collection of social determinants of health data.
- The CMS Web Interface for performance years 2022 and 2023 is extended after it was originally scheduled to sunset at the end of 2021.
- Traditional Merit-based Incentive Program Systems (MIPS) are streamlined to the development and implementation of MIPS Value Pathways (MVPs) with a proposal to add seven specialty categories/conditions – MVP candidates – beginning with the 2023 performance year.

Under the statute, CMS proposes to reduce the Quality Performance Category from 40 percent to 30 percent and increase the Cost Performance Category from 20 percent to 30 percent. Both the Improvement Activities (15 percent) and Promoting Interoperability (25 percent) performance categories remain the same from last year.

The maximum MIPS penalty is 9 percent, and the bonus will depend on penalties collected within the four categories. CMS proposes to raise the 2022 MIPS threshold to 75 points (from 60) and the exceptional performance threshold to 89 points.

Proposed OPFS/ASC payment rule

The Outpatient Prospective Payment System (OPFS)/ Ambulatory Surgical Center (ASC) rule proposes to halt the 2021 planned phased elimination of the Inpatient Only List that allowed 36 OMS musculoskeletal procedures to be payable when rendered in the outpatient or inpatient setting this year.

CMS stated the Inpatient Only List was eliminated without individually evaluating whether the procedures on the list met the long-standing criteria previously used to determine if a procedure could be safely removed. If this proposed rule is finalized, these procedures will once again be payable only when provided in an inpatient basis.

The list of proposed Inpatient Only procedures may be found in Table 35 at [CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS).

In 2021, CMS simplified the criteria used to determine whether a procedure is deemed safe and payable when performed in the ASC, resulting in 16 OMS procedures added to the ASC covered procedure list (CPL).

However, for 2022, CMS is proposing to reinstate the patient safety criteria previously used to evaluate whether a procedure should be payable in the ASC that were removed in 2021. If approved, this policy would result in 15 OMS procedures removed from the ASC-CPL list that were added in 2021. The proposed ASC-CPL list and those codes excluded from the ASC may be found in Addendum AA and EE at [CMS.gov/medicare/medicare-fee-service-payment/asc/paymentasc-regulations-and-notice/CMS-1753-p](https://www.cms.gov/medicare/medicare-fee-service-payment/asc/paymentasc-regulations-and-notice/CMS-1753-p).

CMS also is proposing to increase the civil monetary penalty for some hospitals that do not comply with the Hospital Price Transparency final rule.

Both the MPFS and OPFS/ASC final rules are anticipated to be released in early November. AAOMS will provide a full summary of the final rules when published at the end of 2021. ■

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New office opens for ABOMS near O'Hare

ABOMS has moved its office from Chicago, Ill., to a location closer to O'Hare International Airport.

As of Nov. 1, ABOMS changed its location to 8770 W. Bryn Mawr Ave. in Chicago. While its long-standing location provided benefits of being in the heart of downtown on Michigan Avenue, the new location facilitates easy access for quick meetings, as it is only a few miles from O'Hare, near AAOMS headquarters in Rosemont.

ABOMS began its journey in 1946 with an office in Dubuque, Iowa, out of convenience to its first Secretary, Dr. Leslie FitzGerald. In the late 1960s, the administrative offices moved to the ADA building in Chicago. The first ABOMS staffer was hired, and the association grew each year as oral and maxillofacial surgery flourished.

In 1988, the need for more space and greater autonomy from the ADA as well as growing costs brought ABOMS to 625 N. Michigan Ave., where it remained until now.

The new location will be much closer to such affiliated organizations as AAOMS and OMSNIC as well as less than a 10-minute drive to the airport, allowing for Board members or Examiners to fly in, even if just for the day during their busy schedules. The new building has updated facilities, meeting space, free parking and is located within walking distance to public transportation.

ABOMS.org has the most up-to-date contact information. ■



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LSU Health Sciences Center Shreveport

LSU Health Sciences Center Shreveport is accepting applications for a Department Chair, a full-time faculty member in the Department of Oral and Maxillofacial Surgery (OMFS). We seek exceptional candidates with expertise in acute maxillofacial surgery, incomparable scholarly vocation, and fervor for resident, fellow, and student education. The selected incumbent will serve as the Chief Administrative Officer of the Oral and Maxillofacial Surgery Department, reporting to the Dean of the Medical School. He/She will implement and over-see programs of excellence in teaching, research and service.

The Chair will direct all aspects of recruitment and professional development for Oral and Maxillofacial faculty and staff. The incumbent will administer all fiscal matters, ensuring that all allocated funds and resources are utilized to the best interest of the Medical School and for the Oral and Maxillofacial Surgery Department. The selected candidate will serve as spokesperson to the Dean in matters of the Oral and Maxillofacial faculty concerns and development as well as working with the Oral and Maxillofacial faculty to provide courses to students.

The candidate must have an MD, DDS or, DMD degree and be eligible for board certification or be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the state of Louisiana.

Primary responsibilities include a dedication to patient care, fostering clinical instruction of residents and fellows, scholarly ingenuities, and service. This position is both clinical and academic. The candidate is enthusiastic about developing and fostering clinical practices in addition to conducting clinical and basic science research. Qualified candidates are encouraged to email their letter of interest and current CV to Carolyn Winner, carolyn.winner@lsuhs.edu

LSUHSC – Shreveport is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. LSUHSC-S has a strong commitment to principles of diversity, and in that spirit, actively encourages applications from groups underrepresented in medical education.

7 tips as student loan payments restart in 2022

By Patrick Cortazzo Jr., CSLP, ChFC

Associate wealth advisor

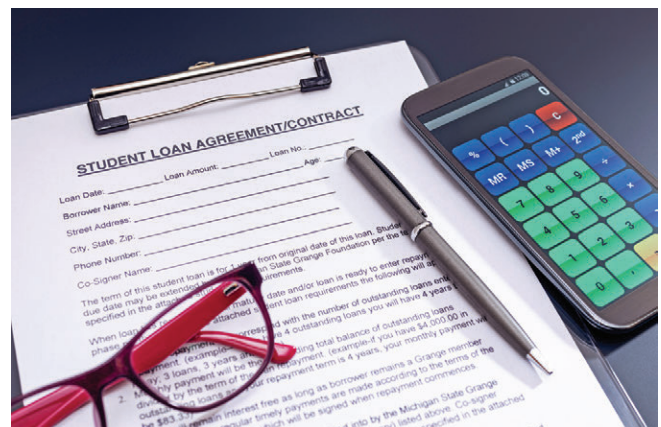
Treloar & Heisel Wealth Management

If you experienced a pause in your student loan payments in 2020-21, the following are tips to ease the transition as you restart payments in January 2022:

- **Remember what kind of repayment plan you committed to** – Check with your provider to find out exactly when you need to start paying and how much. A “standard” repayment plan is 10 years, though there are several alternate plans.
- **Knowledge is power** – Knowing what type of loans you have, whether they are a direct or a Family Federal Education Loan and whether they are subsidized can help shed light on whether you have additional options about student loan repayment.
- **Pay attention to changes in income** – If your income has changed, you will have to recertify that income at some point, and that could dramatically change your monthly payments.
- **Income-driven repayment (IDR) vs. refinancing? Crunch the numbers** – With IDR, calculating cost becomes more complex because the cost is dependent on your income and its growth over time. Also, certain IDR plans will cap your monthly loan payments at the standard 10-year amount, with one of the exceptions Revised Pay As You Earn (REPAYE). There is no maximum monthly payment for REPAYE. If your income increases to this level, you may pay your loans off at a much higher interest rate compared to refinancing.
- **Don’t assume forgiveness** – IDR plans may forgive any outstanding loan balance remaining after 20-25 years, depending on the plan. There’s no guarantee. Your income may increase enough that your loans will be repaid in full prior to receiving any forgiveness, often at a higher interest rate compared to if you refinanced. If the balance of your loan is forgiven, the forgiven amount may be taxed as ordinary income.
- **Understand the difference between consolidation and refinancing** – Consolidation combines your outstanding loans and allow you to make a single payment based on a weighted average interest rate rounded up by 1/8th

percent. Refinancing entails finding a lender that will pay off federal loans and issue a new loan with a certain interest rate, fixed or variable. Beware of companies offering to consolidate loans for a fee. You should always work directly with a loan servicer and trusted advisor to make changes to your repayment plan.

