

# AAOMS TODAY



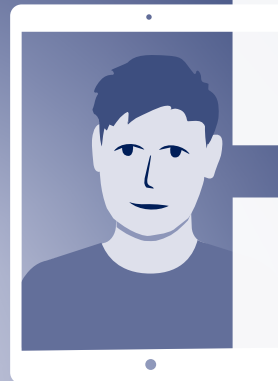
May/June 2022  
VOLUME 20, ISSUE 3

A publication of the  
American Association of Oral and Maxillofacial Surgeons



## Individuals United in Service

5 committees focusing  
on important issues  
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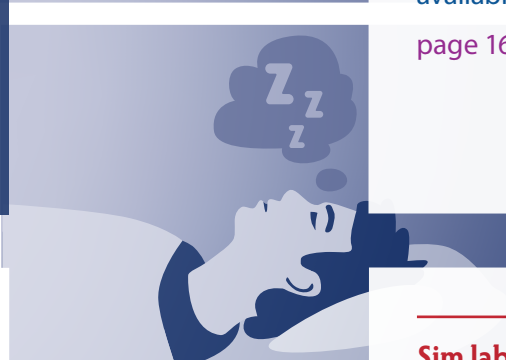
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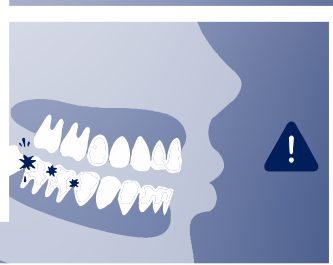
## Power of PSAs

Informational Campaign outreach  
on television, radio pays dividends



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## AAOMS TODAY

May / June 2022

Volume 20, Issue 3

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## Power of PSAs

*Informational Campaign outreach  
on television, radio pays dividends*

*Public service announcements provide  
the Informational Campaign's highest  
return-on-investments.*

*– Dr. Lee Allen, Chair of the  
Committee on Public and  
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**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



**2022:** Gold Award  
**2020:** Platinum Award  
**2019:** Platinum Awards for Magazine/Writing



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



**2021:** Platinum Awards for Feature Articles and Gold Awards for Association Magazine and Cover Design  
**2020:** Platinum Award for Feature Article and Gold Award for Association Magazine  
**2019:** Platinum Award for Association Magazine



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J. David Johnson Jr., DDS  
AAOMS President

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*“A combination of pride and humility describes my emotions as I serve as President of AAOMS, working on important initiatives with dedicated and diligent volunteer OMS leaders.”*

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## IN MY VIEW

# Individuals United in

**A** AOMS Bylaws allow the President to establish and populate Board of Trustee Subcommittees. During my first meeting of the AAOMS Board as President last fall, the Board unanimously endorsed the formation of three subcommittees focusing on:

- OMS Anesthesia Team Model
- Dental Benefits in Medicare and Medicaid
- Member Engagement

These three important areas were emphasized in my Inaugural Address and in the AAOMS Strategic Plan. With Immediate Past President B.D. Tiner and me serving in an ex officio capacity on all three, the subcommittees were populated with the following Trustees and Officers and given the following respective charges:

### **Subcommittee on the OMS Anesthesia Team Model**

Members: Drs. Deb Sacco (Chair), Chuck Crago, J. David Morrison, Paul Schwartz and Fred Stephens

This subcommittee was charged with examining our current Association activities regarding the OMS office-based anesthesia model, especially at the state and federal levels, and looking for collaborative advocacy opportunities with the ASA, ADA, ASDA and other parties of interest (e.g., advocating for improved third-party reimbursement for facility-based anesthetic services provided to appropriate dental patients, especially 7-year-old and under pediatric, special needs, elderly and medically compromised patients). This subcommittee was asked to consider topics including, but not limited to, AAOMS office-based anesthesia guidelines, model state rules for office-based anesthesia and implementation of anesthesia-related resolutions passed by the AAOMS House of Delegates.

### **Subcommittee on Dental Benefits in Medicare and Medicaid**

Members: Drs. David Shafer (Chair), Bob Clark, Marty Eichner, J. David Morrison and Fred Stephens

The importance of AAOMS's role as an advocate for elderly, pediatric and special needs persons and for patient access to oral healthcare was emphasized. Our specialty's responsibility to communicate ideas that advance sustainable access to safe and effective oral and maxillofacial surgical care was stressed. Remembering that Medicaid



# Service: 5 committees focusing on important issues

benefits are means tested and Medicare benefits are not, this subcommittee was asked to focus on such priorities as the following:

- Medicare and Medicaid “over 21” coverage of extractions and associated services when the oral condition affects a medical comorbidity.
- Expanded Medicaid over-21-year-old recipient oral healthcare coverage, especially for basic preventive dental care.
- Addition of Medicare Advantage Plan products to Medicare Part C that give more options for additional dental coverage.

The subcommittee was asked to concentrate on approaches that promote improved access to necessary oral healthcare and are fiscally responsible – approaches that protect the financial viability of OMS practices. The subcommittee was provided summaries of meetings with legislators and policymakers, and of AAOMS work with the National Association of Dental Plans and Delta Dental Plans of America, with requests that they distribute our proposed policies to their members.

Additionally, the subcommittee was reminded that AAOMS sent the Board’s article, “Oral Health Benefits in Medicare and Medicaid,” as well as supporting materials to our partners that attend our Insurance Industry Forum meeting. This subcommittee was asked to consider the AAOMS approach to Medicare, Medicaid and CHIP. It also was asked to monitor related legislation and advise on the best AAOMS response.

## Subcommittee on Member Engagement

Members: Drs. Chuck Crago (Chair), Marty Eichner, Mark Egbert, Steve Nelson, Deb Sacco and David Shafer

This subcommittee was asked to examine the effectiveness of current AAOMS committee structures, AAOMS clinical interest groups and AAOMS communications (including *AAOMS Today*, the Informational Campaign, the use of social media and the AAOMS spokesperson program).

The subcommittee was charged with specifically considering the most effective methods of information dissemination to AAOMS membership with the goal of increasing member involvement and fostering diversity and inclusion.

## Recommendations and next steps

Each subcommittee was asked to provide a summary report with assessments and recommendations during the March 2022 Board meeting. These reports stimulated high-level discussions on these issues, resulting in meaningful actions and facilitating future leadership consistency.

Board members and AAOMS’s Senior Management Team assigned to each respective subcommittee have performed admirably – developing AAOMS plans for both the short- and long-term.

## Special Committee work

AAOMS Bylaws also allow for the establishment of AAOMS Special Committees. Last fall, I discussed the development of an updated OMS Office-Based Anesthesia White Paper that would draw on all existing AAOMS anesthesia-related resources – including *ParCare*, the *OAE Manual*, the State Advocacy Anesthesia Resource Guide, CODA Training Standards and other evidence-based clinical resources.

The Board approved the formation of an AAOMS Special Committee on Office-Based Anesthesia White Paper Update with the following members: Drs. Lou Rafetto (Chair), David Bitonti, Deepak Krishnan, Stu Lieblich, Larry Moore, Michael Rollert, Michael Stronczek, Paul Tiwana and Chuck Weber, with Paul Schwartz and me as Board liaisons.

This Special Committee is making great progress with plans to provide a document for Board review during its July meeting. I am confident that this updated and expanded white paper will be a standard for office-based anesthesia in dentistry.

The officers of AAOMS and the American Society of Dentist Anesthesiologists (ASDA) have recently met in an effort to facilitate improved communications and working relationships between our organizations. We have jointly formed an AAOMS/ASDA Special Working Committee on Model State Rules for Dental Office-Based Anesthesia, with the first meeting held in March. Agreement on such model rules between the two dental specialties with the greatest education and training in anesthesia would benefit state dental board efforts to protect the public. Many other future collaborative opportunities exist.

A combination of pride and humility describes my emotions as I serve as President of AAOMS, working on important initiatives with dedicated and diligent volunteer OMS leaders. ■



## Power of PSAs

*Informational Campaign outreach  
on television, radio pays dividends*



*Smokey Bear has reminded people not to start wildfires since 1944. Almost everyone can immediately visualize the cartoon bear in television public service announcements (PSAs) admonishing viewers with the closing line – “And remember, only you can prevent forest fires.”*

The pro bono television option remains effective to promote the USDA Forest Service’s message, with Smokey Bear PSAs still on the air today. By definition, public service announcements must raise awareness of or change behaviors and attitudes on a social issue. They typically are written and produced for a non-profit organization to spread the word about a particular topic such as health, public safety, family and community, or environmental concerns.

### **The power of television airtime**

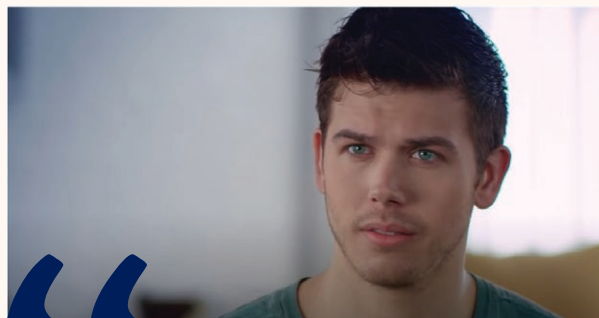
AAOMS experienced the power of television airtime firsthand starting in May 2015 when it released its first two public service announcements – one focusing on how to do an oral cancer self-exam and a second on the connection between HPV and oral cancer – as part of the national AAOMS Informational Campaign.

In the first two years, the 60-second spot focusing on how to do an oral cancer self-exam and the 30-second spot focusing on the HPV vaccine were played 41,033 times to a potential broadcast audience of 268 million viewers with an equivalent ad dollar value – cost had AAOMS paid for the airtime – of \$5.57 million.

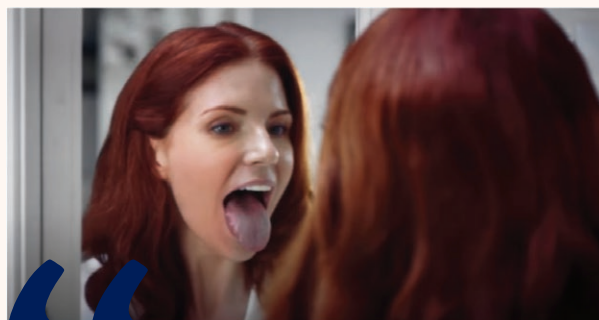
In late 2016, AAOMS released a 60-second PSA on obstructive sleep apnea. Just a year later, the spot had aired 25,469 times to a potential broadcast audience of 122 million viewers with an equivalent ad dollar value of \$3.4 million.

Members of AAOMS’s Committee on Public and Professional Communications (CPPC) – which began overseeing Informational Campaign tactics in 2017 – were impressed by those metrics.

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“You’re 3 times as likely to get oral cancer if you drink or use tobacco. What about HPV? What does that have to do with oral cancer? You’re 30 times more likely to get oral cancer if you have HPV, or the human papillomavirus.”



“Oral cancer can happen to anyone. Early detection is the key to a cure.”



*“While it may only sound like snoring, sleep apnea is a serious and even life-threatening condition. But it can be successfully treated.”*



*“Not all wisdom teeth need to be removed, but they all do need to be monitored by an oral and maxillofacial surgeon. Remember – pain or no pain – your wisdom teeth should be checked every year.”*

“Public service announcements provide the Informational Campaign’s highest return-on-investments,” said CPPC Chair Lee Allen, DMD, MD. “Once they are in the queue at a television station, our videos tend to be repeatedly played when timeslots go unsold to paid advertisers. Doubling as both public information and advertising for our specialty, the PSAs are integral to expanding the reach of our campaign.”

The open slots are throughout the day, evening and nighttime hours. The majority of airings (51 percent) of AAOMS television PSAs have been from 5 a.m. to 4 p.m., with the remaining divided between 4 to 10 p.m. (19

percent) and 10 p.m. to 5 a.m. (30 percent). Viewers have seen AAOMS PSAs during:

- NCIS: Los Angeles on KDMD-TV in Alaska
- ABC World News Now on KERO-TV in California
- Extra on KNIN-TV in Idaho
- Nightline on WTVQ-TV in Kentucky
- The Late Show with Stephen Colbert on WBKB-TV in Michigan
- Wheel of Fortune on WXVT-TV in Mississippi
- NBC Nightly News with Lester Holt in KXGN-TV in Montana
- Rachael Ray on WKTV-TV in New York
- Divorce Court on WBNX-TV in Ohio
- Young Sheldon on KCIT-TV in Texas

According to Nielsen Service Sigma tracking reports, AAOMS TV public service announcements have:

- Played on **711 television stations** in 43 states and Washington, D.C.
- Broadcast **214,914** times through March 2022.
- Reached a broadcast audience of more than **1.06 billion**.
- A cumulative equivalent dollar value (if the airtime had been purchased) of **\$29.1 million**.

Public service announcements are not paid advertising. A broadcaster donates the time as part of its commitment to serving the public interest. While there is no requirement for broadcasters to air PSAs, it reflects well on stations that they are acting in the interest of the public when it comes time to renew broadcast licenses with the Federal Communications Commission. Even though the average TV station will air 200 public service announcements per week, requests for free time always exceed the available supply.

The equivalent dollar value is calculated based on what the TV station would have charged a paying advertiser. Costs for airtime given to AAOMS 60-second PSAs have ranged from:

- \$4,335 during Jeopardy! on WDBJ-CBS in Virginia
- \$2,672 during *Ice Age 2: The Meltdown* on WTTG-FOX in Washington, D.C.
- \$2,400 during College Football on WDAF-FOX in Missouri



- \$1,011 during Good Morning America on KTWO-ABC in Wyoming
- \$615 during Live with Kelly and Ryan on WDTV-CBS in West Virginia
- \$218 during Late Night with Seth Meyers on WJFW-NBC in Wisconsin
- \$100 during Nightline on WNEP-ABC in Pennsylvania
- \$50 during This Old House on KVEO-NBC in Texas

Following the initial releases, TV public affairs directors began calling AAOMS headquarters asking if the videos could be available as 30-second and 15-second spots so they would have more flexibility to air them in unsold shorter timeslots. The CPPC and AAOMS Board of Trustees were happy to comply with that request; edited versions were produced and distributed in 2017.

With the return-on-investment from the first three television PSAs, AAOMS produced a 60-second animated video focusing on wisdom teeth management in 2018. To date, it has aired almost 14,000 times on 94 TV stations –

reaching a broadcast audience of more than 15 million with an equivalent dollar value of \$2.3 million.

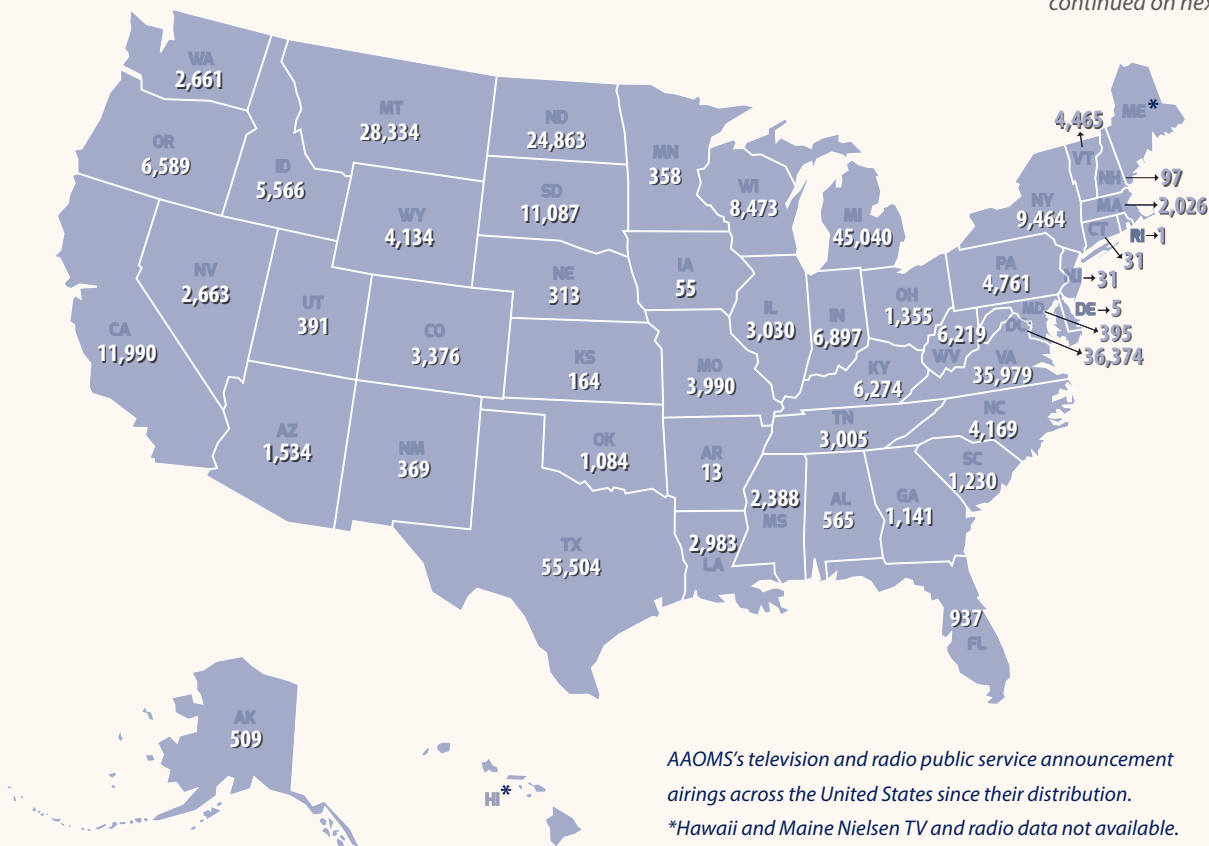
### Three new PSAs in 2022

The CPPC then considered additional topics for PSAs – settling on the importance of facial protection/mouth guards, the benefits of dental implants and a “live action” wisdom teeth video featuring patients with differing experiences. Scripts were written and approved, casting calls conducted, sets designed and a film crew hired to shoot, edit and produce the videos.

“All AAOMS members will benefit from the creation and distribution of these three new public service announcements,” said AAOMS President Dr. J. David Johnson Jr. “As more television stations begin to broadcast these, the message in each speaks of the expertise of OMSs and encourages the public to visit MyOMS.org to seek more information or find a surgeon in their area.”

Each of three new videos – edited to various lengths – have been mailed or digitally provided to television stations

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AAOMS's television and radio public service announcement airings across the United States since their distribution.

\*Hawaii and Maine Nielsen TV and radio data not available.



“Add a mouth guard to your child's sports or recreational equipment list to help prevent the impact of a painful and costly facial injury.”



“Don't let missing teeth stop you from enjoying life. Make an informed decision. Properly placed dental implants can be a long-lasting solution for missing teeth when placed by the surgical experts.”

around the country. Stations were encouraged to begin showing the importance of facial protection/mouth guards video during April as part of the National Facial Protection Month observance. The videos also are posted to MyOMS.org and AAOMS's YouTube channel and will be featured in public-facing social media accounts.

The videos are available for members to download at no cost and use on their practice websites or in social media. All videos can be downloaded from AAOMS.org/InfoCampaign (choose Videos).

The three new storyboards and scripts include:

#### ■ Importance of facial protection

**Scenes** – Viewers first see a teen brother and sister playing basketball in their driveway with mom and dad enjoying a cup of coffee. The two kids bump while going for a rebound and the boy is laying on the driveway holding his face. Mom and dad run over to see what's wrong, and then the boy is seen holding an icepack to his lower jaw. The next scene shows a mom dropping off her son at soccer practice. He stops to tie his shoes and adjust his shin guards. Mom gets out of the car to remind her son that he has forgotten his mouth guard. He easily slips it in and heads out to the field.

**Script voiceover** – “As a parent, you know you cannot prevent every accident. Play it safe with the right equipment. Add a mouth guard to your child's sports or recreational equipment list to help prevent the impact of a painful and costly facial injury. Mouth guards should be fitted so it does not misalign the jaw and be lightweight, strong, easy to clean and properly sized – covering the upper and lower teeth and gums. If your child does sustain a facial injury, seek an evaluation from an oral and maxillofacial surgeon. OMSs are experts at handling injuries to the face, mouth and jaws. Learn more at MyOMS.org.”

“Add a mouth guard to your child's sports or recreational equipment list to help prevent the impact of a painful and costly facial injury.”

#### ■ Dental implants a long-lasting solution

**Scenes** – Viewers meet “grandma,” who sits eating breakfast with her pet dog by her side. She is struggling to chew her food with a missing tooth and is self-conscious. She visits an OMS, making the decision to get a dental implant. She is then seen enjoying dinner – steak and corn on the cob – with her son, his wife and their two daughters. Her dog begs for a bite of the steak, but grandma eats it herself instead.

**Script voiceover** – “Missing teeth can adversely affect speech, digestion and how someone chews their food. Studies show that missing even a single tooth can lead to being self-conscious, feelings of depression, and low self-esteem. Tooth loss can negatively impact nutrition as your diet may be limited to softer, often unhealthy foods.

“That's why dental implants are a long-term investment in your overall health. With implants, there are fewer diet



restrictions, better bone preservation than dentures, and they won't affect neighboring teeth like bridges. Implants look and feel natural and can last for many years. Don't let missing teeth stop you from enjoying life. Make an informed decision.

