AAOMS TODAY



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AAOMS TODAY

July / August 2022

Volume 20, Issue 4

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COVER STORY

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A focus on safety

Promoting and sustaining the OMS anesthesia team model

Patient safety is AAOMS's primary concern, and our goal is ensuring practitioners are rigorously trained to administer anesthesia and committed to lifelong learning.

Dr. J. David Johnson Jr., AAOMSPresident

Keeping the **SPECIALTY STRONG** for the Next Generation of OMS.

Only OMSNIC offers OMSGuard,® a liability insurance program dedicated exclusively to the complex practice of oral and maxillofacial surgery. Since OMSNIC is owned by OMS and only insures OMS, we have an understanding of the specialty that other insurance companies can't match.

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ADVOCACY 26

Virtual Day on the Hill successful

OMSs met with members of Congress to discuss issues important to the specialty.

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AAOMS Today: Award-winning AAOMS member magazine





2020: Silver Award for Association Magazine

HealthcareADAWARDS

2022: Gold Award 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





J. David Johnson Jr., DDS **AAOMS** President

There is one prediction I can make with great certainty – what we will be doing in the future as oral and maxillofacial surgeons will be quite different from what we are doing today.

Preserving, promoting

AOMS is a big tent that shelters and sustains a wide diversity of interest and scope of OMS practice. We work closely with our sister organizations, each of which has a different but related mission:

- The Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) supports and elects pro-OMS candidates on the federal level.
- The OMS National Insurance Company (OMSNIC) provides comprehensive medical professional liability insurance coverage designed to protect the unique practice of oral and maxillofacial surgery.
- The American Board of Oral and Maxillofacial Surgery (ABOMS) is the certifying board for the specialty of oral and maxillofacial surgery in the United States and is recognized and approved by the Council on Dental Education of the American Dental Association.
- The OMS Foundation advances the specialty through support of innovative research, advanced education opportunities and academic excellence.

AAOMS is proud to support these sister organizations that provide significant benefits to AAOMS members by protecting and advancing the specialty.

Many AAOMS members also belong to other professional oral and maxillofacial surgery organizations such as the International Association of Oral and Maxillofacial Surgeons (IAOMS) and the American College of Oral and Maxillofacial Surgeons (ACOMS). The mission of the IAOMS is to improve the quality and safety of healthcare worldwide through the advancement of patient care, education and research in oral and maxillofacial surgery. The mission of the ACOMS is to enhance surgical excellence through lifelong education and to promote fellowship amongst oral and maxillofacial surgeons. These are worthy goals.

Another organization that deserves mention as a supporter of the specialty is the Osteo Science Foundation (OSF). The mission of OSF is to advance hard- and soft-tissue regeneration with a focus on Oral and CranioMaxillofacial Surgery with an aim to promote high-quality basic and clinical research as well as education that leads to improved outcomes for patients.

and advancing the OMS specialty

OSF Clinical Science Liaison Myron Tucker recently wrote to me the following: "I believe the collaboration between OSF and AAOMS will go a long way in advancing research that is so needed to keep our specialty on the cutting edge." OSF Board of Directors Chair Mark Wong has told me, "The only thing that the OSF asks of AAOMS is the opportunity to give to the specialty."

One of the best things about serving as AAOMS President is the unique opportunity that is afforded for conversations with colleagues about the past, present and future of oral and maxillofacial surgery. Attending meetings focused on digital transformation, artificial intelligence, robotics, regenerative medicine, tissue engineering, genomics and immunology makes me wish that I was at the beginning of my career. Our specialty is vibrant and exciting.

Future of science, technology

I live in Oak Ridge, Tenn., home of the Oak Ridge National Laboratory (ORNL). ORNL is the Department of Energy's largest science and energy laboratory. With the world's highest flux reactor-based neutron source (the High Flux Isotope Reactor) and the world's most intense pulsed accelerator-based neutron source (the Spallation Neutron Source), ORNL provides neutron scattering capabilities unavailable anywhere else in the world.

Understanding and manipulating neutron scattering is fundamental to the applications used in crystallography, physics, physical chemistry, biophysics and materials research. Other ORNL facilities include the Robotics and Intelligent Systems Program, the Functional Genomics Center, the Center for Nanophase Materials Science, the Advanced Materials Characterization Laboratory, the Additive Manufacturing Center (3D printing) and the Joint Institute for Computational Science.

Living in this environment predisposes one to think about exciting scientific and technological developments in the years to come.

I recently heard fellow OMS Dr. Bryan Bell quote Yogi Berra: "It's tough to make predictions, especially about the future." There is one prediction I can make with great certainty what we will be doing in the future as oral and maxillofacial

surgeons will be guite different from what we are doing today. I attend meetings in cities that offer the distractions of great entertainment and leisure, and I am repeatedly struck by a consistent level of lecture attendance that persists to the very end. This display of intellectual curiosity gives me hope for the future of the specialty.



Over 30 OMSs gathered for the Clinical Trials Methods Course in May.

The AAOMS Clinical Trials Methods Course is a perfect example of intellectual curiosity in action. In May, OMSs and resident surgeons with an interest in research gathered in Rosemont, III., for an instructive program focused on scientific inquiry with a broad overview of research methodology and clinical trial design. Participants had the opportunity to attend breakout sessions focused on the development of research projects that could receive grants from the OMS Foundation and the Osteo Science Foundation. It is exciting to see this process unfold.

Through advocacy, education and research, oral and maxillofacial surgeons must "stay in the game" of contemporary patient care. And we must take ownership of technology so we are drivers of progress rather than its resistant casualties.

We must remain true to the AAOMS mission: "To assure patient access to safe and effective care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members."

sedation technology authentication database

A focus on safety

Promoting and sustaining the

OMS anesthesia team model

conclusion

Research has proven the OMS anesthesia team model is safe. But it is imperative that members of the specialty continue practicing and preparing before procedures, learning from others and striving to sustain its track record of success.

Thirteen speakers shared those strategies and more during AAOMS's third Anesthesia Patient Safety Conference on June 6, held for the first time at the OMS Institute for Education and Innovation in Rosemont, III.

AAOMS President J. David Johnson Jr., DDS, urged attendees to never take the specialty's model of care for granted.

"We believe the ability to provide sedation and anesthesia in an office or ambulatory setting is both a privilege and a profound responsibility," he told the group of nearly 90 attendees. "Patient safety is AAOMS's primary concern, and our goal is ensuring practitioners are rigorously trained to administer anesthesia and committed to lifelong learning."

OMSs have demonstrated through decades of experience and research that the anesthesia team model has provided safe, dependable and high-quality specialty dental care, Dr. Johnson said. A 2021 Journal of Oral and Maxillofacial Surgery study estimated that just 16 adverse events such as migraines or fainting - and zero deaths - occurred out of nearly 18,000 IV sedations administered by the OMS division at the Mayo Clinic. Including five instances of patient combativeness in the 15-year study period, the overall adverse event rate was about 0.1 percent.

JOMS Editor-in-Chief Thomas B. Dodson, DMD, MPH, FACS, compared the current state of patient safety in OMS anesthesia delivery to healthcare's drive to address patient falls. Simple interventions such as safety rails and warning signs may have produced large gains early in the process. But as the number of incidents dwindled, providers needed to invest more time and resources in bedside sitters or video monitors to produce increasingly smaller statistical improvements.

"As we've introduced endotracheal tubes, IV fluids, different types of medications and the OMS team model, safety has sustained over time. But it never quite reaches the level of 100 percent," Dr. Dodson said. "It's going to take a lot of work to produce small gains in safety."

QI projects in the OMS office

Surgeons such as Katherine A. Keeley, DDS, MD, are working to maintain the OMS model's record of safety – executing quality improvement (QI) projects that reach beyond anesthesia. Her office-based private practice changed

continued on next page

Dr. Katherine Keeley challenged peers to view their practices through the eyes of an investigator.





Nearly 90 members of the specialty attended the Anesthesia Patient Safety Conference in Rosemont, Ill.

protocols – placements for maxillary dental implants and pre-operative rinses for non-wisdom teeth extractions – in order to gauge the impact on outcomes.

Dr. Keeley challenged peers to view their own practices through the eyes of an investigator. She said her practice regularly conducts patient satisfaction surveys to unearth areas for improvement while running multiple safety drills each quarter.

"Most of us who have gone into private practice have done so because we didn't have a lot of interest in doing research. But the studies we do in our office are actually kind of fun," Dr. Keeley said. "You're always going around thinking of things that you wish were better or need improvement. You use simple math, draw conclusions and make change as needed."

In addition to an office anesthesia evaluation every five years, her practice also must receive accreditation from a national organization such as The Joint Commission or the Accreditation Association for Ambulatory Health Care (AAAHC).

"I definitely feel accreditation improves the quality of care in the office," Dr. Keeley said. "And most of the increase in quality is a decrease in errors, complications and the avoidance of harm."

Ira Cheifetz, DMD – an AAAHC surveyor and past AAOMS
President – spoke about safety parameters. He shared some

of the most common reasons for deficiencies during OMS office visits and gave attendees tips about areas to target in future quality improvement projects. A few examples included:

- Expiration dates: Medications, reagents, solutions and other supplies with printed expiration dates must be monitored and discarded based on both the manufacturer's guidelines and facility's policies. OMSs can address this deficiency by conducting monthly audits, crafting rules on proper disposal and training staff on the policy.
- Record review: Lab reports, X-ray readings, consultations and other patient information should be reviewed and incorporated into the record in accordance with the organization's policies. Practices should perform regular chart audits and use the data to fuel peer reviews or quality improvement efforts.
- Allergy documentation: OMS staff should consistently record any allergies or sensitivities to drugs or other materials and prominently display this information in clinical records. Corrective actions include determining a single method for documenting this information and training staff on its use.
- Sharps safety: The safe delivery of anesthesia in an office setting requires written policies for utilizing injectables, single-use syringes and needles. Staff should regularly test and inspect equipment



Past AAOMS President Dr. Louis Rafetto's presentation explored the "Nature of Human Error."

according to the manufacturer's directions and keep a record of maintenance activity. Enforcing safe injection practices, conducting risk assessments and implementing a sharps policy are wise, Dr. Cheifetz said.

- Similar medications: Practices should create safeguards to avoid accidentally administering medications that appear or sound similar to other drugs. Those can include storing similar drugs in different locations, affixing containers with "name alert stickers," and listing the brand and generic names on medication records.
- Emergency drills: OMS care providers should regularly conduct drills for fires, natural disasters or patients requiring CPR. They also should use a third party to evaluate this practice and document each
- Quality improvement: As part of accreditation, offices must participate in external benchmarking to compare their performance with similar organizations that adhere to industry best practices. Dr. Cheifetz suggested integrating these QI initiatives into the organization's regular performance-improvement monitoring.
- Peer review: Organizations should maintain a process for routinely peer reviewing all professionally licensed individuals, using the results for granting continued

There's no reason that you should not explore changing how you do things. There may always be a better way.

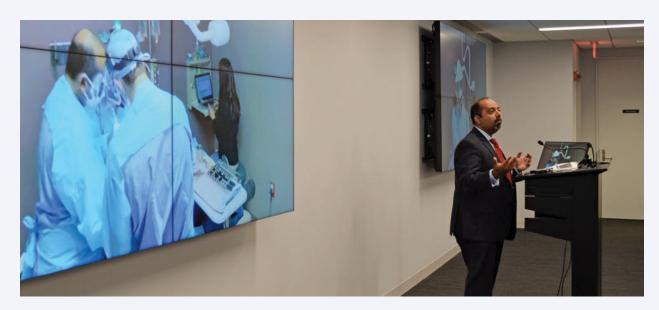
> - Dr. Ira Cheifetz, AAOMS past President

clinical privileges. They should consider integrating reviews into their quality improvement programs and report the results to the governing body.

Dr. Cheifetz – who has been in private OMS practice for 35 years - said teamwork is crucial to addressing these issues and maintaining a culture of safety in the specialty. He urged attendees to assess their organizations and determine whether any of his examples warrant attention. While all do not directly relate to anesthesia, he said most will have some impact on its delivery.

"I would suggest that you go back to your practices, see what kinds of analyses you need to do and decide whether you want to make modifications," he said. "I've always

continued on next page



Dr. Deepak Krishnan, Chair of the Committee on Anesthesia, moderated the event and spoke on equipment safety.

We want to embrace challenge, learn from criticism and be inspired by the success of others.

 Dr. Louis K. Rafetto, Chair, Special Committee on Patient Safety

considered oral and maxillofacial surgery as a changing profession. There is something new every day; it's one of the reasons I went into the specialty. So, there's no reason that you should not explore changing how you do things. There may always be a better way."

Practice, practice, practice

Beyond benchmarking, speakers emphasized the importance of practice and pre-op preparation to further fuel the profession's safety efforts. AAOMS offers a bevy of resources to aid in this regard, Dr. Johnson noted.

Those include the Office Anesthesia Evaluation Program, requiring assessments every five years as a prerequisite for active membership. AAOMS is updating its *Parameters of Care* to reflect current clinical practice guidelines including standards for treating patients who receive office-based

anesthesia. DAANCE, or the Dental Anesthesia Assistants National Certification Examination, is a program for OMS staffers to measure their training in patient evaluation, use of contemporary equipment, procedures and emergency rescue techniques. And the AAOMS National Simulation Program gives surgeons state-of-the-art technology for standardizing their practice drills in addressing airway and crisis management.

"These are vital tools for raising the bar of patient safety," Dr. Johnson said.

Louis K. Rafetto, DMD – a past AAOMS President and current Chair of the Special Committee on Patient Safety and the OMS Foundation – warned peers not to fall into the "curse of perceived competence." Surgeons can sometimes lull themselves into thinking their practice is safe because they've delivered care for many years without an incident, he said.

The specialty and healthcare in general will likely never be able to reach 100 percent safety, he said, in part because of uncontrollable, human factors. But knowing that puts doctors in a "position of humility," Dr. Rafetto said. "Any one of us in the room, no matter how skilled we might be, can experience an adverse outcome."

Practice is one way to prepare for the unexpected. Doing so can reinforce skills and knowledge, clarify roles on the OMS team, pinpoint potential blind spots and enhance pattern recognition to support future performance.

Dr. Rafetto gave examples of four different variations of practice for oral and maxillofacial surgery teams to test:

- Traditional Staffers work through "algorithms of common crisis," rehearsing their roles, identifying shortcomings and building team cohesion.
- Outside experts Bringing an independent third party to observe and provide feedback, helping to identify areas that require improvement.
- Videotaping OMS teams can enhance either of the first two options by recording their work to better analyze what took place.
- Talk it out This method may not prove as effective as interactive drills, Rafetto noted. However, discussing potential safety scenarios lets the team envision future challenges.

"Practice allows us to clarify our team roles and identify the areas where we're not doing things the way we want to and enhance our pattern recognition," he said. "Some people look at challenge as something to be avoided. They don't



Dr. Cynthia Trentacosti Franck, a member of the OMSNIC Board of Directors, shared advice on safely delivering medications.

want to be criticized, and they're threatened by others' success. But that's not productive. We want to embrace challenge, learn from criticism and be inspired by the success of others."

continued on next page

OBEAM key to AAOMS training strategies

As part of its patient safety initiatives, AAOMS is urging members to take part in upcoming offerings of the Office-Based Emergency Airway Management (OBEAM) module.

Part of the National Simulation Program, AAOMS is presenting several sessions of its high-tech training at the Annual Meeting in New Orleans, La. Through OBEAM, OMSs can practice critical techniques for administering anesthesia on manikins without the risk of harming patients.

Experts in the specialty believe it is crucial OMSs use the module to ensure the safest experience for those they serve.

"The incorporation of simulation training will help each AAOMS member refresh and maintain their airway rescue skills, effectively enhancing patient safety," said Deepak Krishnan, DDS, FACS, Chair of the AAOMS Committee on Anesthesia. "The OBEAM course is designed for low-risk training with the intent to deliver high-stake results in office-based airway emergencies."

AAOMS has slated five four-hour sessions of the additionalfee course on Sept. 15, 16 and 17 at the Annual Meeting.



Sessions also are planned on Oct. 8 and 22, Nov. 13 and Dec. 1 at the OMS Institute for Education and Innovation in Rosemont, III., AAOMS's new state-of-the-art facilities.

Through OBEAM's standardization, all attendees participate in the same simulated events, allowing for more objective assessment. The program employs best-practice principles similar to commercial aviation, which uses simulation to train pilots for adverse events. OBEAM is one of three modules in the National Simulation Program, with others covering Office-Based Crisis Management and an online module.

COVER STORY (continued)

Afterward, attendees spoke of the need for training and education as a key takeaway from the Patient Safety Conference.

"You cannot be prepared enough. Complacency is a luxury we don't have. Practice drills in the most real way possible, as much as possible," said Jasjit Dillon MBBS, DDS, FDSRCS, FACS.

"Surgeons don't have coaches," said Deepak Krishnan, DDS, FACS, Chair of the AAOMS Committee on Anesthesia and a moderator and speaker at the conference. "Learning from others' missteps is so powerful."

"Our safety model is very robust, but there's more work to do," Dr. Krishnan added. "It was great to see this much attention around this topic. And it's incredible that our members would take a working day off to come and listen to others talk about patient safety. It tells you how committed we are."

New OAE app launches

AAOMS recently launched a new mobile application to aid OMSs and evaluators in completing Office Anesthesia Evaluations (OAE).