- **Not all financial advisors understand the complexities of student loan repayment in oral and maxillofacial surgery** – Find one who does. ■



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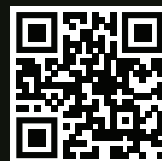
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MEMBERSHIP



Reminders about 2022 dues sent to members with December deadline

All AAOMS fellows, members and candidates have been mailed 2022 membership dues notices. Those who sponsored allied staff members in 2021 will see those names on their annual statements to allow for convenient membership renewal.

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

Dues payments can be made at AAOMS.org or by secure fax or mail. Allied staff members wishing to renew on their own can log in to their individual membership account on AAOMS.org and pay online at any time. Because the online system is set up for individual logins, sponsoring members

cannot pay for their allied staff members when they log in to their OMS member online accounts.

Payment for 2022 dues and assessments is due by Dec. 15. If circumstances make it difficult to meet this deadline, AAOMS offers a payment plan. Those interested should email membership@aaoms.org before Dec. 15 for more information. Payments received in-house by this date are guaranteed processing by year-end. Payments made online at AAOMS.org can be made as late as Dec. 31 for recognition in 2021.

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

PRACTICE MANAGEMENT



Study to collect anesthesia data

To measure the safety of the OMS anesthesia team model, AAOMS and the OMS Foundation are funding a two-year prospective research study. Those interested in participating in the AAOMS Anesthesia Safety Study via the OMS Quality Outcomes Registry (OMSQOR®) should email omsqor@aaoms.org.

Dr. Thomas Dodson's research team will analyze the collected data, and the results will be published periodically during the two-year study to provide evidence related to the safety of the OMS anesthesia team model.

PRACTICE MANAGEMENT



Educational Weekend to return

AAOMS Educational Weekend is being held April 30 – May 1 at The Westin Denver Downtown in Denver, Colo.

The program will feature:

- Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME)
- Beyond the Basics Coding Workshop
- Practice Management Stand-Alone

More information is available at AAOMS.org/EduWeekend.

CONTINUING EDUCATION



Complimentary course offered

This quarter's complimentary CE course is Utilizing Technology to Manage Implant Complications and Esthetic Concerns for Both the Surgeon and the Restorative Dentist. More information is available at AAOMS.org/FreeCE.

CONTINUING EDUCATION



Webinar speakers can apply

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

MEMBERSHIP



Members can network after Annual Meeting through AAOMS Connect

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

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

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

Additional information, including an Online Communities Training Guide, is available at AAOMS.org/Communities.

MEMBERSHIP



Members can update profiles

The AAOMS annual dues statement included member profile and membership directory verification forms. Members are asked to carefully review this information to ensure Association records are current.

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 public-facing MyOMS.org Find a Surgeon search.

The AAOMS.org members-only directory and MyOMS.org Find a Surgeon search are updated in real time. AAOMS encourages members to use the AAOMS.org My Account page to update their profiles and contact information whenever there is a change.

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 AAOMS.org/CEonline. Courses include:

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

COMMUNICATIONS



Story sources requested

AAOMS Today is exploring publishing stories about members who attended school for non-medical education (pertaining to such topics as politics, law or business), members who transitioned from private practice to the military and members who are involved in podcasts about topics other than oral and maxillofacial surgery.

Those interested in participating can email information to strotto@aaoms.org.

CONTINUING EDUCATION



Library includes courses, webinars

CE on-demand courses and live webinars have been added to CE online by AAOMS at 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.

MEMBERSHIP



Office Anesthesia Evaluation recertification due for some next year

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.

The following are deadlines based on OAE expiration:

- OAE expired Dec. 31, 2020 – The deadline for recertification is the 2022 AAOMS Annual Meeting. Confirmations are required to AAOMS by Aug. 31, 2022.
- OAE expiring Dec. 31, 2021 – The deadline remains Aug. 31, 2022.

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. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

Questions about membership status should be emailed to membership@aaoms.org.

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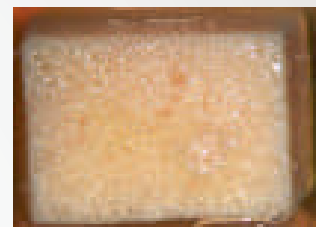
TIME SAVING SURGICAL PROCEDURE

**BUY 3 PRODUCTS
BELOW TO
RECEIVE ONE GRATIS
BOX OF
OSTEOGEN MALLEABLE
BONE BLOCKS™**
CALL TODAY OR SHOP ONLINE
& USE CODE OMOFTR

**BIOACTIVE RESORBABLE CLINICALLY MALLEABLE BLOCKS SECURED WITH OUR
TriStar® FLAT HEAD SCREW COVERED WITH OUR OSTEOFLEX™ PERICARDIUM MEMBRANE**



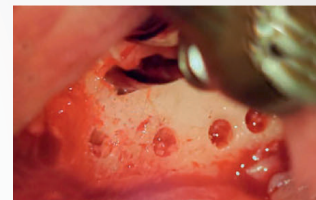
OsteoGen® Bioactive Resorbable Non-Ceramic Calcium Apatite Crystals with Hydrophilic Clusters have been used successfully for over 40 years in animal and clinical studies.¹⁻³⁵ OsteoGen® Bioactive Graft has been combined with Purified Porous Bovine Achilles Tendon from Australia since 2009.



PRF - PLASMA

SUPERIOR HANDLING DUE TO HYDROPHILIC ADVANTAGE

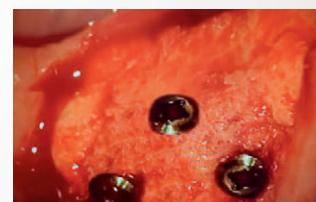
The **OsteoGen Malleable Bone Block™** is easy to position and has some product memory. It becomes malleable when combined with blood or PRF Plasma and then is ready to be placed into the surgical site. Begin by roughening the cortex using the **Ultra-Coarse Diamond Bur Kit™** followed by a 2.5mm twist drill to create "bleeders" through the cortex which helps to trigger the Regional Acceleratory Phenomenon (RAP).³⁶ The Coagulated Block is secured with three **TriStar® Screws** to establish crestal height and buccal width. Blood from the Medullary Area where Osteoclast cells reside promotes non-ceramic bioactive OsteoGen® graft digestion.³⁷⁻³⁸ Bone forming synthesis begins by the Osteoblast Cells.³⁹⁻⁴¹



"CREATE BLEEDERS"

PRODUCT SYNERGY ENSURES SURGICAL ADVANTAGES

The **OsteoFlex™** Resorbable Pericardium Membrane is used with the **TriStar® Tenting Screw Kit** to establish and increase ridge height and width over the **OsteoGen Malleable Bone Block™**.⁴²⁻⁴⁴ The **OsteoFlex™** controls connective tissue for better bone formation. It is highly flexible with excellent suture pullout resistance and should be secured using **TriStar® Screws**. Tension free primary closure is recommended.



USING **TRISTAR®** SCREWS

BIOACTIVE CRYSTALLITES MIMIC MOTHER NATURE

OsteoGen® SEM fractured longitudinal crystal showing laminated crystallites parallel to each other.⁴⁵ These lamellar structures are similar to human bone mineral.⁴⁶ Bioactive crystals did show the ability to control migration of connective tissue with the benefit of bridging bone across 8mm x 1mm critical size defects.⁴⁷ Without the bioactive crystals, connective tissue did bridge 1mm a day in the 8mm x 1mm titanium channel. Bone did try to move in, but it moved out.⁴⁸ Clinical studies show mineralized or demineralized necrotic allograft may have as much as 60% or more of connective tissue which is not conducive for implant support.⁴⁹⁻⁵²



USING **OSTEOFLEX™**



OSTEOGEN® FRACTURED CRYSTALS

Clinical images courtesy of T. KOSINSKI, DDS, ABOI/ID, R. MILLER, DDS, ABOI/ID, C. SCHLESINGER DDS, FICOI





AAOMS Opportunities

2021

Dec. 2–4

Dental Implant Conference

Sheraton Grand Chicago in Chicago, Ill., and online

2022

March 4–6

Advances of Head and Neck Oncology for the OMS

OMS Institute for Education and Innovation,
AAOMS headquarters in Rosemont, Ill.