"Properly placed dental implants can be a long-lasting solution for missing teeth when placed by the surgical experts. Your smile and health are too precious to trust to just anybody. Oral and maxillofacial surgeons are the trusted specialists, having undergone extensive education and training, making them the experts in face, mouth, and jaw surgery."

"Don't let missing teeth stop you from enjoying life. Make an informed decision. Properly placed dental implants can be a long-lasting solution for missing teeth when placed by the surgical experts."

#### ■ What will be your wisdom teeth story?

**Scenes** – Viewers meet four wisdom teeth patients. The youngest has an easy and "uneventful recovery." The three older patients tell stories of more complicated extractions due to lengthened roots, infection and a cyst. The narrator reminds viewers that "some things get better with age. Your wisdom teeth are not one of them."

**Script – 17-year-old female:** "My dentist said I had to see an oral and maxillofacial surgeon because my wisdom teeth were impacted. I got them out and had an uneventful recovery."

**38-year-old male:** "The pain was becoming unbearable. I didn't know the roots of the wisdom teeth could lengthen and become entangled around the nerves in the lower jaw. My surgery was more complicated, and I had to reschedule my family vacation."

**45-year-old male:** "One of my wisdom teeth never came all the way in. In my 30s, it started to hurt a lot. It was infected. My recovery took a week."

**40-year-old female:** "I had a cyst around my impacted wisdom tooth. I was referred to an OMS to have it removed. I was so worried. I wish I would have taken care of this when I was younger."

**Narrator:** "Some things get better with age. Your wisdom teeth are not one of them. Make an appointment with an oral and maxillofacial surgeon today to evaluate your wisdom teeth. When caring for your wisdom teeth,



*Some things get better with age.  
Your wisdom teeth are not one of them.*

pain-free does not necessarily mean disease-free. Visit [MyOMS.org](http://MyOMS.org) to find an OMS near you."

### The power of radio airtime

With the widespread national play received by AAOMS television PSAs, the CPPC in 2018 discussed whether the Association could expect to see a similar return on investment with radio PSAs.

The four TV PSAs were converted into radio spots and sent to 2,250 stations via hard copy and another 6,000 stations via digital upload.

The average return on investment for this level of distribution is \$4.5 million in equivalent ad dollars. The new radio spots can be heard here: Now AAOMS is doing three new ones.

The tracking of radio PSAs works differently than television. While Nielsen Sigma electronic tracking covers 99 percent of television stations, it only covers 17 percent of radio stations. To help gather metrics, the PSA distributor includes a statistics reply card in the original package, and their team calls each station 90 days after the initial mailing to get airing reports.

According to Nielsen Service Sigma and station call tracking reports, AAOMS radio public service announcements have:

- Played on **413 radio stations** in 43 states and Washington, D.C.
- Broadcast **72,342** times through March 2022.

*continued on next page*

- Reached a broadcast audience of more than **349 million**.
- A cumulative equivalent dollar value (if the airtime had been purchased) of **\$4.5 million**.

### The power of airport signage

In 2018, AAOMS PSA reach expanded into airports. Focused on wisdom teeth management, PSA signs were displayed in five airports around the country including: LaGuardia Airport in New York, N.Y., Newark Liberty International Airport in Newark, N.J., Cincinnati/Northern Kentucky International Airport in Hebron, Ky., Lehigh Valley International Airport in Allentown, Pa., and Springfield-Branson National Airport in Springfield, Mo. In 2019, signs also were placed at Boston Logan Airport. PSA sign openings have since reduced due largely to the pandemic.

According to tracking reports, AAOMS airport public service announcements have:

- Been displayed on **18 signs** in six airports.
- Been seen by almost **2.7 million** people.
- A cumulative equivalent dollar value (if the signs had been purchased) of about **\$150,000**.

### Consumer survey results

Each year (except 2020 due to the pandemic), AAOMS conducts a consumer survey to measure the reach (awareness), frequency (recall) and overall effectiveness of the Informational Campaign.

In addition to public service announcements, the Informational Campaign focuses on a combination of digital marketing (including a WebMD microsite), videos, social media and search engine optimization to explain the experience, training and expertise of OMSs to the public.

All drive traffic to MyOMS.org, where prospective patients are encouraged to find a surgeon in their area. The 2021 survey results revealed 30 percent of consumers had seen or heard OMS advertising or promotions – consistent with 31 percent in 2019 and up from 25 percent in 2018, 14 percent in 2017 and 7 percent in 2016.



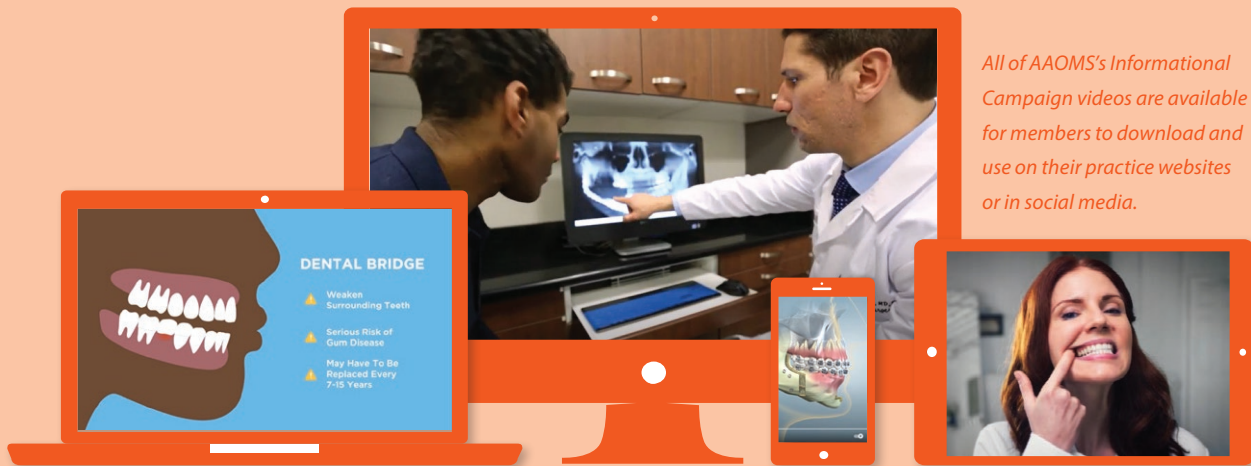
*AAOMS's PSA signs about wisdom teeth have been displayed in six airports.*

Consumers who had seen advertising or promotions were asked where they had seen or heard it. The results:

- Television: 27 percent
- Social media: 22 percent
- Individual professional's website: 10 percent
- Healthcare website (including WebMD): 9 percent
- Internet search result: 8 percent
- YouTube: 8 percent
- Medical/dental association website: 5 percent
- Radio: 4 percent
- Magazine or newspaper: 4 percent

Other key results from the 2021 survey:

- About 81 percent of consumers rated the ads and promotions as extremely or very believable.
- After seeing these ads or promotions, 69 percent of consumers said they are more likely to choose an OMS and 38 percent visited MyOMS.org.
- Of MyOMS.org visitors, 83 percent used the Find a Surgeon service that connects prospective patients with AAOMS members. ■



*All of AAOMS's Informational Campaign videos are available for members to download and use on their practice websites or in social media.*

## Videos available for members to use on their websites and social media accounts

All the AAOMS-produced educational, promotional and public service videos are available for members to download at no cost and use on their practice websites or in social media.

All videos can be downloaded from [AAOMS.org/InfoCampaign](http://AAOMS.org/InfoCampaign) (choose Videos). The digital library includes:

### Public Service Announcement videos

- Importance of facial protection/mouth guards
- What will be your wisdom teeth story?
- Dental implants a long-lasting solution
- Are you at risk for oral cancer? Learn the facts. (HPV link)
- Are you at risk for oral cancer? Learn to perform a self-exam.
- Obstructive sleep apnea is a serious and life-threatening condition.

### Patient testimonial videos

- Meet Samantha: Wisdom Teeth (three versions)
- Meet Newton: Dental Implants (three versions)
- Meet Kyle: Expose-and-Bond (three versions)
- Meet Brenna: Corrective Jaw Surgery (three versions)
- Meet Ryan: Oral Pathology and Reconstructive Surgery (three versions)
- Meet Bill: TMJ Disorder (three versions)
- Meet Al: Obstructive Sleep Apnea (three versions)

### Animated explainer videos

- Dental Implants (five versions)
- Wisdom Teeth: Pain or No Pain (four versions)
- What is an OMS? (five versions)

### Awareness month videos

- Oral Cancer Awareness Month
- National Facial Protection Month

### Promotional videos

- Administration of Anesthesia
- Corrective Jaw Surgery
- Dental Implant Surgery
- Get to Know OMS
- Oral, Head and Neck Cancer
- What is an OMS?
- Wisdom Teeth Management

### Educational videos

- Anesthesia: Safety and Comfort in the OMS Office
- Having Frenectomy Surgery
- Having Impacted Canine Surgery
- Having Orthognathic Surgery
- Having Third Molar Surgery
- Temporary Anchorage Devices

### OMS Experts videos

- Facial Injury/Trauma and Mouth Guards (four videos)
- Anesthesia (one video)
- Wisdom Teeth Management (nine videos)
- Dental Implant Surgery (three videos)
- Oral Cancer (three videos)



## AAOMS videos, radio PSAs win national awards

The videos created for AAOMS's Informational Campaign continue to be recognized in national awards contests for its work to inform the public about the expertise of OMSs.



The three new public service announcements distributed this spring have already been honored in the Hermes Awards contest, sponsored by the Association of Marketing and Communication Professionals to honor traditional and emerging media.

- Gold Award for facial protection/mouth guards TV PSA
- Honorable Mention for dental implant TV PSA
- Honorable Mention for wisdom teeth TV PSA

Earlier awards bestowed on AAOMS videos and radio spots include:

### Apex Awards

Sponsored by Communications Concepts to honor excellence in communications, graphic design and editorial content.

- Award of Excellence for patient testimonial video series

### Aster Awards

Sponsored by Marketing Healthcare Today magazine and Creative Images to honor healthcare advertising, marketing and communications.

- Gold Award for patient testimonial series
- Silver Award for radio PSA addressing wisdom teeth

### AVA Digital Awards

Sponsored by the Association of Marketing and Communication Professionals to honor digital arts, technology and information.



- Platinum Award for patient testimonial video series – Meet Brenna: Corrective Jaw Surgery
- Gold Award for digital video creation explainer video “What is an OMS?”

### Cancer Awareness Advertising Awards

Sponsored by Marketing Healthcare Today magazine and Creative Images to honor programs designed specifically for cancer-related products and services.

- Silver Award: Radio PSA addressing oral cancer's connection to HPV

### Healthcare Advertising Awards

Sponsored by Healthcare Marketing Report to recognize the best healthcare marketing and advertising.

- Gold Award for “What is an OMS?” video

### Hermes Creative Awards

- Platinum Award for patient testimonial video series
- Platinum Award for “What is an OMS?” video
- Gold Awards for AAOMS patient testimonial video series – Meet Brenna: Corrective Jaw Surgery
- Gold Award for dental implant surgery video
- Gold Award for “Are you at risk for oral cancer video” PSA
- Honorable mentions for wisdom teeth management and oral cancer PSAs

### MarCom Awards

Sponsored by the Association of Marketing and Communication Professionals to honor excellence in marketing and communications.



- Platinum Award (Mixed Reality Digital Video category) for oral cancer self-exam video
- Gold Award (Motion Graphic Video category) for dental implants video
- Gold Award for Dental implants patient testimonial video
- Gold Award for Wisdom tooth management motion graphic video
- Gold Award for “Are you at risk for oral cancer?” PSA

### Videographer Awards

Sponsored by the Association of Marketing and Communication Professionals to recognize video excellence in a digital world.

- Excellence Award for What is an OMS? Video
- Excellence Award for Obstructive Sleep Apnea PSA
- Distinction Award for “Are you at risk for oral cancer” PSA



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## Annual Meeting offerings add up; 100-plus CE

Clinical tracks, hands-on courses, Master Classes and other educational sessions will all contribute to the continuing education program offered at the 2022 Annual Meeting being held Sept. 14 to 17. This year, AAOMS is providing two types of registration opportunities to support the needs of all attendees:

- **New Orleans with online access** for those attending in-person
- **Online-only access** for those who are not able to travel and/or prefer the enhanced convenience of live-streamed and on-demand offerings.

Regardless of the platform, all registrants receive access to on-demand content and session recordings until Dec. 31. Discover all the offerings available to both registration types at this year's meeting, including:

### 12 clinical tracks

Covering the full scope of OMS on anesthesia, dental implants, dentoalveolar, cosmetic, head and neck, orthognathic, OSA, pathology, pediatrics and cleft, reconstruction/nerve, TMJ and trauma. Eleven tracks feature high-level plenary sessions with expert speakers leading attendees through the latest research. All 12 tracks include oral abstract presenters and a Hot-off-the-press session.



*Each clinical track will feature a Hot-off-the-press session highlighting recently published research in JOMS.*



### 30-plus practice management sessions

Addressing all practice needs, topics to be discussed include office emergencies, communications, marketing, the implant treatment coordinator role, buying and selling an OMS practice, and HIPAA and OSHA compliance.

### 50-plus Master Classes

Taught by subject experts, Master Classes are intended to advance understanding and knowledge by covering topics such as multidisciplinary approach to head and neck teams, airway management, impact of the COVID-19 pandemic to the field of OMS, treatment for patients with substance abuse and TMJ reconstruction.

### 100-plus CE opportunities

Attendees can earn more hours of continuing education (CE) this Annual Meeting. In years past, an attendee may typically obtain about 15 hours of CE at an Annual Meeting. In 2022, attendees can earn up to 32 hours.

An additional 43 CDE/CME or 58 CDE only sessions via the on-demand content will be available through Dec. 31.

## credits available



### Ticketed sessions and events

While the general registration fee covers all 12 clinical tracks and most sessions, separate fees apply to three preconference programs, hands-on workshops and special events. Early registration is encouraged to reserve a seat at these ticketed sessions, including:

#### ■ Preconference

- **Anesthesia Update: Practical Considerations in OMS Anesthesia** – This year, the popular preconference program will provide perioperative considerations in the management of patients. Sessions will look at the latest drugs available, new techniques and the latest research to help OMSs with patient selection for in-office procedures. Other topics will cover the concept of enhanced perioperative management of patients with diabetes, sleep apnea, allergic reactions and long-COVID. This program will be offered via live-stream and later as a recorded session.
- **Educators Summit** – Faculty should plan to attend the second annual Educators Summit preconference. A variety of speakers will address topics such as recruitment and diversity, the role of today's program directors and chairs, and strategies to avoid burnout. The Summit will not be offered as a live-stream session or post-meeting recording.
- **Pediatric Craniomaxillofacial Surgery Preconference** – This preconference will discuss current state of craniofacial surgery. The update will concentrate on team-directed interdisciplinary care, evolution of craniofacial surgery and

*continued on next page*



## 104th AAOMS Annual Meeting

*Volunteerism: Individuals United in Service*

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

**When:** Sept. 12 – 17

**Where:** New Orleans, La.

The 2022 AAOMS Annual Meeting will be available both in-person and online.

### Early-bird discounts offered

AAOMS members and fellows can take advantage of early-bird discounts:

- Register by July 1 to receive \$200 off general registration fee
- Register by July 31 to receive \$100 off general registration fee

AAOMS allied staff members and professional staff also are eligible for a discount:

- Register by July 1 to receive \$100 off general registration fee
- Register by July 31 to receive \$50 off general registration fee

Additional information and registration are available at [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting).

### Housing

Housing rates are available exclusively for AAOMS attendees. Reservations can be made by visiting [AAOMS.org/AMHousing](https://AAOMS.org/AMHousing).

Note: Maritz Global Events is the only official housing agent for the AAOMS Annual Meeting. Beware of companies not authorized by AAOMS.



*In-person attendees at this year's Annual Meeting will have the chance to network with colleagues and participate in hands-on training alongside their peers.*

fellowship training. There will be an overview of nine fellowship programs. This preconference will not be available via live-stream or post-meeting recording.

### ■ Ticketed and hands-on courses

- **OBEAM** – As part of the AAOMS National Simulation Program, the Office-Based Emergency Airway Management (OBEAM) anesthesia simulation module will enable OMSs to practice and master techniques for administering and monitoring office-based anesthesia. The standardized program ensures all participants experience the same events, and state-of-the-art technology allows performance to be automatically



*Attendees will sharpen their anesthesia skills through live training including the OBEAM simulation module and the Assistants Skills Lab.*



evaluated and areas that might benefit from additional training to be identified. Five four-hour sessions of this additional-fee course are planned, in addition to several sessions planned at the new OMS Institute of Education and Innovation at the AAOMS headquarters.

- **Rhinoplasty and Lower Facial Cosmetic Surgery Cadaveric Workshop** – This full-day course led by Faisal Queresby, DDS, MD, FACS, will address rhinoplasty for both functional and cosmetic correction and lower facial cosmetic surgery covering facelifts, facial liposuction and blepharoplasty. Participants will practice techniques at the LSU Health Sciences Center during interactive experiences supervised by experienced course faculty.
- **Contemporary Management of Cleft Lip and Palate Patients** – Participants will gain a deeper understanding of the most common surgical techniques used in the repair of cleft lip and palate deformities by practicing techniques using high-fidelity simulation models. Rafael Ruiz-Rodriguez, DDS, and Daniel Buchbinder, DMD, MD, will present this four-hour session that includes step-by-step instructions using multimedia techniques such as animation, 3D models and illustrative cases.
- **Office-based 3D Printing for Trauma and Implants** – Dina Amin, DDS, FACS, and Baber Khatib, DDS, MD, FRCDC, FACS, will lead this three-hour workshop that aims to familiarize surgeons with 3D printers and demonstrate a stepwise approach to printing models.

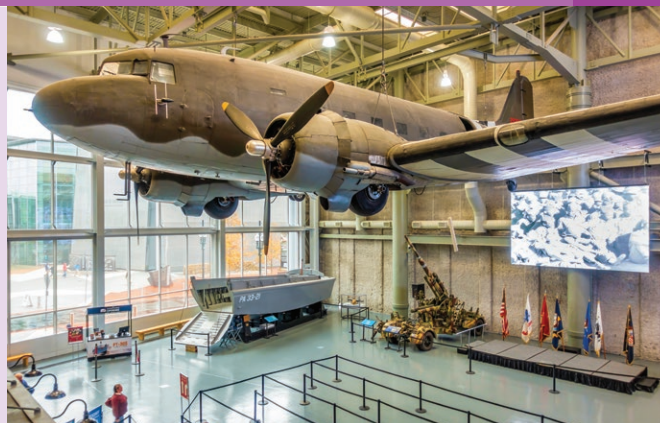
## President's Event

AAOMS President Dr. J. David Johnson Jr., and his wife, Caroline, will be celebrated at the annual President's Event being held Sept. 16 at The National WWII Museum.



Explore the entire campus – including the Louisiana Memorial Pavilion, Hall of Democracy, the Campaigns of Courage Pavilion and the US Freedom Pavilion. Open to all attendees and guests, the event will feature live music and entertainment, access to the entire museum and food and drinks inspired by New Orleans.

Tickets for this historical evening are \$110 – or \$130 after July 31.



Credit: The National WWII Museum by Paul Broussard

Attendees will use their own laptops to learn about open-source software and be able print using the 3D printers.

- **Beyond the Basics Coding Workshop** – All OMSs and their coding staff are encouraged to attend this two-day workshop held in conjunction with the Annual Meeting that allows for greater engagement on coding and billing to teach OMSs how to more efficiently run their practices. New this year, the two-day workshop will be a ticketed course added to an attendee's general registration fee, reducing the cost for those who attend both the workshop and the Annual Meeting.
- **Anesthesia Assistants Skills Lab** – The lab on Sept. 16 and 17 will provide OMS assistants with hands-on clinical training to aid OMSs with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash carts.
- **ACLS and PALS** – Using the American Heart Association curriculum for Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS), these courses will include a lecture, skills stations and interactive case-based scenarios. Participants receive

provider cards after successful completion of skills testing and the written exam. Pre-course preparation is necessary.