The OAE App – soon-to-be renamed AAOMS
Anesthesia App – is free to download on the Apple and Google stores and is optimized for use on tablet devices. It allows examinees to complete the evaluation of their anesthesia setup from start to finish through a few simple clicks.

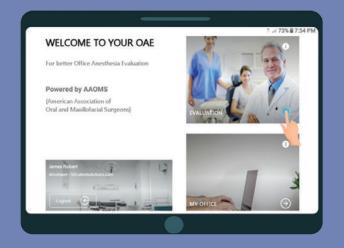
Deepak Krishnan, DDS, FACS, who helped oversee development of the app, said AAOMS hopes the program can simplify what can be a confusing process.

"Fifty states are doing it 50 different ways right now," said Dr. Krishnan, Chair of the AAOMS Committee on Anesthesia.

AAOMS used the Pennsylvania evaluation as a basis for building the program, as they had an all-encompassing set of questions, Dr. Krishnan said. "We took that and distilled it down a little bit."

OMSs can download the OAE App and register themselves and their office for evaluation, filling out information including name, practice and permit details. They also can pre-fill evaluation specifics so that things are ready-to-go when the examiner visits. Results are sent directly to AAOMS from the app, eliminating the need for paper forms, although OMSs can still submit their forms via paper, if that's their preference.

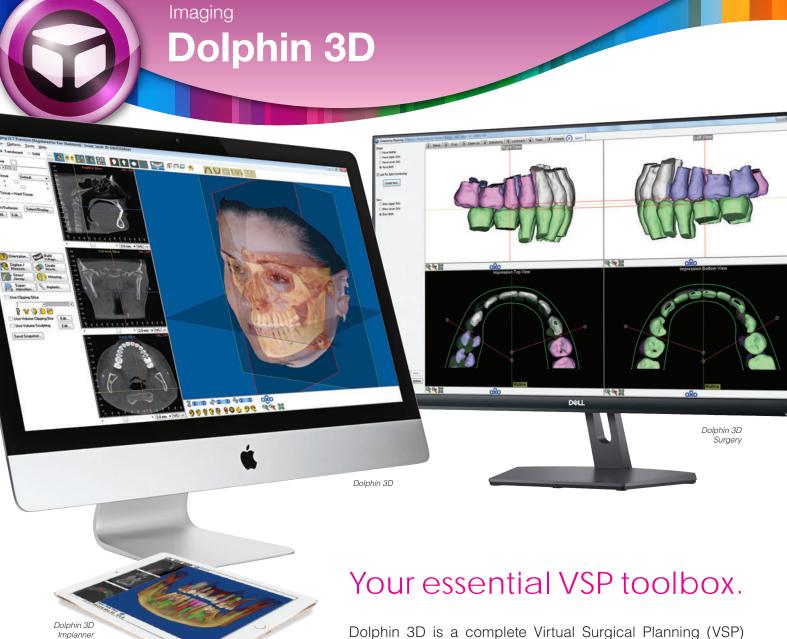
Dr. Krishnan said the app allows for multiple examiners and utilizes GPS location services to ensure the evaluation is occurring in the correct office. It also



requires taking pictures of emergency equipment or charts and uploading sample consent forms. "You cannot just Google one and put it in there. That photograph is linked to the GPS location that you provided," he said.

AAOMS is developing a webinar on how to use the app and learn to become an evaluator. Dr. Krishnan expects the OAE App to continue evolving to include additional components such as mock drill attestations, AAOMS's anesthesia survey and other details.

Disclaimer: While we expect the OAE App will be a valuable tool, OMSs should be mindful that state laws and regulations may continue to compel variations in local requirements. OMSs should check with their state dental board to ensure compliance.



software suite, enabling dental specialists from a wide variety of disciplines to diagnose, plan treatment, document, and present cases. Images are easily oriented and rotated, and tissue density thresholds can be adjusted for detailed views of craniofacial anatomy. Measurements and digitization can be performed in both 3D and traditional 2D. The 3D Surgery add-on module gives you a case planning tool that animates the patient's skeletal and facial changes in real time. For more information, visit www.dolphinimaging.com/3d.



View x-ray images



In-person? Online? Choose an Annual Meeting

ow is the time to make plans for the 2022 AAOMS Annual Meeting being held Sept. 14 to 17 in New Orleans, La. With early-bird discounts expiring at the end of July, review the meeting platform opportunities and secure a spot.

Two types of registration opportunities have been developed to support the needs of attendees:

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

Both registration options include access to:

• 12 clinical tracks – Encompassing the entire OMS scope of practice, each track will provide attendees with the latest research and pearls to support their respective practices. Each track includes a one-hour session presenting "hot-off-the-press" journal articles. Additionally, oral abstracts will be added to the Hot off the Press session before a Q&A session with the speakers to increase the high-level evidence in each track. Eleven of the tracks will include a two-hour plenary session with expert speakers.

- 30-plus practice management sessions Participants can choose from an array of practice management sessions, including navigating office emergencies, communications, marketing, the implant treatment coordinator role, buying and selling an OMS practice, and HIPAA and OSHA compliance.
- 50-plus Master Classes Topics include prosthetic reconstruction challenges, new considerations for pediatric sedation, advanced topics in dentoalveolar surgery and more.
- Team-based education There is also one inperson Team-based session: Combined Orthognathic Surgery and Full Arch Dental Implant Reconstruction with Immediateloaded Prostheses. On-demand sessions will detail how to deal with unhappy cosmetic facial surgery patients and approaches to improve lip and perioral aesthetics.
 - Spotlight sessions OMS experts will discuss the value of volunteering and describe a variety of opportunities to get involved through surgical missions, mentoring, teaching, and service in local and national societies. Meanwhile, the popular

Every Annual Meeting registrant will receive access to on-demand sessions and session recordings until the end of 2022.

	New Orlea with on	Online-only access		
AAOMS	AAOMS member	Allied staff member		
July 2 through July 31	\$895	\$450	\$895	
After July 31 and onsite	\$995	\$500	\$995	
REGISTRATION INCLUDES:			Select sessions may be live-streamed or available later on-demand	
Clinical education sessions		旦		
Practice management sessions		旦		
On-demand course access through Dec. 31		旦		
Faculty Section Educational Program		旦		
Keynote Lecture				
Opening Ceremony, Awards Presentation and Meeting Dedication	entation			
Welcome Reception				
Exhibit Hall		旦		
Industry Symposiums				
Eat, Drink and Be Industry-Educated sessions				
For an additional fee:				
Anesthesia Update preconference	<u> </u>	⊉ □		
Educators Summit preconference	9			
Pediatric Craniomaxillofacial Surgery preconference	些	.		
Office-Based Emergency Airway Management (OBEAM) module	4	.		
Hands-on workshops (6)	<u> </u>	<u>.</u>		
Beyond the Basics Coding Workshop	4			
President's Event	4	<u>.</u>		



experience

How I Do It sessions will offer real-world advice on 3D printing, clinical decision-making in sleep surgery and neck dissection techniques.

- 90-plus days of access to the online platform
 - Attendees can replay sessions for optimal comprehension and convenience.
- Chalmers J. Lyons Memorial Lecture Offered at every AAOMS Annual Meeting since 1952, this year's lecture will focus on Epidemics Past, Present and Future. The presentation will identify patterns between society's response to syphilis and AIDS and explore how history may provide perspective to other epidemics in the future.
- Anesthesia Patient Safety Program: A Review of Closed Claims – Practicing OMSs and an attorney will point to OMSNIC examples to demonstrate patient safety and risk management principles for the administration of office-based anesthesia. The program also will discuss components used in patient selection as well as emergency management planning and preparedness for the OMS practice team.
- Faculty Section Educational Program: Scholarly **Teaching Excellence** – Attendees will discuss selecting the best OMS residency candidate, creating lectures that engage listeners, advances in teaching technology and developing critical thinking skills in residents.
- Disasters from the Masters This three-hour session will focus on Complications and Management in Dentoalveolar and Nerve Repair. Two experts will discuss some of the most common or problematic complications stemming from such procedures. A member of the OMSNIC team will address legal aspects of closed-claim cases, providing attendees with advice for documentation and processing litigations.

Ticketed sessions

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:



104th AAOMS Annual Meeting Scientific Sessions and Exhibition

Volunteerism: Individuals United in Service

Sept. 14 to 17

AAOMS.org/AnnualMeeting

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

Housing information

Special housing rates are available exclusively for AAOMS attendees through Maritz Global Events, the only official housing agent for the AAOMS Annual Meeting. Reservations can be made by visiting AAOMS.org/AMHousing.

Early-bird discounts offered

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

Register by July 31

\$100 off onsite general registration

AAOMS allied staff members and professional staff also are eligible for discounts:

Register by July 31

\$50 off onsite general registration

Additional information and registration are available at AAOMS.org/AnnualMeeting.

continued on next page

2022 AAOMS ANNUAL MEETING (continued)

Preconference

- Anesthesia Update: Practical Considerations in OMS
 Anesthesia The popular preconference program will cover perioperative considerations in the management of patients. Sessions will look at the latest drugs available and new techniques and 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 symposium will discuss the current state of craniofacial surgery. The update will concentrate on team-directed interdisciplinary care, evolution of craniofacial surgery and fellowship training. There will be an overview of nine fellowship programs. This preconference will not be available via live-stream or post-meeting recording.



Scientific posters will be offered both in-person and online with an enhanced virtual presentation.

Annual Meeting will feature more than 150 educational sessions covering 35-plus topics.

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-ofthe-art technology allows for automatic performance
 evaluation and identification of areas that might benefit
 from additional training. Five four-hour sessions of
 this additional-fee course are planned, with additional
 sessions offered at the new OMS Institute of Education
 and Innovation at AAOMS headquarters.
- Rhinoplasty and Lower Facial Cosmetic Surgery
 Cadaveric Workshop This full-day course led by Faisal
 Quereshy, DDS, MD, FACS, will address rhinoplasty for
 both functional and cosmetic correction and lower facial
 cosmetic surgery covering facelifts, facial liposuction
 and platysmaplasty. Participants will practice techniques
 at the LSU Health Sciences Center during interactive
 experiences supervised by experienced course faculty.
- 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.
 Attendees will use their own laptops to learn about open-source software and print using 3D technology.
- **Beyond the Basics Coding Workshop** All OMSs and their coding staff are encouraged to attend this two
 - day workshop, which teaches how to more efficiently run a practice using advanced billing and coding concepts. The workshop will be a ticketed course added to attendees' general registration fee, reducing the cost for those who participate in both the workshop and the Annual Meeting.

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.





- Anesthesia Assistants Skills Lab The lab will provide OMS assistants with hands-on clinical training to aid with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, and 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.

CIG/SIG meetings return, inviting new participants

For the first time since 2019, Clinical and Special Interest Group meetings return to the Annual Meeting. Each CIG/ SIG will convene in the Exhibit Hall during lunch breaks on Thursday and Friday. All AAOMS members are welcome to join a CIG/SIG and participate in the meetings.

CIGs/SIGs have a forum on the AAOMS Connect community, meet once a year in person and contribute toward Annual Meeting track session planning. They offer an opportunity

for engagement within AAOMS. Groups meeting include Anesthesia, Cosmetic, Dental Implants, Global Surgery, Nerve, OSA/Orthognathic, Pathology/Reconstruction, Pediatrics and Cleft, Pre-Doctoral Education, Simulation, TMJ, Trauma, and Women in OMS.

Networking and connecting

From the Keynote Address to the Opening Ceremony, Awards Presentation, Meeting Dedication and Welcome Reception, gatherings will help reconnect colleagues from around the country.

- **Keynote Address** Kevin Brown, creator of The HERO Effect, will discuss this philosophy that separates worldclass organizations and high-performance people from everyone else. Brown is passionate about helping others expand their vision, develop their potential and grow their results.
- Opening Ceremony, Awards Presentation and Meeting Dedication – Dozens of OMS innovators and colleagues will be honored. The Awards Presentation will recognize the 2022 recipients of honors for research, advocacy, education and other areas. Allied organization and alumni events also will unite attendees. The meeting's Welcome Reception will follow the ceremony.

continued on next page

2022 AAOMS ANNUAL MEETING (continued)

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 at The National
WWII Museum. Attendees can 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, entertainment, food and
drinks inspired by New Orleans. Tickets are \$110, or \$130
after July 31.

Exhibit Hall

Available both in-person and online, the Exhibit Hall will showcase the most advanced equipment, products and services for the specialty over two-and-a-half days. More than 150 companies are expected to exhibit.

New this year: be sure to join the reception in the Exhibit Hall from 5 to 6 p.m. on Friday for drinks and appetizers.

The in-person Exhibit Hall will feature extended hours and more unopposed time to allow attendees extra opportunities to engage. The New Product Showcase in the convention center lobby will introduce attendees to emerging products and services.

Education in convention center

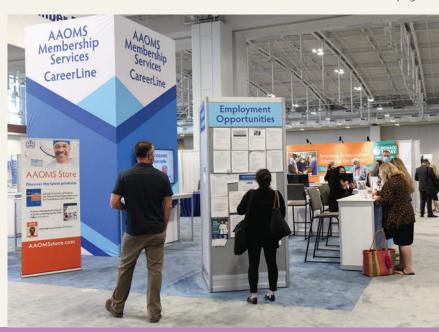
Attendees are invited to several in-person activities at the Ernest N. Morial Convention Center. While there is no additional fee to attend, space is limited:

- Industry Symposiums These seminars and demonstrations will showcase products and services. Presenters will include Snoasis Medical, US Oral Surgery Management and Hiossen Implant.
- Eat, Drink and Be Industry-Educated sessions – Six 45- and 60-minute vendor presentations on the exhibit floor will include food and beverages. Straumann and Beacon Oral Specialists are slated to present.

In addition, the Exhibit Hall features the following booths:

- Member Pavilion The Member Pavilion will provide information on services and organizations that support AAOMS members. Organizations include:
- AAOMS Advocacy Booth 830 will showcase what AAOMS offers in terms of advocating for the specialty to state and federal legislators and regulators.
- AAOMS Anesthesia App Booth 826 will demonstrate the new tablet app for completing anesthesia evaluation (for more information, see page 14).
- AAOMS Store and Membership Services The AAOMS
 Store and the Membership Services booth have been combined as a one-stop shop featuring all the benefits of AAOMS products and membership, including materials from ROAAOMS for residents. Booth 721 also will share how CareerLine assists OMSs with job searches and employee recruitment.
- DAANCE Booth 831 will offer details on the Dental Anesthesia Assistant National Certification Examination, a two-part CE program for OMS assistants.
- IAOMS The international association and its mission to improve the quality and safety of oral healthcare worldwide will be featured at Booth 832.
- OMS Foundation Booth 827 will showcase OMSF's mission and programs and recognize its 2022 contributors. Add your name to our Annual Meeting Donors poster!

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New Orleans Sights and Sounds

Diverse culture, Creole cuisine, outdoor activities and music await in New Orleans. Add these experiences to enhance the AAOMS Annual Meeting trip:

- Experience the birthplace of jazz Take in exhibits at the New Orleans Jazz Museum or catch a 45-minute performance at Preservation Hall or one of the city's many jazz clubs.
- **Learn New Orleans history** Discover the culture and history integral to the story of New Orleans such as Mardi Gras Indians, a unique subculture whose traditions date to the 1800s, along with The Voodoo Museum or the apothecary of the first licensed pharmacist at the Pharmacy Museum. Uncover the often-untold history of craft cocktail culture at the Sazerac House, located on the edge of the historic French Quarter.
- Mingle at the President's Event Enjoy a night out with colleagues at the President's Event, being held on Sept. 16. Appreciate live entertainment while eating, drinking and exploring at The National WWII Museum. Limited tickets are available.
- Embark on a tasting tour Discover cuisine integral to New Orleans culture and history. Classic restaurants include Commander's Palace, Dooky Chase's, Antoine's, Tujague's or Napoleon House. For an expanded tasting experience, book a culinary tour at NewOrleans.com.

- Enjoy nature Go for a stroll through the 1,300acre New Orleans City Park or the Garden District at Audubon Park, The Fly or Palmer Park. Visit one of the top 10 zoos in the country at Audubon Zoo with engaging educational programs and hands-on animal encounters.
- Wander the city Meander through New Orleans' famous Bourbon Street and stop by iconic bars, hear music on every corner or dine at one of the city's oldest restaurants, Galatoire's. Get some shopping done right by the Hilton New Orleans Riverside at the Outlet Collection at Riverwalk, Magazine Street or Royal Street.

Maps available at NewOrleans.com/Plan provide many more ideas.



2022 AAOMS ANNUAL MEETING (continued)

- OMSNIC Representatives at Booth 834 will discuss OMSNIC services and how the company supports the specialty by providing professional liability insurance to OMSs throughout the country.
- OMSPAC Booth 828 will detail how the nonpartisan political action committee works to protect the specialty by helping elect members of Congress who support OMSs, the specialty and patients.
- Treloar & Heisel Inc. Booths 720 and 833 will provide details on financial services available through the company. Representatives also will display educational products available to OMSs.
- AAOMS Advantage Program Booths 101 through 113 and 201 through 213 will display products and services offered by thoroughly reviewed AAOMS Advantage programs to enhance the OMS practice. Ten of these companies are exhibiting in the 2022 Partner aisle and address a variety of needs including practice financing, supply ordering and business efficiency tools. Contributions from these programs help fund a variety of AAOMS programs and activities. Booth 208 will have information on all the programs.
- Professional photos Back by popular demand, complimentary professional headshot photos will be taken at Booth 753. A service available to all Annual Meeting attendees, these photos can be used for networking and practice websites.
- ROAAOMS Booth 835 will provide residents and dental students with information to support their development as future OMS leaders.