April 5–6

Day on the Hill

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

April 30–May 1

Educational Weekend

The Westin Denver Downtown in Denver, Colo.

- Advanced Protocols for Medical Emergencies
in the Oral and Maxillofacial Surgery Office (APME)
- Beyond the Basics Coding Workshop
- Practice Management Stand-Alone

May 4–6

Clinical Trials Methods Course

OMS Institute for Education and Innovation,
AAOMS headquarters in Rosemont, Ill.

June 5

Office-Based Emergency Airway Management (OBEAM)

OMS Institute for Education and Innovation,
AAOMS headquarters in Rosemont, Ill.

June 6

Anesthesia Patient Safety Conference

OMS Institute for Education and Innovation,
AAOMS headquarters in Rosemont, Ill.

Sept. 12–17

104th AAOMS Annual Meeting, Scientific Sessions and Exhibition

New Orleans, La., and online

Regional & State Society Meetings

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

2022

April 2–3

New York State Society of OMS Meeting

Weill Cornell Medical College in New York, N.Y.

April 7–10

Southwest Society of OMS Combined Annual Meeting

The Broadmoor in Colorado Springs, Colo.

April 26–May 1

Southeastern Society of OMS Annual Meeting

The Montage Palmetto Bluff in Bluffton, S.C.

Prevent inventory wastage by managing implants and regeneratives



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Implant tracking

Track all implants, cover screws, bone grafts, healing abutments, and membranes by lot number and expiry date.



Scan products in & out

With our dedicated iOS app, easily keep track of inventory by scanning products in and out.



Never run out of supplies

Set alerts when products are about to expire or run low, and never be caught off guard again.



Detailed placement reports

Log and monitor all patient data through our cloud-based system, including the number of implants placed per doctor.



Complete visibility

Real-time reporting keeps spending and supply availability up-to-date and accessible from anywhere.



Track all medications

Monitor all general and emergency medications, set low stock and expiration alerts.

REGISTER NOW

- OSTEO SCIENCE FOUNDATION MEETING - REGENERATIVE SOLUTIONS TO COMMON PROBLEMS



KEYNOTE SPEAKERS*

Jasjit Dillon, MBBS, DDS, FDSRCS, FACS
Bach Le, DDS, MD
Robert A. Levine, DDS, FCPP, FISPPS
Nicholas Makhoul, DMD, MD
Robert E. Marx, DDS
Michael K. McGuire, DDS
James C. Melville, DDS, FACS
Craig M. Misch, DDS, MDS
Robert Sader, MD, DDS, PhD
Frank Schwarz, DMD
Simon Young, DDS, MD, PhD

FEBRUARY 18-19
2022
FOUR SEASONS HOTEL
AUSTIN, TEXAS



Osteo Science
Foundation

Research • Education • Improved Care
Shaping the Future of Regeneration

Participants can earn up to 17.25 CME/CE credits

**Program and speakers subject to change.*

215.977.2877 855.891.2877 (toll- free)

www.osteoscience.org

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



Faculty Positions

Alabama

University of Alabama at Birmingham School of Dentistry, Department of Oral & Maxillofacial Surgery Undergraduate Director Position 2021. This position requires board certification or board eligibility in the field oral and maxillofacial surgery. Eligible individuals must have experience in the didactic and clinical aspects of educating dental students. This individual must be proficient in performing risk assessment of patients, deep sedation techniques and dentoalveolar procedures. These procedures must include surgical extraction of teeth, removal of impacted wisdom teeth, placement of dental implants, bone grafting for alveolar ridge reconstruction and biopsy procedures. Academic rank will be based on previous academic accomplishments and experience. The primary responsibility of this position is to educate undergraduate dental students in the clinical aspects of oral and maxillofacial surgery. The job requires for coverage of the undergraduate dental students and oral and maxillofacial surgery residents in the UAB School of Dentistry Oral and Maxillofacial Surgery Clinic for at least three days per week (3-5/days per week). The individual will have the opportunity to have a clinical practice that is not more than two days per week. Additional responsibilities are to help shape the undergraduate curriculum and participate in the teaching of undergraduate didactic dental student courses. The final terms of the position are negotiable. Application: Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwais@uab.edu, 205-934-5334.

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.

Minnesota

The University of Minnesota and the School of Dentistry invite applicants for a full-time Clinical Faculty position in the Division of Oral and Maxillofacial Surgery. The position will encompass clinical, hospital and educational duties with opportunities for internal or external private practice augmentations. Position responsibilities include facial trauma coverage at the University Medical Center, clinical supervision at the pre- and postdoctoral levels and participation in the multiple didactic endeavors of the Division. The Division is a busy service that has a large caseload with potential to develop a robust surgical practice. The potential for advancement and mentoring with young and motivated faculty is a great opportunity for a recent graduate interested in an academic position. We value a diversity of views and experiences that enrich campus life and the academic experience. Responsibilities include clinical and didactic teaching at the pre- and postdoctoral levels, clinical coverage and supervision and provision of on-call services. Applicants must have a DDS, DMD or equivalent degree and completion of a CODA-accredited advanced education training program (Residency Program) in oral and maxillofacial surgery by the start of the position. (See posting for all requirements.) Apply at humanresources.umn.edu/jobs, click on External applicant, enter 339508 in the search field.

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.

New Jersey

Rutgers School of Dental Medicine Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate

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

New Jersey

The Rutgers School of Dental Medicine Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate Professor level for position of Residency Program Director. Responsibilities will include recruitment of residents and administration of the residency training program in conjunction with the Chair to ensure compliance with accreditation standards. Additional responsibilities will include staffing the predoctoral and resident clinics as well as participation in the didactic curriculum offered by the department. The ideal candidate must have completed an accredited OMFS training program, have experience working with a residency training program, ABOMS board-certified and be eligible for New Jersey licensure. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should contact: Vincent B. Ziccardi, DDS, MD, FACS, Professor, Chair and Residency Director at 973-972-7462 or ziccarvb@sdm.rutgers.edu.

Faculty Positions

continued from previous page

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. 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 for further information.

New York

New York Medical College School of Medicine is accepting applications for the position of a full-time Program Director of the New York Medical College School of Medicine sponsored Oral and Maxillofacial Surgery Residency in the Dental Medicine Department. The Program enrolls 2 residents/year and maintains Accreditation without reporting requirements. This individual will have shared responsibilities at the two Residency primary clinical training sites within the NYMC SOM educational consortium, NYC Health + Hospitals/Metropolitan in Manhattan and Westchester Medical Center in Valhalla, N.Y. The Residency's clinical consortium consists of busy ambulatory and inpatient services, 24/7 consultative ER services and Level 1 and 2 trauma designations. This person will also hold the position of OMFS Section Chief at NYC H+H/ Metropolitan. In these roles, the person will have clinical, teaching and administrative responsibilities of the OMS clinical service and residency program. Under-represented and those interested in an OMFS career in a hospital-based, university-sponsored program environment are encouraged to apply. Position also has faculty practice opportunities. For further information: contact Regina Damon of the NYMC SOM GME office at regina_damon@nymc.edu.

New York

The OMFS department at the University of Rochester is seeking applicants for a full-time faculty position at the assistant-associate professor rank depending on experience and qualifications. Tenure and non-tenure options available. Responsibilities include resident education, research and service. Position entails resident supervision in outpatient clinic, direct patient care in the faculty practice, on-call, research and collaborative activities within EIOH and Medical Center. Seeking an individual with commitment to academia, teaching, research and scholarly activity. Salary commensurate with qualifications and experience. Candidate must have DDS or DMD degree from CODA-accredited dental school, eligible for or hold board certification by ABOMS. Candidate must be able to obtain licensure for clinical practice in New York State. University of Rochester is an affirmative action/equal opportunity employer, has a commitment to principles of diversity and encourages applications from groups underrepresented in higher education. Send CV and letter of interest to: Dr. Antonia Kolokythas, Chair, 601 Elmwood Avenue, Box 705, Rochester, NY 14642.