## Connect with colleagues

Rounding out the Annual Meeting are special events and networking opportunities, including:

- **Keynote Address** – Kevin Brown, creator of The HERO Effect, will discuss this philosophy that separates world-class organizations and high-performance people from everyone else. Brown is passionate about helping people expand their vision, develop their potential and grow their results.
- **Volunteerism in Oral and Maxillofacial Surgery** – This plenary session will feature six speakers discussing the value of volunteering and describe a variety of available OMS opportunities.
- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored Sept. 14. The meeting's Welcome Reception will follow the ceremony. ■

# 2022 AAOMS ANNUAL MEETING EDUCATION PROGRAM-AT-A-GLANCE



## THURSDAY, SEPT. 15

	Pathway 1	Pathway 2	Pathway 3	Other sessions			
7:30 a.m.	<b>Dental Implant: Hot-off-the-press and Abstract (GP1a)</b>			<b>Practice management sessions (PM01, PM02)</b>			
8 a.m.		<b>TMJ Plenary: How to Decide? A Point-Counterpoint Approach in TMJ Surgery (GP2a)</b>	<b>Cosmetic Surgery Plenary: Profile-Plasty (GP3a)</b>			<b>AAOMS National Simulation Program: Office-Based Emergency Airway Management (OBEAM) (XSIM1A)</b>	<b>Breakfast &amp; Learn (GPT1)</b>
9 a.m.	Networking break in Exhibit Hall						
9:30 a.m.							
10 a.m.	<b>Dental Implant Plenary: Managing Complications with Implants and Teeth (GP1b)</b>						
10:30 a.m.							
11 a.m.							
11:30 a.m.							
Noon	Networking lunch break in Exhibit Hall						
12:30 p.m.							
1 p.m.							
1:30 p.m.	<b>Pathology Plenary: Current Concepts in the Management of Oral and Maxillofacial Pathology (GP1c)</b>						
2 p.m.							
2:30 p.m.							
3 p.m.							
3:30 p.m.	Networking break in Exhibit Hall						
4 p.m.	<b>Pathology Track: Hot-off-the-press and Abstract Session (GP1d)</b>						
4:30 p.m.							
5 p.m.							
5:30 p.m.							
6 p.m.							
6:45 p.m.							

## FRIDAY, SEPT. 16

	Pathway 1	Pathway 2	Pathway 3	Other sessions			
7 a.m.							
7:30 a.m.	<b>Anesthesia Track: Hot-off-the-press and Abstract Session (GP4a)</b>						
8 a.m.							
8:30 a.m.	Networking break in Exhibit Hall						
9 a.m.							
9:30 a.m.							
10 a.m.	<b>Anesthesia Plenary (GP4b)</b>						
10:30 a.m.							
11 a.m.							
11:30 a.m.							
Noon	Complimentary attendee lunch in Exhibit Hall						
12:30 p.m.							
1 p.m.							
1:30 p.m.	<b>Dentoalveolar Plenary: Daily Dentoalveolar Situations Facing Oral and Maxillofacial Surgeons (GP4c)</b>						
2 p.m.							
2:30 p.m.							
3 p.m.							
3:30 p.m.	Networking break in Exhibit Hall						
4 p.m.	<b>Dentoalveolar Track: Hot-off-the-press and Abstract Session (GP4d)</b>						
4:30 p.m.							
5 p.m.							
5:30 p.m.							
6 p.m.							

## SATURDAY, SEPT. 17

7:30 a.m.							
8 a.m.							
8:30 a.m.	<b>How I Do It Session (SS04)</b>	<b>Beware the Implant Complication Minefield (SS01)</b>	<b>Medication-Related Osteonecrosis of the Jaws: 2022 Update (SS02)</b>	<b>Lessons Learned and Challenges of Prosthetic Reconstruction (SS03)</b>	<b>Practice management sessions (PM17, PM18)</b>		
9 a.m.							
9:30 a.m.	<b>Combined Orthog Surg /Full Arch Dental Implant Reconstruct (SS05)</b>	<b>Pediatric Head and Neck Reconstruction (SS06)</b>	<b>Management of the Cleft Dental Gap (SS07)</b>	<b>Contemp Approach to Internal Derangement of the TMJ (SS08)</b>			
10 a.m.							
10:30 a.m.							
11 a.m.							
11:30 a.m.	<b>Chalmers J. Lyons Lecture: Epidemics Past, Present and Future (SS02)</b>	<b>How I Do It Session (SS12)</b>	<b>Adult Patient with Dentofacial Deformity (SS09)</b>	<b>Revision Orbital Fracture Repair (SS11)</b>			
Noon							
12:30 p.m.	<b>Newer Considerations in Pediatric Sedation (SS13)</b>	<b>Moving the Mandible Without a Sagittal Split (SS14)</b>	<b>How to Cure Mandibular Osteomyelitis (SS15)</b>	<b>Multidisciplinary Head and Neck Team (SS16)</b>			
1 p.m.							
1:30 p.m.	<b>Anesthesia Patient Safety Program: A Review of Closed Claims (GS03)</b>						
2 p.m.							

## ON-DEMAND SESSIONS (available Sept. 12 to Dec. 31)

52 Master Classes	35 Practice management sessions	3 Spotlight Sessions	3 Team-based sessions	3 How I Do It courses
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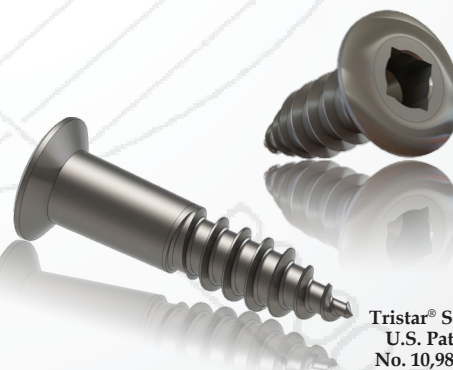
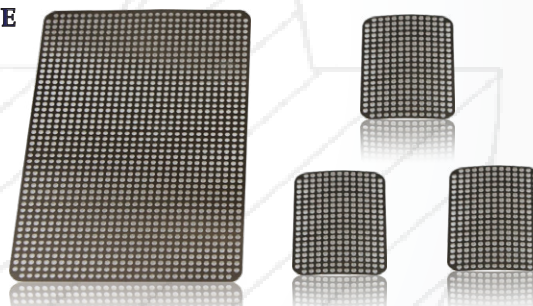
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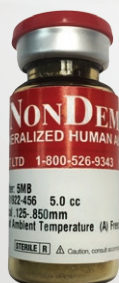
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## MEET THE CANDIDATES



Mark A. Egbert,  
DDS, FACS  
Candidate for  
President-Elect

*Dr. Mark Egbert has been the Chief of the Division of Oral and Maxillofacial Surgery at Seattle Children's Hospital since 2000. Caring for children with complex needs is Dr. Egbert's primary clinical interest. Prior to joining the Seattle Children's staff, he spent 14 years as the Chief of OMS at Harborview Medical Center in Seattle, a regional Level I trauma center. He is an Associate Professor of Oral and Maxillofacial Surgery at the University of Washington.*

*Outside of patient care, Dr. Egbert's passion lies in organized oral and maxillofacial surgery. He*

*is currently the AAOMS Vice President having been elected after five years of service as Trustee for District VI. He is a past President of both the Western Society of OMS and the Washington State Society of OMS. He was a Director on the OMS Foundation Board, served as Delegate to the AAOMS House for 14 years and sat on many House and AAOMS committees.*

*A champion of quality education and life-long learning, Dr. Egbert has been a member of OKU since graduating from dental school and was in the inaugural class of single-degree OMSs admitted to the American College of Surgeons. He served for eight years on the examining committee of the American Board of Oral and Maxillofacial Surgery and for six years as a CODA site visitor for OMS residency program accreditation.*

## STATEMENT

Thank you for your past support, electing me to the office of AAOMS Vice President. Throughout this year, I am learning about the level of commitment required to be an Association officer, and I am asking again for your support. I am pleased to announce my candidacy for AAOMS President-Elect. Once again, I pledge my dedication to service, and I am eager to continue fighting for our great specialty. The theme of my campaign remains "Together We are Stronger."

Your Board of Trustees continues to manage the week-to-week and month-to-month activities of the Association. Your Association is a finely tuned machine with an exceptionally talented professional staff. Through the House of Delegates and an extensive committee structure, the membership runs the organization. Your AAOMS Board monitors the activities of all committees and works with the House of Delegates to set mutually agreed-upon goals. With all of our parts working together toward implementing this strategic plan, our organization is the strongest in healthcare.

This year, to assess and evaluate the effectiveness of all AAOMS activities and programs as they relate to our strategic plan,

three subcommittees of the Board of Trustees have been formed to address specific tasks. These tasks are in alignment with the goals of our strategic plan, and they align with the stated areas of focus laid out in my Vice President's candidate platform. The emphases of these Board committees include 1) defending the OMS team model of anesthesia delivery, 2) considering oral health benefits in Medicare and Medicaid and 3) increasing membership engagement.

Last year, I laid out my candidate platform that complements the important work of the Board committees. I intend to carry this momentum through my term, as my areas of focus continue to include:

- Patient safety and public education
- Professionalism
- Advocacy
- Diversity and inclusion
- Member-centric decisions

Defending the OMS team model of anesthesia delivery dovetails well with my focus on patient safety and public education. AAOMS has taken on the task of gathering



anesthesia safety data so that accurate evidence can be presented to regulatory agencies, other professional organizations and the public. We encourage all members to participate in data sharing to highlight the safety and efficacy of our team anesthesia model. Continuing to advance the education and credentials of our team members and working to provide programs that enhance patient safety is of the highest priority. It also is critical to pursue all avenues to ensure that our safe, convenient and affordable model remains available to OMS patients. Together, by working for patient safety and public education, we are stronger.

The AAOMS position regarding oral health benefits in Medicare and Medicaid aligns with my goals of making member-centric decisions and pursuing AAOMS advocacy. There is no more important function of organized oral and maxillofacial surgery than advocacy. Constant surveillance, presence in the appropriate arenas and action are necessary to ensure that our collective voice is heard in all matters relevant to the profession. The result of oral health benefits being included in a Medicare Part B plan would not serve our patients nor our members. Continued advocacy to provide direction and a workable solution must be our focus. Working together with other healthcare providers within and outside of dentistry, we will continue to exert influence and affect the narrative. Together, using our collective voice, we are stronger.

Member engagement is an area that also fits well with my leadership focus. In the public consciousness, diversity and inclusion is at the forefront. It took 100 years for a Black president to lead our organization and 100 years for a female to be elected to the Board of Trustees. AAOMS cannot serve its members or the public to the best of its ability without membership and leadership that reflects the population. AAOMS leadership and staff must be intentional in inclusion efforts, and more resources must be devoted to bringing people from diverse backgrounds into the profession of oral and maxillofacial surgery and giving everyone a voice at the table. Together, by creating a welcoming environment for all, membership engagement improves, and we are stronger.

At the same time, AAOMS must remain nimble, effective, member-centric and fiscally responsible. Oral and maxillofacial surgeons have faced unprecedented challenges during the pandemic. Patient flow and routines have been interrupted. Testing and other requirements have been mandated, facilities have been redesigned and many of us have adapted new technology – including telemedicine – into our practices. There is ongoing concern regarding obtaining PPE and other

essential supplies, and there have been significant restrictions and modifications to practice imposed by hospitals and regulators.

The AAOMS Special Committee on Response and Recovery for the Pandemic (SCORRP) continues to evaluate the pandemic-affected healthcare world and provide guidance and resources where needed. Updated findings and recommendations are still being posted for AAOMS members to use. Together, as a dedicated Association continuing to navigate the pandemic, support our patients and support each other, we are stronger.

I am proud to be a leader in this great association. I ask again for your support as I run for AAOMS President-Elect. Together we are stronger! ■

## MEET THE CANDIDATES *(continued)*



J. David Morrison,  
DMD  
Candidate for Vice  
President

*J. David Morrison, DMD, has a private practice in Cincinnati, Ohio, and is the senior partner in a group practice. Dr. Morrison is a diplomate of ABOMS and completed his residency at Parkland Memorial Hospital. He received his DMD, the Alpha Omega Fraternity Award and was elected to the Omicron Kappa Upsilon Honor Society at the University of Kentucky.*

*Dr. Morrison has served as AAOMS District IV Trustee, District IV Caucus Chair, President of the Ohio Society of Oral and Maxillofacial Surgeons and the Cincinnati Society of Oral and Maxillofacial Surgeons. He has served in the House of Delegates for more than 20 years. He recently finished serving as a Director on the OMS Foundation Board and previously served as a volunteer faculty at the University of Cincinnati. Dr. Morrison has served on multiple civic, House and AAOMS committees.*

### STATEMENT

I am honored to announce my candidacy for the office of AAOMS Vice President. My many years of experience in local, state and national OMS societies and interactions with leaders has prepared me for the challenges of being an AAOMS officer. My time on the AAOMS Board of Trustees as District IV Trustee has provided additional valuable experience. A strong commitment to our specialty and willingness to listen while working hard for our Association are attributes I have brought to the Board of Trustees and would continue as an officer.

Six years ago, I heard Dr. Tom Indresano, then a candidate for AAOMS VP, respond to a question of what he thought would be one of the biggest challenges facing AAOMS in the near future. His answer was "Anesthesia." I would echo that same answer six years later. Our anesthesia team model is still being assaulted today. I take defending and strengthening our anesthesia team model as a top priority. We have begun forming strategic alliances with national organizations. We continue to effectively communicate our position with federal and state legislators and state dental boards. To be successful, we need continued engagement and solidification of these relationships.

The House of Delegates has recently passed several anesthesia resolutions attempting to strengthen the anesthesia team and improving emergency preparedness. We must continue

making the OMS anesthesia team education and training beyond reproach and universally accepted. Gathering and publishing data validating the OMS team anesthesia safety record is a message we need to prioritize.

Continued advancement of the specialty through pathways such as advocacy and the Informational Campaign are vital to our future success. We have seen the power of advocacy in advancing our specialty through recent successful state and federal initiatives. Advocacy benefits the entire specialty, and AAOMS leadership ensures our future and collective interests are advanced. The Informational Campaign has made great strides in providing members tools to utilize and increasing public awareness. This campaign still has unfinished business and continues to reevaluate what works – refocusing efforts to get the OMS message out effectively. Exploring avenues to support the needs of our OMS faculty and recent program graduates will continue to be emphasized to ensure a brighter path forward.

AAOMS is a very diverse group of individuals with different clinical interests and practice modalities. AAOMS must continue to be conscious of and responsive to all our members' needs. Membership in AAOMS has value and promoting solutions no matter an individual's practice modality is a continuing priority.

The AAOMS pandemic response demonstrated the ability to



provide support and guidance. While the pandemic adversely affected every member, the Association worked quickly and tirelessly to provide up-to-date recommendations based on rapidly changing available scientific data, providing members real-time source information. As an officer, I would emphasize continued rapid response and solutions to obstacles faced by members. The current Board has made member engagement a priority. I believe efforts defining members' needs and developing action plans will continue to be paramount going forward.

As AAOMS Vice President, my commitment to the Association would be unwavering. No one can predict what future challenges our organization may face, but as an officer of AAOMS, I would use my strong work ethic and commitment to AAOMS to adapt to an ever-changing environment and find the means to overcome what may at times appear to be imposing obstacles – ensuring a stronger Association moving forward. I humbly ask for your support for my candidacy. ■

## AAOMS National Simulation Program



# Office-Based Emergency Airway Management (OBEAM) Module

Sign up to undergo four hours of advanced simulation training of anesthesia techniques through intensive, real-life experiences.

Encounter  
true-to-life  
airway  
situations

Registration fee is \$800 per member.

### 2022 OBEAM session schedule

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill. (All times are CT)

Date	8 a.m. to noon	1 to 5 p.m.
Aug. 6	●	●
Aug. 21	●	
Oct. 8	●	●
Oct. 22	●	●
Nov. 13	●	
Dec. 1	●	●

### OBEAM at Annual Meeting

New Orleans, La. (All times are CT)

Date	8 a.m. to noon	1 to 5 p.m.
Sept. 15	●	●
Sept. 16	●	●
Sept. 17	●	



Visit [AAOMS.org/OBEAM](https://www.aaoms.org/OBEAM)  
to view the schedule and register.

## Journal continues focus on cutting-edge science,

*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.*

The *Journal of Oral and Maxillofacial Surgery* serves as the premier peer-reviewed resource for scientific and clinical information. Published monthly, *JOMS* contains clinical articles, scientific articles, case reports and special contributions focusing on new techniques, important developments and advanced ideas in oral and maxillofacial



Dr. Dodson

surgery. Practice-applicable articles help transform the management of dentoalveolar surgery, facial injuries and deformities, TMJ disorders, oral cancer, jaw reconstruction, anesthesia and analgesia.

The work to develop each issue is currently led by Editor Dr. Thomas Dodson and Associate Editor Dr. Tara Aghaloo. The two of them are supported by the *JOMS* Editorial Board that consists of nine Section Editors, 14 Editorial Board members and 12 International Editorial Board members. Almost 700 OMSs serve as peer reviewers – about 83 percent in the United States and 17

percent from more than 30 countries around the world. In 2021, *JOMS* received 1,411 article submissions from authors in 74 countries. Of those manuscripts, 282 were accepted for publication.

Editor Dr. Thomas Dodson and previous Editor Dr. James Hupp shared their thoughts about the journal.



Dr. Hupp

### **Q What do you consider the journal's and the Editorial Board's major achievements?**

**A Dr. Dodson:** What excites me most about *JOMS* is its ability to grow and change ahead of our specialty. *JOMS* has always looked to capture the very best science, and through its publications to demonstrate to oral and maxillofacial surgeons what is true and what is possible. Over the course of my career, I have witnessed tremendous expansion in what we are able to do as clinicians. *JOMS* has played a major role in mainstreaming much of what is commonplace in today's clinical practice.

**A Dr. Hupp:** *JOMS* achieved the shortest time between article submission and online publication of accepted articles of all scientific publications, leading the publishing industry in speed of providing health-related information, benefiting our readers and submitting authors.

### **Q What would you like the average AAOMS member to know about *JOMS* and the Editorial Board and their responsibilities?**

**A Dr. Dodson:** The primary responsibilities of the *JOMS* Editorial Board are to curate, shape and promote excellent scientific research that informs the knowledge base and clinical practice of oral and maxillofacial surgery. It supports the clinical, educational, service and research activities of AAOMS and CAOMS members.

**A Dr. Hupp:** The real work horses of the *JOMS* are the peer reviewers, many of whom are Editorial Board members. They share their expertise to help decide what submitted articles contain timely and relevant information for our readers. Anyone can register to be a peer reviewer and select what areas of expertise they wish to share.



## research

### Q Why did you initially get involved with *JOMS*?

**A Dr. Dodson:** One of the great things about *JOMS* is that your level of involvement can grow with your career. In my case, I started out as a reviewer when I was junior faculty at my institution. I wanted to be able to see how people were thinking about improvements in clinical care – chipping away at research questions one facet at a time. This was tremendously inspiring for my own research. My involvement with *JOMS* grew hand-in-hand with my own clinical investigation agenda. The more I did, the more I learned, and the more I was able to share by giving feedback to other researchers. *JOMS* is a tremendous network of colleagues worldwide each trying to make OMS a better specialty.

**A Dr. Hupp:** While Editor-in-chief of the *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology* journal, I applied for and was selected for the same position for *JOMS*.

### Q How significant has the impact of *JOMS* been for the membership/specialty?

**A Dr. Dodson:** We believe that *JOMS* is the flagship scientific journal for the OMS specialty. Those whose work is found among our pages become recognized as standard-bearers in their areas of expertise. Those who bring forth leading-edge innovations want to feature their work in *JOMS*. As an editor, I am also thinking about what we need for our specialty. There have always been those who would challenge our realm as surgeons or who seek to limit our ability to repair defects and deformities around the face. *JOMS*, as a living portfolio of our knowledge and skillset, helps to define who we are as surgical specialists and to demonstrate our expertise as clinicians.

**A Dr. Hupp:** For me, the journal represents the most relevant source of information for the practicing OMS and other surgeons.

### Q How would an AAOMS member go about getting involved with the journal?

**A Dr. Dodson:** At the simplest level, I would say, by reading it! We work hard to make sure *JOMS* has something for everyone, no matter whether you are in private practice in a remote area or part of a bustling enterprise in a major city. We love to receive letters and feedback sharing how one's own experience confirms or refutes something that has been published. Dynamic exchanges and collegial dialogue are what make us better oral and maxillofacial surgeons.



The newly redesigned cover of *JOMS*.

For those who aspire, or not, to serve on our Editorial Board, the best way to elevate your stock with *JOMS* is to become a reviewer. Reviewers are the lifeblood of *JOMS*. They keep our pipeline of manuscripts moving. Over time, reviewers become known for their poignant critiques and their timely turnaround of assignments. We are forever beholden to those who volunteer their time to read and comment on submissions and help us choose what will bring the greatest benefit to AAOMS members.

**A Dr. Hupp:** Registering to be a peer reviewer is the best first step to getting involved in journal activities. ■

## CET: Improving education of residents, fellows

The duties and responsibilities of the Committee on Education and Training (CET) include:

- Reviewing OMS Accreditation and Fellowship Standards and recommending changes to CODA.
- Annually selecting the recipients of the Faculty Educator Development Award (FEDA).
- Developing the content for the Educators Summit.
- Reviewing and submitting recommendations for the convening of an annual forum for the Oral and Maxillofacial Surgery Faculty Section.
- Reviewing and submitting recommendations on education and training policy matters to the AAOMS Board of Trustees and House of Delegates, and the

liaison to the American Dental Association, American Dental Education Association and any other related educational organization.

CET Chair Dr. Brent Ward and Immediate Past Chair Dr. Martin Steed shared their thoughts about the committee.