The **Virtual Exhibit Hall** will include all the companies in New Orleans and those online-only. Attendees will be able to highlight and "favorite" booths, write notes about exhibitors and easily find products. Exhibitors can be searched by category, company name and more. Online booths will feature brochures, images and weblinks as well as the ability to learn more about the company with social-enabled exhibitor profiles. In addition, the virtual platform will offer attendee-to-attendee and attendee-to-exhibitor matchmaking as well as a face-to-face chat.

Complimentary video recording

Members attending the Annual Meeting will have an opportunity to record their own professional videos Sept. 15 and 16. This complimentary opportunity will be presented



as part of the AAOMS Informational Campaign, which educates the public about the expertise and skills of OMSs. Participants will record two 60-second videos – a personal version for their OMS practice and a second one for the campaign's OMS Experts video series. A limited number of slots are available. Registration must be completed in advance at AAOMS.org/Videos.

Annual Meeting app

Meeting information can be accessed anytime, anywhere on mobile devices through the AAOMS Annual Meeting Mobile App. On a smartphone or tablet, the AAOMS Events App (downloadable at the Apple Store or Google Play) allows users to:

- Develop a personal schedule of sessions and events.
- Complete session evaluations and claim CE credit.
- Find exhibitors using the interactive Exhibit Hall floor plan map.
- Send messages and schedule meetings to connect with colleagues and friends.
- Receive alerts and communications from AAOMS.
 Additional information and instructions are available at AAOMS.org/AnnualMeeting.

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



			THURSDAY, SEP	T. 15								
7:30 a.m.	Pathway 1	Pathway 2	Pathway 3				0th	er sessio	ns			
8 a.m. —	Dental Implant: Hot-off-the-press			Prac								
8:30 a.m.	and Abstract (GP1a)	TMJ Plenary: How to Decide?		management sessions					AAOMS National Simulation			
9 a.m. —	Networking break in Exhibit Hall	A Point-Counterpoint Approach	Cosmetic Surgery Plenary: Profile-Plasty (GP3a)	(PM01, PM02)					Program:	DIE	akfast & Learn (GPT1)	
9:30 a.m. —	D to I I to DI	in TMJ Surgery (GP2a)				Advance		e-based				
10:30 a.m.	Dental Implant Plenary: Managing Complications with	Networking bre	ak in Exhibit Hall			Advance Cardiovase	. 30	nting for ma and	Airway		akfast & Learn	
11 a.m. —	Implants and Teeth (GP1b)				Practice management sessions		ort Imp	olants	Manageme		(GPT2)	
11:30 a.m.		TMJ Track: Hot-off-the-press and Abstract Session (GP2b)	Cosmetic Track: Hot-off-the-press Session (GP3b)				(XHO	2) 🤒	(OBEAM) (XSIM1A)	1A) 🕵 💹		EX.
Noon —	Networking lunch break in Exhibit Hall	Trauma Track: Hot-off-the-press	Ped and Cleft Track: Hot-off-the-	(PM03, PM04)	(varees)					Lunch & Learn (GPT3)		
12:30 p.m. 1 p.m.		and Abstract Session (GP2c)	press and Abstract Session (GP3c)								(0113)	Exhibit Hall open
1:30 p.m.	Pathology Plenary: Current			Down at i and	actice Practice				AAOMS National Simulation		L de C.I	
2 p.m. —	Concepts in the Management of Oral and Maxillofacial Pathology	Networking lun	ch break in Exhibit Hall	rractice mgmt sessions (PM05, PM06, PM08				Session eception	Program		unch & Learn (GPT4)	
2:30 p.m. · · ·	(GP1c)	Trauma Plenary: Trends in Regional			session:			PS1)	Office-Base	d	(=/	
3 p.m.	Networking break in Exhibit Hall	Facial Trauma during the COVID Pandemic: Different Regions, Different Etiplogies, Different	Volunteerism in Oral and Maxillofacial Surgery (GP3d)						Emergency Airway Management (OBEAM) (XSIM1P)		Snack & Learn (GPT5)	
3:30 p.m. 4 p.m.	,											
4:30 p.m.	Pathology Track: Hot-off-the-press and Abstract Session (GP1d)	Management (GP2d)										
5 p.m. —	and Abstract Session (or 10)								(ITIMIICA)			
5:30 p.m.					In	dustry Symp			Industry Symposium (GCF2 and GCF4)			
6 p.m. —— 6:45 p.m.						(GCF1 and GC	F3)					
0.45 p.m.			FRIDAY, SEPT.	16								
	Pathway 1	Pathway 2	Pathway 3				Oth	er sessio	nc			
7a.m	ratiiway i	r attiway 2	ratiiway 3				Oth					
7:30 a.m.	Anesthesia Track: Hot-off-the-							American of Surg Update	eons (SOF1)			
8 a.m. —— 8:30 a.m.	press and Abstract Session (GP4a)		OSA Plenary: Controversies in Contemporary Diagnostic Method of Upper Airway Obstruction in	Pract	ice			opuute		AAOMS Nation	nal	
9 a.m. —	Networking break in Exhibit Hall	Nerve and Reconstruction		management sessions (PM09, PM10)						Simulation Program:	Breakfast &	
9:30 a.m.	,	Plenary (GP5a)	Surgical Management of							ce-Base	Learn (GPT6)	
10 a.m. —			Sleep Apnea (GP6a)				Pediatric		Emerge Airwa			
10:30 a.m. 11 a.m.	Anesthesia Plenary (GP4b)	Networking bre	ak in Exhibit Hall							agemen	Laarm (GDT7)	
11:30 a.m.		Nerve and Recon Track: Hot-off-the-	OSA Track: Hot-off-the-press and				Advanced Life Suppor (PALS)			(OBEAM) (XSIM2A)	1)	lEW!
Noon —	Complimentary attendee lunch	press and Abstract Session (GP5b)	Abstract Session (GP6b)	sessio (PM11, P				. —	IICX)	NZA) 😼	Lunch &	Exhibit H NEW! Reception
12:30 p.m.	in Exhibit Hall	Head & Neck Track: Hot-off-the-	Orthognathic Track: Hot-off-the- press and Abstract Session (GP6c)				(XPALS) 🧐	Schol			Learn (GPT8)	ptior libit
1 p.m. —— 1:30 p.m. —	Dentoalveolar Plenary:	press and Abstract Session (GP5c)	press and Abstract Session (droc	Practice				Teach Excell		S Nation	nal	Exhibit Hall open Reception from 5 to
2 p.m. —	Daily Dentoalveolar Situations	Complimentary attend	lee lunch in Exhibit Hall					Prog	Sin	nulation ogram:	Lunch & Learn (GPT9)	n 5 t
2:30 p.m. · ·	Facing Oral and Maxillofacial Surgeons (GP4c)				mgmt sessions	Anesthesia		(SF		ograiii: ce-Basei	, ,	6
3 p.m. —		Head and Neck Plenary:	Orthognathic Plenary:	(PM13, PM14)	(PM15, PM16)			Rese	a a a a la	ergency	Snack &	p.m.
3:30 p.m. 4 p.m.	Networking break in Exhibit Hall	Contemporary Concepts in the Surgical Management of Head and Neck Cancer (GP5d)	Embracing Diversity in					Open F	OFILM	irway agemen	Learn (GPT10)	
4:30 p.m.	Dentoalveolar Track: Hot-off-the-		Orthognathic Surgery (GP6d)					(\$0	⁽⁰	BEAM)		
5 p.m	press and Abstract Session (GP4d)								(XŠII	Л2Р) 🧐		
5:30 p.m 6 p.m.												
			SATURDAY, SEP	T. <u>17</u>								
7:30 a.m. 8 a.m								Practice				
8:30 a.m.	Beware the Implant Complication	Medication-Related Osteonecrosis		How I Do	It Session	n (SS04)		mgt sessions		I	AOMS National	
9 a.m	Minefield (SS01)	, , , , , , , , , , , , , , , , , , , ,	Prosthetic Reconstruction (\$\$03)					(PM17,			Simulation	
9:30 a.m.	Combined Orthog Surg /Full Arch Dental Implant Reconstruct (SSOS)	Pediatric Head and Neck Reconstruction (SS06)	Management of the Cleft Dental Gap (SS07)	Contemp Approach 1 Derangement of the			Anesthesia	PM18)	Disasters f the Maste		Program: Office-Based	
10 a.m 10:30 a.m.		Networking break	• • •	J		,,	Assistants	Practice	Complicati	ons	Emergency	Ex hi
10:30 a.m 11 a.m.		Networking break	III EATIIDIL ITAII			(Skills Lab XASL02) 🥯	mgt	and Manage in Dentoalv		Airway Management	bit H
11:30 a.m.	Chalmers J. Lyons Lecture: Epidemics	Adult Patient with Dentofacial	Revision Orbital	How I Do	It Session			()	and Nerve Ro		(OBEAM)	Exhibit Hall open
Noon	Past, Present and Future (GS02) Newer Considerations in Pediatric	Deformity (SS09)	Fracture Repair (SS11) How to Cure Mandibular	Multidisciplinary Hea			Combo	PM20)	(SR1)		(XSIM3A) 🤒	Pen
12:30 p.m.	Sedation (SS13)	Moving the Mandible Without a Sagittal Split (SS14)	Osteomyelitis (SS15)		k Team (SS		l and Contemporary N Cleft Lip and Palat					
1 p.m 1:30 p.m.	Anesthesia Patient Safety Program:											
2 p.m.	A Review of Closed Claims (GS03)											
ON-DEMAND SESSIONS (available Sept. 12 to Dec. 31)												
	53 Master Classes		4 Practice management sessions 3 Spotlight Sessions							3 How I Do It courses		
	55 muster clusses	54 Fractice management sessions 5 Spotlight Sessi			ons s team			11 00300 30310113		J HOW I DO IT COURSES		

Leadership conference advises: Be proactive,

A Ithough it wasn't the official theme, the central message at the AAOMS Regional and State Leadership Conference in June was unmistakable: be proactive, not reactive.

Almost 80 regional and state society leaders and executive staff were reminded by speakers and panelists of the importance of building relationships with legislators and state dental associations, tracking legislation, seeking increased OMS representation on Dental Boards, and developing grassroots advocacy messaging and media communication plans.

"I've made this comment for years: The one thing that will impact your practice the quickest is legislation. You can go to bed tonight and have a legislative change, and in the morning you cannot do something you did the day before," said William V. Jordan III, DDS, Chair of the AAOMS Committee on Governmental Affairs. "That's why advocacy is so important. You're much more powerful as an organization than as an individual."

Dr. Jordan was one of more than 20 speakers at the June 4-5 conference in Rosemont, Ill., with a theme of "Making a Difference to Preserve the OMS Practice." Topics included the impact of advocacy on member engagement; anesthesia advocacy; media opportunities and preparation; updates from the OMS Foundation, OMSPAC, OMSNIC and ABOMS; and reports from the AAOMS Executive Director and senior management team. Additionally, all six District Trustees recapped 90-minute breakout sessions they held with their District's attendees.

Legislator relationships

Dr. Jordan emphasized the importance of building relationships with legislators. "Elected officials like to hear from us. They want to hear from their constituents. We need to get involved in every level of government there is."

He advised regional and state society representatives to keep an eye on issues. "How you practice in your state is not necessarily dictated at the federal level, it's going to be at the state level. That's where you need to be," he said.

Building relationships also helps at the federal level. "If you want to understand how hard we have to work to protect our specialty, go to Day on the Hill," Dr. Jordan said. "When you walk down the halls, you see them filled with people from other industries – such as the pork producers, tire makers, automobile dealers and respiratory therapists. When you see they're meeting with the same people we are, you realize what a big pond we swim in and what little fish we are.





Those attending (from left) included California Association of OMS President-Elect Dr. David Cummings, Executive Director Pamela Congdon and VP/Secretary Dr. Ashok Veeranki.

"We have to work that much harder to protect what we do. States can get the word out about Day on the Hill. Get a coalition together and send at least one person from each state," he said. "And if anyone in your state has a relationship with a member of Congress, we can help them. If you don't have a relationship with your congressional representative, develop it! Have them come into your office. Show them what you do. If you want to talk about anesthesia, they need to know what we do and how we do it long before there's an issue. Don't wait until there's already a problem."

Dental Board representation

Robert G. McNeill, DDS, MD, MBA, who serves as a member of the Texas State Board of Dental Examiners, stressed the importance of having OMSs on every state Dental Board.

"The top argument for having an OMS appointed to every Board is because they need someone with deep sedation/general anesthesia training and expertise," he told the group. "I'm one OMS on a Board of 11 people. We currently have 38 OMSs serving on 32 state Dental Boards. Why don't we have one on every Board?"

Dr. McNeill said both relationships and communication are difficult processes. "Get to know the staff at Dental Boards and attend the meetings," he said, adding that it also is important to build relationships with others because, "when things happen, it's nice to have a friend."

prepared





He also urges OMSs to pursue leadership roles within dentistry. "Our colleagues need to be presidents of local and state dental societies. We need ambassadors because we can't do it alone."

AAOMS advocacy resources

The central theme of being proactive was heard again during a presentation on AAOMS advocacy resources. Regional and state society leaders were reminded to:

- Plan today for what they may face tomorrow. Have at least a rudimentary plan in place on how to address issues.
- Work on communicating with members so they are ready to mobilize if an issue arises.
- Find an overview of pending OMS-related state legislation at AAOMS.org/TrackingMap and search by state or issue.
- Use AAOMS's VoterVoice platform for grassroots messaging by drafting a letter to elected officials and asking their members to click on a link to send the letter.
- Apply for AAOMS State Advocacy Grants that are available to financially assist states facing OMS-specific issues such as anesthesia or scope of practice. Visit AAOMS.org/SAG to learn about the grants and apply.

Clockwise from left: AAOMS District IV Trustee Dr. J. David Morrison (left) and CGA Chair Dr. William Jordan; District I Trustee Dr. David Shafer (left) and District V Trustee Dr. Charles Crago; AAOMS President Dr. J. David Johnson Jr. and Vice President Dr. Mark Egbert.



Media communications

The Keynote – Media Anxiety: How to Assess the Opportunity, Prepare and Improve Outcomes – generated much discussion about the pros and cons of granting media interviews. Attendees were urged to establish a communications preparedness process in case the state experiences a crisis that requires an all-handson-deck approach.

Societies should prepare by identifying roles and responsibilities for leadership, anticipating media questions, developing core messages and building out potential scenarios.

"It's also about assessing the media 'ask," said Susan Reilly, president of Reilly Connect, a strategic communications consulting firm. "What is the benefit versus the risk of taking that interview? Do you want to be aligned with this story?

"When media calls, you can always ask for the questions in advance or tell them you are not the best person to answer these questions. And you can always alert AAOMS and ask for help," she said.

AAOMS President J. David Johnson Jr., DDS, encouraged attendees to continue the discussions started at the conference on the new AAOMS Connect group for regional and state society leaders. "Your efforts are important, and we all need to work together to continue to promote and defend this great specialty," he said.

John E. Feeney, DDS – New Jersey State Board of Dentistry Immediate Past President – said the conference was "a gathering of those from across our country who embrace their roles in servitude leadership within our membership-driven Association. "The bottom line, the conference was about shared learning, collective experiences and cumulative wisdom. We learned it's important for us to prepare, rather than react."

OMSs discuss federal priority issues with Congress

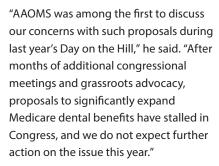
embers set aside time in April to meet virtually with members of Congress, educate them about the specialty and discuss issues important to OMSs as part of the 21st annual Day on the Hill.

More than 80 OMSs attended this year's gathering – including 18 residents and 24 first-time participants – from 29 states and the District of Columbia. They met virtually with 115 congressional offices to discuss health insurance coverage for patients with congenital anomalies, student loan repayment reform, access to oral healthcare, and drug and supply shortages.

During preparatory events, federal lobbyists reviewed key messaging on the issues that attendees would raise during congressional visits. Participants also connected with colleagues from their states and heard remarks from Congressman and physician Larry Buchson (R-Ind.) and U.S. Sen. Jacky Rosen (D-Nev.). In her keynote speech, analyst Amy Walter discussed the political landscape and offered insight on the upcoming midterm congressional elections.

During opening remarks, AAOMS President J. David Johnson Jr., DDS, highlighted the successful impact the previous Day

on the Hill had on the outcome of Medicare dental benefits expansion legislation.



Meanwhile William V. Jordan III, DDS, Chair of the AAOMS Committee on Governmental Affairs, encouraged

attendees to use personal stories during their congressional meetings to highlight the real-world impact of Day on the Hill priority topics.

"Your personal stories are what congressional offices will remember most and may compel them to act on our issues," he said.

ELSA legislation passes House

Kicking off this year's meeting was an immediate legislative victory on one of the Association's priorities. The Ensuring Lasting Smiles Act (H.R. 1916) passed the House April 4 by a

310-110 vote. ELSA, as the bill is commonly referred to, would require health insurers to cover treatment for patients with congenital anomalies.