New York

Brookdale University Hospital is a comprehensive acute care, Level I trauma center located in southern Brooklyn, N.Y., part of the One Brooklyn Health System. The Oral and Maxillofacial Surgery Training Program is seeking a three-day-per week attending. Responsibilities include providing supervision and teaching to the residents in the Dental Center and Operating Room and participating in the academic aspects of the training program. This is a salaried position with incentives for OR and ED coverage. Benefits include health insurance, paid time off and pension plan. Contact Dr. Andrew Marks, Program Director of Oral and Maxillofacial Surgery, at amarks@bhmchny.org.

Oklahoma

The Department of Oral and Maxillofacial Surgery at the University of Oklahoma HSC invites applications for a full- or part-time faculty position. Primary responsibilities of this position would include OMS resident clinic supervision as well as teaching outpatient anesthesia and implantology. Applicants must be graduates of an ADA-accredited OMS residency program. They must be eligible for independent, full licensure in Oklahoma and be OMS board-certified or active candidates for certification. Interested candidates should contact Dr. Paul Tiwana via email: paul-tiwana@ouhsc.edu.

South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time program director position at the rank of assistant/associate professor for the

Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for a S.C. dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources: MUSC.edu/HR.

Tennessee

Meharry Medical College School of Dentistry, Nashville, Tenn., invites applicants for the position of Director, Oral and Maxillofacial Surgery (OMS) Residency Program. This is a postgraduate, full-time faculty member position. Applicants must have a DDS or DMD or equivalent and a current license or eligibility for a licensure to practice dentistry in the State of Tennessee. The applicant must be board-certified in oral and maxillofacial surgery. Applicants must maintain active license and a DEA license. They will be required to maintain BLS, ACLS, PALS certification. The OMS Program Director should be a strategic thinker, a visionary leader who thrives in a challenging environment. Interested candidates should submit letter of intent, including references, curriculum vitae, to: SODOMS@MMC.EDU.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic



surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in Tumor Board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Fellowships Non-CODA Accredited

California

UCSF-Fresno Department of OMFS offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps. Radiation and medical oncology rotations. The fellow will act in a teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

California

This is a one-year fellowship training consisting of facial cosmetic procedures such as facelift, browlift, eyelid surgery, rhinoplasty as well as breast and body contouring. The fellow is also involved in non-surgical techniques of facial rejuvenation such as toxins, fillers and lasers. The program is accredited by the American Academy of Cosmetic Surgery located in southern California. Procedures are performed in a Joint Commission-accredited Surgical Facility as well as in hospital. The program is affiliated with Loma Linda University, UCLA Jules Stein Institute, performs an average of 700 major surgical procedures per year and is designed to prepare the fellow for board certification in general cosmetic surgery boards. Please email resume to drhaivy@gmail.com.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now accepting applications for the July 1, 2023, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMFS, cleft and craniofacial surgery. The primary goal of the fellowship is to educate and provide additional surgical training in

the management and treatment of patients with congenital facial anomalies. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Massachusetts

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

Massachusetts

The Department of Plastic and Oral Surgery and Boston Children's Hospital is pleased to offer a one-year fellowship in Pediatric Craniomaxillofacial Surgery available July 2023. The fellowship provides a unique opportunity for additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Cory Resnick, DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email cory.resnick@childrens.harvard.edu.

Missouri (St. Louis)

2022-23 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ,

reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251 6726, email lacyw@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery-certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the U.S. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/ Surgeons of Canada or ADA program. Apply at cosmeticsurgery.org or 312-981-6760.

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 23-surgeon practice with seven offices in N.C., and six 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 edketola@mycenters.com for an application. For more information on the practice, log on to www.mycenters.com.

Fellowships Non-CODA Accredited

continued from previous page

West Virginia

Charleston Area Medical Center, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniofacial Surgery available July 1, 2023, to June 30, 2024. The position involves surgical and multidisciplinary 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 and jeanne.brown@camc.org; fax 304-388-2951.

Available Positions

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.

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.

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.

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. oralsurgery@gmail.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.

California (Silicon Valley)

Opportunity of a lifetime. Premier fee-for-service oral maxillofacial surgery practice with an international reputation specializing in orthognathic surgery and sleep apnea surgery seeks a dual-degree Oral Surgeon to join as an associate leading to ownership after a successful, initial employment phase. Position open to new graduates and experienced oral surgeons. The incoming surgeon will have the option to focus on the full-scope, traditional oral maxillofacial surgery while learning from the principle. This is a rare opportunity to develop a hospital-based practice in a private practice setting. Please reply in confidence with your objectives, Curriculum Vitae and written goals and timetables to: The Sletten Group, Inc. Call 303-699-0990 or email pam@lifetransitions.com.

Colorado (Southwest)

Perched on the beautiful western slope of the Rocky Mountains, our micropolitan town is a vibrant, expanding community that offers big-town amenities in a small-town atmosphere. Our well-established and reputable OMS practice has a position available for a board-eligible/

board-certified oral and maxillofacial surgeon in a private, two-doctor practice for a partner track position. Practice emphasis includes dental alveolar, implant reconstruction, orthognathic surgery and pathology. Local hospital is a 75-bed Level III regional medical center with light trauma. An outpatient surgery center is also available. Our location positions us at the doorstep to some of the most coveted options for hiking, biking, fly fishing, rafting, kayaking and rock climbing. Winter months offer proximity to world-class ski resorts (Telluride and Crested Butte), snowshoeing, Nordic skiing and snowmobiling. If you value an active/ outdoor quality of life along with a rewarding professional career, please email CV to billing@montroseoms.com.

Florida

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

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

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

Florida (Orlando)

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



package with a production-based bonus opportunity. Visit our website at cforalsurgery.com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

Florida (Tampa Bay)

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.

Florida

Exceptional, full-scope oral & maxillofacial practice in Florida is seeking an associate to join our practice. We are located on the east coast with beautiful beaches, excellent schools and easy access to Orlando. Florida Oral and Facial Surgical Associates in Daytona Beach, Fla., is interviewing for an associate leading to partnership. We offer an outstanding work environment and compensation package as well as state-of-the-art equipment to provide the highest quality of care to our patients. Our practice utilizes our own state-of-the-art, licensed surgery center as well as the most up-to-date technology for treating our patients. We have three locations in two counties. Our practice opened its doors in 1956 and continues to be the strongest practice in our area. If this sounds like the right fit for you, please contact our administrator to discuss your possible future with our top-notch practice. Craig McGray, 386-239-3590 direct line or craig.mcgray@floridaoralfacial.com.

Florida

Practice with excellent reputation in the Ponte Vedra Beach area, a beautiful place to call home. Current surgeon seeking full partner to increase new patient contacts and expand office into a larger facility. Emphasis on dental implants and dentoalveolar surgeries. Searching for a board-certified/board-eligible OMS. Military veterans and drilling reservists are highly desired. Please send CV to: AAOMS Box A-0810.

Florida

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, hard-working and efficient oral surgeon. We offer a full-time associate position to the right candidate with a clear path to partnership. Office focus is dentoalveolar and implant surgery at our state-of-the-art facility. Incoming surgeon will practice in our various current locations. Our

practice is highly respected for its service to both the local community as well as the profession. Competitive salary with bonus incentives. Benefits package includes health insurance, CE allotment, IRA, malpractice insurance and license reimbursement. If interested, send CV/inquiries to omsasf@gmail.com. Requirements: DDS/DMD from an accredited university, active state dental, board license and Oral Maxillofacial Surgery residency certificate from an accredited program.

Hawaii

Excellent opportunity for a board-certified OMS on Maui. Full- or part-time associate position with opportunity for partnership if desired. Plenty of opportunity to carve out a special interest. Perfect for the OMS seeking a great practice and lifestyle mix in a stylish, new office with all the modern technology. A Hawaii dental license is required and available only by ADEX exam; no specialty license or reciprocity available. Please reply via email with letter of interest and CV to tgcarterdmd@mauioralsurgery.com.

Illinois

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

Illinois

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

Illinois

Established multi-specialty group practice in Chicagoland is seeking an oral surgeon for one to two days a week. Offices are set up for an oral surgeon, as we already have oral surgeons on staff. Recent grads are welcome. Please send resume/CV or any questions to drsharma@atooth.com.

Illinois

Full-scope OMS practice with two offices in the northern suburbs of Chicago seeking a board-certified/-eligible OMS. Level I trauma hospital affiliation. Full-time and part-time positions available. Partnership opportunity available. Flexible schedule and excellent salary and benefits. Reply to classifieds@aaoms.org, attention: AAOMS Box A-0311.