Dr. Ward

**Q What do you consider the committee's major achievements?**

**A Dr. Ward:** "If I look back and forward at major achievements, I think there are many. CET has continuously evaluated the landscape of student and resident education and molded our accreditation standards to assure continued relevance and optimal training. This safeguards the future of our

specialty by assuring the new surgeons are prepared for the world in which they will practice. Some of the highlights have been the creation of OMS Benchmarks for evaluating a resident's progress, the modification to the accreditation standards regarding anesthesia education and training, and the newly created SCORE curriculum that allows for a standardized approach in educating residents."



Dr. Steed

**A Dr. Steed:** "When I look over the significant contributions the Committee on Education and Training has made over the last eight years, I am reminded of how far-reaching the effects are – from work on the OMS Benchmarks, Resident Surgical Log, FEDA awards, CODA site visitors, Educators Summits, SCORE curriculum, contemporizing our standards, to introduction of credit for international rotations."

**Q What would you like the average AAOMS member to know about this committee and its responsibilities?**

**A Dr. Ward:** "I would want the average member to know that we take seriously the responsibility to assure the adequacy of training for all residents who enter our specialty. Training in OMS is a responsibility and a privilege, and we want to be sure those who 'carry our name' as an OMS do so with integrity, professionalism and were given the right foundation to succeed. Some of the brightest minds in the specialty gather twice a year to debate, discuss and assure that this mission is fulfilled."

**A Dr. Steed:** "CET is a real working committee that consists of 20 surgeons dedicated to making the education of our residents, fellows and students better. We strive to improve the process of OMS training for both the faculty and residents."

**Q Why did you initially join this committee?**

**A Dr. Ward:** "I was invited, had no idea what I was getting into, and that was more than 10 years ago. What I found was one of the most meaningful contributions I have been able to be a part of in all my professional service across many organizations. I consider the work I am a part of in CET as one of the most impactful things I do."

**A Dr. Steed:** "I remember a mentor of mine saying 'Who wouldn't want to be in that room? Who wouldn't want to have the ability to help move the specialty forward through improving surgical education?' I realized that this was where I could contribute positively to the specialty."

**Q How significant has its impact been for the membership/specialty?**

**A Dr. Ward:** "To measure the impact of CET, you must measure the excellence of residents coming out of training and entering practice. While this isn't likely feasible, it is in fact what CET does. It provides a framework for program directors to create training based on local circumstances but



## and students

framed in the broader needs and mission of the specialty. It tells programs what they must do to be accredited. This drives decision-making and assists the specialty in maintaining the highest training standards and producing the best-trained residents."

**A Dr. Steed:** "I think it's been extremely significant in striving to give our residents and faculty the educational tools and support that they need to get to be at the forefront of contemporary surgical training."

**Q Why should an AAOMS member consider joining a committee?**

**A Dr. Ward:** "Committee work at AAOMS is rewarding – as are the relationships you build along the way. Many of my professional friends across the nation I have come to know through my willingness to serve on committees. It is an amazing way to contribute and give back to the specialty and has been an incredibly meaningful part of my professional life."

**A Dr. Steed:** It is a tremendous avenue to impact the future of our specialty by optimizing our support for OMS training." ■

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## FSEC guides, supports educators

The OMS Faculty Section Executive Committee (FSEC) advances the art and science of oral and maxillofacial surgery with a primary focus on education and faculty by:



Dr. Quereshy

- Providing a forum for the interchange of ideas between educators and others with interests and/or expertise in education.
- Developing improved methods of predoctoral, postdoctoral residency and fellowship education in oral and maxillofacial surgery and related disciplines.
- Helping to ensure a continuing supply of outstanding faculty for predoctoral, postdoctoral residency and fellowship programs in oral and maxillofacial surgery.
- Facilitating the exchange of information and ideas between educators and AAOMS leadership by providing representation and recommendations to the Committee on Education and Training (CET).

FSEC Chair Dr. Faisal Quereshy shared his thoughts about the committee.

### Q What do you consider the committee's major achievements?

**A Dr. Quereshy:** "Major achievements during my tenure of FSEC/CET include:

- Revision of CODA standards applicable to training requirements.
- Keeping up-to-date with changes in healthcare surgical education alongside ACGME.
- Assessment and continual progressive evaluation of residents with OMS Benchmarks.
- Development of an Educators Summit that will happen yearly focusing on strategies for all OMS educators in hospital and dental school-based programs.
- Continual discussions and presentations on how to be an effective mentor to rising dental students and residents.
- Development of strategies for young academic surgeons."

### Q What would you like the average AAOMS member to know about this committee and its responsibilities?

**A Dr. Quereshy:** "I hope the membership appreciates the volunteerism of faculty to help promote consistent training among programs to provide potential AAOMS members with successors to their practices. The committee relies on the support of AAOMS members to support research and development of faculty through the OMS Foundation giving and the distribution of FEDA awards."

### Q Why did you initially join this committee?

**A Dr. Quereshy:** "I have devoted my 22-year career to academic surgical education. I was initially appointed by the AAOMS Board of Trustees to serve on the Committee on Education. As a byproduct of that service, I was nominated and elected to the Executive Committee of the Faculty Section that represents all academic OMS programs in the U.S. I am honored to have had peers who feel I would make an impact and represent them well. It's been a very humbling and fulfilling experience."

### Q How significant has its impact been for the membership/specialty?

**A Dr. Quereshy:** "The committee has a direct impact on the specialty with its obvious focus on the surgical education of the future members of AAOMS. Faculty who are engaged with the AAOMS mission and goals can help to foster that same passion to their 'disciples.' This results in the positive feedback loop as younger new members will tend to 'give back' and then mentor others as they mature."

### Q Why should an AAOMS member consider joining a committee?

**A Dr. Quereshy:** "Committee work – although it can be time-consuming and adds an additional layer of commitment – is very rewarding. To help promote the values of the association and help 'steer' the specialty toward a path that will continue to allow the specialty a place in healthcare is very vital to the ongoing success. A member may join a committee of a particular interest to her/him and begin to immerse themselves in the committee. Meeting others of like-minded interest also helps to network and build long-term relationships." ■

# OMFS Practices Have 10+ Bidders For IDSO Partnership at Record Values

Many of the largest OMFS practices in the U.S. have partnered with IDSOs, you should understand why.

Four years ago, the only Invisible Dental Support Organizations (IDSO) seeking partnerships with OMFS practices were the multi-specialty IDSOs.

Today, there are 13 OMFS only IDSOs with more being formed this quarter. The Dental Trifecta IDSOs who partner only with pedo, ortho and OMFS practices to lock in referral relationships are growing rapidly.

In addition, the Dental Surgical Trifecta IDSOs are eager to partner with OMFS, Perio and Endo practices.

To give you even more choices, there are now new IDSOs eager for OMFS practices which focus on implants. Every IDSO is different and there are several you would not want to partner with at any value!

Consolidation of OMFS practices is accelerating. Values are at record highs. With LPS as your advisor, a great OMFS practice will meet with 10 or more bidders to not only achieve the highest values, but enable you to choose the best partner for you. You should understand all of your options.

Call or email Large Practice Sales to schedule a confidential call, to understand what is happening in your area, and the potential value of your practice in an IDSO transaction.

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## Clinical CE Subscription offers 24/7 access to

To provide education that meets the needs of members in innovative ways, AAOMS launched a Clinical CE Subscription service earlier this year.

With more than 100 clinical CE on Demand courses available, the subscription offers 24/7 access to all Clinical on-demand education (more than 100 hours) for a single annual price. Content offerings include all current clinical on-demand products, select previous Annual Meeting recordings and quarterly archives Clinical webinars. Note:

Live Clinical webinars – as well as Practice Management and Coding & Billing webinars and courses – are available for an additional fee. These offerings are not part of the Clinical CE Subscription.

The Clinical CE Subscription is \$249 for one year. Access begins on the date of purchase and does not auto-renew. Questions? Email [ceonline@aaoms.org](mailto:ceonline@aaoms.org).

Sign up today at [AAOMS.org/CEsubscription](http://AAOMS.org/CEsubscription). ■

### Read what AAOMS members have to say about the Clinical CE Subscription:



Paul M. Ciuci, DMD, MD, FACS

*Dr. Ciuci is a member of the Committee on Continuing Education and Professional Development (CCEPD) that helped to develop the subscription model.*

*Life is incredibly busy, having a subscription-based model allows our members access to exactly what they want to learn about when it works for them. The wide variety of topics allows our*

*users to focus on surgical topics of interest to them. AAOMS created the service with its members in mind, knowing their lives are fast-paced and schedules are full. Sometimes finding the time for an hour CE course is difficult. Sometimes the title of the lecture doesn't exactly match the content. With a subscription model, you can dedicate whatever time you have available and come back to it later. If the topic selected doesn't meet your needs, you can easily move onto another topic.*

*The main goal is to make the process of acquiring CE easier, less expensive and make AAOMS the key source of all CE for the practicing OMSs. The subscription model provides a one-stop shop for all CE needs, facilitates online purchasing and streamlines ordering of CE courses and attracts more members to the online CE offerings at AAOMS.*

Andrew Read-Fuller, DDS, MD, MS

*Dr. Read-Fuller, a member of the CCEPD that helped to develop the subscription model.*

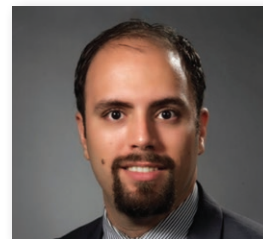


Luis Delgado, DMD

*Dr. Delgado was one of the first members to sign up for the subscription.*

*The Clinical CE Subscription has given me the flexibility I need to access up-to-date information from*

*my location of choice, at the most optimal time for me and with the amazing opportunity to learn from a variety of high-quality speakers. It feels like an actual meeting.*





# full on-demand library

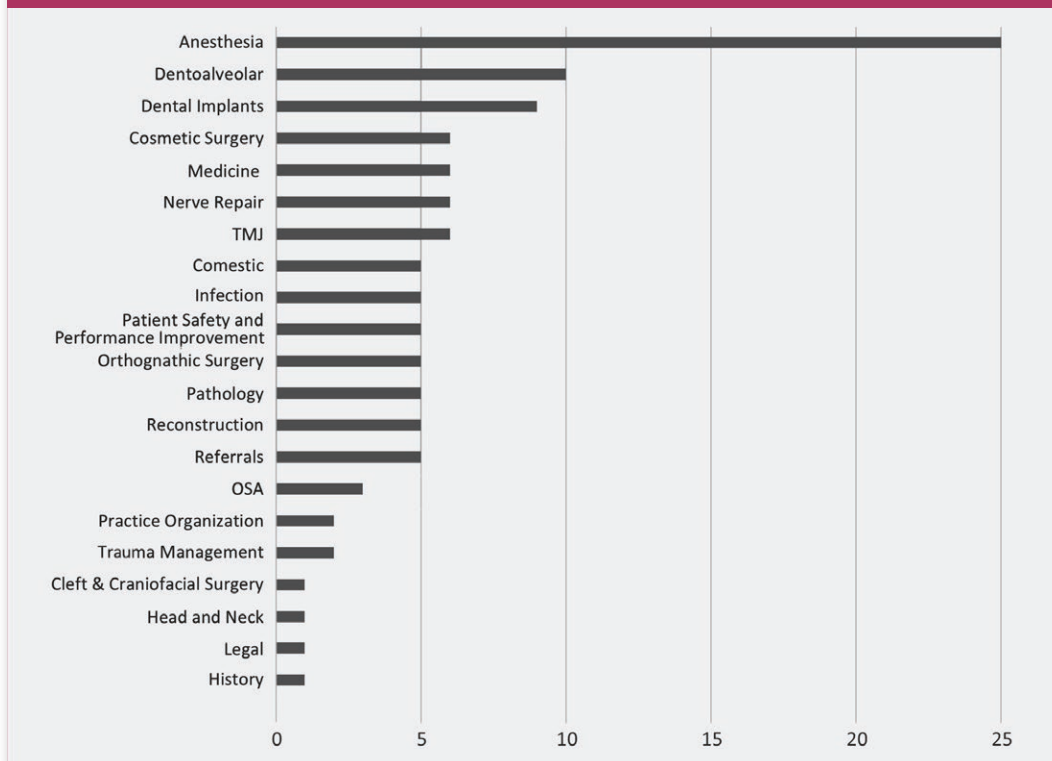


Jason Stamboulieh, DDS  
*Dr. Stamboulieh was one of the first members to sign up for the subscription.*

*There has not been one AAOMS CE that I have not learned at least one thing that I have implemented the next day in my practice – from a new airway device to an emergency drill idea to practice with my surgical team to a new surgical technique. And with a wider variety of courses at my fingertips, I am able to choose between a large library of subjects and minimize the out of office time for CE. From time to time, you just pick an idea that is game-changing.*

*"I feel we get a better value than a one-by-one approach to paying for each continuing education topic – whether it be a .75 credit or 2 credits per course. With all the increased CE demands on the oral and maxillofacial surgeon, AAOMS CE Subscription offer tons of anesthesia courses that are all up-to-date on the most current emergency protocols and anesthesia techniques, including closed claims for fulfilling out general anesthesia board requirements.*

## Clinical content included



*The Clinical CE Subscription includes more than 100 hours of Clinical on-demand education.*

## Headquarters sim lab, education center open

The OMS Institute for Education and Research at AAOMS headquarters in Rosemont, Ill., is hosting the first of AAOMS's three National Simulation Program modules – Office-Based Emergency Airway Management (OBEAM) – in 2022. The four-hour advanced simulation training module allows participants to experience the same events, practice and master critical techniques, and receive automatic performance evaluations. Visit [AAOMS.org/OBEAM](https://AAOMS.org/OBEAM) for a complete schedule.

Comments from OBEAM attendees at the Feb. 26 offering:

- **“The course is so organized. The instructors are well-informed and helpful.** The usual in-office exercises we do – such as ACLS – are more like going through the motions. This is different. You inspect things, go through the details and really practice it.”
- **“It’s like you are with an actual patient.** The simulation involves all their vital signs.”
- **“I had no idea the simulation lab was this nice and expansive. I don’t know if I’ve been to a site where so much has been invested in education.** It’s amazing to think AAOMS used its resources to get this together. I can’t wait until the next course (Office-Based Crisis Management) is available and have our surgical teams show up. That will be unbelievable.”
- **“This course is very concise and focused on the clinical skills you really don’t use every day.** For me, using the Airtraq was new. It was very eye-opening and easy to learn how to use in a short amount of time. I will incorporate this device into my practice.” ■





• Bag Mask Ventilation

## Two-person Bag mask Ventilation

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When  
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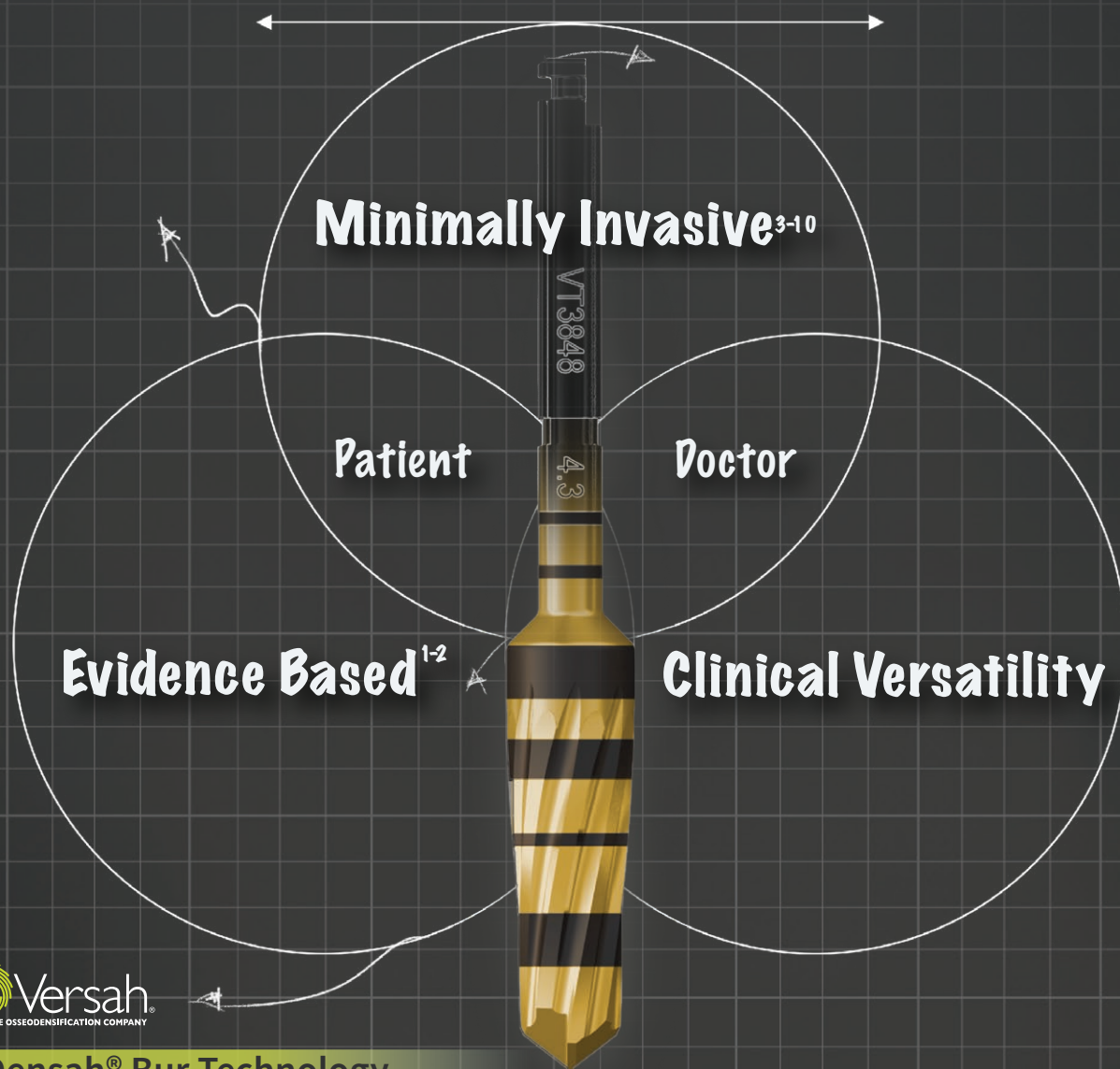
Two-person BMV used when 2<sup>nd</sup> person has little experience to correctly help seal the mask

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## Densah® Bur Technology

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## Conference helps residents define career steps



Ashleigh M. Weyh,  
DMD, MD  
2021-22 ROAAOMS  
President

Once again, the two-day Resident Transitions into Practice Conference was offered in a virtual format – with residents from 21 training programs across the country registering for the 2022 two-day conference in February.

Organized by the ROAAOMS Executive Committee, the conference is designed to help residents define the next steps in their career path.

The conference kicked off with a lecture emphasizing the importance of leadership in oral and maxillofacial surgery and ways new graduates can engage in our specialty as young leaders. Next, discussions identified financial strategies for residents and young practicing members in terms of student debt management among other personal finance topics.

The program then featured young practitioners who discussed their experiences in various practice models, including academic surgery, solo practice and a larger group practice.

The conference also emphasized strategies used by young practitioners to incorporate full-scope oral and maxillofacial

surgery in their practice models. Lecturers reviewed the integration of trauma, implant surgery, cosmetics, orthognathics and TMJ management in their daily clinical scope. OMSNIC also discussed patient safety and risk management.

The conference provided insights from young clinicians, advice from financial experts and practical knowledge for entering a career in oral and maxillofacial surgery for residents of all levels of training, no matter their clinical interests or ultimate career goals.

New to this year's conference, participants were provided with speaker networking breakout rooms to allow the attendees additional time to meet with speakers and ask questions about their experience and career.

Since the inaugural Resident Transitions into Practice Conference in 2018, 342 residents representing 75 training programs have participated. Each year, we have received positive feedback about this “must-attend” event for residents, and we aim to improve the conference annually.

ROAAOMS thanks these supporters for their contributions toward the conference: AAOMS, AAOMS Advantage, Aspen Dental, Beacon Oral Specialists, KLS Martin Group, OMS Foundation, OMSNIC, OMS Partners, LLC, and Treloar & Heisel.

We hope to continue to host this conference for residents as they approach completion of their training and look toward the next phase of their career. ■



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James R. Hupp, DMD, MD, JD, MBA,  
FACS  
AAOMS Today Editor

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*“Space limits a complete discussion of this broad and complex topic but leaves me wondering how members of our specialty make decisions if approached by a DSO or private equity group seeking to establish a financial partnership.”*

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## FOR WHAT IT'S WORTH

### Thoughts on dental

I recently was in a town I moved away from about six years ago and drove by a corner that I knew was the site of a chain restaurant; however, now a chain dental practice filled the location. This was certainly not the first dental practice chain in that town, but I was reminded how often this is occurring and involves a growing number of dental practice corporations.

Although dental support (service) organizations (DSOs) are the “back room,” so to speak, of the individual practice sites and are quick to point out that each site is owned by a licensed dentist, the practices are typically managed in a formulaic manner using dentists as the primary care providers. Commonly, the dental contract employees are compensated on a production basis (the more practice income you create, the more you get paid) and are not usually on track to become a partner in the practice.