Many private payers cover initial procedures for congenital craniofacial anomalies, but they frequently deny or delay subsequent care involving orthodontia and implants because the procedures are deemed cosmetic or



Political analyst Amy Walter offered insight on the upcoming midterm congressional elections.



during second virtual Day on the Hill

covered by dental plans. ELSA would ensure all group and individual health plans cover medically necessary services stemming from congenital anomalies, including dental procedures such as orthodontic or prosthodontic support.

Attendees thanked House members who voted in favor of the bill and urged Senators to add their names as supporters (or cosponsors) of the bill. AAOMS will be working with a coalition of more than 40 health professional and patient advocacy organizations to hopefully move the bill through the Senate this year.



Above: Participants from Ohio met with staff from the office of Congressman Jim Jordan (R-Ohio). Below from left: Dr. Douglas Fain met with U.S. Rep. Sharice Davids (D-Kan.) and Legislative Assistant Kate Rohr.



Student loan repayment reform

Participants asked senators to cosponsor the Resident Education Deferred Interest (REDI) Act, an AAOMS-initiated bill that would allow doctors to defer their federal student loans interest-free during residency, saving them tens of thousands of dollars. Sen. Rosen and Sen. John Boozman (R-Ark.) introduced S. 3658, the companion legislation to the House REDI bill (H.R. 4122).

"Healthcare is at a pivotal moment in this country," said Sen. Rosen. "I want to do everything I can to improve access and outcomes for patients and better support providers. Our bill would allow greater opportunities for medical and dental students who chose to provide care in rural and underserved areas, improving access to care for those who need it most."

Access to oral healthcare

With continued congressional interest in ensuring access to oral healthcare among seniors and other underserved populations, AAOMS advocated for two solutions.

The Medicare Medically Necessary Dental Care Act would remove inconsistencies in how the federal payment program covers dental-related treatment for medically compromised patients. H.R. 5110 would do so by including reimbursement for patients requiring any organ transplantation or who are diagnosed with cancer of the head or neck, lymphoma or leukemia. For example, Medicare currently covers an oral exam for patients prior to undergoing a covered kidney transplant, but not the necessary dental treatment prior to the transplant to ensure the success of the procedure. Passage of the Act would guarantee coverage of the latter.

Meanwhile, hospital and ambulatory surgery center (ASC) access for children, adults with special needs and disabilities, and the frail elderly who require extensive dental treatment has been an increasing problem. Coding limitations have prevented hospitals and ASCs from receiving adequate reimbursement for dental procedures that take place in their facilities. During congressional meetings, Day on the Hill participants urged members of Congress to encourage the Centers for Medicare and Medicaid Services to act on this issue.

continued on next page



Drug and supply shortages

OMSs continue to face drug and supply shortages, some of which occurred prior to the COVID-19 pandemic.

Day on the Hill participants asked Congress to prioritize passage of the PREVENT Pandemics Act. S. 3799 includes several AAOMS-supported provisions such as incentivizing manufacturers to produce critical drugs and initiating a congressional study on nonprofits potentially assisting office-based professionals in securing drugs. The bill also would strengthen the national supply chain by encouraging more domestic manufacturing, develop an early notification system for supply shortages and create a process for allocating PPE from the Strategic National Stockpile.

AAOMS strongly supports ensuring OMSs are recognized as essential providers to receive such allocations – at all levels of government - during national shortage periods so emergent cases may continue to receive treatment outside hospital emergency rooms.



Dr. Sarcos

"Day on the Hill was an invaluable opportunity to engage with our country's leadership to promote the interests of practicing oral and maxillofacial surgeons, current OMS residents and our patients," said Patricia Sarcos, DMD, a second-year resident from Texas. "As it was my first attendance, I particularly

enjoyed learning how to make these meetings efficient in a personal manner through observing seasoned practitioners Dr. William Jordan and Dr. Brian Stone interact with staffers of U.S Sens. Ted Cruz and Sen. John Cornyn of Texas."

While AAOMS had hoped to return to Washington this year, the ongoing pandemic and post Jan. 6 security measures would have made in-person congressional visits a challenge. The Board of Trustees opted to pivot this year's Day on the Hill to a virtual meeting given the success of 2021's first-ever online event. "Rest assured, the Board is fully committed to returning to Washington, D.C., again next year," Dr. Johnson said. "I hope you will join us." ■





Congressman Larry Buchson (R-Ind.) and U.S. Sen. Jacky Rosen (D-Nev.) spoke to participants.

2023 Day on the Hill in-person

The 2023 advocacy event is scheduled to take place March 7 to 8 in Washington, D.C.

Interested in learning more about Day on the Hill or other ways to get involved in AAOMS advocacy efforts? Visit AAOMS.org/Action or contact AAOMS staff at 800-822-6637 or advocacy@aaoms.org.





Shortages of drugs and supplies



Access to oral healthcare

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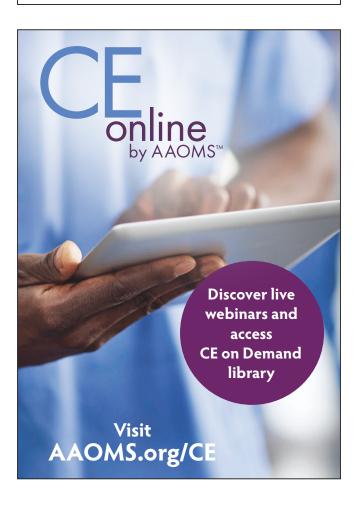
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MRONJ update: Prevention, continuing cancer care

The knowledge base in addressing medication-related osteonecrosis of the jaw (MRONJ) continues to evolve. To help doctors navigate this clinical concern, AAOMS has issued its first updated position paper on the topic in eight years. The 2022 guidelines prioritize prevention of disease and continued oncologic treatment necessary to maintain quality of life and support continued bone health.



MRONJ was first described in the early 2000s as bisphosphonate-related osteonecrosis of the jaw (BRONJ). Since then, AAOMS has developed and revised guidelines for management in 2007, 2009 and 2014. MRONJ is defined as a condition that may occur when a patient without a prior history of radiotherapy has been exposed to antiresorptive or other pharmacologic therapy and develops exposed bone – or bone that can be probed through an intraoral or extraoral fistula(e) – that has persisted for longer than eight weeks.

Bisphosphonates and RANKL inhibitors are antiresorptive medications commonly used to prevent cancer-related complications, including skeletal events such as hypercalcemia of malignancy, spinal cord compression and pathologic fractures of bones with metastatic disease. These medications have a positive effect on the quality of life for patients with metastatic cancer. They also are used in patients with osteoporosis to prevent skeletal fragility fractures.

AAOMS's staging of BRONJ was introduced in 2009 and revised with a nomenclature change to MRONJ in 2014. The 2022 update does not change the staging system – which has been adopted by several other professional bodies for describing the condition – based on clinical and radiographic findings.

Stage 0 (nonexposed bone variant): No necrotic bone exposure and patients may have symptoms such as loose teeth or pain. Radiographic findings may show some signs of increasing bone density (sclerosis). It is estimated that 50 percent of patients with Stage 0 disease will progress to more advanced stages.

Stage 1: Exposed and necrotic bone in patients who are symptomatic with no evidence of infection and inflammation.

Radiographic features exist as in Stage 0, localized to the alveolar bone region.

Stage 2: Exposed and necrotic bone in patients who are symptomatic with the presence of infection and inflammation. Radiographic features remain localized to the alveolar bone.

Stage 3: Exposed and necrotic bone with progressive infection and inflammation that result in one or more of the following: exposed necrotic bone extending beyond the alveolus, pathologic fracture, extraoral fistula or antral and nasal communication, or radiographic evidence of bone changes to the inferior border of the mandible or sinus floor.

It is important to understand that patients at risk for or with MRONJ also can present with other clinical conditions that can look like MRONJ. Commonly misdiagnosed conditions may include alveolar osteitis, sinusitis, gingivitis and periodontitis. Therefore, it is important for patients to undergo a detailed clinical and radiographic examination by an experienced oral healthcare practitioner to diagnose MRONJ. Inflammatory ailments such as periodontal disease seem to be associated with a higher incidence of developing MRONJ.

There also are several other local, potentially predisposing factors such as tooth removal, dentoalveolar operations and preexisting inflammatory conditions. Other contributing concerns such as corticosteroid and tobacco use also may increase risk. The danger of developing MRONJ is higher in patients who have received antiresorptive medications for metastatic malignant disease compared to those receiving such drugs for osteoporosis.

The 2022 guidelines have evolved to prioritize prevention and continued oncologic treatment necessary to maintain quality of life and support continued bone health. Non-operative and operative therapy algorithms based on shared decision-making with patients, their families and their healthcare providers are offered. Operative management of MRONJ is now considered a viable method of treatment in patients who have not responded to conservative treatment. These surgical procedures involve the removal of necrotic bone until viable bone is encountered. The concept of a drug holiday remains controversial, and further research is required to determine if this is beneficial or harmful to patients.

Quality of life is typically managed with patient education, pain control, infection prevention measures, and use of non-operative or operative therapy to prevent disease progression.

The complete position paper is available at AAOMS.org/JOMS in the May issue. \blacksquare











Committee on Governmental Affairs works to

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.

he AAOMS Committee on Governmental Affairs (CGA) oversees the Association's state and federal government affairs efforts. Its duties include monitoring relevant legislation and regulation impacting the specialty as well as working with the AAOMS Board of Trustees and other committees – such as the Committee on Healthcare Policy,

Dr. Jordan



Dr. Miller

Coding and Reimbursement

– to set and carry out the

Association's advocacy agenda.

The committee also coordinates and hosts two premier advocacy events for the Association: Day on the Hill and State Advocates Forum. Day on the Hill was established to encourage OMSs to advocate for the specialty at the federal level - giving members the opportunity to speak directly with lawmakers. Approximately 80 members participated in the 2022 meeting. The State Advocates Forum is the Association's annual lobbyist conference, an event designed to share information among states to support the goals of organized oral and maxillofacial

surgery. More than 60 advocates from around the country participated in the 2021 virtual forum.

The CGA serves in a liaison capacity with component societies regarding state legislative and regulatory issues affecting the specialty. It also partners with the OMSPAC Board to encourage participation in the Association's grassroots advocacy program.

The CGA encourages members to use AAOMS advocacy platforms. The OMS Action Network (AAOMS.org/Action) allows members multiple avenues to engage in advocacy and reach out to their members of Congress. During the early phases of the COVID-19 pandemic, more than 20 percent of AAOMS members sent 10,000-plus letters to Congress via the OMS Action Network's Voter Voice platform, expressing their needs as essential providers to receive PPE, financial relief and recognition. Through MyStory (AAOMS.org/MyStory), members can share their own personal stories about how AAOMS's key legislative priorities affect them, their patients and their communities.

To show its appreciation, the CGA established a challenge coin (AAOMS.org/Challenge), which recognizes OMSs who have made significant advocacy contributions on behalf of the Association. Recipients are nominated by the CGA and state OMS societies for consideration.

The committee oversees the State Advocates Grant Program (AAOMS.org/SAG), an endeavor to financially assist states as they defend against or promote significant issues affecting the specialty, such as anesthesia challenges or scope of



Advocacy campaigns are accessible on the free VoterVoice app.



increase AAOMS's visibility in Washington

practice battles. To date, more than \$265,000 has been distributed as a part of this program.

CGA Chair Dr. William V. Jordan III and Dr. Patricia E. Miller, District I representative, shared their thoughts on the committee.

What do you consider the committee's major achievements?

A Dr. Jordan: I feel that the CGA's major achievement is perseverance. Anyone who understands advocacy understands perseverance. Advocacy is a marathon not a sprint, and consistency in messaging and perseverance is the key to success.

A Dr. Miller: The committee has worked tirelessly to increase AAOMS's visibility in Washington by bringing relevant issues to the forefront and writing letters to support bills that impact OMSs. Below are some of the bills that have passed and some that are being considered:

- The Competitive Health Insurance Reform Act, which was signed into law in 2021, amends the McCarran-Ferguson Act of 1945 to remove the federal antitrust exemption for health and dental insurers.
- The Consolidated Appropriations Act signed into law in 2020 - includes several COVID-19 relief provisions, surprise billing protections and a reprieve on Medicare provider cuts.
- The repeal of the Medical Device Tax in 2019 removed a costly tax that was passed down from medical device companies to providers and patients.
- The Resident Education Deferred Interest (REDI) Act and Ensuring Lasting Smiles Act (ELSA) remain active in Congress. The REDI Act was introduced in the Senate for the first time in February, while ELSA passed the House in April. The REDI Act is an AAOMS-led student debt relief bill that would allow physicians and dentists interest free deferment on their student loans while serving in internships and residency programs. ELSA would correct inequities in healthcare insurance coverage for patients with craniofacial/congenital anomalies.
- There also is support from the committee to address access to oral healthcare, drug and supply shortages and reduce prescription drug abuse.



Above: Members of the Committee on Governmental Affairs meet with staff of Congresswoman Lisa Blunt Rochester (D-Del.) during their January 2019 visit in Washington, D.C. Right: To show appreciation to its members, the CGA established a challenge coin, which recognizes OMSs who have made significant advocacy contributions on behalf of AAOMS.



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

A Dr. Jordan: The CGA is a busy committee with several responsibilities. Advocacy and setting our legislative priorities is one of the main responsibilities. However, composing, reviewing and commenting on white papers also is one of the biggest responsibilities we have. The ability to help shape and relay pertinent information to our membership is very satisfying.

A Dr. Miller: The CGA monitors key federal and state legislative and regulatory issues and makes recommendations to the AAOMS Board of Trustees on how to proceed. The committee works closely with the Committee on Healthcare Policy, Coding and Reimbursement, the ADA and other dental and medical organization on common healthcare policy initiatives. The committee also liaisons closely with OMSPAC and encourages members to participate in Day on the Hill.

continued on next page



Q Why did you initially join this committee?

A Dr. Jordan: Initially, I joined the committee at the behest of Dr. Doug Fain, AAOMS President at the time, but largely in part to my involvement in state and local advocacy efforts.

A **Dr. Miller:** For several years, I was going to Washington, D.C., for Day on the Hill and saw the impact and influence that can be achieved by uniting OMSs. By joining the committee, I have learned valuable lessons about the political and policymaking procedures in Washington and the effect they have on the specialty and my patients. It has been a pleasure and a privilege to serve on this committee as it gives one a sense of purpose, community and satisfaction in working for fairness and to overturn inequities affecting and impacting OMSs.

I have learned valuable lessons about the political and policymaking procedures in Washington and the effect they have on the specialty and my patients.

Dr. Patricia E. Miller, District I representative

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

A Dr. Jordan: The CGA has a unique and very important role in the specialty of OMS and our membership. Yes, we develop legislative priorities and advocate on behalf of our patients and membership. Most importantly, we maintain a presence in Washington, D.C., which is invaluable. Legislative issues can take years to push through, but developing relationships with legislators and understanding how Congress works is the real value of the committee. When issues such as pay parity and Medicare



Members of the CGA meet with Congresswoman Suzan DelBene (D-Wash.) (fifth from the left) during their 2019 visit in Washington, D.C.

dental coverage come to the forefront, it is not the time to develop those relationships; it is the time to utilize those relationships. When the hurricane comes, you have to be prepared before and not try to board up your windows with force winds and rain whipping around you.

A **Dr. Miller:** The CGA has supported and assisted in the passage of several bills that have affected the dental and medical communities. Issues involving Medicare dental benefits expansion, access to oral healthcare, student loan reform and coverage for congenital anomalies are still active.

Why should an AAOMS member consider joining a committee?

A **Dr. Jordan:** Any AAOMS member should consider joining a committee to be involved with solutions and not just complain nothing is being done. AAOMS committees give the opportunity to develop a deeper understanding of our specialty and contribute to something greater than just oneself.

A Dr. Miller: We all have an obligation and a responsibility to advocate for our specialty and our patients. For our specialty to remain viable in the healthcare community, we must have a presence. With the involvement of more members, our message will be stronger and more impactful. I encourage all AAOMS members to join a committee and use their voices to achieve more for our specialty and its patients.

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1. Frost HM: The Regional Acceleratory Phenomenon: a Review, Henry Ford Hosp Med J 1983;31(1):3-9.





Committee on Membership: Recruitment and

he duties and responsibilities of the Committee on Membership (CM) include:

- Conducting reviews of the professional and ethical qualifications of each candidate for all classifications of membership.
- Monitoring and making determinations on requests for dues modifications, resignations, retirements and life memberships where appropriate, using the developed CM Guidelines.
- Collaborating with other committees to provide support for membership qualifications and in investigating new programs and services to expand member benefits.
- Identifying ways to improve recruitment and retention of members.



Dr. Keeley



Dr. Stewart

Committee Chair Dr. Katherine Keeley and member Dr. Heath Stewart Jr. shared their thoughts about the committee.

Q What do you want the average AAOMS member to know about the committee and its responsibilities?

A Dr. Keeley: We evaluate qualifications and approve people applying for AAOMS membership and those moving within different membership categories. We meet virtually three times per year for meetings that last from one to two and a half hours. Much of our meetings are taken up by evaluating dues waiver and reduction requests, and it is a big challenge to apply

criteria consistently. Unlike other virtual meetings, I found out from the start that everyone's input was sought out and valued. There were no opportunities to get distracted. In addition, our input is gathered regarding every aspect of the membership process, including what questions are asked on the applications and what language is used in our bylaws. We also are asked to brainstorm and give input on issues regarding recruitment and retention of members, including the Resident Organization of the AAOMS, the annual Career



The Committee on Membership provides a report annually to the House of Delegates.