Illinois

Excellent opportunity for a board-certified/-eligible OMFS to join our highly respected and busy practice with offices in greater Chicago and southern Wisconsin. Our group of five doctors have a 40+-year history of providing care to our community. We have immediate availability for an individual to join our group as an associate with excellent compensation leading to partnership. Our community has a high standard of living with access to both city life and multiple lake regions. Our referral base is expansive and expanding. Please contact our office to learn more at johnjrichard@comcast.net.

Indiana

Premier, highly profitable, highly respected, well-established, busy, thriving three-office (within 7 years) Oral & Maxillofacial Surgery practice in Fort Wayne, Indiana, is seeking a full-time Board-eligible or Board-Certified associate to start ASAP. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be enthusiastic, very motivated and interested in growing the practice. Partnership opportunity will be available and is negotiable for the right candidate after 2 years of working together and mutually agree that it is a good partnership fit. Practice is Implants, Bone grafting, Dentoalveolar surgery and IV sedation heavy with some Pathology, Trauma and Orthognathic. Full-scope practice is openly available if desired. We are surrounded by four level 2 trauma hospitals all within a 5- to 20-minute radius. Admitting privileges to these hospitals will be expected as we all share call in town. Competitive guaranteed \$500,000 base annual salary with additional year-end production incentive bonuses. Outstanding paid benefits include malpractice, health, vacation, sick time, 401(k) match and CE. We are state-of-the-art, fully digital, including i-CAT

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Available Positions

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FLXs, Intraoral scanners, 3D printing, both Bien-Air & Hall drills, Piezo, PRP, Ellman, DSLR cameras, WinOMS, etc. All offices are in cloud, communicate and accessible anywhere, anytime. Fully trained 3 clinical staff per doctor. Fort Wayne and surrounding counties are a hidden gem with around 600,000 people, second-largest city in Indiana. Great place to live (low cost), lifestyle, work, excellent schools, safe and raise a family. Easy access (air & road) to several major cities. Send CV to Becky at: FortWayneOMS@comcast.net or call 260-490-2013 and ask to speak with Becky directly.

Kansas

Associate-versus-ownership options. Busy practice in a growing region. Stable referral base. Mainly dentoalveolar (third molars, extractions, bone grafting and implants). Orthognathic and trauma available if doctors wishes. Garden City, KS. Contact: melissamoutray@gmail.com or 402-996-0218.

Kentucky

Well-established, highly respected, productive, growing multi-office OMS practice in Kentucky. Practice has an emphasis on wisdom teeth, dentoalveolar surgery, implants and full-arch reconstruction but has unlimited potential for any endeavors the surgeon wishes to pursue. Beautiful offices with state-of-the-art equipment and excellent, well-trained staff. This is a wonderful opportunity for an associate position leading to a fast partnership track. Enjoy an excellent practice with a great lifestyle in a wonderful community. Email classifieds@aaoms.org, attention Box A-0506.

Kentucky

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

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

Live where you go to play! Join a well-established, highly reputable and full-scope oral and maxillofacial practice located in mountainside Maryland, which is an area known for its outdoor activities and active lifestyle. The office is a state-of-the-art, busy practice with a 7,000 sq. ft. office/ambulatory surgery center, which is Joint Commission-accredited and certified by Centers for Medicaid & Medicare Services. The experienced staff members are all licensed and certified in their specialty fields. The owner is involved in professional leadership on a local, state and national level. This practice is seeking a board-certified or board-eligible, compassionate and community oriented oral and maxillofacial surgeon for an associate position leading to ownership. Please send CV/resume to Leah, office manager, at office@hrsoms.com.

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.

Michigan

Excellent opportunity with accelerated transition into ownership in a highly successful solo practice. The practice is located in Kalamazoo, Mich., and set up with multiple operatories and two private doctor offices. It has complete EMR, 3D imaging and was completely remodeled in 2019 with a modern/contemporary design. The practice is located approximately two miles from Bronson Methodist Hospital and centered in a prime location. Please visit our website and send your CV or email to hamlinoralsurgery@hamlinoralsurgery.com.

Michigan

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

Minnesota

We have a full-time opportunity at St. Paul Oral Surgery and Dental Implants in the Minneapolis/St. Paul area of Minnesota. Our mission is to help patients live healthier lives. We provide a caring, nurturing environment where the patients' comfort and health are of primary importance. Our doctors enjoy a professional practice environment that is committed to quality while building relationships with fellow team member and patients. Please send CV/resume to jdunn@amdpi.com.



Nationwide

Our multi-state, surgeon-owned practice is expanding into new geographies, and we are looking for motivated surgeons to join our team. Our surgeons include many key opinion leaders in the areas of implant surgery, digital workflow and orthognathic surgery with highly regarded practices. The Opportunity: Near-term partnership and ownership in a growing enterprise, \$400,000 guaranteed base, flexible geographies to choose from, mentorship from highly respected surgeons, surrounded by expert support teams including marketing, finance, human resources and data analytics. We take pride in the success our team of accomplished surgeons has experienced at the onset of their careers. The ability to begin your career in an elevated position will yield results few achieve in their professional tenure. We believe in providing outstanding surgical care, providing the best patient experience, building amazing teams, practicing in premier facilities with state-of-the-art technology, serving as valued partners to our referring doctors and being globally recognized thought-leaders. We are eager to continue to increase the value we deliver to our patients and referring doctors. Please contact bret.barger@paradigmoralsurgery.com.

Nationwide

OMS Consulting needs Oral Surgeons to service clinics in Oklahoma, Florida, Maryland, Texas, North Carolina and South Carolina. Compensation is between \$7,000-\$10,000 per day if completing 20 to 30 cases. Surgery days can be during the week or on Saturdays. Email matt@omspractice.com for more details.

Nevada

Looking for an enthusiastic oral surgeon to join a highly reputable private practice. Looking for a surgeon to help grow our practice while cultivating the optimal patient experience each and every time. Ideal candidate will be looking for a part-time position with the support of a full staff. Office located in the heart of northern Nevada, only 30 minutes from beautiful Lake Tahoe. Minutes away from many outdoor activities, making this area perfect for the outdoor enthusiast. Please email CV to manager@renooms.com.

New Jersey

Riverside Oral Surgery, one of the most highly recognized, well-established and respected surgeon-owned practices in the northeast, is seeking a highly motivated oral and maxillofacial surgeon to join our growing practice. This role presents an amazing opportunity for both recent or upcoming graduates who are board-certified or board-eligible as well as experienced surgeons. If you understand what it takes to cultivate the optimal patient experience each and every time,

please contact us. We offer a highly competitive compensation package, great benefits, including health insurance, dental, vision, life, LTD, 401(k), PTO, malpractice and CE reimbursement with a defined and proven path to partnership. To apply, please send your CV to Megan Dwier, HR Director, at megan@riversideoralsurgery.com.

New Jersey

A fabulous opportunity is available due to the forthcoming retirement of a senior partner. A full-time position fast tracking to a well-defined equal partnership is planned to provide a career with long-term stability. We have a well-established, ever-evolving practice that is 37 years old. It consists of three progressive doctors of excellent reputation who encourage a collegial relationship. We are committed to quality patient care founded upon a very large, dependable referral base. Our focus is on dentoalveolar surgery, implants, pathology and office anesthesia. There is an unlimited potential to expand the scope of our practice if desired. Our three offices are state-of-the-art and well-equipped with digital imaging, CBCT and intraoral scanning/printing. Please email resumes to tkolb@coastaloralsurgerynj.com.

New Jersey (Pennsylvania)

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

New Jersey (N.Y.C.)

Excellent opportunity to join well-established practice with opportunity for growth. Significant dentoalveolar/implant, bone grafting, general anesthesia, pathology, maxillofacial trauma procedures, but practicing full-scope OMS, including small amounts of orthognathic, TMJ, major pathology and cosmetics. Opportunity to grow these areas. Office call required, hospital privileges with participation in hospital call, optional. Competitive salary based on experience/credentials. 30-40 minutes from N.Y.C., with N.J. transit station down the block. Great town to practice with great shopping/restaurants. Please email CV to rutner@yahoo.com.