#### DSOs attractive to new grads

This arrangement is often attractive to new dental graduates since it generally provides them some income to use to begin their personal lives, service student loan debts and get their own practices off the ground. Although not always the case, the compensation system incentivizes treating patients as quickly as possible while encouraging patients to receive treatments with high financial margins. Care quality often suffers, as does the level of empathy from care providers.

None of this is news to anyone in practice over the past couple of decades. However, more recently, DSOs and even private equity groups are offering similar arrangements to dental specialists; the main difference is that they expect dentists in the practice to continue to work in the practice on a longer term. The firms commonly target existing financially successful specialty practices offering to either buy the practice or contractually control the practice for a period of time. The bargain is that for a usually substantial upfront payment, the firm will provide business management services while the practitioner(s) continue to treat patients.



# 'corporatization': A complex topic

## Incentives in place

The service organization or private equity group take a large percentage of the practice income during the contractual period. There is an expectation the practice will continue to provide care in a manner that generates practice income at a rate similar to or above prior years. Incentives are commonly put in place to allow practitioners to receive even higher income if the practice reaches certain income targets.

Oral and maxillofacial surgeons are, and have been, becoming parties to these arrangements; opinions vary on whether they are good for the practitioners involved or their patients. But it does beg the question of whether this is a positive or negative trend for our specialty's future. Dental specialties are not alone in being sought after by corporation; it also is being seen among medical specialties.

I can envision established practitioners being open to the idea of having some other entity essentially buy into their practice for a substantial amount of money while relieving the practitioner of the need to bear the financial burdens and headaches of running the business end of their practice. With the rising costs and complexity of running a small business, having a major "partner" take over those unwelcome tasks would seem to be tempting.

## Broad and complex topic

Space limits a complete discussion of this broad and complex topic but leaves me wondering how members of our specialty make decisions if approached by a DSO or private equity group seeking to establish a financial partnership.

When general dentistry faced the beginnings of the corporatization of primary care dentistry, the Academy of General Dentistry established a Practice Models Task Force to investigate the corporate practice of dentistry. The task force reviewed the evolving private dental practice environment using surveys, expert consultants and witnesses. It also examined various models of corporate dental practice. The work led to the production of a white paper on the topic. When reading the document, one

is struck by what appears to be a rather dispassionate, business-like approach taken by the task force during its investigations and when drafting the report and executive summary.

I don't currently have a strong opinion on whether the corporatization of oral and maxillofacial surgery is a beneficial or harmful movement with respect to our members, patients or the specialty as a whole.

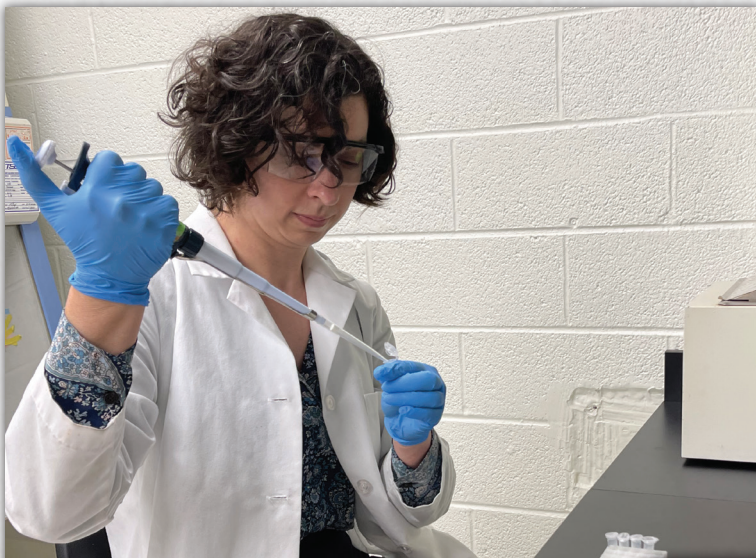
## AAOMS resources in the works

However, it may be beneficial to those being approached to – in a sense – play ball with large corporate partners to have a white paper of our own developed to provide reliable information on the topic. I've learned that the AAOMS Board of Trustees is considering such a project. In addition, top AAOMS leaders are attending meetings of the Association of Dental Support Organizations (ADSO) to gather information to help AAOMS tailor services and products relevant to members who are in or contemplating joining the corporate environment. AAOMS Officers and Trustees also are exploring an expansion of educational opportunities on various aspects of practice models. ■

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**Katherine N. Theken,**  
PharmD, PhD  
*Assistant Professor,  
OMS and Pharmacology*



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## Your generosity supporting awesome science

Even though some of us northerners are barely emerging from hibernation in May, the OMS Foundation has been in high gear since January.

May is actually a pretty exciting time of year for the Foundation. We're anticipating a flurry of research proposals and applications for our 2023 Student Research Training Awards, and the projects we funded in January are in full swing.

With support from our donors, the Foundation is supporting six active research projects in 2022, addressing anesthesia and patient safety, non-narcotic pain management,

the interaction of immunity and infection, plus innovative applications for 3-D bioprinting (for cancer research) and artificial intelligence (for assessing the appropriateness of surgical intervention). It's fascinating research, offering a glimpse into the future of our specialty. Look for details in this month's Torch, delivered with this magazine and at OMSFoundation.org.

We're also supporting student research training programs at the University of Alabama at Birmingham and Loma Linda University, where 10 hand-picked dental students are receiving personal research training and mentorship from OMS faculty. Conner Nielsen (Loma Linda University School of Dentistry, Class of 2022) is one of them, and he has set his sights on a career in OMS. His assertion that "this experience has only increased my interest in OMS as a career" is fairly typical for our Student Research trainees. Conner personifies the ROI for this program. It's a proven strategy for attracting top talent to our specialty, and the OMS faculty mentors often gain just as much from the experience as their students.

Everything I've described – and more – is made possible by your donations. Whether you're contributing \$10 per month or \$10,000 per year, you're investing in our collective future and we are grateful.

Thanks to the generosity of our OMSFIRE (OMS for Innovation, Research and Education) donors, our 2022 programs portfolio

includes a Clinical Research Support Grant to the University of Michigan to fund the development and validation of an anesthesia simulation training curriculum for OMSs.

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OMSFIRE makes it easy to be generous with monthly or annual contributions to the Foundation. If you haven't yet added your name to this distinguished roster, there's a great incentive to do it now. USOSM will match every gift to the Annual Fund received by June 30, including inaugural OMSFIRE donations, up to a total of \$35,000.

2022 also is looking like the Year of the Tribute Gift, perhaps inspired by the Florida Society's heartfelt recognition of Dr. Jim and Mrs. Judy Davis with more than \$50,000 in gifts to the Foundation in their honor in 2021. Is there a mentor or colleague who supported your success? A gift to the Foundation in their honor (or memory) is elegant and easy, and guaranteed to make an impression.

To borrow a quote from Dr. Brent Ward, our Research Committee Chair, "Research will take us beyond anecdotal evidence to scientifically reliable evidence to guide our decision-making." Thank you for helping to sustain the evolution of our specialty with your gift before June 30. ■

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## HEALTH IT BYTES



■ **FBI** – The FBI's Cyber Division issued on March 30 an alert that cyber actors are conducting ransomware attacks that result in "disruptions to public and health services." Within the alert, the FBI makes several recommendations, including:

- Not paying ransoms.
- Keeping operating systems and software up-to-date.
- Implementing user training programs.
- Requiring strong, unique passwords.
- Encrypting all backup data.
- Keeping a copy of backup data offline.
- Investigating all abnormal activity.

The FBI encourages reporting of information concerning suspicious or criminal activity to its local FBI field office.

■ **Telehealth** – HHS Secretary Xavier Becerra indicated the department would seek to expand access to telehealth services after the COVID-19 public health emergency (PHE) is declared over. During the PHE, CMS relaxed telehealth restrictions, expanded the number of allowable telehealth services and allowed providers to bill the same as for in-person visits.



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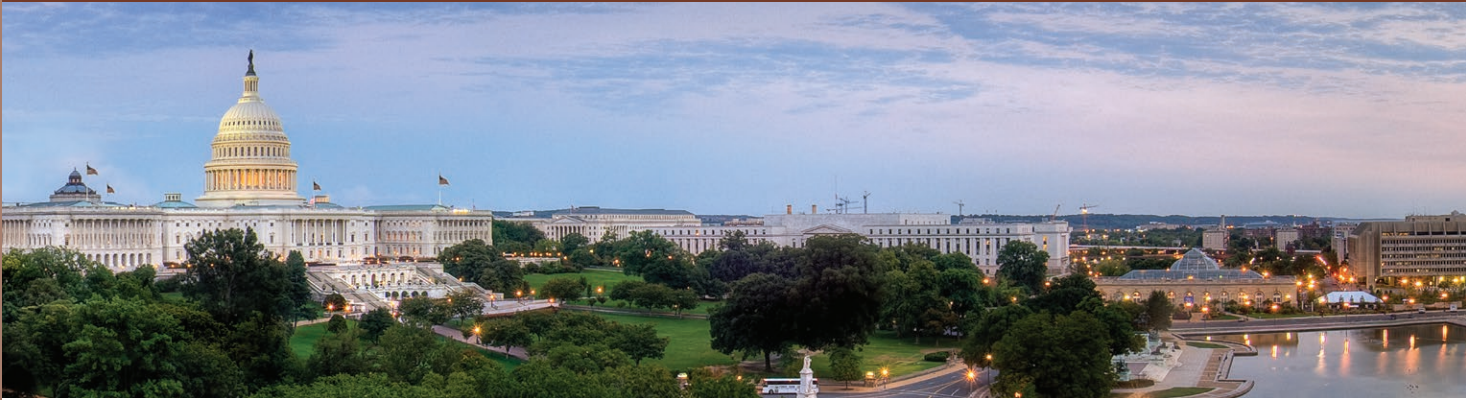
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# Congress, states move several issues of interest

In the first four months of the year, Congress and state legislatures worked on issues impacting the specialty – ranging from craniofacial anomalies coverage, dental insurance reforms and administration of cosmetic procedures by dentists – many of which were ultimately enacted by the legislatures.

## Federal level

Congress spent the first several months finalizing FY 2022 spending, confirming a new U.S. Supreme Court Justice and trying to pass additional COVID-19 funding to allow the federal government to make testing and vaccines available. Congressional Democrat leaders also continued negotiations on a scaled-back version of the Build Back Better Act bill they hope can get through the Senate before the end of the year. Following are updates relevant to the specialty:

- **The Ensuring Lasting Smiles Act (HR 1916)** – This AAOMS federal legislative priority passed the U.S. House of Representatives April 6 by a 310-110 vote. This bill would require health insurers (including ERISA plans) to cover medically necessary services – including dental treatments – for patients with congenital craniofacial anomalies. AAOMS is working with a coalition of patient and provider groups to advocate passage in the Senate before the 117th Congress adjourns at the end of the year.
- **PREVENT Pandemics Act (S 3799)** – The Senate Health, Education, Labor and Pensions (HELP) Committee advanced March 15 the PREVENT Pandemics Act (S 3799), a bipartisan bill introduced by HELP Chair Patty Murray (D-Wash.) and Ranking member Richard Burr (R-N.C.), focused on strengthening the nation's public health and medical preparedness and response systems in the wake

of the COVID-19 pandemic. The AAOMS-supported bill contains a number of AAOMS-supported provisions that seek to address drug and supply shortages, including incentivizing manufacturers to produce critical drugs; shoring up the nation's domestic medical supply chain; and developing a process to allocate PPE from the Strategic National Stockpile should it be necessary in a future pandemic

- **Prescription drug abuse** – AAOMS submitted comments to the Centers for Disease Control and Prevention (CDC) on the agency's draft updated guideline for prescribing opioids. The draft guideline is the first comprehensive update to the agency's 2016 guideline, which included recommended prescribing thresholds ranging from three to seven days for acute pain management. The updated guideline no longer specifies prescription limits but instead makes broad recommendations on when and how to prescribe for acute pain. AAOMS's comments noted the Association's appreciation that the guideline respects the role of the patient-prescriber relationship and that it seeks to avoid a one-size-fits-all approach to pain management that policymakers could use to make arbitrary laws or regulations. A copy of the letter is available on AAOMS.org. The CDC expects to release a final version of the guideline by the end of this year.

## State level

As state legislative sessions wind down for 2022, several states enacted legislation of interest to the specialty. By the end of June, only six states are expected to remain in active session, though special sessions may be called at any time at the discretion of the state governors. For a full list of bills



## to the specialty

being tracked by AAOMS – including the latest status – visit [AAOMS.org/TrackingMap](https://AAOMS.org/TrackingMap).

■ **Arizona** – The legislature passed and Gov. Doug Ducey (R) signed a bill (SB 1074) that allows all dentists to administer botulinum toxin type A – commercially known as Botox, Dysport, Jeuveau and Xeomin – and dermal fillers to patients for cosmetic purposes within the maxillofacial complex. Previously, state law only allowed administration for dental-related conditions, including TMJ treatment.

■ **Florida** – Gov. Ron DeSantis (R) enacted a large Medicaid package which, among other provisions, will cause all existing managed care contracts to expire on Dec. 31, 2024. Despite a push from the Agency for Health Care Administration, the legislature agreed to continue to separate the Medicaid managed dental program. SB 1950 will require that the reimbursement method for the provider service network be on a prepaid basis. The new law will have nine Medicaid managed care regions in the state, rather than the current 11.

■ **Illinois** – The legislature passed HB 4349, a bill that requires insurers to provide coverage for the medically necessary care and treatment of cleft lip and palate for children under the age of 19. The legislation – championed by the Illinois State Dental Society (ISDS) and supported by the Illinois Society of Oral and Maxillofacial Surgeons (ISOMS) – was modeled largely after the federal Ensuring Lasting Smiles Act.

■ **Kentucky** – Gov. Andy Beshear (D) signed HB 370, a bill that addresses several dental insurance-related situations impacting dental providers. These include network leasing, prior authorization, virtual credit cards and non-covered services.

■ **Maine** – The legislature passed a bill (HP 492) requiring insurance carriers to provide coverage for medically necessary dental procedures that are the direct or indirect result of

cancer treatments. Coverage specifically must include expenses for laboratory assessments, medications and treatments associated with the medically necessary dental procedures.

■ **Maryland** – The General Assembly enacted SB 150, which adds an adult dental component to the state's Medicaid coverage. The bill would cover diagnostic, preventive, restorative and periodontal services for adults whose annual income is at or below 133 percent of the federal poverty level. The bill now moves to Gov. Larry Hogan (R) for consideration.

■ **Utah** – The Utah Dental Association, Utah Society of Anesthesiologists Association and Utah Association of Nurse Anesthetists came together to sponsor HB 384. The bill – championed by anesthesiologist-representative Dr. Suzanne Harrison (D) – revises the current criteria that dictates which events are reportable to a centralized database created in 2017. The bill also grants the Department of Professional Licensing the ability to investigate any complaints. The Utah Association of Oral and Maxillofacial Surgeons successfully added an amendment to the bill that requires AAOMS standards be considered as a part of this process.

### OMSPAC update

OMSPAC raised \$331,553 from 13.74 percent of the membership as of February 2022. Additionally, OMSPAC has contributed \$169,500 to federal candidates so far during the 2021-22 election cycle.

Visit [OMSPAC.org](https://OMSPAC.org) to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■

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## Cybersecurity issues: threats, risks, resources

### **Q Where can my OMS practice learn more about cybersecurity risks, and what resources are available?**

**A** The HHS Office of Information and Security established the 405(d) program and task group, a collaborative effort to align healthcare industry security approaches. The program and task group work to develop best practices and resources to help those in the healthcare industry face current cybersecurity risks. Available resources include templates, tool kits, fliers, posters, newsletters and webinars.

View and download these resources at [405d.hhs.gov](https://405d.hhs.gov).



### **Q What are the top cybersecurity threats facing the healthcare industry and OMS practices?**

**A** “Health Industry Cybersecurity Practices (HICP): Managing Threats and Protecting Patients” – available at [405d.hhs.gov/Documents/HICP-Main-508.pdf](https://405d.hhs.gov/Documents/HICP-Main-508.pdf) – outlines the top five threats that might impact a practice and provides real-world scenarios showing how each threat could occur within a practice.

- Email phishing: An email used to trick the recipient into sharing personal information.
- Ransomware: Occurs when hackers gain control of data or a computer and hold the information for ransom.
- Loss or theft of equipment: Laptops, smartphones and thumb drives can be lost or stolen and could end up with hackers.
- Insider, accidental or intentional data loss: An attacker with internal access to technology infrastructure, network or databases collects patient data either accidentally or intentionally.
- Connected medical devices: A phishing attack that affects a server connected to medical devices, such as a heart

monitor, can give a hacker complete control of the medical device and risk patient safety.

For additional resources on how to reduce cybersecurity threats, visit [405d.hhs.gov](https://405d.hhs.gov).

### **Q Are there certain best practices that should be followed to protect OMS practices from cybersecurity threats?**

**A** Technical Volumes 1 and 2 of the HICP publication provide 10 best practices for small and large healthcare organizations:

- Email protection systems – Instill basic email protection controls such as antispam and antivirus and implement education and awareness activities for employees.
- Endpoint protection systems – Endpoints include connected hardware devices – desktops, laptops, mobile devices. Remove excess administrative accounts and conduct regular patching.
- Access management – Establish unique accounts for all users, limit the use of shared accounts and implement a multi-factor authentication.
- Data protection and loss prevention – Implement proper data protection and loss prevention education within the practice and prohibit the use of unencrypted storage devices.
- Asset management – Keep an accurate inventory and establish policies for properly disposing of retired assets.
- Network management – Secure the network with network segmentation, intrusion prevention, physical security and guest access.
- Vulnerability management – Detect potential technical flaws with routine vulnerability scans and patching.
- Incident response – Before a cybersecurity incident occurs, establish an incident response plan to know who will lead the investigation and what steps will be taken.
- Medical device security – In addition to following HICP’s best practices, consider adding security terms to medical device contracts.
- Cybersecurity policies – Establish and implement cybersecurity policies, procedures and processes for the practice. Be sure to include the roles and responsibilities and ongoing education and awareness for staff.

To download the complete HICP technical volume, visit [405d.hhs.gov](https://405d.hhs.gov). ■

“

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# Engaging staff in the informed consent process

By Stephen Pavkovic, RN, MPH, JD, CPHRM  
*OMSNIC Senior Risk Manager*

Staff can have a valuable role in the delivery of patient-focused care by assisting in the informed consent process.

The informed consent process involves three steps to educate a patient about the risks, benefits and alternatives to a proposed treatment. The first step involves a conversation between the treating OMS and the patient. In the second step, the patient acknowledges their understanding and acceptance of the information discussed with the treating OMS by signing an informed consent form. In the third step, the treating OMS documents the patient's participation in the informed consent process in the patient's chart.

## Step 1. A clinical conversation

Each patient is unique due to his or her medical history, presenting condition and the goals of treatment. Frequent topics of the informed consent conversation include:

- Diagnosis
- Proposed treatment, with anesthesia options
- Benefits of the proposed treatment
- The risks and potential complications of the proposed treatment and anesthesia
- The risks of refusing the proposed treatment
- Treatment alternatives, including the risks and benefits to foregoing treatment

The informed consent conversation also provides an opportunity to educate the patient regarding the impact that any pre-existing conditions or medications may have on the proposed treatment and review the anticipated pre- and post-operative instructions.

To help ensure the patient fully understands the procedure and potential risks, it is recommended to conduct all conversations at the intellectual level of each patient and to provide a qualified interpreter, if needed. Some patients may benefit from supplementing the conversation with

visual aids and other patient education resources. To assess the patient's understanding of the information shared, the OMS can ask the patient to summarize the discussion and provide the patient an opportunity to ask questions about the proposed treatment.

## Step 2. Patient acknowledgement

After the OMS performing the procedure discusses the risks, benefits and alternatives with the patient, the patient's signature on a consent form serves to acknowledge their understanding and acceptance of the information discussed. The informed consent form can be customized to meet the potential risks for each patient given the specifics of their procedure and their presenting condition.

Some practices require that a paper copy be signed in the office and witnessed by the OMS and staff. Other practices utilize electronic consent forms, which a patient can sign even when they are not in the office. Whichever method is used, keep in mind that the patient should sign the consent form after the informed consent discussion is complete, prior to the procedure and before any anesthesia, mind-altering medications or narcotics are administered. To ensure consistency, each practice should establish and follow a protocol for consent form execution and the role of the staff member as a witness to a patient's signature.

One common risk management question is – does a properly executed informed consent form expire after a specific date? The general answer is that – absent an office policy or other requirement – informed consent forms do not expire as long as the risk, benefits and alternatives to the proposed treatment have not changed. In scenarios where execution of the informed consent form and the treatments are temporally separate, some practices may have the patient sign a new consent form or may amend the existing form with the patient's dated initials.

Whether or not a new or amended consent form is used, the treating OMS documentation can be used to confirm that the patient participated in the informed consent process; that the patient continues to acknowledge the risks, benefits and alternatives to the proposed treatment;

*continued on next page*

and the patient desires to proceed with the proposed treatment. This clinical documentation provides a basis to respond to future patient allegations that informed consent was not obtained.

### Step 3. Clinical documentation

While no one can predict future patient allegations related to their treatment or the informed consent process, contemporaneous clinical documentation of the patient's participation in the informed consent process can be used to support your patient education efforts and treatment decisions.