Fair and gifts to mark landmark years of membership in the Association. Almost every policy in AAOMS touches membership in some way.

A **Dr. Stewart:** We try extremely hard to review all member requests for special needs and want the membership to know that the entire committee puts both the membership and AAOMS as the highest priority.

What do you consider to be the committee's major achievements?

A Dr. Keeley: We made changes to the Dues Waiver and Dues Reduction Request forms to better clarify the information. We also took steps to shorten the time a member could ask for a waiver to bring the requests earlier in the fiscal year so they could be more easily adjudicated before the Annual Meeting.

A **Dr. Stewart:** I know that recent changes in Life Fellowship/Life Membership have created some anxiety among Life Members, but I believe the CM acted in the best interest of the membership and AAOMS. This was not taken lightly, but I believe that the committee acted with both compassion and wisdom.

Q How significant has the committee's impact been for the membership/specialty?

A **Dr. Keeley:** Very significant. We are asked to weigh in on some of the biggest questions being brought before the specialty and Board of Trustees. Frequently, the committee's stand is adopted by the House of Delegates and/or Board of Trustees. A recent example is when we were tasked



retention

with answering the question of whether the definition of retired status should change. We are constantly reminded how much AAOMS values the work we are doing. This makes the hours spent even more worthwhile.

A **Dr. Stewart:** The ability of a member to have their concerns addressed by a committee of their peers is an essential part of having an active and productive organization.

Q Why did you initially join the Committee on Membership?

A Dr. Keeley: AAOMS does so much for our specialty, so I always knew I wanted to be involved in an AAOMS committee. Membership is the lifeblood of an organization, and I saw the breadth of what this committee does from my time spent in the House of Delegates. I noticed the number of issues that were referred to the Committee on Membership for review and that the CM was the only committee to give an annual report at the House of Delegates. For these reasons and others, I was excited when given a chance to join the Committee on Membership.

A Dr. Stewart: I wanted to join the membership committee because I feel this is the very heart of our organization. Without an active, fully participating membership, we could not be the primary driving positive force in our specialty that we are.

Q Why should an AAOMS member consider joining a committee?

A Dr. Keeley: The daily grind of OMS clinical practice can be monotonous and isolating. By being on a committee, you not only learn of all the services AAOMS provides but also you get ideas on how to enhance your professional life by networking with others. It's great to share stories and meet new people. You also have a chance to give input while working with others in the advancement of our specialty.

A Dr. Stewart: I believe every member should seek to be an active participant in their organization and one of the best ways to do this is to join a committee.





ROAAOMS Executive Committee bolsters

he Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS) was established in 1994 to provide OMSs-in-training a forum to discuss resident issues, to familiarize residents with organized dentistry and medicine, and to support residents



Dr. Weyh



Dr. Morgan

in their development as future leaders of the specialty. Since then, ROAAOMS has made significant progress: earning voting privileges in the House of Delegates, representation on most standing committees and developing a dedicated reference guide for residents in the specialty.

The ROAAOMS Executive Committee is comprised of 12 individuals who implement a strategic plan that follows the organization's vision, purpose and mission.

ROAAOMS President Dr.
Ashleigh M. Weyh and
Immediate Past President Dr.
Scott Morgan shared their
thoughts about the ROAAOMS
Executive Committee.

What do you consider the committee's major achievements?

A Dr. Weyh: ROAAOMS has always been successful in creating educational and networking opportunities for residents as well as advocating for special issues that impact the future of the specialty. Recently, ROAAOMS has had a focus on mentorship and has successfully created two such programs for dental students to bring underrepresented groups into our specialty. Both have been successful and look like they will continue to be for many years.

A **Dr. Morgan:** Since its inception, ROAAOMS Executive Committee has represented OMS residents across the country. During this time, there have been many achievements that enrich the resident experience and increase the residents' voice within the larger Association. These include the addition of two resident seats with voting privileges within the AAOMS

House of Delegates, resident representation on many AAOMS committees and a new relationship with *JOMS*. With the latter, residents are now helping to curate content and increase involvement within the *Journal*. ROAAOMS also has directed a lecture series at the Annual Meeting, including collaboration with OMSNIC to present closed-claim cases and discussion with experts in their fields. Most recently, a team of dedicated residents within our committee has developed a successful mentorship program for women in OMS over the last several years, and we are now expanding the initiative to encompass underrepresented minorities.

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

A Dr. Weyh: ROAAOMS is responsible for representing resident concerns and interests for our larger organization. We focus on education, advocacy, recruitment and wellness. All residents are members of ROAAOMS and should take advantage of as many opportunities as possible while in residency. I also think engaging with ROAAOMS is a great steppingstone to becoming involved with AAOMS after graduation, as one is more familiar with the organization and is much more integrated in its network.

A Dr. Morgan: The ROAAOMS Executive Committee consists of six district representatives, three committee liaisons and the leadership of Vice President, President and the Immediate Past President. The district representatives work directly with the program liaisons, who are designated resident contacts at every program across the country. This allows the committee to remain in close communication with the residency programs, hear concerns and organize events. Specifically, this includes visits to dental schools to speak with prospective pre-doctoral students about our specialty, the application and interview process, and share our insight regarding choosing oral and maxillofacial surgery as a career. A key aspect of our role is outreach to ensure we are attracting the best and brightest graduating students and to keep OMS the most competitive dental specialty. The liaisons serve on several AAOMS committees each and provide a unique and valuable resident perspective.

Why did you initially join this committee?

A **Dr. Weyh:** I joined during my postgraduate Year 2 as a district representative. I then served one year as a committee liaison, then VP and now President.



residents' role in Association

A Dr. Morgan: I began my journey in ROAAOMS as the liaison for my program during my second year of residency. This introduced me to the structure and purpose of the Resident Organization and prompted me to run for district representative the following year. I have long been interested in leadership roles, and I viewed ROAAOMS as the best organization for me to get involved as a resident and seek such opportunities. I progressed to become a committee liaison and had the opportunity to be involved with the Committee on Healthcare Policy, Coding and Reimbursement and the Committee on Public and Professional Communications during that year. I further gained more committee experience during my time as Vice President and President

of ROAAOMS, including the Committee on Government Affairs, OMSPAC, Committee on Membership and the OMS Foundation. I am grateful for my opportunity to be involved in ROAAOMS. It has allowed me to stay active within AAOMS early in my career and has introduced me to a network of motivated young surgeons and established leaders in the specialty.

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

A Dr. Weyh: I think ROAAOMS succeeds at always keeping resident issues at the forefront of our agenda. The Executive Committee is always thinking about what we can do to improve life for residents through educational opportunities, scholarships, networking and advocacy to protect the future of the specialty.

A Dr. Morgan: ROAAOMS's impact on the resident membership of AAOMS is far-reaching, and some important initiatives were previously mentioned. Perhaps the less recognized impact is on general membership and the specialty as a whole. As the future of oral and maxillofacial surgery, it is important for residents to get involved in the Association early, utilize their perspective to help shape the direction of the specialty, and act as the liaison between prospective dental students and OMSs. During the Annual Meeting, ROAAOMS hosts the successful lecture series



The ROAAOMS Executive Committee's 2021 Disasters from the Masters series focused on dental implant complications and management.

Disasters from the Masters, featuring expert lecturers who explore managing complications in topics such as anesthesia, dental implants, cosmetics and orthognathic surgery. Though organized by ROAAOMS, this series is beneficial to the entire membership, and I encourage others to join our lectures in New Orleans. These presentations coincide with our collaborative, closed-claim discussion with OMSNIC, looking at real cases, assessing how complications were handled, learning points regarding management, and evaluating the claim and its outcome.

Why should an AAOMS member consider joining a committee?

A Dr. Weyh: I joined because I think it is always better to be in the room when we are deciding topics pertaining to the future of our specialty. Being on a committee also has given me invaluable networking opportunities during the most formative stages of my career.

A Dr. Morgan: Being on an AAOMS committee has been a very rewarding experience for me, and I would recommend all members consider being involved in a committee at some point in their careers. It is an opportunity to participate in the Association at a higher level, work with fellow surgeons of different backgrounds from across the country and give back to AAOMS. Volunteering my time and talent to better the Association, for me personally, is the most rewarding aspect.

SCORE for OMS: Improving surgical education

urgical Council on Resident Education (SCORE) for OMS, a learning management system for residency programs, is now available via the SCORE portal at SurgicalCore.org.

SCORE was designed to improve the education of surgical trainees through a standardized, peer-reviewed curriculum. For residency programs, the AAOMS Committee on

Education and Training and the OMS Faculty Section have developed OMS-specific content, including about 90 modules, 210 peer-reviewed self-assessment questions and access to Dr. Raymond Fonseca's three-volume Oral and Maxillofacial Surgery textbook.

Here is what program directors are saying about SCORE for OMS:



Victor L. Nannini, DDS, FACS Program Director, Oral and Maxillofacial Surgery, Nassau **University Medical Center**

"As an OMS program, there are many advantages to utilizing SCORE. The most obvious is that it brings an outline and uniformity to our educational goals. The program director can establish a topic, assign it to the residents with appropriate resources, and provide a time deadline for group discussion. You are able to track the resident's progress in utilization of the topic as well.

"Unlike our current curriculum, SCORE provides a wide breadth of topics in all specialties of medicine, which facilitates independent study that can further promote additional discussions. There are significant parallels to the OMSITE and qualifying exams, which is beneficial to our future practitioners. We have been utilizing SCORE since November 2021 and are still finding new and innovative ways to expand our implementation of the product. I highly recommend SCORE for all of our OMS programs.

"Let me applaud all the members of the Committee on Education and Training, AAOMS staff and all of those involved in generating this fabulous program. Their incredible work efforts are clearly evident in the final product."

"The Yale Oral Maxillofacial Surgery Training Program recently integrated SCORE for OMS after hearing an informative talk at the 2021 AAOMS Annual Meeting faculty session. Our residents have full access to OMS-specific and other modules that will help during off-service rotations.

"'Assignments' have been created for our residents; they review modules and partake in self-study using the 200-plus OMS 'board-style' questions at their leisure. We've integrated some of the modules and questions into our monthly 'board review' conference.

"The platform is easy to use and comprehensive. Although we've integrated SCORE, we've only scratched the surface in terms of how we can best incorporate this learning tool into our training program. I am looking forward to future workshops and discussion from other program directors as to how to best integrate and augment SCORE into OMS training."



Michael P. Johnson, DMD, FACS Program Director, Oral and Maxillofacial Surgery Associate Chief, Dental Services, Yale New Haven Hospital

SCORE for OMS subscriptions

To sign up for SCORE for OMS, visit SurgicalCore.org and click on subscriptions. SCORE program subscriptions include a \$500 annual license fee plus a \$175 per-trainee fee. The annual license fee includes one program director user account, one program coordinator user account and five accounts for faculty or additional administrative personnel. In addition to the OMS content, users have access to more than 700 modules, 12 leading textbooks and hundreds of surgical videos.

Training programs can request access to a complimentary trial for 30 days.



Benefits of SCORE for OMS

Residents can use the portal to:

- Prepare for operative cases, weekly conferences and other events.
- Improve knowledge about patient care.
- Learn about topics not emphasized in current curriculum.
- Build a personal self-study/learning plan.
- Study for the OMSITE exam.

Programs can use the portal to:

- Assign modules or other SCORE resources in preparation for weekly conferences.
- · Use resources to cover conditions or procedures not typically seen at the institution.
- Incorporate materials from the website into presentations and face-to-face teaching.
- Use the open-ended discussion questions as the basis for discussion in group teaching sessions/rounds.
- Create rotation-based curricula through This Week in SCORE or with other related resources.
- View reports on residents' progress by category, module, PGY level or resident.

Both the OMS Foundation and ABOMS have supported SCORE for OMS. The OMS Foundation offered financial assistance (50 percent off the \$500 license fee) to OMS programs who applied by June 1 for enrollment in SCORE beginning July 1. ■



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AAOMS2022DA





Participants design research study projects, learn

spiring OMS researchers convened at AAOMS headquarters this spring to learn clinical trial best practices from thought leaders in the specialty.

At the Clinical Trials Methods Course – held May 4 to 6 in Rosemont, III. – participants learned the ins and outs of research and broke into small groups, each to start a research project under the



guidance of experienced faculty. Organizers encouraged participants to continue working on their research projects following the course's conclusion.

"We want to thrive as a specialty. We want to attract the best and the brightest. We want to provide the best care, and we want to lead and innovate advances in care," said Sean Edwards, MD, DDS, course co-director and Associate Professor at the University of Michigan in Ann Arbor, Mich. "Conducting high-level, high-quality research is critical to achieving all those goals."

Since 2008, the course has gathered residents, fellows, faculty and private practitioners to learn about clinical trial design with a focus on Phase III studies. Former participants have gone on to turn their course projects into funded and published studies.

Thirty-two OMSs – including 14 residents – heard speakers address topics such as data management, patient selection, hypothesis testing and statistical concepts.

> "I wanted to know more about research, specifically what developing a clinical trial entails. I think we are all equipped with basic knowledge, but I know this program is essential in offering insight on how to develop a

protocol," said attendee Flora Sarmiento, DMD, MS. Dr. Sarmiento is the ROAAOMS District II Representative and a resident at Howard University Hospital in Washington, D.C. "This program did exactly that; it provided instruction from experts in each aspect of the methodology,"

The participants met in four small groups prior to the course to share initial research project ideas. At the course, they developed studies on the topics of craniofacial trauma/ orthognathic/facial deformities, dentoalveolar/anesthesia, pathology/reconstruction and TMD/facial pain.

"Where I'm at in my career as an attending, this is a great opportunity for me to learn how to perform meaningful research and put a clinical trial together," said course attendee Hether Khosa, DDS, from the University of Cincinnati in Cincinnati, Ohio. "Coming here, the idea was to seek inspiration and motivation and pick up the tools that are necessary for doing research. I think I'll leave more wellequipped than when I came in."









about clinical trial best practices

Winning project selected

Groups defended their ideas on the final day of the course, with attendees voting on the best research project. The winning group was craniofacial trauma/orthognathic/facial deformities and its study, "BVAC-bone volume for alveolar cleft grafting." The proposal aims to compare the use of moldable cellular bone matrix to anterior iliac crest bone graft in the reconstruction of alveolar clefts in children with unilateral cleft lip and palate.

The group proposes a randomized multicenter study to assess the amount of bone volume measured by CBCT taken preoperatively and after six months of the alveolar bone graft procedure using either moldable cellular bone matrix or anterior iliac crest bone. If no difference is found in bone volume using either of the study materials, the use of moldable cellular bone matrix for alveolar bone grafts may potentially decrease morbidity of the procedure.

The course – sponsored by AAOMS and the OMS Foundation - was developed by the Committee on Research Planning and Technology Assessment. The OMS Foundation and Osteo Science Foundation funded resident scholarships to attend the course (three and five, respectively).

"By inspiring young surgeons to do research and publish the research, it helps the specialty by providing evidencebased data in terms of patient care that will improve patient outcomes," said Michael Miloro, DMD, MD, course co-director and Professor and Department Head of Oral and Maxillofacial Surgery at the University of Illinois Chicago.

New this year, the course was facilitated at the OMS Institute for Education and Innovation located in AAOMS headquarters in Rosemont, Ill. The state-of-the-art simulation and education center hosted its first conference in 2020.

Spotlight on projects at Research Open Forum

AAOMS members are encouraged to learn more about the four projects created at the course during the Research Open Forum being held 3 to 4:30 p.m. on Sept. 16 at the AAOMS Annual Meeting in New Orleans, La. Each group will describe their project and discuss its impact on the specialty during the session.

"Attend the Research Open Forum to see what the latest and greatest research is going to be because what we're developing at the Clinical Trials Methods Course are possible solutions to questions that are prominent. The forum will give us ideas how that research can be improved upon," said Joseph Cillo, DMD, PhD, CRPTA Chair, and Division Chief, Residency Program Director and Associate Professor of Surgery at Allegheny General Hospital in Pittsburgh, Pa.





Dr. Joseph Cillo (second from the left) encouraged attendees to join the Sept. 16 Research Open Forum at Annual Meeting. Dr. Michael Miloro (far right) emphasized how research can improve patient outcomes.



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

Since recruiting and fully training new oral and maxillofacial staff members requires so much time and effort, retaining valuable team members has an even higher level of criticality than ever.

Retaining your valuable

ndoubtably, a business owner's most valuable asset is the team of individuals they employ. The staff in an oral and maxillofacial surgical practice can make or break the office's success. Therefore, hiring and retaining talented people is of utmost importance. This is true even if the surgeon's business responsibilities have been taken over by another entity since, in the end, a surgeon's clinical accomplishments depend upon the collective success of their team members.

Recruiting the best clinical and office staff and then hoping they don't leave has always been one of the main challenges of running a successful surgical practice.

However, the usually demanding task of hiring and keeping office staff members has become even more difficult in this era of workforce shortages. There seems to be a willingness and even a desire by younger members of our society to change jobs on a regular basis. This is often based upon being tempted by better pay or loftier titles. In other cases, the reason for shifting positions defies logic. Since recruiting and fully training new oral and maxillofacial staff members requires so much time and effort, retaining valuable team members has an even higher level of criticality than ever.