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.

New York (Long Island)

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

New York (Rochester)

Associate wanted for an established OMFS practice in Rochester. Well-established practice with two offices and two surgeons. Full scope of OMFS. Fast partnership track. Please email your CV or questions to omfseric@aol.com or phone 585-223-1200.

New York

Growing oral surgery practice looking for board-certified/eligible oral and maxillofacial surgeon. Associate position with a path toward partnership. Two locations serving Westchester County. Position is available immediately and includes hospital privileges, call and education with residents. Generous salary and benefits package to include health and malpractice insurance, 401(k), paid vacation and continuing education. Please contact us at AAOMS Box A-0802.

New York (Long Island)

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

North Carolina

A well-established, premier, respected, busy full-scope oral and maxillofacial surgery practice in Greensboro seeks a motivated OMS for an associateship position with a potential partnership. Looking for top clinical, efficient surgical and interpersonal skills and a commitment

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Available Positions

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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. Our practice operates two locations, Greensboro and Burlington, with state-of-the-art facilities with a well-trained and motivated staff. A competitive salary based on experience level and training and incentives for growth and an excellent benefits package are available. Please send CV to admin@piedmontoral.com.

Ohio

Outstanding opportunity to join a growing and productive group practice on the west side of Cleveland. We are searching for an associate who is board-certified or board-eligible to join a team of six surgeons. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial surgery. Most of the surgeons are primarily office-based, but there is ample opportunity for hospital-based surgery. The new associate will be eligible for an exceptional salary/benefits package immediately. We are looking for a candidate for a fast partnership track. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport. Bordered by Lake Erie on the north and Cleveland Metroparks on the east, residents can boat, fish and swim on Lake Erie and take advantage of all the Metroparks have to offer. Please visit our website at CLEOMS.com. Send CV to rachel@cleoms.com.

Ohio

Two-doctor, two-location, busy practice in Dayton/Cincinnati area looking for a board-certified or -eligible, full-time associate with partnership potential. Full-scope modern practices with ample dentoalveolar, implant, reconstructive, orthognathic and Level I trauma. Email resume to reza@daytonfacialsurgery.com.

Ohio

Excellent opportunity for an oral surgeon to join a growing, well-established and respected group practice in a northeastern suburb of Cincinnati. We are dedicated to providing excellent patient care at our very busy single location, three-surgeon office, and we are excited to bring on a hardworking, motivated associate who shares the same philosophy. Our full-scale practice is in an up-to-date location on the campus of Bethesda North Hospital with excellent DAANCE-certified support staff. We take pride in having a collaborative culture that allows an individual to develop his or her area of surgical interests. Solid referral base

of high-quality general dentists and specialists, state-of-the-art iCAT Flx, Tx. Studio and WinOMS CS software, malpractice insurance, generous benefit schedule, impressive staff retention and opportunity for trauma and OR experience. This position can lead to a partnership opportunity to a board-certified surgeon or an active candidate for board certification. Please send inquiries to bgardner@omscincinnati.com.

Ohio

Excellent opportunity in Cincinnati, Ohio, for a motivated surgeon. We are a two-doctor, three-office practice concentrating on dentoalveolar and implant surgery. A full-scope practice is available if desired. The applicant must be a BE/BC OMS with a strong work ethic and excellent patient skills. We are offering a full-time associateship leading to an early partnership in a highly profitable suburban practice. Signing bonus is available for the right candidate. Please email your resume to Tammy at liberty@tboms.com or fax it to 513-755-3568.

Ohio

Rare opportunity to replace a retiring partner in a thriving private practice. Serving northeast Ohio for over 55 years, our 3-office, 3-surgeon practice is busy, respected and profitable. Our offices offer full-scope surgery, with emphasis on dentoalveolar and implant procedures. Searching for a board-certified or board-eligible oral and maxillofacial surgeon interested in a direct path to full partnership. Send CV to Helen at helen@akronoralsurgerygroup.com.

Ohio

Well-established OMS practice north of Cincinnati. Seeking board-certified or board-eligible surgeon. Extremely busy office-based practice, full-scope trauma and/or orthognathic available. In need of a full-time associate interested in buy-in and ownership within 5-10 years. Modern facility in one of the fastest growing areas in Ohio. Please email resume to omfspractice@yahoo.com.

Oregon

Two-doctor practice needs energetic, patient-focused, personable, board-certified/eligible oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner. We have three locations in the beautiful Southern Oregon Cascades. This is a 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 alicer@aomsurgery.com.

Pennsylvania

Excellent opportunity for 1 or 2 BC/BE OMS to join our busy, patient-focused practice set inside a modern surgi-facility. Located in historical southcentral Pa., we are approximately 1-1.5 hours from Baltimore, Philadelphia and Washington, D.C. This region is a wonderful place in which to raise a family with top-ranked schools and a lower cost-of-living. The successful candidate(s) must be personable, motivated and interested in the full scope of OMS as well as willing to strengthen professional relationships with referral base. A competitive compensation package includes family health insurance, 401(k), CE, malpractice, allowances for phone and auto, and relocation assistance. Partnership/equity track available in both the private practice and real estate for qualified candidate(s). Please email CV to: OMSPADOC@gmail.com.

Pennsylvania

The Department of Oral Surgery at Geisinger, a national leader in quality, innovation, research and education, is seeking BC/BE oral surgeons at Geisinger Medical Center in Danville, Pa. The successful candidates will join a full-scope practice with a multidisciplinary approach to patient care with plastics, otolaryngology and trauma. The practice has a special emphasis on orofacial trauma, corrective jaw surgery, cleft palate, TMJ and reconstructive surgery. This is a fantastic opportunity for new graduates or experienced oral surgeons to teach residents and perform research. The region offers a hassle-free community living, allowing for a balanced professional career and a fulfilling personal lifestyle while in close proximity to N.Y.C., Philadelphia and Baltimore. We are proud of the support we can provide: recruitment forgivable loan, competitive straight salary model linked to quality and value versus productivity measures, excellent benefits package, including Malpractice & Tail coverage for Geisinger, relocation assistance, opportunities to participate in teaching, research and optimizing access for patients, fully integrated electronic health record (Epic), support and leadership from a full range of dedicated, experienced specialists and subspecialists and professional opportunities for mentorship, growth and advancement. For more information, please contact Geisinger Provider Recruiter Sarah Lipka at slipka1@geisinger.edu.

South Carolina

Established and growing single-office practice in the low country looking for a BC/BE individual for associateship or practice buy-in/-out. Come practice where others vacation! Level II trauma call if you want. Competitive salary with production incentives and other benefits. Please send CV to AAOMS Box A-0221.



South Carolina

Very productive oral surgery practice in a prime location! Close to Pawleys Island, S.C. Looking for a dedicated oral surgeon. Over 3,000 sq. ft. office space/private practice. Doctor is board-certified and in practice over 30 years, trained at UNC. Office hours are currently 8:30 a.m. to 4 p.m. four days a week with options to change. Average gross is \$1.5+ million per year. Operating room with certified nurse anesthetist. Four operatories plus post OP/recovery room. Are you looking to be employed or an employer? Options on the table, let's talk! Come join our team. Please send resume to llgeorgetown@yahoo.com c/o surgeon.

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. This is an excellent opportunity with a starting salary of \$300,000, benefits, incentives and bonuses that will transition into a partnership opportunity. Reply to joudeh@upstateoms.com.

South Dakota/Iowa

We are seeking applicants to fill an associate position at Oral Surgery and Implant Specialists with quick transition to full partnership after one year. We are a well-respected, three-doctor practice based in Dakota Dunes, S.D., with a satellite in northwestern Iowa. Our population center is Sioux City (fourth largest city in Iowa) that offers all major amenities. Our community is extremely family-friendly and is known for great boating, golfing and world-famous pheasant and deer hunting. The Missouri River can be at your back door, or you can own acreage, yet still live close to work. There are excellent schools in the area, and the cost of living is low. There is no state personal income tax in South Dakota, so you can keep more of what you make! We offer an excellent associate package, including sign-on bonus, competitive salary, half-day off per week, two weeks paid vacation and two weeks paid CE, company phone and paid travel expenses. Buy-in to your practice is extremely competitive and affordable compared to current trends and expected partner compensation. Our staff is extremely well-trained, and our associates are busy starting Day 1. We cover trauma for Sioux City, and we will assist as associate at becoming credentialed there as well as at our local surgery center. Our group performs orthognathic surgery, total TMJ replacement and a high volume of dental implants. We receive referrals from over 100 different providers. If interested, please reach out to Dr. Jeffrey Dean via email at jsdeandsmd@gmail.com or by cell at 712-899-5834.