Clinical documentation captures the presentation, examination findings and a clinical differential diagnosis that forms the basis for a patient's treatment plan. In the context of the informed consent process, documentation in the clinical record can include that the patient verbally accepted the treatment plan and signed the consent form to acknowledge the risks, benefits and alternatives for the proposed treatment and that the patient wishes to proceed with the proposed treatment.

Additional documentation topics to consider include the use of any patient educational aides, any direct questions or quotes from the patient and the identity of any individuals who were present with the patient during the informed consent discussions.

### Staff's role in informed consent process

Office staff can play an important role in assisting with the informed consent process by assuring that accurate and complete patient information is available for the OMS. In the context of the informed consent discussion, OMS staff can:

- Review the referral form for completeness before an appointment is scheduled and by contacting the referring provider if any questions about the purpose of the referral arise.
- Request, when the appointment is scheduled, if the patient would prefer that an interpreter is available for their appointment.



- Provide the health history form and request that it be returned before the first scheduled appointment in order to improve the accuracy of identifying a patient's medications and healthcare providers.
- Review the health history for missing information such as medication names without doses, surgeries or treatments without dates, or the contact information for the patient's other healthcare providers.
- Request that the patient provide a verbal summary of the pre- or post-operative instructions.

Regarding the patient acknowledgement, office staff can support consent form execution by utilizing forms with identified risks for the most common procedures and by customizing the informed consent forms to meet each patient's clinical presentation.

OMS staff can support the third step of the informed consent process by supplementing the treating doctor's entries regarding the patient's participation in the informed consent process. For example, staff could document any patient questions regarding the supplemental educational materials or the preoperative instructions. When documenting these patient interactions, consider having staff include direct quotes from the patient as these quotes may provide insight into the patient's understanding of the informed consent process.



## OMSNIC resources

OMSNIC offers more than 45 procedure-specific informed consent forms for download including forms related to cosmetic, craniofacial, dentoalveolar, implant, jaw joint, nerve and oral pathology surgeries. All OMSNIC informed consent forms are regularly reviewed for clinical relevance and patient-friendly language.

A few recent additions to the procedure-specific informed consent forms included expansion of the nerve injury risk descriptions, the addition of future treatment risks and new informed consent forms for cleft lip, cleft palate, cosmetic and tori removal procedures. A complete list of the current OMSNIC forms and resources is available at [OMSNIC.com/patient-safety-risk-management](https://www.omsnic.com/patient-safety-risk-management). ■

*Stephen Pavkovic, BSN, MPH, JD, CPHRM, is a Senior Risk Manager with OMSNIC. Contact the OMSNIC Risk Management Team at [rm@omsnic.com](mailto:rm@omsnic.com) with questions about this article or the informed consent process.*

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*This is number 185 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at [AAOMS.org](https://www.aaoms.org).*

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# 104th AAOMS Annual Meeting, Scientific Sessions and Exhibition

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## Sequencing: Understanding how to code for

**A**lthough Medication-related Osteonecrosis of the Jaw (MRONJ) is rare, scientific literature and claims data point to an increasing prevalence of the condition. MRONJ is predominantly seen as a complication of antiresorptive and/or antiangiogenic drug therapy in patients being treated for osteoporosis or malignancy. Although rare, MRONJ often affects both the soft and hard tissues of the jaw and OMSs play an integral role in both the differential diagnosis and management of the condition. As such, it's important that OMSs and their coders understand how it is best reported using ICD-10-CM.

When coding complex conditions like MRONJ, it's imperative to understand that diagnosis codes are the drivers for reimbursement. The greater the specificity with which the condition is reported, the more accurate the reimbursement for services rendered to treat it. Each patient encounter is unique, with complex conditions often requiring multiple diagnosis codes to accurately capture patient acuity. Keep in mind that according to ICD-10-CM guidelines, signs and symptoms routinely associated with a particular disease should not be coded in addition to the primary diagnosis. In instances when multiple diagnosis codes are appropriate, correct sequencing is imperative in terms of both claims processing and reimbursement.

### Sequencing 101

The reason for the patient's visit dictates code sequencing. Ultimately, the answer to the question "why is the patient being seen?" will become the principal or first-listed diagnosis.

**Coding Tip:** MRONJ is considered a condition secondary to, or resulting from, exposure to certain types of drugs. This does not preclude it from being reported as the primary diagnosis, however, it will be helpful when searching in the ICD-10-CM Alphabetic Index for drug-related osteonecrosis. Consider: M87.180 Osteonecrosis due to drugs, jaw.

Categories within the ICD-10-CM Tabular List often include instructions on using additional codes to specify an aspect of the first-listed diagnosis. In such instances, this additional code may be reported next.

**Coding Tip:** The main category of codes that M87.180 falls under instructs the coder to use an additional code to report the adverse effect. Searching "Adverse effect" in the

Alphabetic Index guides the coder to the Table of Drugs and Chemicals. Note: the medications specific to MRONJ will not be listed, rather look for the substance which is the primary agent of the drug(s) in question: Blood. Consider: T45.8X5 Adverse effect of other primarily systemic and hematological agents. A 7th character is required and should be assigned as appropriate. Note that a sequela is a late or residual effect that results from a previous condition and may be an appropriate consideration in some cases of MRONJ. Depending on the patient's symptoms or the presence of any co-conditions, additional diagnosis codes may be warranted to support medical necessity. If applicable, these may be reported next.

**Coding Tip:** According to ICD-10-CM guidelines, signs and symptoms not routinely associated with a disease, such as the primary diagnosis, may be coded separately. OMSs and coders must only report conditions supported by the medical record documentation. Reporting diagnoses as a way of increasing the intensity of any given service may be considered fraudulent coding practice.

Lastly, codes found in Chapter 21, referred to as "Z codes," may also be considered to provide additional information relevant to a patient encounter, such as circumstances or problems that influence a patient's current illness. Some Z codes may be reported as the first-listed diagnosis, however, in the case of MRONJ, they may be used to specify the patient's exposure to either bisphosphonates or other antiresorptive or antiangiogenic therapies.





## MRONJ

**Coding Tip:** Searching various key terms in the Alphabetic Index will point the coder in the direction of Long-term (current) (prophylactic) drug therapy. Keep in mind that ICD-10 has omitted short-term drug therapy from the code set. Depending on the drug in question, consider the following: Z79.83 Long-term (current) use of bisphosphonates or Z79.899 Other long-term (current) drug therapy.

According to ICD-10-CM guidelines, for cases in which a definitive diagnosis has not been established, codes that describe signs and symptoms, as opposed to diagnoses, would be appropriate to report. For instance, for a case in which MRONJ is suspected but is found not to exist upon clinical evaluation, a coder may consider reporting Z03.89 Encounter for observation for other suspected diseases and conditions ruled out.

Please note, the ICD-10-CM codes presented are not meant as an all-inclusive list in the diagnosis of MRONJ. Coding decisions should be based on the patient's presenting condition(s) as described within the medical record, to the highest level of specificity possible. ■

*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® © 2022 American Medical Association Current Dental Terminology® (CDT) © 2022 American Dental Association. All rights reserved.*

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# How to bill for an associate OMS

It is important to understand the different nuances between billing for an associate OMS versus a billing provider or entity as well as how credentialing and contracting with third-party payers factors into this process.

## How to bill for a new associate

The first step is to determine which plans the associate chooses to participate. Contracting policies and credentialing procedures typically vary by carrier, which makes it imperative to understand the timelines and requirements for documentation submission for each plan. Credentialing is considered a precursor to contracting, where the provider's info is gathered, reviewed, attested and/or verified. Contracting represents the actual agreement between the provider and third party. Accurate and efficient completion of both processes dictates how the new associate will be able to submit claims, treat patients and receive reimbursement for services rendered.

When submitting for services, claims must indicate the name and National Provider Identifier (NPI) of both the billing entity/group practice/corporation and the practitioner providing care within the scope of their state licensure. The information must be represented correctly and within the appropriate designated fields on the claim form. Attention to detail will help to ensure accurate claims processing as well as proper reimbursement rates.

The National Uniform Claim Committee and the ADA both maintain detailed claim form instruction manuals, offering step-by-step guidance to aid providers and their staff in this process. Completing all information appropriately is integral in helping to ensure accurate claims processing as well as proper reimbursement rates.

There are two types of NPI numbers:

- NPI Type 1 – identifies an individual healthcare provider (sole proprietor) who renders treatment.
- NPI Type 2 – identifies the billing entity or practice and all treating providers associated with the practice. Failure to obtain a NPI Type 2 number when there is more than one treating provider may result in reimbursement delays.

NPIs are issued by the National Plan and Provider Enumeration System and maintained by CMS. More background and resources on NPIs can be found at [CMS.gov](https://www.cms.gov).

## New associate billing under another name

It is not appropriate to bill under another provider's name. When submitting claims to third-party payers, providers attest to all information being true and accurate. It may be considered fraudulent billing practice to report misrepresented information, as claims are considered legal, binding documents. A non-contracted provider treating patients associated with PPO plans may cause confusion for both the billing provider and the patient in terms of how a claim is processed and paid.

Generally speaking, reimbursement rates may also differ from an in-network provider versus out-of-network provider. If the new associate surgeon is listed on a claim as the treating provider and not yet credentialed, the claim will process as out-of-network. In many cases, a patient may have a higher out-of-pocket expense when treatment is provided by an out-of-network provider, even if the billing provider is contracted with the plan. Third-party payers' contracting and compensation rates also may differ by provider. Therefore, it is important to verify payer fee schedules for all providers under their respective contracts along with confirming provider status before submitting claims.

There are many variables that go into credentialing and contracting. It is best to contact all payers in advance of a new associate's start date to expedite enrollment, as the vetting process can take several months to complete. Many dental and medical payers utilize the Council for Affordable Quality Healthcare (CAQH) for their credentialing process, thus the CAQH may be a good resource. Visit [CAQH.org](https://www.caqh.org) to help streamline the credentialing process in terms of provider data collection, maintenance and distribution, minimizing paperwork and administrative burden.

For more information, see the Health Policy Perspectives article titled "Provider enrollment – the nuance of credentialing and contracting" in the March/April 2021 *AAOMS Today*. ■



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APR  
19



**Simon Young, DDS, MD, PhD, FACS**  
The UT Health Science Center  
at Houston

**From Bench to Bedside: The Evolution  
of Tissue Engineered Maxillofacial  
Reconstruction - Part 1**

AUG  
16



**Bach Le, DDS, MD**  
University of Southern California

**Vertical Defects in the Esthetic Zone –  
Prosthetic or Surgical Solutions?  
- Part 2**

MAY  
17



**James C. Melville, DDS, FACS**  
The UT Health Science Center  
at Houston

**From Bench to Bedside: The Evolution  
of Tissue Engineered Maxillofacial  
Reconstruction - Part 2**

SEP  
6



**Frank Schwarz, DMD**  
Goethe University Frankfurt

**Treatment Concepts for the  
Management of Peri-Implantitis**  
On-Demand Only

JUN  
21



**Robert A. Levine DDS, FCPP, FISPPS**  
Philadelphia, PA

**Soft Tissue Grafting and the Importance  
of Phenotype Conversion around Dental  
Implants: a Periodontal Plastic Surgeon's  
Perspective**

OCT  
18



**Jasjit Dillon, MBBS, DDS,  
FDSRCS, FACS**

University of Washington  
**Medication-Related Osteonecrosis**

JUL  
19



**Craig M. Misch, DDS, MDS**  
Sarasota, Florida

**Vertical Defects in the Esthetic Zone –  
Prosthetic or Surgical Solutions?  
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NOV  
15



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## OMSITE application timeline revised

The timeline for the 2023 Oral and Maxillofacial Surgery In-service Training Examination (OMSITE) will be slightly modified to alleviate the stress of coordinating resident examination schedules. In years past, residents scheduled for the OMSITE in January. Programs and residents will begin the application process in September. This will allow Programs and residents to schedule for their examination in November, two months earlier than previous years.

The 2022 OMSITE was administered almost a month earlier at Prometric Test Centers from Feb. 5 to 19. This change will allow Programs to receive resident reports by the end of May.

In previous years, the examination was administered in March and the score reports were provided in June. The timing of this schedule did not allow Program Directors sufficient time to provide feedback to residents completing their program in

June. ABOMS understood the necessity of a quicker turnaround for score reports and moved the administration and score result timeline.

OMSITE is a 250-question computer-based examination designed to measure the knowledge and skills of residents in the field of oral and maxillofacial surgery. It is administered to residents in accredited oral and maxillofacial surgery training programs in the U.S. and Canada. The administration of the examination allows residents an opportunity to schedule using a remote proctoring system or in-person at a testing facility. The OMSITE provides residency Program Directors with an outcomes assessment of their residents' progress.

For any additional information regarding the OMSITE and its process, visit [ABOMS.org/OMSITE](https://ABOMS.org/OMSITE). ■

**“We’re paying it forward.”**

“Our inaugural OMSFIRE gift is made in tribute to Dr. Ross and Sheryl Beirne to recognize their many contributions to the specialty. Each of us has an obligation to support education and research, to improve patient outcomes and create opportunities for future oral and maxillofacial surgeons. We invite our friends and colleagues to join us in generously supporting the OMS Foundation in 2022.”

– Dr. Charles and Karen Weber, Lacey, Wash.



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### CONTINUING EDUCATION



#### Impacted teeth webinars offered

A two-part Clinical Webinar Series on Impacted Teeth will be held June 1 and 8. David Cummings, DDS, will present part one on Management of Impacted Second Molars at 6 p.m. CDT June 1. Pamela Alberto, DMD, will present on Surgical Exposure Techniques of Impacted Teeth at 6 p.m. CDT June 8. Each webinar is worth 1 CDE/CME credit. Register at [AAOMS.org/CEonline](https://AAOMS.org/CEonline). Those unable to attend live will receive access to the recording for 30 days after the live event.

### CONTINUING EDUCATION



#### Complimentary course available

AAOMS offers a complimentary CE on-demand course to members each quarter. This quarter's course, available until June 30, is Management of the Ramus Condyle Unit in the Patient with Hemifacial Microsomia.

More information is available at [AAOMS.org/CEonline](https://AAOMS.org/CEonline).

### 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](https://AAOMS.org) members-only directory and the public-facing [MyOMS.org](https://MyOMS.org) Find a Surgeon search.

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

### CONTINUING EDUCATION



#### Submissions accepted for webinars

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

### ANNUAL MEETING



#### Annual Meeting submissions due

Oral abstract, poster and Resident Scientific Award applications are due by June 1. Late submissions will not be accepted. Visit [AAOMS.org/Speakers](https://AAOMS.org/Speakers) to submit now. Questions? Contact [shannonm@aaoms.org](mailto:shannonm@aaoms.org).

### MEMBERSHIP



#### Final dues notices sent

Final dues notices were mailed in late April to those who have yet to renew for the 2022 membership year. Professional staff previously sponsored for allied staff membership were included on the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped.

Members can renew through the Member Center at [AAOMS.org](https://AAOMS.org). Email [membership@aaoms.org](mailto:membership@aaoms.org) for more information or to receive another copy of the annual statement.

### CONTINUING EDUCATION



#### Course applications open in July

Clinical and practice management course applications for the 2023 AAOMS Annual Meeting can be submitted July 6 to Sept. 26. The online application will be posted at [AAOMS.org/Speakers](https://AAOMS.org/Speakers).

## ADVANCED EDUCATION



## Help available for single-, dual-degree applications for ACS fellowship

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

AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Single-degree OMSs may apply more than once to AAOMS for consideration of the waiver. They can submit the following materials to [acsfellowship@aaoms.org](mailto:acsfellowship@aaoms.org) by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at [FACS.org](http://FACS.org).

- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at [AAOMS.org/member-center/ACS-fellowship#criteria](http://AAOMS.org/member-center/ACS-fellowship#criteria). The committee will assess for an appropriate volume and combination of cases.

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

Additional information is available at [FACS.org/member-services/join/fellows](http://FACS.org/member-services/join/fellows) and [AAOMS.org/member-center/ACS-fellowship](http://AAOMS.org/member-center/ACS-fellowship).

## MEMBERSHIP



## Senior residents join AAOMS before program completion to obtain benefits

AAOMS encourages senior residents to become candidates for active membership. Their resident membership expires July 1. Candidates for active membership can apply at [AAOMS.org/Apply](http://AAOMS.org/Apply).

When senior residents apply for AAOMS candidate status before completing OMS training, the first year of membership dues are waived through the end of 2023.

AAOMS allows a graduated dues discount for subsequent years. In 2024, one-third of the full-dues level established for AAOMS members will be billed. In 2025, two-thirds of the full-dues level will be billed. The full-dues level will not be billed until 2026. Information is available through Membership Services by emailing [membership@aaoms.org](mailto:membership@aaoms.org) or calling 800-822-6637.

## MEMBERSHIP



## Office Anesthesia Evaluation recertification due for certain members

Office Anesthesia Evaluation (OAE) recertification is due for current members and fellows who last completed an OAE or exemption form in 2015 or 2016 (or 2013 or 2014 if practicing in Delaware and New Jersey).

Those grandfathered from OMS state society membership, and the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for scheduling assistance. Members who are eligible for exemption of OAE must reconfirm exemption every five years.

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

Additional information is available through Membership Services by emailing [membership@aaoms.org](mailto:membership@aaoms.org) or calling 800-822-6637.

## MEMBERSHIP



## AAOMS Connect supports networking, interest groups

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](http://AAOMS.org), click on AAOMS Connect under Member Center and click Join Group to request access to the CIGs/SIGs. Discussions are

available through the Clinical and Special Interest Groups: All CIG/SIG Forums 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](http://AAOMS.org/Communities).

## PRACTICE MANAGEMENT



## Coding courses provided online

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](http://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

## CONTINUING EDUCATION



## Courses, webinars available

CE on-demand courses and live webinars have been added to CE online by AAOMS at [AAOMS.org/CEonline](http://AAOMS.org/CEonline).

CE online by AAOMS offers a wide variety of subject matter for the OMS, resident and professional staff to participate at their own pace, wherever and whenever convenient. Special member pricing is offered.

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



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## CALENDAR

### AAOMS Opportunities

#### 2022

##### May 13 and June 5

###### **Office-Based Emergency Airway Management (OBEAM) module**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

##### June 6

###### **Anesthesia Patient Safety Conference**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.  
[AAOMS.org/PatientSafety](https://AAOMS.org/PatientSafety)

##### Aug. 6, 21

###### **Office-Based Emergency Airway Management (OBEAM) module**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

##### Sept. 12–17

###### **104th AAOMS Annual Meeting, Scientific Sessions and Exhibition**

New Orleans, La., and online  
[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)

##### Sept. 15, 16, 17

###### **Office-Based Emergency Airway Management (OBEAM) module**

AAOMS Annual Meeting in New Orleans, La.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

##### Oct. 8, 22, Nov. 13, and Dec. 1

###### **Office-Based Emergency Airway Management (OBEAM) module**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

##### Dec. 1–3

###### **Dental Implant Conference**

Sheraton Grand Chicago, Chicago, Ill.  
[AAOMS.org/DIC](https://AAOMS.org/DIC)

### AAOMS Summer Caucuses

*2022 Annual Meeting Delegates and Alternates are asked to attend their District Summer Caucus. They can contact their Caucus Chair for additional details. Fellows and members from their respective Districts also are invited to witness Caucuses on a space-available basis and should contact the Caucus Chair to participate. Chair email addresses are provided.*

##### Aug. 6

###### **AAOMS District II Summer Caucus**

Pier V Hotel, Baltimore, Md.  
[bhubeoms@gmail.com](mailto:bhubeoms@gmail.com)

###### **AAOMS District III Summer Caucus**

Atlanta Airport Marriott in Atlanta, Ga.  
[jhenderson@mtstateoms.com](mailto:jhenderson@mtstateoms.com)

###### **AAOMS District IV Summer Caucus**

AAOMS Headquarters in Rosemont, Ill.  
[Malou.sabino@gmail.com](mailto:Malou.sabino@gmail.com)

###### **AAOMS District V Summer Caucus**

Doubletree by Hilton in Dallas, Texas  
[Julia.plevnia@aspensurgicalarts.com](mailto:Julia.plevnia@aspensurgicalarts.com)

##### Aug. 13

###### **AAOMS District VI Summer Caucus**

Location TBD  
[drchacon@wacenters.com](mailto:drchacon@wacenters.com)

##### Aug. 17

###### **AAOMS District I Summer Caucus**

Hilton Garden Inn Hartford North/Bradley Int'l Airport  
in Windsor, Conn.  
[dacottre@verizon.net](mailto:dacottre@verizon.net)



## 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

#### May 21–22

##### Ohio Society of OMS Annual Scientific Meeting

Renaissance Columbus Westerville-Polaris Hotel in Westerville, Ohio

[OH-OMS.org/aws/OHOMS/pt/sp/meetings](http://OH-OMS.org/aws/OHOMS/pt/sp/meetings)

#### July 7–9

##### Florida Society of OMS Summer Meeting

The Breakers Palm Beach in Palm Beach, Fla.

[FSOMS.org](http://FSOMS.org)

#### July 15–17

##### Colorado Society of OMS Summer Meeting

Hyatt Vail in Vail, Colo.