I realize none of this is news to members of our specialty, but taking the time necessary to focus on what one might do to prevent staff turnover is important. Maybe you believe you already do all that is possible to retain invaluable members of your team. However, consider that there may be room for improvement – particularly things that go beyond just giving them more money (although pay is obviously important to almost everyone).

There are three general categories of ways to help keep individuals from leaving. They are: 1) compensation, 2) respect and 3) appreciation. What one is paid to work is only one aspect of being compensated for an individual's time, efforts and skills. It also is the one aspect of compensation most easily matched by others. Employee retirement plans beyond Social Security are another aspect of compensation, especially if they include an employer matching/contribution program and/or access to a profit-sharing arrangement where tax laws allow multiple tiers of participants. Other



resources: Clinical and office staff

benefits important to many individuals include healthcare, dental and eyecare coverage, and disability insurance.

Staff members with young children, or who are planning to have children, highly value parental leave and child care benefits. There also are methods to tie forms of compensation to productivity. Strategies can be created to allow staff to shorten the workday or get paid time off if daily, weekly or monthly production metrics are met. Or if all goals are reached, all-expenses-paid travel to national meetings can be a valued form of compensation.

Showing respect to one's team members is another means of retaining employees. Most individuals want to feel their colleagues value their ideas and opinions. The truth is, staff members regularly observe important details of how the office operates or how patients react to the clinical care being provided. These observations, combined with requests to share how the patient experience might be improved, should be regularly sought by the surgeon leaders. This can be done formally through daily or weekly huddles where the entire office team meets to discuss upcoming patient encounters, debrief accomplishments and determine potential areas for improvement. Another aspect of having better team cohesion is transparency in how practice decisions are reached, helping reinforce that team member input is taken into account.

Respect also is displayed by showing an understanding that many staff members have career ambitions. These should be identified and cultivated by establishing career ladders within the practice. Career development also can be fostered by encouraging and underwriting continuing education for team members and conducting in-practice training. Doing so will help members of the clinical team to become more confident in their skills as individuals and more closely knit with other members of the team.

Finally, the most powerful retention tool: showing appreciation. Everyone wants to know their contributions to others in life are appreciated. Granted, every oral and maxillofacial surgeon I know is thankful for the roles



their staff members play in the success of the practice. But thinking about it and sincerely expressing it are very different. Assuming one is showing appreciation by paying someone or giving them other forms of compensation is not the same as simply expressing it in words. Telling your team members on a regular basis how pleased you are with their efforts is a powerful motivating force, deeply gratifying for the employee, and builds trust and loyalty.

Some members of your operations and clinical teams may have the job wanderlust that seems more common these days than in the past. For them, there may be no amount of compensation, respect or appreciation that can overcome this drive to change things up. However, a surgeon team leader can work to swing the decision of whether a staff member opts to stay or leave by stacking the deck to favor retention. ■

Delivering value to EVERY OMS



Clinical Trials Methods Course prepares the next generation of OMS researchers



"This was an excellent opportunity to collaborate with peers, mentors, faculty and academicians to design, present and defend a clinical research project. I am excited to share what I learned with my fellow residents and implement it in our future projects. Highly recommended for every OMS resident interested in clinical research!"

Dr. M.K. Spinella (San Antonio, Texas)

OMS Foundation Travel Scholarship recipients (from left): Dr. Jeffrey Taylor, Dr. M.K. Spinella, Dr. Joshua Lilly





The OMS Foundation supported the 2022 Clinical Trials Methods Course with a \$15,000 program grant and travel scholarships for three OMS residents. Your generosity makes investments like this one possible.

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FROM THE OMS FOUNDATION





Louis K. Rafetto, DMD, MEd **OMS Foundation Chair**

Course benefits researchers, specialty

n early May, I had the pleasure of welcoming attendees to the 2022 Clinical Trials Methods Course, held at the OMS Institute for Education and Innovation in Rosemont. III. Twenty registrants – a mixture of ROAAOMS and AAOMS members - spent three days immersed in the basics of research methodology and clinical trial design, guided by a multidisciplinary team of experienced researchers.

This year's course offered participants exceptional educational and networking opportunities, and the OMS Foundation was proud to support the event with a financial grant and travel scholarships for attendees.

Nearly every speaker on the roster received aid from the Foundation early in

their careers in the form of Faculty Educator Development Awards, Research Support Grants or Student Research Training assistance. As this was a high-performing demographic, multiple awards were not unusual. Our past investments in these researchers and educators have paid off richly. Each has excelled in their area of expertise and contributed significantly to our specialty's knowledge bank. Better yet, they have stepped up to inspire, educate and mentor the next generation of OMS surgeon/scientists.

It is our hope that one or more of the research projects constructed at this year's course will be presented to the Foundation for funding. But our ambitions for this program extend even further. The Committee on Research also is committed to identifying and supporting promising OMS researchers in the early stages of their careers. Drs. Simon Young and Chi Viet will testify that their first Research

Support Grants from the Foundation were critical to securing National Institutes of Health funding to continue their investigations.

Every practicing OMS owes a debt of gratitude to the researchers in our specialty. The discovery and validation of new knowledge, better surgical techniques and innovative applications for technology has directed the evolution

> of our profession since its inception. The Clinical Trials Methods Course offers firsttime Foundation applicants a roadmap for success, along with invaluable exposure to potential mentors, collaborators and funders. It's a game-changer for aspiring researchers.

The discovery and validation of new knowledge, better surgical techniques and innovative applications for technology has directed the evolution of our profession since its inception.

> The Foundation's support of the Clinical Trials Methods Course – and other AAOMS educational programs – helps keep these opportunities accessible and affordable for everyone. Your support of the Foundation provides the resources for us to do so.

If you are an OMS for Innovation, Research and Education (OMSFIRE) donor, I'd like to say "thank you." The generosity of our contributors helps shape the future of our specialty. If you're not yet an OMSFIRE donor, I'd like to ask, "why not?" OMSFIRE makes it easy for well-intentioned, overscheduled OMSs like me to act on our good intentions. Five minutes is all it takes to become a collaborator in securing our specialty's future; the endorphins that follow are just the first of many returns on your investment. ■

CAPITOL CONNECTION



Congress, state legislatures look ahead to

here was no notable congressional activity relevant to the specialty during the second quarter. Meanwhile, the Biden administration offered additional relief to federal student loan borrowers while states addressed liability reform, dental therapists, Medicaid and insurance gaps.

Federal level

The number of days Congress will be in session before the midterms are dwindling, and lawmakers are eager for action on several healthcare issues such as additional COVID-19 funding, pandemic preparedness and prevention, and mental health. The Biden administration has been active on the following issues related to the specialty:

- CMS released a series of initiatives designed to support six pillars announced last year as part of its strategic plan. "Benefit expansion," including dental coverage, was specifically referenced as part of the "expand access" pillar; however, no notable details were provided. CMS is expected to release more information on each of these initiatives.
- AAOMS submitted comments in response to draft recommendations, which update the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The changes respect the patient-prescriber relationship and avoid a one-size-fits-all approach to pain management that policymakers could use to make arbitrary laws or regulations, the Association noted in its comments. 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.
- The Biden administration announced April 6 another extension of federal student loan payments, interest

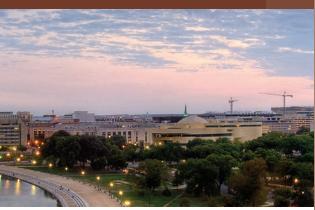
- accrual and collection efforts until Aug. 31. All three were scheduled to resume May 1. This is the sixth extension since the COVID-19 pandemic began two years ago.
- The U.S. Department of Education announced several changes to help borrowers who were enrolled in income-driven repayment (IDR) forgiveness programs, and who may have been unfairly denied forgiveness due to mismanagement. The changes will result in immediate debt cancellation for at least 40,000 borrowers under the Public Service Loan Forgiveness Program while more than 3.6 million borrowers will receive at least three years of additional credit toward IDR, the department estimated.

State level

States are entering the summer months and gearing up for the final stretch before November elections. During this transition period, a handful of issues of interest to the specialty were enacted.

- California The legislature passed and Gov. Gavin Newsom (D) signed AB 35, which amends the Medical Injury Compensation Reform Act (MICRA) to extend state liability protections for providers. The bill increases limits on noneconomic damages for medical malpractice, raising the cap from \$250,000 to \$350,000 for non-fatal cases and \$500,000 for instances of wrongful death. Such limits will eventually climb to \$750,000 and \$1 million, respectively.
- Colorado The legislature passed SB22-219, which establishes dental therapists in the state. The Colorado Dental Association was able to negotiate a scaled-back scope of practice laid out in the bill. Doctor-favored changes included removing advanced procedures and the prescribing of





election season

narcotics, bolstering supervision and education requirements, and adding liability rules equivalent to the ones dentists face.

- Kansas The legislature passed HB 2386, which addresses network leasing arrangements and insurance payments by virtual credit card. Championed by the Kansas Dental Association, the legislation is based on model language endorsed by the National Council of Insurance Legislators and developed by the ADA and AAOMS.
- Maryland Gov. Larry Hogan (R) signed HB 6/SB 150, providing adult dental services under Medicaid as of Jan. 1. Coverage will include diagnostic, preventive, restorative and periodontal services.

OMSPAC update

OMSPAC raised \$362,533 from 15 percent of the membership as of April 2022. Additionally, OMSPAC has contributed \$183,500 to federal candidates so far during the 2021-22 election cycle. Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■

HEALTH IT BYTES



- ADA The ADA was affected on April 26 by a cyberattack, which disrupted telephones, email, webchat and various online services. The investigation into the incident is ongoing, but systems appear to be restored. OMSs - especially those who are also ADA members – are strongly advised to be on the lookout for spear-phishing emails that seek to steal login credentials or other sensitive information. Practices also should ensure all computer workstations are appropriately updated with the latest security patches and practice staff are informed of the potential for phishing attempts. Refer to ADA.org for the latest updates.
- **HHS warning** A cybersecurity center of HHS is warning healthcare providers and the public to guard against an "exceptionally aggressive" ransomware group. The Hive is known to specifically target healthcare organizations and conduct a "double extortion," where the group encrypts files and demands payment to regain data access. It also downloads the files and threatens to leak them on the dark web if the victim fails to purchase decryption software. The group is known to disrupt and delete backup files, which organizations typically rely on to avoid paying ransoms. Hive is most often deployed through compromised virtual private networks and phishing emails.
- CISA alert The U.S. Cybersecurity and Infrastructure Security Agency (CISA) issued an alert May 17 with recommendations to prevent the unauthorized infiltration of networks. CISA indicates hackers typically access networks by phishing and exploiting public-facing applications. The agency recommends:
 - Controlling access.
 - Hardening credentials.
 - Establishing centralized log management.
 - Using antivirus solutions.
 - Employing detection tools.
 - Maintaining secure external access controls.
 - Keeping software updated.

View the full alert at CISA.gov/uscert/ncas/alerts/aa22-137a.



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Topics: Sharps-related injuries, product recalls

Where can I find sharps safety training resources for my OMS practice?

A The CDC has resources on its website to help facilities prevent needlestick and other sharps-related injuries to healthcare personnel. A downloadable workbook guides provider entities in designing, launching and maintaining a sharps injury prevention program. While not all aspects may be relevant to every healthcare organization or practice, the CDC encourages individuals to use what they find helpful for their sharps injury prevention program and adapt sample forms and worksheets to meet their needs.

Additionally, the CDC's teaching tools include posters and a brochure outlining sharps safety tips, which OMSs can display in their practice. The tip sheet provides information on what doctors and their teams can do to prevent an injury, such as maintaining an organized and well-lit work area, keeping exposed sharps in view and staying focused on the procedure at hand.

These resources are available at CDC.gov/SharpsSafety.

Note: Related information is available in the AAOMS Model Medical Practice OSHA Exposure Control Compliance Plan and Training resource. Visit AAOMSStore.com.

What steps should be taken if a needlestick injury occurs in the practice?

A If a staff member experiences a needlestick sharps injury, exposure to bodily fluid or other potentially infectious material, the National Institute for Occupational Safety and Health urges workers to immediately seek medical treatment if necessary and report the incident to leadership. Specific guidelines also include:

- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with water.
- Irrigate eyes with clean water, saline or sterile solutions.

In addition, the Clinicians' Post Exposure Prophylaxis Line is available toll-free at 888-448-4911 for questions about properly treating workplace exposures. View available resources at NCCC.UCSF.edu.

As needlestick injuries can lead to serious or fatal infections, all staff members who use – or may be exposed to – needles should take steps to protect themselves. For more information, visit CDC.gov/NIOSH.



Where can I find more information about equipment and product recalls? How do I report an issue if one occurs at my OMS practice?

A The FDA monitors reports of adverse events and other problems related to FDA-regulated products and, when appropriate, publishes safety alerts. OMSs can utilize MedWatch, the FDA's medical product safety reporting program, to view or submit reports on products such as prescription and over-the-counter medicines, biologics and medical devices. Additionally, health professionals can subscribe to receive MedWatch safety alerts via email, Twitter or RSS to stay current. The FDA's database contains information on all medical device recalls dating back to 2002. To voluntarily disclose an adverse event, MedWatch offers an online system or OMSs can download and submit FDA Form 3500. For more information, visit FDA.gov. ■







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Communication crucial for OMS practice success

By Lisa Copeland Owner, Communicate With Influence

he lifeline of any OMS practice is communication. Three pillars that conversations impact in dentistry are patients, players (team) and practice.

Healthcare is in the middle of a shift from productcentricity to people-centricity, and investments in team members and patients are essential. OMS practices focusing on services rather than the wants of the patient will see their revenues dwindle over time. Leaders must instill a strong office culture because this new normal requires knowing the patient and working with them to address their needs and preferences.

Patients

According to the Beryl Institute, the sum total of every touchpoint before, during and after an appointment impacts the patient experience. These are four key influencers:

- Interactions: Of people, processes, policies, communications, actions and environment.
- Culture: The vision, values, team and community.
- Perceptions: Everything recognized, understood and remembered by patients and support people.
- **Continuum of care:** Every interaction with a practice or provider before, during and after delivery of care.

Here are a few examples from each category as they relate to OMS practice.

Interactions

People: By using language and educational materials specific to patients' generational values, practices will establish trust and meet or exceed their expectations. For example, when introducing an implant treatment case to a baby boomer, consider having a paper brochure for them to take home to review after the appointment. Most Gen X/Y/Z will want electronic and digital resources.

Communications: Consistent messaging and customized language for every patient interaction, insurance provider phone call and referral connection are critical. Having specific processes and procedures in place that every team member knows, understands and implements will not only impress patients and referring offices, but also will keep the follow-up process streamlined. This greatly reduces any chance of "dropping the ball," particularly after care is delivered.

Actions: Active listening is defined as the act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation or speech. Active listening involves all senses. Listening is one of the most important skills the OMS care team can have, producing a major impact on job effectiveness and the quality of relationships with others. It helps with obtaining information, enjoying work and learning. Given all the listening involved in care delivery, the healthcare field should excel at it.

Individuals only remember between 25 percent and 50 percent of what they hear, as described by Edgar Dale's Cone of Experience. That means when speaking with one's boss, colleague, patient or spouse for 10 minutes, the listener pays attention to less than half of the conversation. Becoming better at this skill can improve productivity as well as the ability to influence, persuade and negotiate. Think oral wellness treatment presentation. What's more, OMS care providers can avoid conflict and misunderstandings. Improving listening skills will have a positive impact on all aspects of the practice.

Culture

Involving the entire team when creating and updating the practice mission statement and business strategy can create a sense of ownership, loyalty and dedication. Engaged employees will do far more than expected if they are invested in the practice.

A safe sense of belonging and community is important to all team members. Recognizing and rewarding people for their efforts creates a positive, engaged culture that will grow together for the good of the practice.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)



Perceptions

Perceptions vary according to the person, particularly when viewing the practice through the eyes of a newly referred patient. Try partnering with a colleague who works in a different part of the organization and have a "reconnaissance" field trip at the next all-team meeting. Each team starts in the parking lot and walks through every possible experience for the patient. Areas to observe include reception/greeting, conversations overheard, patient bathrooms, access to operatories, cleanliness/access, consultation areas and marketing/product placement in the office.

Researchers from NYU found that individuals make 11 major decisions about another person within the first seven seconds of meeting someone:

- Educational attainment
- Economic level
- · Perceived credibility/competence/honesty
- Trustworthiness
- · Level of sophistication
- Sex role identification
- Level of success
- Political background
- Religious affiliation
- Ethnicity
- Social/professional/sexual desirability

According to this study, the remaining time is spent finding evidence to prove the original impression is correct, whether

that impression is true or not. The importance of creating good first impressions is immeasurable when it comes to patient perceptions.

Continuum of care

Look at the big picture of all the interactions the patient has with your practice.

- Have you answered all their questions?
- Have you provided resources and educational materials?
- Have you flagged them in your system to follow up?
- Did you provide happy patient referrals that have completed similar treatment in your office?
- Have you provided financial assistance information?
- Did you give them a call to action?

As a specialty practice, these four categories will optimize the patient experience, their healthcare journey and their referral influence. The ongoing goal is to attract new patients and referrals.

By addressing each category of influencers, practices can level up their patient experience and become the OMS option that is always top-of-mind.