Tennessee

50,000 patients can't be wrong! That's the number of patient encounters that we have had in the last 6 months. We are looking for a board-eligible/-certified oral and maxillofacial surgeon to join our 4-doctor vibrant practice in historic Memphis, Tenn. We are looking for someone who wants to use their education -- not only to make a living, but to make a difference in the lives of our patients and employees. Memphis is known for affordable housing and its low cost of living. It's also a major medical center, home of St. Jude Children's Research Hospital, Elvis Presley, BB King, professional sports, world class bar-b-que and outdoor living. Tennessee has no state income tax. Our practice is not limited to dentoalveolar and implant surgery only. You will be encouraged to practice to the fullest extent of your training and capabilities. We provide a compensation package that includes a base salary plus production, pension plan, 401(k), family medical insurance, malpractice insurance, CE, vacation and other benefits. We also offer a clear path to partnership. We have two modern OMS facilities, a diverse patient population pool and staff. Our practice is well-recognized in the region and enjoys a solid referral base of new and established sources. We are committed to providing patient care to the best of our abilities and that is reflected in our motto: "We are here to serve and not to be served." We want to invite residents, recent graduates, retiring military and interested surgeons who may be looking to relocate to explore the opportunity that we have. You may confidentially send your letter of interest and CV to AAOMS Box A-0628.

Tennessee

Locally owned, high-end implant and dentoalveolar practice seeks full- or part-time OMFS. Currently three surgeons in two locations: Maryville and Knoxville/Concord/Farragut. High growth, mostly private insurance and self-pay, new and recently renovated facilities. Booming practice in very desirable East Tennessee! Minimum salary, family insurance, great opportunity for newly matriculated resident or seasoned surgeon. Please call 865-300-7135.

Washington

47North Oral Surgery, P.S., is seeking board-eligible or board-certified oral surgeons 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. 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

Wonderful opportunity to join our multi-doctor, 3-office practice in the beautiful Chippewa Valley in west-central Wisconsin. Our recently built, 18-operatory main office is stunning. We are looking for a motivated and personable full-time, board-eligible/board-certified individual to join our team. We offer a very competitive salary and production bonuses with a 2-year associateship track leading to partnership. Immediate placement for the right person is available. If interested, please send cover letter and CV to: sivankovic@omsaec.com.

Wisconsin

Outstanding opportunity to join a well-established, productive, fast-paced, multi-location practice headquartered in Green Bay. Minutes from Lambeau Field or a short drive to enjoy NCAA, MLB or NBA games. Enjoy an adventure in each season: golf in the summer, hunting in the fall, snowmobiling in the winter and fishing in the spring. Seeking a board-certified or -eligible oral surgeon to join our practice as an associate with an equal partnership opportunity. We are a team of five oral surgeons with favorable call rotation for the clinic and our local hospitals. If interested, please send cover letter and CV to amy@bayoral.com.

Available Positions

continued from previous page

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@omswinnabago.com or fax to 920-231-4559, Attn: Lynn.

Wisconsin

Dynamic, growing and fast-paced practice looking for a BC/BE surgeon to be busy from Day 1 in central Wisconsin. We are a 1-1/2-surgeon, complete-scope, rewarding practice doing 150-200 implants, 10-15 orthognathic cases, 1,000 sedations, 75+ bone grafts per year. We are very productive and efficient. Vatech CBCT, Piezosurgery, X-Nav guided implant system. Call opportunities at the Level II trauma hospital will get you known in town. We want a committed surgeon who is eager to grow his/her practice and relationships. We get 50-70 referrals per week, so you will be producing and earn your bonus. CME, retirement and healthcare benefits. Excellent schools, year-round outdoor activities abound. Broadway-level shows, music conservatory and City Square concerts. A great life and town. Contact cmhagph19@gmail.com.

Miscellaneous

OMS Partners

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

Practices for Sale

Arizona

OMFS Practice Partnership/Buy-in in Phoenix Metro. \$1,033,000 sale price. Full scope of OMFS, including reconstruction, implant and dentoalveolar surgery. Upgraded, modern, high-tech practice. 9 Ops, 5 Days/week. Collections averaging over \$3,000,000 per year. Estimated income per partner is \$600k+ per year. Call Menlo Dental Transitions at 480-290-7720 or email info@menlotransitions.com for more details. (MDT 365)

British Columbia

Western Canada. Oral & Maxillofacial Surgery full-scope practice. This high-grossing practice is very profitable. Turn-key office with professional staff and a strong referral base. Upgraded facility with newer equipment. Principal has full privileges at local hospital. Please contact Ruth Chatel for details: ruth@heapsanddoyle.com.

Colorado (Denver Metro)

Great opportunity for OMS who seeks the Colorado lifestyle or addition to OMS group. Well-designed office in suburban town with median income 30% greater than the Colorado median. Location has great growth, access, visibility and parking. Four functional operatories with maintained equipment. The practice is focused on dental implants and dentoalveolar surgery with opportunity to include the full scope of OMFS. Owner willing to stay during transition. Send inquiries to classifieds@aaoms.org, attention AAOMS Box S-0902.

Delaware

Solo suburban Wilmington modern practice/facility in an attractive setting, affiliated with a teaching hospital. Experienced staff with strong referral base and room to expand to multi-person practice if desired. Flexible transition available. Reply to AAOMS Box S-0729.

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@practicetransitionsgroup.com for more information.

Illinois (Southwest suburb)

Established, low-overhead OMS practice. Excellent starter or second location. 1,174 sq. ft. office, including digital pan, 2 operatories, consult room. Average collections are \$771,000 on 20 hours. Loyal referral base, excellent staff. Contact: Jim Plescia, jplescia@e-ppc.com, 630-890-6074, Professional Practice Transitions.

Illinois (West suburban)

Established legacy OMS practice. Seller will stay on and help transition. Excellent starter or second location. Three surgical treatment rooms, expandable. Excellent referral network. Average collections: \$452,000 on a part-time schedule. Contact: Jim Plescia, jplescia@e-ppc.com, 630-890-6074, Professional Practice Transitions.

Maine

"The way life should be." Newly reduced asking price of \$750,000. Fantastic opportunity to purchase a solo, state-of-the art Oral Surgery Practice set in the beautiful mid-coast area of Maine. All equipment is less than 3 years old. I-CAT Flex, X Nav, DTX and Anatomage implant planning software and much more. Production is \$2M per year with increasing emphasis on Dental Implant Surgery. A golden opportunity for outdoor enthusiasts to enjoy all four seasons that Maine has to offer. Hiking, sailing, skiing and golf all at your fingertips with the opportunity of living in one of Maine's most beautiful mid-coast towns. Stand-alone building is also available for sale. No buyer fees. Contact dr mike@usdentalpractices.com or 917-670-0191.

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 edörner@nltransitions.com.

Maryland

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



New Jersey

Great, timely opportunity. Surgeon retiring from well-established, highly respected practice in suburban Essex Co., 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 to sell. Please email classifieds@aaoms.org, attention AAOMS Box S-110619.

New York (Lower Hudson Valley)

Well-established practice looking for board-certified/active candidate for certification OMFS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box S-11803.

North Carolina

Charlotte, N.C., area. Yearly collections 2015-2019, \$900,000+. Collections for 2020, \$800,000. Overhead 40%. Working 30 hours/week. No hospital call. FFS and Medicaid (65%). Practice is 13 years old. Located 40 minutes from Charlotte, N.C., airport and one hour from N.C. mountain areas. 2,000 sq. ft., upfitted with additional 500 sq. ft. available. Three surgical rooms, private office with bathroom. Panorex and one PA tube head; neither is digital. OMSVision EHR. Lease \$3,854/month. Renewable July 2023. Please send inquiries to classifieds@aaoms.org, attention AAOMS Box S-0705.