[CO-OMS.org](http://CO-OMS.org)

#### Aug. 12–14

##### Georgia Society of OMS Summer Meeting

Ritz Carlton Lake Oconee in Greensboro, Ga.

[GA-OMS.org](http://GA-OMS.org)

#### Oct. 21–23

##### Florida Society of OMS Annual Meeting

Marriott Water Street in Tampa, Fla.

[FSOMS.org/category/meetings](http://FSOMS.org/category/meetings)

#### Nov. 2

##### Middle Atlantic Society of OMS

##### Fall Educational Meeting

The Hotel at Turf Valley in Ellicott City, Md.

[MASOMS.org/meetings-and-events.html](http://MASOMS.org/meetings-and-events.html)

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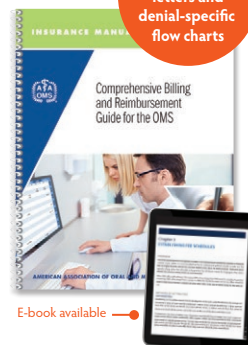
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- Claim filing and reimbursement
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- Fraud and abuse regulations
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## Dr. Tiner awarded Outstanding Alumnus Award



*Dr. Tiner*

B.D. Tiner, DDS, MD, FACS, was awarded the Outstanding Alumnus Award by the University of Tennessee Health Science Center, the highest award given by the University of Tennessee Dental Alumni Association.

Dr. Tiner is a past President of AAOMS, the Southwest

Society of OMS and the Texas Society of OMS. He served in the U.S. Navy for 25 years until he retired in 2000 as a Navy Captain. He earned his DDS at the University of Tennessee College of Dentistry and his Doctor of Medicine at the University of Texas Medical School at San Antonio. After completing his education, Dr. Tiner had an Internship in Anesthesia and completed his residency in oral and maxillofacial surgery at the University of Texas Health Science Center at San Antonio.

Dr. Tiner is an AAOMS Fellow, a Diplomate of the American Board of Oral and Maxillofacial Surgery, a Fellow in the American College of Surgeons and serves as an Ambassador for the OMS Foundation. He received the TSOMS L. Jack Bolton Distinguished Service Award in 2009.

## Award created in honor of Dr. Mercuri



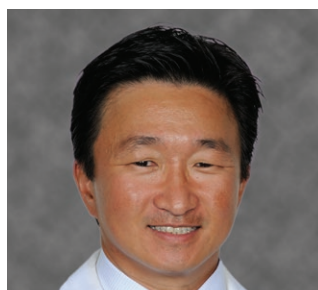
*Dr. Mercuri*

The American Society of Temporomandibular Joint Surgeons (ASTMJS) created the Louis G. Mercuri Lifetime Achievement Award for which Louis G. Mercuri, DDS, MS, was the inaugural recipient at ASTMJS annual meeting in San Diego, Calif.

Dr. Mercuri is Visiting Professor in the

Department of Orthopaedic Surgery at Rush University Medical Center Chicago, Adjunct Professor in the Department of Bioengineering at the University of Illinois Chicago (UIC) and President of the UIC Institute of Biomaterials, Tribocorrosion, Nanotechnology and Regenerative Medicine.

## Dr. Kim selected Chair of LSUHS Department



*Dr. Kim*

David Kim, DMD, MD, FACS, Professor of Oral and Maxillofacial Surgery at Louisiana State University Health Shreveport (LSUHS), has been selected to serve as Department Chair after serving as interim Chair since April 2021.

Dr. Kim has served as an OMS instructor at University

of Baltimore, the LSUHS OMS Residency Program Director and the LSUHS Director of the Head and Neck Surgery and Microvascular Reconstruction Fellowship.

## Dr. Bakos recognized as distinguished alumnus



*Dr. Bakos*

Les Bakos, DDS, received a Distinguished Alumnus Award from the West Virginia University School of Dentistry Alumni Association.

Dr. Bakos graduated from the West Virginia University School of Dentistry. He has been part of the faculty at the WVU School of Dentistry

since 1978 after he completed his residency. He was Chief of Dental Services in the U.S. Army Reserves, a retired Colonel in the U.S. Army where he also served on the Executive Committee of the 911th Tac Clinic.

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





## Faculty Positions

### Alabama

University of Alabama at Birmingham School of Dentistry, Department of Oral & Maxillofacial Surgery Undergraduate Director Position. 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](mailto:plouis@uab.edu) or contact Ms. Karen Waits: [kwait@uab.edu](mailto:kwait@uab.edu), 205-934-5334.

### Massachusetts

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine invites applications for a full-time faculty position. The position requires graduation in oral and maxillofacial surgery from a CODA-accredited program. Applicants must be eligible for full, independent dental licensure in the Commonwealth of Massachusetts. Primary responsibilities will include didactic and clinical education of dental students and OMS residents in an outpatient clinical setting with emphasis on ambulatory anesthesia, dentoalveolar procedures and implant surgery. There are no required operating room or on-call responsibilities. Multiple opportunities for scholarly activity and faculty development are readily available on campus. Interested candidates should contact Dr. Pushkar Mehra via email at: [pmehra@bu.edu](mailto:pmehra@bu.edu). Boston University is an equal opportunity employer and encourages applications from minorities and women.

### Mississippi

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

### Nebraska

The University of Nebraska Medical Center (UNMC) College of Dentistry seeks applications for a full-time position at the assistant/associate professor level. Responsibilities include training and supervision of undergraduate dental students and postgraduate residents, local anesthesia, surgery, sedation and medical emergencies. Qualified candidates must have a DDS or DMD degree from an ADA-accredited college or school of dentistry, be eligible for a Nebraska dental and moderate sedation license and be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates with international dental degrees with OMFS specialty training from an ADA-accredited school also are eligible. One-day-a-week intramural or outside-the-college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before July 1, 2022. (Inquiries regarding the position may be sent to [jbavitz@unmc.edu](mailto:jbavitz@unmc.edu).) Please note that to be considered for this position, applicants must submit an application and supporting documentation (CV and cover letter) via UNMC's online employment website, [UNMC.peopleadmin.com/postings](http://UNMC.peopleadmin.com/postings).

### 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](http://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](mailto:ziccarvb@sdm.rutgers.edu).

### New Jersey

The 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 OMFS 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: [https://jobs.rutgers.edu/postings/158713](http://jobs.rutgers.edu/postings/158713). 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, [ziccarvb@sdm.rutgers.edu](mailto:ziccarvb@sdm.rutgers.edu).

### 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.

*continued on next page*

## Faculty Positions

*continued from previous page*

The ideal candidate must have completed an accredited OMFS training program, be eligible for New York State licensure and be either ABOMS-certified or on the path to certification. A medical degree and fellowship training, while preferred, is not required. Academic rank including possibility of tenure track and salary will be commensurate with experience and training. Interested, qualified applicants should send a CV, letter of interest and the names and contact information of three professional references by visiting [pa334.peopleadmin.com/postings/6829](http://pa334.peopleadmin.com/postings/6829). Columbia University is an equal opportunity employer; minorities and women are encouraged to apply. Qualified applicants also may contact Alia Koch, DDS, MD, FACS, at [ak2045@cumc.columbia.edu](mailto:ak2045@cumc.columbia.edu) for further information.

## New York

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 Department of Oral and Maxillofacial Surgery Advanced Training Program is currently seeking an attending for a three-day week position that is eligible for health insurance benefits. Responsibilities include providing supervision to the Oral and Maxillofacial Surgery residents while in the clinic and the Operating Room and participating in the academic aspects of the program. This is a salaried position with incentives for OR and ED coverage. Contact Dr. Andrew Marks, Chief of OMFS, at [amarks@bhmcny.org](mailto:amarks@bhmcny.org).

## 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 Ave., Box 705, Rochester, NY 14642.

## New York

General OMFS faculty at the State University of New York at Buffalo. The University of Buffalo is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is clinical and academic, and the candidate should have an interest in major oral and maxillofacial surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must be ABOMS-eligible or qualified. Fellowship training is encouraged and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants is preferred. Applications are currently accepted online at: posting #F2100142 Clinical-Track. [ubjobs.buffalo.edu/postings/30767](http://ubjobs.buffalo.edu/postings/30767). Posting F2100141 Tenure-Track. [ubjobs.buffalo.edu/postings/30766](http://ubjobs.buffalo.edu/postings/30766). Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: [mrm25@buffalo.edu](mailto:mrm25@buffalo.edu). The University of Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

## New York

OMFS – Head and Neck Surgery Faculty at the State University of New York at Buffalo. The University of Buffalo invites applications for full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is both clinical and academic, and the candidate should have an interest in building and fostering a practice and conducting research in Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidate must have fellowship training and Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must be ABOMS-eligible or qualified. Applications are currently accepted online at: Posting #F2100140 Clinical-Track. [ubjobs.buffalo.edu/postings/30756](http://ubjobs.buffalo.edu/postings/30756). Posting #F2100143 Clinical-Track. [ubjobs.buffalo.edu/postings/30769](http://ubjobs.buffalo.edu/postings/30769). Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: [mrm25@buffalo.edu](mailto:mrm25@buffalo.edu). The University of Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion,

creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

## 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](http://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](mailto:sodoms@mmc.edu).



## Washington

University of Washington's Department of Oral and Maxillofacial Surgery seeks two full-time faculty to engage in clinical, didactic and research activities. Ideal candidates practice the specialty's full scope with a focus in microvascular reconstruction or anesthesia. Rank and salary commensurate with experience. Applicants should submit a personal statement, CV and the names and addresses of three references to Dr. Sujit Joginpally (sujitj@uw.edu). For questions, please contact Dr. Dodson, Professor and Chair, (tbdodson@uw.edu). The University is an equal opportunity employer.

## 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 drhaiavy@gmail.com.

## Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now interviewing for the July 1, 2023, position. Match deadlines are June 1. 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 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 sialoendoscopy, trauma, orthognathic and total joint reconstruction. During the Fellowship, education on translational research, clinical trials, prospective and retrospective studies will be available. Fellow will function as Junior Attending for Level I Trauma, Elective OMS and Resident case coverage. Massachusetts Dental License is required. MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship. 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 St., Warren 1201, Boston, MA 02114 or by emailing jmcain@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)

2023-24 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute (ofsinsitute.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 S. New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinsitute.com or visit our website at ofsinsitute.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

*continued on next page*

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

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, 2022, through June 30, 2023. 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 [dketola@mycenters.com](mailto:dketola@mycenters.com) for an application. For more information on the practice, log on to [mycenters.com](http://mycenters.com).

## West Virginia

Charleston Area Medical Center, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 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](mailto:paul.kloostra@camc.org) and [jeanne.brown@camc.org](mailto:jeanne.brown@camc.org); fax 304-388-2951.

## Available Positions

## Alabama/Georgia

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

## Alberta, Canada

South Calgary specialty clinic is hiring an Oral/Maxillofacial surgeon to join our established surgical and implant clinic. Partnership opportunities available. Please forward CV to [hr@dwgmanagement.ca](mailto:hr@dwgmanagement.ca) or call 403-452-0324 for additional information about this opportunity. All applications will be held in confidence.

## Alberta, Canada

Busy, well-established OMFS practice in Calgary seeking an associate. Flexible conditions as well as the opportunity for partnership/purchase. Please contact us at [omscalgary204@gmail.com](mailto:omscalgary204@gmail.com) in confidence with your CV and objectives.

## 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 [peter739@gmail.com](mailto:peter739@gmail.com).

## Arizona

Full-time associate needed, OMSF practice in Phoenix/Scottsdale. Substantial student loan and relocation allowance. We are a well-established, non-corporate, state-of-the-art, specialty-only practice requiring a motivated, personable, conscientious, quality-oriented clinician seeking long-term relationship. Generous compensation with production incentives as well as practice autonomy. Full benefits including malpractice insurance, CE and 401(k). Send CV and letter of interest to [phoenixoralsurg@aol.com](mailto:phoenixoralsurg@aol.com).

## California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area, Calif., area. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have Calif. license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to [apply.oralsurgery@gmail.com](mailto:apply.oralsurgery@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](mailto:pam@lifetransitions.com).

## California

Well-established, highly respected, productive, growing multi-office OMS practice in Santa Barbara, Calif., is in search of a board-certified/-eligible oral surgeon for a full-time position. Our practice has an emphasis on wisdom teeth, dentoalveolar surgery, implants and full-arch reconstruction with long-standing ties to the dental community and a very committed referral base. We have been a pillar in our community for the past 50 years. This is a wonderful opportunity for an associate leading to a partnership. Enjoy an excellent practice with a great lifestyle in a wonderful community. Please send CV/ resume to [mbienstock@sboralsurgery.com](mailto:mbienstock@sboralsurgery.com) or call 805-729-2116.

## Colorado (Front Range)

Growing practice seeking a board-certified or board-eligible associate for a partner-track position. Full scope technology-based practice with emphasis on dentoalveolar, implants, pathology and orthognathics. Level II trauma center and surgery center availability. Excellent opportunity for a growth-oriented candidate with compassion and interpersonal skills. Great family location with easy access to everything Colorado has to offer. Please email CV/inquiries to [mflanagan@rangeviewsurgery.com](mailto:mflanagan@rangeviewsurgery.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 dentoalveolar, 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](mailto:billing@montroseoms.com).

## Colorado

Well-established OMS practices in Denver/ Lakewood/Aurora/Thornton area seeking an Oral and Maxillofacial Surgeon. No trauma calls. Flexible schedule. Great staff. Excellent compensation and opportunity. Interested applicants can send their resumes to [ysedhom@oralsurgerycenter.com](mailto:ysedhom@oralsurgerycenter.com).

## Florida

An excellent opportunity exists to join Pensacola, Florida's first Oral and 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 and Maxillofacial surgeon who is board-certified or an active candidate for board certification. Please respond to [omfs@greskovichbalcom.com](mailto: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](mailto:drgreenberg@greenbergdental.com). All contact kept confidential. Apply online – [greenbergdental.com](http://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](http://cforalsurgery.com). Email CV to Tom Meena, Practice Manager, at [tmeena@cforalsurgery.com](mailto:tmeena@cforalsurgery.com) or call 407-843-2261.

## Florida

Rare opportunity to join a legacy oral and maxillofacial surgery practice in Fort Myers and Cape Coral, Fla., with plans for expansion. Southwest Florida Oral & Facial Surgery, PA, was the first oral and maxillofacial surgery practice in Southwest Florida. Launched by Dr. Gerald Laboda over 55 years ago, our practice has grown in scope, size and reputation as the premier OMFS practice in our area. Drs. Tim Hogan, Mark Streater, T.J. Tejera and Harvey Satz have continued the legacy, specializing in all aspects of a thriving, full-scope oral and maxillofacial surgery practice. We have a two-office practice with a well-established referral base covering five counties, full patient schedules to immediately support an additional OMFS, state-of-the-art equipment, a highly trained team including RNs in each office and DAANCE-certified assistants. We are seeking a BE/BC OMFS with exceptional patient skills to meet the growing needs in our community. We currently offer opportunities to join our practice as an associate only or as an associate with a partnership track. Our compensation package includes base salary plus bonus based on percentage of collections, potential for 7-figure annual income, relocation allowance, paid time off, annual CE budget, annual client promotions budget, medical, dental, vision insurance for OMFS and family; malpractice insurance coverage, 401(k) match and profit-sharing. All this and no state income tax! The Fort Myers area boasts a median age of 39 and has become a popular location for families to settle. Cape Coral is listed as one of the fastest growing cities in the country. Southwest Florida offers sunny days, year-round outdoor activities, cultural events, downtown restaurants, art shows, boating, minutes to beaches, over 150 golf courses, two spring training baseball stadiums and home to Florida Gulf Coast University. If you are interested in joining the SWFOFS legacy, please send an introductory email and CV to Julie Simpson, CFO and Executive Director, at [julie@swfofs.com](mailto:julie@swfofs.com).

## Florida (Orlando)

Two-doctor practice, two office locations seeking part-time surgeon two to three days a week. Well-established practice with over 50 years of name recognition. Broad, extensive referral base. Excellent work/life balance; no hospital call. Qualifications: dental board licensure in the state of Florida and Board-certified in oral and maxillofacial surgery. Visit our website at [ofsmidfl.com](http://ofsmidfl.com). Resumes/inquiries may be submitted to Pam Scott, Administrator, at [psscott@ofs.cc](mailto:psscott@ofs.cc) or call 407-698-3781.

## Illinois

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

## Illinois

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 (X-Nav) 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 [huseinads@yahoo.com](mailto:huseinads@yahoo.com) RE: OMS applicant.

## Illinois

Established multi-specialty group practice in Chicagoland is seeking an oral surgeon for full time in our Chicago loop office. Our offices are set up for an oral surgeon as we already have oral surgeons on staff. Recent grads are welcome. Guaranteed \$500,000 in salary plus bonus. Please send resume/ CV or any questions to [drsharma@atooth.com](mailto: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](mailto:classifieds@aaoms.org), attention: AAOMS Classified Box A-0311.

## Illinois

Fantastic opportunity! Extremely successful, well-respected group practice with a loyal referral base. Partners enjoy great quality of life, rapport and special comradery. Suburban Chicago associateship leading to early partnership in a

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## Available Positions

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full-scope practice affiliated with Level I trauma hospital. Teaching possibilities available. Contact [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention AAOMS Classified Box A-1201.

## Illinois

Looking for energetic, personable OMS to join established, highly respected, productive practice. Associateship leading to early partnership position available immediately. Mostly FFS contracting with PPOs but no HMOs. Technology includes CBCT, laser, intraoral scanner, Piezosurgery, PRF and X-Nav. Located in Northern Illinois with easy interstate access to Chicago, Madison and Milwaukee. Guaranteed salary with bonus, medical insurance stipend, three weeks paid vacation, pension plan, malpractice insurance, continuing education allowance and relocation assistance. Please send CV and cover letter to [os1161732@aol.com](mailto:os1161732@aol.com).

## Illinois

Amazing opportunity to partner with a solo practitioner in a new, rapidly growing, cutting-edge office. Some of the technologies employed on premises include EMR, i-Cat, Medit intraoral scanner, 3-D printer and X-Guide Implant Navigation. We have a new 5,000 square-foot building situated in one the country's best cities in America according to numerous publications. Naperville has some of the top schools in the country and is a premier town to live, work and raise a family. We have an enormous referral base and excellent reputation in the community. You will be busy. The local hospital is less than 0.5 miles from the office. Salary plus bonus as an associate, partnership is the goal. Many perks including floor seats to NBA and NHL teams. Candidate must have graduated from accredited oral maxillofacial surgery program and be Board-certified or eligible. Email [foxson@gmail.com](mailto:foxson@gmail.com) for more information.

## Indiana

Premier, highly profitable, highly respected, well-established, busy, thriving three-office (within seven years) Oral & Maxillofacial Surgery practice in Fort Wayne, Ind., 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 two 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 II 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 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 three 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](mailto:fortwayneoms@comcast.net) or call 260-490-2013 and ask to speak with Becky directly.

## Indiana

Oral and maxillofacial opportunity. Exceptional OMS practice in northern suburb of Indianapolis. Partnership track. 3,500 sq. ft. of office space in a growing community, ranked top 5 city in Indiana to live. Interested candidates, please send resume to [recruiter@ddsmatch.com](mailto:recruiter@ddsmatch.com) or call 855-546-0044.

## Iowa

Fort Dodge Oral Surgery and Implant Center, serving central and northwest Iowa for 40 years, is looking for our next associate leading to partner. We have offices in Fort Dodge, Spencer and Carroll. Our practice has grown immensely over the last few years and our three Board-certified surgeons are looking to help our next surgeon to grow even further. The communities all have excellent public and private schools. There are multiple opportunities to enjoy an active lifestyle with Iowa's Great Lakes (Okoboji), ATV/UTV trails, commercial airline service and an extensive bike trail system all in our backyards. Cost of living, housing and overall lifestyle in this area is outstanding. Our practice is office-based with implant and dentoalveolar surgery the majority of our practice. The office also collaborates with great local orthodontists and the new surgeon has the opportunity to take on as much or as little orthognathic and trauma cases as they desire. The practice has a long-tenured and dedicated team of 25 employees. We will entertain a short associateship with easy path to partnership, excellent compensation, benefits and partner-level perks while an associate. Interested applicants should email CV to [jon@fdoralsurgery.com](mailto:jon@fdoralsurgery.com) or call Jon DeJong at 515-408-1657.

## 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](mailto:classifieds@aaoms.org), attention AAOMS Classified Box A-0506.

## Kentucky

It's a great time to join The Kentucky Center for Oral and Maxillofacial Surgery (KCOMS) Team! We are searching for an energetic board-certified/eligible Oral and Maxillofacial Surgeon to join our growing, multi-location, three-surgeon practice in Lexington, Ky. This position includes a \$50,000 sign-on bonus and a potential opportunity for future partnership. In addition, 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. If you are interested or know someone who might be interested, please send your CV and cover letter to [reda@kentuckyoms.com](mailto:reda@kentuckyoms.com) or contact Reda Vaughn at 859-278-9376, Ext. 1108.

## 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](mailto: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](mailto:lhogan@midmaryland.com) or fax: 301-694-7372.