Team: When communication is not well-defined or delivered, care providers can become less impactful. A healthy practice requires proactive leadership – not by one person but by each team member at any given time. "Leading by example" drives culture, which encompasses the tangible actions and beliefs of the team. It is the pulse of a practice and what happens when the leader (not the boss) leaves the room.



There is a communication process that needs to occur regularly to promote teamwork. During daily, weekly, monthly and annual meetings, a facilitator/leader in the practice (not always the DDS) is responsible for making sure each staff member brings completed reality checks, acknowledgments and quality requests.

Understanding that leadership is bi-directional is the first step to creating a happy, engaged and productive team. It links everyone together, no matter what role they play and will do the following:

- Reduce turnover: Individuals who feel appreciated for their knowledge support the practice.
- Improve team engagement: People will do more than asked if they feel valued.
- Increase production: A team working cohesively and sharing the load will be far more productive than individuals working in silos.

To keep the momentum going throughout the year, encourage teams to conduct the communication process on a weekly basis as part of their team meetings.

Practice: Various services define an OMS office's brand. Those include dental implants, sinus lift, soft-/hard-tissue grafting, pre-prosthetic surgery, wisdom teeth removal, extractions, oral/facial trauma, oral pathology, TMJ disorders, sleep apnea, sedation dentistry and corrective jaw surgery.

But a brand is much more than the high-level procedures performed. It is systemic, and it trickles all the way down into the words said and communication tools used. Brand should speak the language of potential patients the practice is trying to attract. Language is currency and a bridge to trust. All team members should be speaking the same language.

Cooking up communications

Communication is a lot like cooking: take all these individual ingredients and blend them together to create a delicious dish. The "ingredients" are the people with whom care teams interact. The "spices" are how an organization customizes communication or the flavor. The end result, the delicious dish, is a harmonious, successful team and practice.

Lisa Copeland, RDH, CSP, CVP, a certified speaking professional who owns Communicate With Influence, LLC, will speak on "Every Conversation has Consequences" at the 2022 AAOMS Annual Meeting in New Orleans, La. To register for this event, visit AAOMS.org/AnnualMeeting.



This is number 186 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.

All articles in Practice Management Notes are published only with the consent of the authors, who have expressly warranted that their works are original and do not violate copyright or trademark laws. AAOMS is not responsible for any violations of copyright/trademark law on the part of these authors.

Virtual surgical planning: Codes, reporting based

s digital technology evolves, virtual surgical planning (VSP) continues to streamline the presurgical planning process for OMSs. VSP is image-guided treatment planning – utilizing various combinations of computer-aided design, digital data integration and 3D-printing technology to create a completely virtual surgical walkthrough of the planned surgical procedure.

VSP is a powerful tool that addresses a pre-operative planning method involving the visualization of a surgical procedure using 3D imaging software. Some supplemental products of the VSP process include cutting guides, intermediate splints, custom-made titanium plates and digital implant placement.

Breaking down the VSP workup

Data acquisition is a vital element to the beginning stages of image capture and digitalizing data prior to a surgical procedure. There is not one specific code for reporting VSP; however, there are codes that may be reported based on the individual components of the virtual planning session as well as the technology utilized. Some of these codes include:

Radiographs:

70350/D0340 cephalogram, orthodontic (2D cephalometric radiograph)

70355/D0330 orthopantogram (2D panoramic radiograph)

Other possible 2D radiologic examination codes (70100 – 70150)

Photographs:

D0350 oral/facial images (2D photographs)

3D imaging:

D0367 cone beam CT capture and interpretation with field of view of both jaws; with or without cranium

Several other CDT codes may be applicable to report CBCT images (D0364 – D0368)

70486 computed tomography, maxillofacial area; without contrast

Other possible 3D imaging codes with contrast material (70487 – 70488)

70544 magnetic resonance angiography, head; without contrast

Other possible 3D MRI imaging codes with contrast material (70545 - 70546)

Study models:

D0470 diagnostic casts

Coding Tip: CDT codes may be reported on a medical claim form if an appropriate CPT code is not available.

Three-dimensional imaging referred to as 3D reconstruction or 3D rendering is a distinct diagnostic procedure that describes a separate process that can be applied to a computed tomography (CT), magnetic resonance imaging





on technology, session components

(MRI), ultrasound or other tomographic modality. Postprocessing manipulation performed by the OMS on his or her own equipment may be additionally reportable using CPT code 76376 or 76377.

CPT code 76376 may be reported when 3D rendering or reconstruction of a digital model is performed by an OMS at the acquisition scanner (computer on which the image is acquired). However, CPT code 76377 is reported when the 3D post-processing images are reconstructed on an independent workstation.

76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on the independent workstation

76377 requiring image postprocessing on an independent workstation

D0393 treatment simulation using 3D image volume

Radiology modifiers

Most radiology services or procedures, although described by a single CPT code, are comprised of two distinct portions: a professional component and a technical component.

When an OMS reviews images taken and interpreted elsewhere, he/she may bill only for interpretation of the studies when the diagnosis of the OMS is different or more extensive than that of the initial interpreting physician with documentation supported as such in the patient record.

The professional component provided by an OMS may include supervision, interpretation and a written report. To claim only the professional portion of a service, append modifier – 26, professional component, to the appropriate CPT code. Modifier – 26 is appropriate when an OMS reviews or interprets an X-ray taken elsewhere.

The technical component of a service includes the provision of all equipment, supplies, personnel and costs related to taking the image. To claim only the technical portion of a service, append modifier – TC, technical component, to the appropriate CPT code. Modifier – TC is appropriate when an OMS office takes an image but forwards the image elsewhere for interpretation.

If an image is taken in the same office as the OMS who interprets the image and provides a written report, there is no need to append a modifier.

Supplemental products of VSP

Oral devices that may be needed for a particular surgical procedure such as splints or implant guides also may be fabricated through the VSP process. CPT code 21085, impression and custom preparation; oral splint, only can be reported when the physician or other qualified healthcare professional designs and prepares the prosthesis (i.e., not prepared by an outside laboratory). The coding and ability to bill for the surgical splint depends on who is fabricating and supplying the prosthesis. If the OMS is not fabricating the surgical splint, CPT code 99070 may be reported along with a copy of the invoice to account for the lab costs. Another option may be to report CPT code 21085 with a reduced service using modifier – 52 to recognize the fabrication services were performed elsewhere.

CDT code, D6190, radiographic/surgical implant index, by report, may be reported when the surgeon fabricates the implant index or surgical guide. As this is a "by report" code, it also can be used to report different types of surgical guides including digital, non-digital, fully or partially guided and single or multiple unit(s). If an independent lab or facility is performing the fabrication and billed by that facility or lab, the OMS may report an unlisted code for the supply along with a copy of the invoice.

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 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.



Changes for providers who opt out of Medicare

edicare Advantage (MA), or Medicare Part C, is an alternate coverage pathway to traditional Medicare that also offers additional or supplemental benefits generally excluded under Medicare Parts A, B or D. MA plans are provided and managed through Medicare-approved private companies. While these entities must follow rules set by Medicare, CMS has granted some flexibility in designing MA benefits as well as in expanding the types of supplemental services these plans may offer.

Enrollment in Medicare Advantage has doubled during the past decade, and patients presenting with MA dental plans are likely to become more commonplace in the years to come. It is imperative to understand the recent regulatory changes governing provider reimbursement for select services, especially for OMSs who have opted out of traditional Medicare.

Dental coverage is one of the core additional offerings across MA, making it the leading source of dental insurance for Medicare beneficiaries. In 2021, 94 percent of individuals enrolled in MA plans had some level of dental coverage; 86 percent of beneficiaries had access to more extensive coverage including services such as oral surgery and prosthodontics¹.

Traditionally, doctors who do not accept Medicare are automatically considered opted out of all products in the federal payment program, including MA plans. Effective Jan. 1, CMS amended its policy to allow such providers to receive reimbursement for supplemental MA benefits, including dental benefits as long as the services are excluded under Part A and Part B – as most dental services are.

When opted out of traditional Medicare, OMSs are not entitled to Medicare or MA reimbursement for services that are covered under traditional Medicare Part A or Part B. If a service is covered under Part A or Part B, this updated policy will not apply. Consequently, the OMS would not receive reimbursement under the MA plan for such a service and would be required to follow opt-out guidelines.

ABNs for oral pathology services

Generally, Medicare excludes coverage for biopsies and related pathology when the diagnosis is associated with a benign lesion or an otherwise odontogenic condition. Despite any clinical indications for the procedure, Medicare may deem services as not medically necessary based on

such diagnoses and exclude services under the dental exclusion. Likewise, Medicare will typically deny any claims from the pathologist and/or laboratory related to the noncovered procedure(s) or service(s).

The Advance Beneficiary Notice of Noncoverage (ABN) is supplied by providers to Medicare beneficiaries when a procedure or service is expected to be denied. The ABN allows the patient to make an informed decision about whether to proceed with a service or procedure for which he or she may be personally financially responsible. To clarify, Medicare does not require an ABN for statutorily excluded services, as most dental services are. For oral pathologies, an ABN is most appropriately used to notify a patient that a procedure billable under Medicare is anticipated to be denied based on the diagnosis, rather than the procedure itself.

When information regarding a potential Medicare denial is properly communicated to the beneficiary and documented in accordance with CMS's requirements via a signed ABN, it allows the OMS to transfer financial liability to the beneficiary when such a denial is received. If an ABN is not on file prior to rendering services, and those services are denied as not medically necessary, the OMS is prohibited from billing the patient.

Providers supplying ancillary services in relation to oral pathology, such as pathologists and laboratories, may not be able to obtain an ABN directly from the patient, facing similar billing restrictions as the OMS, should the services be denied. Thus, in the case of oral pathology services for which a denial is anticipated, it is recommended for OMSs to include on the ABN a list of other providers supplying any related services, allowing ancillary providers to hold the patient financially responsible for non-covered services. OMSs also are encouraged to notify such providers of their inclusion in the ABN and be able to provide a copy of the waiver should it be required for claim submission.

AAOMS offers additional resources on Medicare enrollment options and use of the ABN at AAOMS.org/CodingReimbursement. CMS also provides ABN guidelines, available at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.

¹ Freed, M., Ochieng, N., Sroczynski, N., Damico, A. and Amin, Krutika. (2021, July 28). *Medicare and dental coverage: A closer look.* Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/



LEARN FROM THE EXPERTS

Check out our lineup of upcoming webinars with live Q&A as we share lectures from our recent meeting, "Regenerative Solutions to Common Problems."



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**



Bach Le, DDS, MD University of Southern California Vertical Defects in the Esthetic Zone -**Prosthetic or Surgical Solutions?**



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**



Frank Schwarz, DMD Goethe University Frankfurt **Treatment Concepts for the Management of Peri-Implantitis On-Demand Only**

- Part 2



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**



Jasjit Dillon, MBBS, DDS, FDSRCS, FACS University of Washington **Medication-Related Osteonecrosis**



Craig M. Misch, DDS, MDS Sarasota, Florida

Vertical Defects in the Esthetic Zone -**Prosthetic or Surgical Solutions?** - Part 1



Robert E. Marx, DDS, FACS University of Miami **Practical Access to Stem Cells for**

Oral and Maxillofacial Surgery



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

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AAOMS Advantage Partners

AAOMS Advantage Partners have been chosen because of their commitment to the oral and maxillofacial surgery specialty. Their stream of royalty payments* throughout the year help fund the goals of AAOMS, including programs, services and advocacy efforts related to anesthesia and other key legislative issues. To learn more about these valuable offerings, visit **AAOMSAdvantage.org**.

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



Look for this logo on a company's advertisement.

Another way AAOMS Advantage gives back to AAOMS members



Discount on a webinar or in-person meeting

Is your practice enrolled with six or more AAOMS Advantage Partners? If the answer is yes, all AAOMS members in good standing in your practice are eligible for a \$100 discount in 2023 on any webinar or in-person meeting of your choice. If you need to enroll in a few more Partner programs for 2022 to meet the threshold, there's still time.

The deadline for identifying members using six or more Partners is Oct. 1. If you would like to know how many Partners AAOMS currently has identified with your practice, email aaomsadvantage@aaoms.org with "AAOMS Advantage Member Award" in the subject line, and AAOMS staff will follow up with you. Year-end reports submitted by the Partners are used in identifying members using six such companies or more.

AAOMS appreciates all members enrolled with any of the Partners and thanks you for supporting the non-dues income provided by these Partners to AAOMS. For more details on this award, visit **AAOMSAdvantage.org** and click on the Annual Member Award tab at the top of the website.

Quarterly royalty payments from AAOMS
Advantage Partners help fund the goals of
AAOMS. The Association and AAOMS Advantage
annually thank individual members who have
supported the Partners throughout the year.

Attending the 2022 AAOMS Annual Meeting in New Orleans? Visit the AAOMS Advantage Partners at Booths 101-113 and 201-213 from Sept. 15 to 17 in the Exhibit Hall to learn how the Partners can improve your OMS practice.





Diplomates engaged in revamped CM process

he American Board of Oral and Maxillofacial Surgery has garnered success at Diplomate engagement since revamping and relaunching its Certification Maintenance (CM) process in 2020.

Throughout the year, Candidates log into their profiles to complete the CM requirements displayed on their dashboard.

CM still operates on a 10-year cycle despite the new model replacing the high-stakes Recertification Examination. Diplomate requirements are determined by their certificate year. During the 10-year cycle, Diplomates will:

- Submit a professional standing application by answering credentialing questions.
- Continue lifelong learning by answering questions on referenced articles and attesting to 20 hours of continuing education hours.
- Evaluate their performance in practice with attestations of quality improvement initiatives.

• Answer questions from clinical case scenarios that focus on treatment and terminology that reflect modern management of oral and maxillofacial surgery.

Many Diplomates do not know the modules are frequently rotated off the program if they have references older than five years. A Board-appointed committee is responsible for creating new assessments and reviewing any problematic questions that arise.

Since the beginning of the year, over 15 new articles and clinical case assessments were added to the program. This does not include additional assessments that are already planned to be released before the end of 2022. The Board understands the balance of keeping assessments relevant while still providing a healthy list of options for individuals to choose.

All Diplomates are required to complete Certification Maintenance by Dec. 31. Any questions regarding the process or CM requirements can be found on the ABOMS website at ABOMS.org/Diplomates/Certification-Maintenance. ■







Robert S. Clark, DMD Treasurer

Despite significant volatility, the year ended with strong performance in the equity and fixed income markets.

AAOMS again nets clean

The Finance and Audit Committee of the AAOMS Board of Trustees meets with the Association's outside auditors each spring to review financial statements and accompanying notes for the preceding year. I'm pleased to report that, once again, AAOMS received a clean audit opinion.

Consolidated assets in total increased to \$41.5 million during 2021. Cash and investments, the largest asset category, rose 15 percent from \$30.3 million at the end of 2020 to \$34.9 million at the end of 2021. Property and equipment declined \$413,000 during 2021 due to depreciation on the OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, III.

Liabilities increased 8 percent during 2021 to a total of \$12.9 million. The change was largely because of accounts payable, which increased \$1.35 million at year-end due to outstanding invoices as in-person meetings returned in the fourth quarter after being canceled during the pandemic. Deferred income, the largest liability category, totaled \$7.3 million at the end of 2021. This includes 2022 membership dues collected in the fourth quarter of 2021.

Consolidated net assets also rose during 2021, totaling \$28.6 million at the end of the year.

Consolidated revenues exceeded expenses by \$3.54 million in 2021. AAOMS operations contributed significantly to the positive financial results, as revenues exceeded expenses by \$3.4 million, and after-tax results for AAOMS Services Inc. (ASI) contributed another \$140,000 to the bottom line. In addition, ASI issued a \$200,000 dividend to the Association.

Offsets to the positive financial results included depreciation expenses on fixed assets of \$593,000.

AAOMS's original operating budget for 2021 anticipated revenues to exceed expenses by \$44,000. The actual results outperformed the original budget by \$3.6 million.

Significant budget variances included:

 AAOMS was fortunate to have purchased meeting cancellation insurance with a rider that covered infectious disease in 2020 and received an insurance recovery payment of \$1.65 million in 2021. Accounting standards required the reimbursement be recognized when received in 2021. Unfortunately, infectious disease coverage was unavailable for 2021 events.



audit opinion for financial statements



- Net investment revenues from operating reserves totaled \$1.31 million in 2021, \$876,000 better than budget expectations; despite significant volatility, the year ended with strong performance in the equity and fixed-income markets.
- The COVID-19 pandemic continued to result in reduced travel and cancellation of many in-person meetings due to capacity restrictions. As a result, programmatic expenses were \$1.42 million less than budget.
- Headquarters expenses were \$332,000 less than budget as temporary vacancies and a lower-than-anticipated increase in employee medical costs brought about significant savings in salaries and employee benefits.
- The Annual Meeting returned to an in-person format but fell short of budget by \$256,000. While social distancing measures and lower in-person attendance resulted in reduced exhibition booths available, registration for the virtual option offset much of the shortfall. Additional costs for safety measures, the virtual platform, audio visual equipment and labor also contributed to the shortfall.

• The Dental Implant Conference also was held in person with a virtual option resulting in a \$159,000 budget shortfall after the pandemic impacted registration more than anticipated.

Net investment revenues can be unpredictable from year to year. Through April, AAOMS experienced a \$1.8 million decrease in investment value as all asset classes in the market dropped in value responding to a variety of factors, including inflation and supply chain issues.