Ohio

Great opportunity to purchase a practice in Northeast Ohio. Established practice of 27 years. Collections for 2021 were \$1.5 million with a 30-hour work week. Strong referral base, OMSVision EHR system, Planmeca CBCT scanner, CO2 laser, up-to-date equipment and an incredible group of assistants. Current owner is willing to stay on for one year to ensure a smooth transition. Please send email to AAOMS Classified Box S-1019.

Oklahoma

OMS with 47 years private practice ready to retire. Have practiced full scope, but dentoalveolar and implants only with three days per week. Excellent opportunity for expanding back to full scope or "low key" or satellite. Very flexible seller. Contact RJLOMS@live.com.

Oregon

Portland metro practice includes satellite office. Both locations are fully cone beam-equipped, dual-suite offices. Practice enjoys continued growth with healthy referral base. \$1 million/year. Contact Paul Consani for additional information on this opportunity. Contact Paul@mydentalbroker.com, 866-348-3800.

Pennsylvania

Contemporary OMS practice and newly renovated condominium space for sale in Northeast Pa. Located in medical office building with approximately 2,000 sq. feet. 4 operatories, digital X-rays, CBCT, EMR, etc. Practice in continuous operation since the 1960s with 3rd-generation owner ready to retire. Perfect for full-time office or satellite. Close to major highways and 2-hour drive to NYC or Philadelphia. Condo space and practice priced below market value and can be sold separately or in a package deal. Please send inquiries to AAOMS Box S-0421.

Pennsylvania

New listing – OMFS Practice – Pittsburgh. Highly respected, 34-year practice. 3,300 sq. ft., three surgical operatories, consultation rooms. CBCT, digital radiology, CO2 laser, OMS Vision EMR. Collecting \$2.1 million on a four-day week. Conveniently located off interstate with referral base from tristate area (Ohio and West Virginia). Full-scope practice with emphasis on implant reconstruction. Owner looking to retire and will stay on through transition. Please send inquiries to oralsurgmax@gmail.com.

Pennsylvania

Well-established OMFS practice over 35 years in western Pa. Located in hospital office building with fully licensed outpatient surgery center attached. Incredible opportunity for OMFS interested in either a busy office practice or a full-scope hospital integrated practice. Current owner willing to stay for transition, and new owner will be busy from Day 1. Please reply to AAOMS Box A-1001.

South Carolina

Solo practitioner desiring to pursue other endeavors after 30+ years. Well-established practice in a dynamic area of the low country. Practice where others come to vacation. Emphasis is wisdom teeth and implants. A Level II trauma center is in town. CBCT, PRF, OMSVision software. Loyal and long-standing staff is a big plus. If you want to own, you will do very well here. Excellent weather and schools. Boating, fishing and golf are all world-class. Very flexible transition. Email cmhagph19@gmail.com.

Virginia

Well-established and busy OMS practice in the Colonial Capitol of Williamsburg. This is a beautiful college town and an excellent place to raise a family. Excellent schools, recreational opportunities and medical facilities. One hour to the beach or the mountains. This is a wonderful opportunity for the right person. Surgeon considering retirement, but willing to facilitate a transition. Contact paul.hartmann@omsp.com.

Practice Transitions

OMS Exclusively-Premier Transition Specialists for Oral Surgeons

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March/April 2022 issue: Jan. 7, 2022

May/June 2022 issue: March 4, 2022

July/August 2022 issue: May 5, 2022

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

☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____
**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

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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 patients aged 6 years and older to produce postsurgical local analgesia and in adults 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 6 years old for infiltration
- patients younger than 18 years old for interscalene brachial plexus nerve block
- 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 All Local Infiltration Clinical Studies in Pediatric Patients Aged 6 to Less Than 17 Years

The safety of EXPAREL in 110 pediatric patients between the age of 6 and 17 years old undergoing various surgical procedures was evaluated in one randomized, open-label, clinical study in which EXPAREL was administered by infiltration into the surgical site and one single-arm, open-label study in which EXPAREL was administered by infiltration into the surgical site. Patients were administered a weight-based dose of EXPAREL at 4 mg/kg (maximum dose of 266 mg) or bupivacaine HCl 2 mg/kg (maximum dose of 175 mg). In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were bradycardia, muscle spasms, tachypnea, hypoesthesia oral, anemia postoperative, dizziness, pyrexia, diarrhea, hypoacusis, hypoesthesia oral, pruritus, hematuria, incontinence, muscular weakness, and visual impairment.

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

Postmarketing Experience

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

DRUG INTERACTIONS

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

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

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifostamide, 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

The safety and effectiveness of EXPAREL for single-dose infiltration to produce postsurgical local anesthesia have been established in pediatric patients aged 6 years and older. Use of EXPAREL for this indication is supported by evidence from adequate and well-controlled studies in adults with additional pharmacokinetic and safety data in pediatric patients aged 6 years and older.

Safety and effectiveness have not been established in pediatric patients aged less than 6 years old for local infiltration or less than 18 years old for interscalene brachial plexus nerve block.

Geriatric Use

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

Hepatic Impairment

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

Renal Impairment

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

OVERDOSAGE

Clinical Presentation

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

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

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

Management of Local Anesthetic Overdose

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

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

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

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

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water 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

Local Analgesia via Infiltration Dosing in Adults

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.

Local Analgesia via Infiltration Dosing in Pediatric Patients

The recommended dose of EXPAREL for single-dose infiltration in pediatric patients, aged 6 to less than 17 years, is 4 mg/kg (up to a maximum of 266 mg), and is based upon two studies of pediatric patients undergoing either spine surgery or cardiac surgery.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

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

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

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

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

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

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

Non-Interchangeability with Other Formulations of Bupivacaine

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

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

CLINICAL PHARMACOLOGY

Pharmacokinetics

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

PATIENT COUNSELING

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

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Patent Numbers:
6,132,766 5,891,467 5,766,627 8,182,835

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

Rx only

March 2021

 MORE THAN 8 MILLION ADULT PATIENTS HAVE RECEIVED EXPAREL SINCE 2012¹

FEWER OPIOIDS. IMPROVED RECOVERY.

Non-opioid EXPAREL® (bupivacaine liposome injectable suspension)
delivers safe, extended pain control over the most critical days after surgery

ERAS and multimodal protocols with EXPAREL have demonstrated improved
clinical and economic outcomes in multiple general surgery procedures:

74% fewer opioids

were used over 3 days in
laparoscopic colorectal
surgery^{2*†}

31% faster return to
bowel function

in open ventral
hernia repair
($P < 0.001$)³

2 days shorter LOS

4.0 days vs 6.1 days in open
ventral hernia repair
($P < 0.001$)³



Connect with us to learn more about how EXPAREL can support your practice



ERAS=Enhanced Recovery After Surgery; LOS=length of stay; TAP=transversus abdominis plane.

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

†Opioid use was measured by the defined daily dose, with 1 unit equaling 100 mcg of intravenous (IV) fentanyl, 2 mg of IV hydromorphone HCl, 4 mg of oral hydromorphone HCl, 20 mg of oral oxycodone, or 10 mg of oral hydrocodone.

For laparoscopic colorectal surgery trial: Retrospective trial comparing patients receiving local infiltration of EXPAREL (n=70) as part of an ERP (enhanced recovery protocol) with those being placed in an ERP (n=70).

For open ventral hernia repair trial: Retrospective, observational study comparing patients who received an ERAS protocol with EXPAREL (n=100) with a historical group prior to the introduction of the protocol (n=100).

Indication

EXPAREL® (bupivacaine liposome injectable suspension) is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults 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 in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia. 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 populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of Prescribing Information on adjacent page.

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

References: 1. Data on file. 6450. Parsippany, NJ: Pacira BioSciences, Inc.; January 2021. 2. Keller DS, Pedraza R, Tahilramani RN, Flores-Gonzalez JR, Ibarra S, Haas EM. Impact of long-acting local anesthesia on clinical and financial outcomes in laparoscopic colorectal surgery. *Am J Surg.* 2017;214(1):53-58. 3. Majumder A, Fayeizadeh M, Neupane R, Elliott HL, Novitsky YW. Benefits of multimodal enhanced recovery pathway in patients undergoing open ventral hernia repair. *J Am Coll Surg.* 2016;222(6):1106-1115.