## 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 [paaoralsurg.com](http://paaoralsurg.com). Interested applicants should email your CV with contact information to Jeff Wasielewski at [jeffwasdds@gmail.com](mailto:jeffwasdds@gmail.com).

## Michigan

A highly respected and productive, multi-office OMS practice in Michigan spanning two separate counties is in search of a board-certified/-eligible oral surgeon for a full-time position. All offices are state-of-the-art and include cone beam CT technology. We provide high-quality complex implant reconstruction, third molar removal and dentoalveolar surgery. Our vast referral base will keep you busy with room for growth. Full scope opportunities abound. We have been a pillar in our community for the past 52 years. Enjoy an exceptional practice with a great lifestyle in a delightful community. Please send CV/resume to [drjabero@ofsmi.com](mailto:drjabero@ofsmi.com).

## 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](mailto:manager@renooms.com).

## New Hampshire

Rare opportunity to join a state-of-the-art OMS practice in central and southern N.H. with multiple locations; looking for a BC or BE OMS to join this busy and well-respected practice. This well-established practice has a reputation for exceptional surgical care and a family atmosphere. We are a full scope OMS practice one hour from Boston, 45 minutes from the Seacoast and 30 minutes to the White Mountains. Full or part time. If you enjoy the outdoors and want to join a practice combining an incredible quality of life with a successful career, send resume and cover letter to [rjrosato@ccoralsurgery.com](mailto:rjrosato@ccoralsurgery.com). Our motto is Competence with Compassion. Join us if you share that vision.

## New Hampshire

Thriving practice looking for an associate in beautiful New Hampshire. We are a well-established, full scope practice with a broad and loyal referral base. We have an experienced, enthusiastic and energetic staff that has adopted the practice philosophy of treating every patient as though they were a family member. We are looking for an associate who truly shares this philosophy and is willing to work hard to uphold the standards that have made this practice so successful. The right candidate will be a "people person" who is willing to invest time and energy into building relationships with our referring dental and medical communities through participation in after-hours study clubs, professional associations and maintaining privileges at our local hospital. Practice in a vibrant, family-oriented New England community that is an hour to Boston, the Coast or the White Mountains. Short path to partnership for the right individual. Reply to AAOMS Classified Box A-0209.

## New Hampshire

Established, multi-office, state-of-the-art practice opportunity available in tax-free southern New Hampshire starting July 2022 for Board-eligible oral surgeon. We offer a fast track to practice ownership position with flexible buy-in options defined before you start working with us – not after a one- or two-year "associateship." Our approach is more contemporary than traditional buy-in/buy-out practice models, taking you to a higher income level earlier rather than adding more debt to your buy-in and eliminating the burden of buying out retiring partners. Our offices offer full range of OMS services, primarily office-based dentoalveolar and implant surgery. Enjoy the proximity to Boston, but with all the benefits of living here – Seacoast, Lakes Region, White Mountains, great schools and the opportunity to enjoy your personal endeavors while taking care of your patients. Our offices are open Monday to Friday with minimal weekend hospital call demands. Base salary and production-based bonus from the start. Benefits include continuing education and board preparation, health insurance and retirement options. If you are ready for a great balance of personal and

professional quality of life, send your CV and a cover letter to [cdermody@specialty1partners.com](mailto:cdermody@specialty1partners.com) or [alacclair@os1partners.com](mailto:alacclair@os1partners.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](mailto:megan@riversideoralsurgery.com).

## 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](mailto:rutner@yahoo.com).

## New Jersey

Central Jersey Oral and Maxillofacial Surgery is seeking a motivated individual to join our progressive and well-respected practice. We are a four-office, five-partner practice in highly desirable central New Jersey, less than an hour from N.Y.C. and just minutes from the Jersey Shore. We practice a full range of oral and maxillofacial surgery with a primary focus on dentoalveolar surgery, implants and associated reconstructive surgery. Our facilities are networked and include I-CAT machines, L-PRF, PRP machines, Piezosurgery unit, lasers, digital impression scans and a digital workflow for treatment planning. We actively provide continuing education for our large referral base consistent with our philosophy of raising the level of dental education in the area we serve. A complete compensation package includes vacations, continuing education, health insurance, and retirement plans are available. This is a very attractive opportunity for an excellent surgeon to utilize all his/her skills. Please contact us at [admin@cjoms.com](mailto:admin@cjoms.com).

## Available Positions

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### New Jersey

Central N.J. solo oral surgery office is looking for a part-time associate to expand and grow together. Procedures will be mostly dentoalveolar surgery. There is no on-call or hospital coverage. Must be a Medicaid provider with IV sedation permit. Contact [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention AAOMS Classified Box A-0118.

### 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 dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to [robert.bodey@mofsnny.com](mailto:robert.bodey@mofsnny.com) or contact Robert Bodey at 347-590-9910.

### New York (Long Island)

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

### New York (Rochester)

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

### New York

Excellent opportunity to join a premier group practice with offices in Long Island. The group practices a full scope of oral and maxillofacial with a major focus on orthognathic surgery, TMJ surgery, reconstructive jaw surgery, craniofacial surgery and alveolar cleft surgery with operating privileges at three major medical centers with OMS residencies. The group is also an active member of three cleft lip and palate teams in the region. Dentoalveolar and implant surgery is also a major component of the in-office activity. The candidate must be a board-certified or board-eligible OMS and be highly motivated to learn and contribute to the intellectual growth of the practice. This position includes a competitive compensation package with many benefits. Send CV/resume to [ddampman@nycoms.com](mailto:ddampman@nycoms.com).

### New York

Busy, modern oral and maxillofacial private practice looking to add a board-eligible/board-certified oral and maxillofacial surgeon for associateship. Our practice is located in the Albany area in beautiful upstate New York. Our area offers a fantastic quality of life and is close to the many mountains and lakes of the Adirondack National Park. We are seeking an individual interested in practicing full-scope oral and maxillofacial surgery with an emphasis on dentoalveolar and implant surgery. Partnership track is available. If interested, please send cover letter and CV to [msmith@greatoakoralsurgery.com](mailto:msmith@greatoakoralsurgery.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](mailto:reza@daytonfacialsurgery.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](mailto: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 three-office, three-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](mailto:helen@akronoralsurgerygroup.com).

### Ohio

Medina Oral Surgeons, a busy, three-office practice, is looking for board-eligible/-certified OMFS associate for full partnership opportunity. Practice emphasis is office based dentoalveolar and implant procedures. Excellent pay/exceptional benefits. Please email CV to: [hazarley@medinaoralsurgeons.com](mailto:hazarley@medinaoralsurgeons.com).

### Oklahoma

Position available for BE/BC oral and maxillofacial surgeon in a private practice for partner-track position. Well-established and respected full-scope ASC-style practice setting with emphasis including dentoalveolar, implant, orthognathic, TMJ, pathology and cosmetic surgeries. Local hospital is a Level III regional medical center with light trauma. Located on the edge of the Midwest prairie, our micropolitan town is a vibrant and expanding community that offers big-town amenities in a small-town family friendly atmosphere. Hunting, fishing, farming, ranching as well as outdoor sports activities abound. For more information, contact [austin.leavitt@omsp.com](mailto:austin.leavitt@omsp.com).

### Ontario, Canada

Private oral/maxillofacial surgery clinic in east Toronto (Ontario, Canada) looking to hire a surgeon. The practice has hospital privileges and regular access to the operating room. Please forward CV to [adam@temfs.com](mailto:adam@temfs.com) or call 647-539-6565 for additional information about this opportunity.

### Ontario, Canada

A full-scope oral surgery practice is seeking a full-time associate leading to partnership. Only 1.5 hours from Toronto. The 407 extension has led to incredible growth and opportunity in this region. Live and work in cottage country. Must be a FRCD(C) or planning on taking the fellowship exams. The price point for membership is of unparalleled value. Please contact [omfspotbo@gmail.com](mailto:omfspotbo@gmail.com) for more information.



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## Oregon

Two-doctor practice needs energetic, patient-focused, personable, board-certified/eligible oral and maxillofacial surgeon to join our busy, well-established practice as 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.

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## Oregon

Our Pacific Northwest-based and dentist-owned multidisciplinary group practice is looking for an experienced oral and maxillofacial surgeon to join our team. Permanente Dental Associates offers professional camaraderie, a comprehensive compensation and benefits package, including a generous employer-funded retirement program and the opportunity to become part-owner in the group. To learn more about the opportunity, please visit PDA-Dental.com or reach out to our recruitment team at pdajobs@kp.org or 503-467-6752.

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## Pennsylvania

Excellent opportunity to join a well-established, highly respected solo practice in Pittsburgh, Pennsylvania. Offering full partnership after one year. Treatment performed in 3,300-square-foot modern facility equipped with CBCT, laser, EMR and a phenomenal staff. Practice full scope of specialty: wisdom teeth and extractions, pathology, PRF, cosmetics and mostly implant reconstruction and placement. Sedations provided by anesthesia group which is optional. Potential to develop own scope of treatment as per level of training. We offer an excellent compensation and benefit package which includes a guaranteed base salary with bonus plan, paid vacation, medical insurance, CE stipend and others. Please send CV or respond to oralsurgmax@gmail.com.

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## Pennsylvania

Solo practitioner looking for an associate to join two-location oral surgery practice in Chester County. Partnership track after one year and full partnership after three years. Base salary plus percentage on collections. For more information, contact classifieds@aaoms.org, attention AAOMS Classified Box A-0309.

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## Tennessee

50,000 patients can't be wrong. That's the number of patient encounters that we have had in the last six months. We are looking for a board-eligible/-certified oral and maxillofacial surgeon to join our four-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 Classified Box A-0628.

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## 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.

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## Texas (Houston)

Excellent opportunity to join a well-established, highly respected practice in metro Houston. Looking for a full-scope OMS who is board-certified or active candidate for certification. Competitive salary and benefits. Email CV to steve28093@gmail.com.

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## Texas (North Houston)

Opportunity with an established and well-respected oral surgery group practice located north of Houston, Texas. We are seeking a board-certified/eligible or recent graduate candidate. The practice consists of seven board-certified oral surgeons who practice the full scope of OMS in six offices. Serving the area for over 40 years, the practice has successfully grown by maintaining long-standing referral relationships and providing excellent care to the patients in our communities. The city and suburbs are experiencing incredible growth and are great places to live and raise a family. Contact our Practice Administrator, Donna Kotsios, at dkotsios@nwoms.net.

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## Virginia

Exciting opportunity available to replace retiring partner at established, well-respected oral surgery practice in beautiful central Virginia. Multi-office, five-doctor practice looking for associate to transition to full partner. Applicants must be board-certified/-active candidates for certification. Seeking applicants who are enthusiastic, motivated, dedicated to exceptional patient care, and committed to continuing strong referral relationships. Emphasis on dentoalveolar/pre-prosthetic surgery, implants, pathology, anesthesia, orthognathic surgery, minimal hospital call. Candidate to start in 2023. For more information, please email resume to: ssummers@cvofs.com or sarahesnow@gmail.com.

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## Virginia

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

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## Wisconsin

Wonderful opportunity to join our multi-doctor, three-office practice in the beautiful Chippewa Valley in west-central Wisconsin. Our recently built, 18-operator 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 two-year associateship track leading to partnership. Immediate placement for the right person is available. If interested, please send cover letter and CV to: sivankovic@omsaacc.com.

## Available Positions

*continued from previous page*

### 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.

### Wisconsin

Our multi-doctor practice established 50 years ago is continually growing and has many current amenities including full-face CBCTs and DAANCE-certified staff. Area communities provide safe, friendly environments, excellent schools, plenty of four-season outdoor activities available, several professional and college sporting events and performing arts venues. We are offering a competitive salary and comprehensive benefit package starting as an associateship leading to an equal partnership. Interested candidates should apply with a CV or resume to: info@omswinebago.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

### British Columbia, Canada

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.

### California (San Francisco Bay area)

Oral and maxillofacial surgery practice for sale in affluent south San Francisco Bay community. Very well-known and respected practice with a 32-year history of providing the highest level of patient care. The practice is in a free-standing, 3,000-square-foot, AAAASF-accredited facility in a prime location. Long-term real estate acquisition possible. Excellent patient and referral base with anesthesia support available from a premier local group affiliation. Please send inquiries to omspractice4sale@gmail.com.

### California

Awesome surgery practice in Fremont, Calif. Four operatories in a large, first-class dental complex. Normal annual receipts in the \$600K to \$800K range with ability to grow. Call Dr. Tim at 530-218-8968 for additional information.

### 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 Classified Box S-0902.

### Colorado

Well-established, busy OMS practice available in Colorado. High-production, low-overhead solo practice with satellite office if desired. Great turn-key real estate available. Very close to a large city, a river, lake and the mountains. Contact larryjacobson@oms-exclusively.com.

## Illinois (Chicago)

Phenomenal legacy OMS practice with the latest CBCT, three surgical treatment rooms. Average collections: \$1,146,000. Loyal referral network, excellent staff. Low overhead. Seller will help transition. Contact Jim Plescia, jplescia@e-ppc.com, 630-890-6074, at Professional Practice Transitions.

## Maryland

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

## Maryland

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

## Maryland (Bowie)

New listing. Outstanding oral surgery practice in seller-owned condo located in business park. Three fully equipped OPs, @1,000 S/F. Condo is for sale. WinOMS software. Strong implant and dentoalveolar practice. PPOs and FFS only. For more information, contact Ellen Dorner at 410-616-2042 or edorner@nltransitions.com.

## Maryland

Well-established 30-year-old solo practice for sale. Montgomery County, Washington, D.C., metropolitan area. Free-standing building, 1,600 square feet, free parking. Long-term competitive lease available. Appraisal available from Collier and Associates. Send email to saleomfs@gmail.com.

## Massachusetts

Solo suburban Boston, well-established practice for sale. Very flexible seller. Good opportunity for expansion or satellite. Owner ready to retire. Please send email to classifieds@aaoms.org attention AAOMS Classified Box S-0104.



## New Hampshire

Well-established, busy OMS practice is available in Keene, N.H. Solo practice in current location for 22 years. General oral surgery, dental implants and orthognathic surgery. Flexible transition. Well located to Boston, Seacoast and the mountains. Email drchenrydds@gmail.com.

## New York (Lower Hudson Valley)

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

## New York

Long-established Westchester County, Ny. solo practice. Two locations with Dexis/Panorex-CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgier, bone grafts, implants, oral pathology/medicine, TMJ and general anesthesia. Willing to stay for smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-0321.

## Ohio

Great opportunity to purchase a practice in Northeast Ohio. Established practice of 27 years. Collections for 2021 were \$1.6 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. Urgent sale. Motivated seller accepting about half of market rate. Available six months to assist in transition. Portland metro practice includes satellite office. Both locations are fully cone beam-equipped, dual-suite offices. Practice enjoys continued growth with healthy referral base and strong stable staff. \$1.3+ million/year. Contact paul@mydentalbroker.com, 866-348-3800.

## Texas (Austin)

Established, unique practice. High gross and net. 50% TMJ and orthognathic surgery. No insurance contracts, no Medicare, no trauma, no weekends. Great opportunity for experienced surgeon desiring to relocate or recent graduate. Owner will stay to transition with superb referral-team network and teach TMJ techniques/management to facilitate success. Plenty of dentoalveolar and implant surgery. Great dental/medical communities and growth potential. Call Jim Robertson at 713-822-5705.

## Virginia

Established OMS practice for over 35 years in the beautiful Shenandoah Valley. Wonderful place to raise a family. Presently a dentoalveolar and implant practice but expanding to full scope could easily be done. Willing to work with buyer for a smooth transition. Contact wcbig@comcast.net.

## Practice Transitions

### Colorado

Oral surgery practice for sale in North Metro Denver, Colo. (# CO 2122). Annual collections are \$1.7M, 3 ops, room to expand. Professional building, office condo for sale with practice. Excellent location. Doctor retiring. Contact ADS Precise Transitions, jed@adsprecise.com or 303-759-8425.

### Nationwide

Large Practice Sales - 855-533-4689. Silent partners Invest in great practices. Your value might shock you. Email: classified@largepracticesales.com or visit LargePracticeSales.com.

## OMS Exclusively-Premier Transition Specialists for Oral Surgeons

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell or buy, transition into retirement, value your practice, restructure your partnership or add an associate/partner? We have over 30 years in transitions, including practice sale experience. We work with residents, experienced surgeons and military. We are not practice brokers, do not charge 10% or sign exclusive agreements. We have buyers/associates, tremendous success. You have seen us at AAOMS/we provide you personalized solutions. Webpage/National Job Board: OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

### Classified Advertising Deadlines

Sept/Oct 2022 issue: July 7, 2022

Nov/Dec 2022 issue: Sept. 7, 2022

Jan/Feb 2023 issue: Nov. 4, 2022

## AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position

(please check all that apply):

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

☐ **AAOMS Box Number requested**

(No additional cost)

☐ **This is a confidential ad.**

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Contact Name \_\_\_\_\_

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

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed Amount \_\_\_\_\_ Check # \_\_\_\_\_

## General Classified Advertising Order Form

Ad type:

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

☐ **AAOMS Box Number requested**

(No additional cost)

☐ **This is a confidential ad.**

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Contact Name \_\_\_\_\_

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

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed Amount \_\_\_\_\_ Check # \_\_\_\_\_

## Mail completed form and check to:

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Or email form to [classifieds@aaoms.org](mailto:classifieds@aaoms.org)

Or fax form to 847-678-6279

Please attach a copy of your ad text  
when returning this form.

## Questions?

Visit [AAOMS.org/classifieds](http://AAOMS.org/classifieds),or email [classifieds@aaoms.org](mailto:classifieds@aaoms.org).

## Classified Advertising Deadlines

Sept/Oct 2022 issue: **July 7, 2022**Nov/Dec 2022 issue: **Sept. 7, 2022**Jan/Feb 2023 issue: **Nov. 4, 2022**



# CAREERLINE

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**888-884-8242.**



# EXPAREL<sup>®</sup>

(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**

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

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

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

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

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

#### **Non-Interchangeability with Other Formulations of Bupivacaine**

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

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

#### **CLINICAL PHARMACOLOGY**

##### **Pharmacokinetics**

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

##### **PATIENT COUNSELING**

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

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

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

**Rx only**

**March 2021**

# IMPROVE PAIN SCORES AND MINIMIZE OPIOIDS AFTER THIRD MOLAR EXTRACTION<sup>1,2</sup>

## A proven and long-lasting approach to non-opioid postsurgical pain management

EXPAREL delivers precise pain control for the critical first few days after surgery

- **Significant reduction in cumulative mean pain scores** at 24, 72, and 96 hours after surgery ( $P < 0.05$ ) in per-protocol patients\*<sup>1</sup>
- **59% fewer prescribed MMEs** compared with the control group (47.1 MME vs 113.8 MME;  $P < 0.0001$ )<sup>†‡2</sup>

MME=morphine milligram equivalent; OMFS=oral and maxillofacial surgery.

\*Results from INNOVATE (Infiltration Trial in Third Molar Extraction Observing the Analgesic Effect of EXPAREL), a phase 3, randomized, double-blind, placebo-controlled, parallel-group study conducted to assess the efficacy, safety, and tolerability of a single administration of EXPAREL in patients undergoing bilateral third molar extraction. Patients were randomized 2:1 to either infiltration with EXPAREL 133 mg/10 mL (n=105) or placebo (n=57) and received opioid rescue medication as needed. Pain intensity was assessed using an 11-point numeric rating scale (0=no pain, 10=worst possible pain) at 15 minutes and 30 minutes, and up to 96 hours after surgery, and immediately before each administration of opioid rescue analgesic medication. Because of numerous protocol violations, after the end of the study, a smaller population of patients who had been treated per protocol was identified for efficacy analysis (EXPAREL, n=59; placebo, n=30).<sup>1</sup>

<sup>†</sup>Results from a retrospective cross-sectional analysis conducted to assess the association between local infiltration with EXPAREL after third molar extraction and postsurgical opioid prescription volume. Study population included patients who received EXPAREL 133 mg/10 mL (n=300) and patients who did not receive EXPAREL (n=300). The primary outcome variable was the number of opioid prescriptions, in MMEs, including both the initial prescription and any subsequent refills.<sup>2</sup>

<sup>‡</sup>The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

### Indication

EXPAREL is indicated for single-dose infiltration in 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](http://www.EXPAREL.com) or call 1-855-793-9727.

**References:** 1. Lieblisch SE, Danesi H. Liposomal bupivacaine use in third molar impaction surgery: INNOVATE Study. *Anesth Prog*. 2017;64(3):127-135. 2. Lieblisch SE, Misiek D, Olczak J, Fleck H, Waterman F. A retrospective cross-sectional study of the effect of liposomal bupivacaine on postoperative opioid prescribing after third molar extraction. *J Oral Maxillofac Surg*. 2021;79(7):1401-1408. 3. Pacira BioSciences. Pacira BioSciences announces FDA acceptance of sNDA for EXPAREL use in pediatric patients [press release]. Pacira website. <https://investor.pacira.com/news-releases/news-release-details/pacira-announces-fda-approval-supplemental-new-drug-0>. Published August 4, 2020. Accessed November 19, 2021.



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The first and only  
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local analgesic for  
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