The Board's policy to maintain sufficient funds in the operating reserve to withstand dips in the economy is more important than ever. Increasing expenses due to inflation and other factors will certainly affect the financial results in 2022 and beyond. While the Board and staff will work to control costs where possible, unavoidable overages are anticipated.

The Board is committed to making fiscally prudent financial decisions for AAOMS while supporting the membership during this time.

OMSs-in-training must weigh insurance options

By Jamie L. Fehrs, MBA, ChFC

Manager, Financial Services Associate Treloar & Heisel

while training for a career in dentistry, you may think that insurance can be deferred because, well, there's time. I'll address this issue once "real life" kicks in, you might say.

There are some compelling reasons for securing disability income insurance while you are still in training. Let's explore them.

Is dentistry a risky business?

You probably haven't thought of your profession as risky. But the truth is the work you have chosen is highly specialized, and if something happens to you whether on or off the job, you could see your career come to a quick end or significant slowdown. For example, a minor hand injury may not impact an accountant, lawyer or business executive. A dentist or OMS, however, could see months or years of income fall away because of a hand injury.

So, while dentistry as a profession is not risky, the risks the individual practitioner is exposed to can put their ability to earn an income at peril. For this reason alone, it's important to mitigate risk, and purchasing disability income insurance is an easy way to guard against a potential loss in income.

Many students or residents feel that because they are not currently earning much money, they do not have anything valuable to protect. Not true. It could be argued that, in some ways, OMSs-in-training are probably worth more now than they will be worth at any time in the future simply because their most financially fruitful years are ahead of them.

All your earning at this point is locked potential. Consider that potential an investment, and the investment is you. Disability income insurance allows you to protect your future insurability. This remains true even if securing some small amount of protection with an option to expand coverage in the future, as your income increases, without worrying about changes in health.

Protect yourself from lender obligations?

Many disability income policies offer student loan protection riders. A rider is optional coverage that you may be able to secure at an additional cost. If you've borrowed money to fund your education, it's wise to explore student loan protection



riders, which may help pay all or a portion of your monthly payments if you are totally disabled.

Many federal loans forgive or discharge owed amounts in the event of an injury, but if you read the fine print, you will discover that their definition of disability may be somewhat restrictive. Accordingly, considering the purchase of a student loan protection rider may be quite worthwhile.

Thoughts about malpractice insurance

Malpractice (or professional liability) insurance is a separate product from disability income insurance. It is often presented as the "other" option dentists in training should familiarize themselves with and secure early on in their careers.

For anyone currently in training and concerned about risk exposure, there are a few reasons that you may need to secure malpractice insurance while you are still in training. Most schools will ensure you are covered for malpractice under the auspices of their program while in training. There are a few exceptions. If you are participating in an externship, make sure the coverage through the dental school includes malpractice. If it does not, you will need to purchase separate coverage. In addition, you will need your own coverage when taking board exams or in most instances when engaging in a working interview.

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ANNUAL MEETING



Apply to present in San Diego

Clinical and practice management course applications will be accepted until Sept. 26 for the 2023 AAOMS Annual Meeting to be held Sept. 18 to 23 in San Diego, Calif. Applications can be submitted in a variety of formats. Consider applying for a course on Innovations in OMS: Patient Care and Practice Strategies, the theme of the 2023 Annual Meeting. Questions? Email shannonm@aaoms.org.

MEMBERSHIP



Update Directory profiles

The AAOMS annual dues statement, set to be mailed in October, will include member profile and membership directory verification forms. Members are asked to carefully review this information to ensure Association records are current.

All addresses, emails, websites, phone and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the AAOMS.org members-only directory and the public-facing MyOMS.org Find a Surgeon search. Both Association resources are updated in real time. AAOMS encourages members to use the AAOMS.org My Account page year-round to update their profiles and contact information whenever there is a change.

MEMBERSHIP



Final dues notices mailed

Final dues notices were sent 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. Email membership@aaoms.org for more information or to receive another copy of the annual statement.

CONTINUING EDUCATION



Courses, webinars available

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

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

Questions and feedback can be emailed to CEonline@aaoms.org.

MEMBERSHIP



OMS job activity expected; CareerLine offering posting discount

The 104th AAOMS Annual Meeting Scientific Sessions and Exhibitions represents a time when thousands of oral and maxillofacial surgeons meet from across the nation to gather and advance the field through educational programs and advocacy. It is also a time when OMS professionals look to network among their peers to progress their careers.

The official online job board for oral and maxillofacial surgeons, AAOMS CareerLine offers a place for candidates and employers to connect all year. Yet, the website experiences an increase of job-seeking and hiring activity in the weeks around the Annual Meeting.

For employers, AAOMS CareerLine offers exposure to hundreds of qualified OMS candidates, including a comprehensive resume database. Personal customer support is available to help organize job posts and hiring strategies.

For job seekers, CareerLine grants access to more than 200 job listings from top OMS organizations with features such as enhanced profiles to learn more about employers before applying. Job alerts can be set up to notify about new postings that match search criteria. Career advice, news articles and e-newsletters with information on current industry trends also are available.

AAOMS CareerLine's Annual Meeting promotion offers a 20 percent discount off all job postings from Aug. 17 to Sept. 17. Beginning Aug. 17, visit Store. Healthe Careers.com/AAOMS to post a job online, and enter AAOMS2022 at checkout to receive the discount.

For help with a posting, call 888-884-8242 to speak with a representative. For more information, visit HealtheCareers.com/AAOMS.

PRACTICE MANAGEMENT



Online coding courses offered

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

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

CONTINUING EDUCATION



Webinar applications accepted

AAOMS invites members to apply to present a clinical-based webinar in 2023. If interested in administering an online course, submit an application at AAOMS.org/Speakers by Sept. 1. Questions about AAOMS CE Online offerings? Call 847-233-4309 or email kbrower@aaoms.org.

MEMBERSHIP



Certain members require Office Anesthesia Evaluation recertification

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

Those grandfathered from OMS state society membership, and for whom the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for scheduling assistance at 847-233-4358. Members who are eligible for exemption from 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 by emailing membership@aaoms.org or calling 800-822-6637.

MEMBERSHIP



Networking, interest groups supported by AAOMS Connect

AAOMS Connect – an online community for Association 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 Annual Meeting.

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

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

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



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Scan the QR code to watch a short video of Dr.

Derek Dunlap, of Greenville Oral Surgery Partners,
discussing how OSP has helped their practice grow
and become more successful in their market.



For more information contact Steve Nettler, CDT
Director of Business Development
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CALENDAR

AAOMS Opportunities

2022

Aug. 6

Office-Based Emergency Airway Management (OBEAM) module

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

AAOMS.org/OBEAM

Sept. 12-17

104th AAOMS Annual Meeting, Scientific Sessions and Exhibition

New Orleans, La., and online AAOMS.org/AnnualMeeting

Sept. 15, 16, 17

Office-Based Emergency Airway Management (OBEAM) module

AAOMS Annual Meeting in New Orleans, La. 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, III.

AAOMS.org/OBEAM

Dec. 1-3

2022 Dental Implant Conference

Sheraton Grand Chicago, Chicago, III., and online 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. Imjorzelnik@gmail.com

AAOMS District III Summer Caucus

Atlanta Airport Marriott in Atlanta, Ga. *jhenderson@mtstateoms.com*

AAOMS District IV Summer Caucus

AAOMS Headquarters in Rosemont, III. Malou.sabino@gmail.com

AAOMS District V Summer Caucus

Doubletree by Hilton in Dallas, Texas Julia.plevnia@aspensurgicalarts.com

Aug. 13

AAOMS District VI Summer Caucus

Virtually via Zoom 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



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

Aug. 12-14

Georgia Society of OMS Summer Meeting

Ritz Carlton Lake Oconee in Greensboro, Ga. GA-OMS.org

Aug. 27

South Carolina Society of Oral and Maxillofacial Surgeons Business Meeting

Columbia, S.C. SCSOMS.org

Oct.21-23

Florida Society of OMS Annual Meeting

Marriott Water Street in Tampa, Fla. FSOMS.org/category/meetings

Oct. 28 - 30

North Carolina Society of Oral and Maxillofacial **Surgeons Annual Meeting**

The Umstead Hotel and Spa in Cary, N.C. NC-OMS.org

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



UMMC School of Dentistry is accepting applications for a full-time faculty position as the Department Chairman in the Department of Oral and Maxillofacial Surgery. We seek exceptional candidates with expertise in academic Oral Maxillofacial surgery, with experience in didactic and clinical instruction for residency level and predoctoral dental education. The position reports to the Dean of the School of Dentistry and will be responsible for the following:

- 1. All aspects of comprehensive Oral-Maxillofacial Surgical care, including oversight of predoctoral education, Oral -Maxillofacial Surgery residency program and the Oral Pathology division.
- 2. Oversight of high-quality healthcare delivery at the ambulatory and hospital setting
- 3. Broad administrative duties for the entire department involving faculty, pre-doctoral students, post-doctoral residents, clinical and other personnel affairs
- 4. Create strong affiliation within the UMMC health system including the medical school, University hospitals, Children's Hospital, Cancer institute, Merit health and the VA hospital system
- 5. Foster collaborative relationships and create multidisciplinary teams with diverse dental and medical specialties
- 6. Serve as a leader in the School of Dentistry, helping the School moving forward through its challenges and
- 7. Manage departmental assets including faculty, staff, facilities and equipment
- 8. Prepare departmental budgets and allocates funds accordingly
- 9. Spread the reputation of the department and school on state, regional and national levels
- 10. Nurture state-wide professional relationship with private practice oral and maxillofacial surgeons and other dental and medical specialists

The candidate must have DDS, or DMD degree and be eligible for board certification or be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the state of Mississippi. Qualified candidates are encouraged to email their letter of interest and current CV to dmdrecruiting@umc.edu.

104th AAOMS Annual Meeting, Scientific Sessions and Exhibition

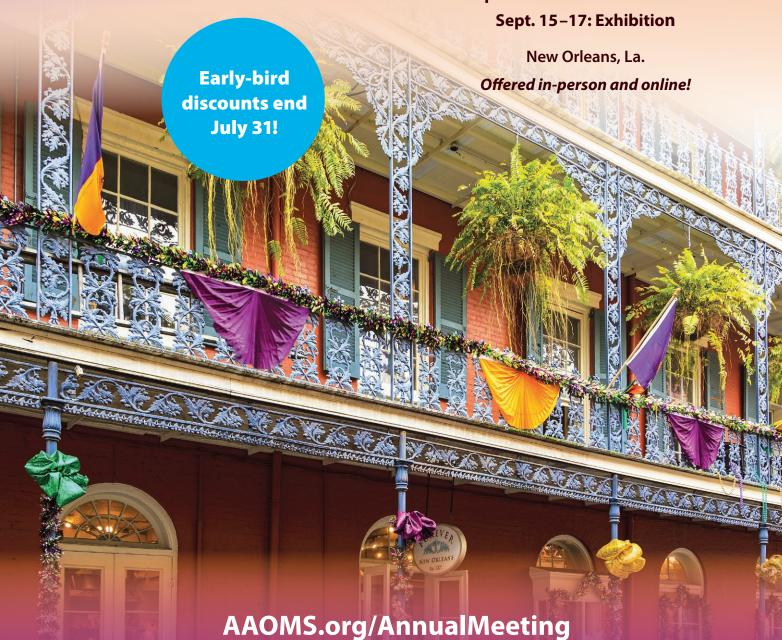
Volunteerism: Individuals United in Service



Sept. 12-14: Business Sessions

Sept. 14: Preconference

Sept. 15-17: Scientific Sessions





Lt. Cmdr. Hammer honored as 2022 Navy Hero



Dr. Hammer

Lt. Cmdr. Daniel A. Hammer, DDS, was honored as the 2022 Navy Hero of Military Medicine.

Dr. Hammer graduated from the University of the Pacific Arthur A. Dugoni School of Dentistry in San Francisco, Calif., and was commissioned a lieutenant in the U.S. Navy. He completed a general

practice residency at Walter Reed National Military Medical Center in Bethesda, Md. He served as an assistant dental officer with the 2nd Dental Battalion in Camp Lejeune, N.C., among other titles.

Dr. Hammer was the first and only military OMS to have obtained an additional Certificate of Added Qualification in Head and Neck Oncology and Reconstructive Surgery from ABOMS. Fewer than 30 surgeons in the U.S. have earned this achievement. He currently serves as Director in the Division of Oral, Head and Neck Oncology and Reconstructive Surgery in the Department of OMS at Navy Medicine Readiness and Training Command San Diego.

Dr. Hammer holds numerous military awards, including the Navy and Marine Corps Commendation Medal, Navy and Marine Corps Achievement Medal and Navy Unit Commendation.

Dr. Ghali receives LDA **Distinguished Service Award**



Dr. Ghali

G.E. Ghali, DDS, MD, FACS, received the Louisiana Dental Association (LDA) Distinguished Service Award. This is LDA's highest honor, given to members who exemplify the standards of professional conduct in dentistry and make remarkable contributions to their community.

Dr. Ghali completed dental school at Baylor College of Dentistry and received his medical degree at Louisiana State University Shreveport. He attended a four-year residency at Parkland Hospital/UTSWMC and a one-year head and neck surgery fellowship at Emanuel Hospital in Portland, Ore. Dr. Ghali joined the Shreveport-based Willis-Knighton Health System's physician network in 2021.

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



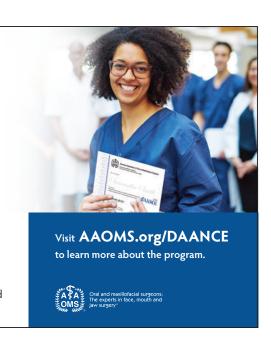
For YOU

For Your ANESTHESIA TEAM

For the **PATIENT**

The Dental Anesthesia Assistant National Certification Examination (DAANCE) is the **only AAOMS-recognized exam** designed to help educate dental anesthesia assistants in the essentials of office-based ambulatory anesthesia.

The DAANCE is a two-part CE program exclusively for dental anesthesia assistants employed by a licensed dental professional who holds a valid anesthesia permit.



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.

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	•	•
Oct. 8	•	•
Oct. 22	•	•
Nov. 13	•	
Dec. 1	•	•

Encounter true-to-life airway situations

OBEAM at Annual Meeting New Orleans, La. (All times are CT)

	., .,	,
Date	8 a.m. to noon	1 to 5 p.m.
Sept. 15	SOLD OUT	•
Sept. 16	•	•
Sent 17		

Visit AAOMS.org/OBEAM to view the schedule and register.



Faculty Positions

Alabama

University of Alabama at Birmingham School of Dentistry, Department of Oral & Maxillofacial Surgery Undergraduate Director Position 2021. This position requires board certification or board eligibility in the field of 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 coverage of the undergraduate dental students and oral and maxillofacial surgery residents in the UAB School of Dentistry Oral and Maxillofacial Surgery Clinic for at least three days per week (3-5/days per week). The individual will have the opportunity to have a clinical practice that is not more than two days per week. Additional responsibilities are to help shape the undergraduate curriculum and participate in the teaching of undergraduate didactic dental student courses. The final terms of the position are negotiable. Application: Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwaits@uab.edu, 205-934-5334.

Louisiana

Oral and maxillofacial surgery full-time faculty position. Louisiana State University Health Sciences Center - Shreveport, Oral & Maxillofacial Surgery, has an immediate opening and is seeking applications for a full-time faculty position at the Assistant Professor level. Possession of DDS, DMD and/or MD degree or equivalent, eligibility for licensure to practice in Louisiana and American Board of Oral and Maxillofacial Surgery certification are required. The candidate will have a commitment to resident education as well as the opportunity to augment their salary through the private faculty practice plan. LSUHSC-Shreveport is a Level I trauma center and the department has a fully accredited OMS training program as well as a fellowship program in Head and Neck Surgery, Residents in their senior year of training as well as surgeons retiring from military service are encouraged to apply. LSUHSC-Shreveport is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law. For more information, please contact: D. David Kim, DMD, MD, FACS, Department of Oral & Maxillofacial Surgery,

1501 Kings Highway, Shreveport, LA 71103, 318-675-6122, david.kim@lsuhsc.edu, www.lsuhs.edu/about/ employment.

Louisiana

LSU School of Dentistry is seeking applicants for a full-time faculty position at an Assistant/Associate Professor level in the Department of OMS. Ability to practice full-scope oral and maxillofacial surgery is required. Capacity for fellowship-based clinical care is desirable: Head and Neck Surgery, Microvascular Reconstruction, Craniofacial Surgery or Cosmetic Facial Surgery. Candidates will also participate in the Faculty Practice, provide call coverage at our level 1 trauma University Medical Center, affiliated hospitals and LSU School of Dentistry, Salary/rank commensurate with experience/qualifications. Qualifications: DDS/DMD, OMFS certification, ABOMS-certified or active candidate for certification and eligibility for licensure to practice in La. LSU Health New Orleans is committed to leveraging diversity as an educational resource and an institutional core value. We seek candidates who will contribute to a climate where students, faculty and staff of all identities and backgrounds have equitable access and success opportunities. As an equal opportunity, affirmative action employer, we welcome all to apply without regard to race, color, religion, age, sex, national origin, physical or mental disability, genetics, protected veteran status, sexual orientation, gender identity or expression or any other characteristic protected by federal, state, or local laws. Apply at https://lsuhsc.peopleadmin. com/hr/postings/10685.

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. 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 and Ignacio Velasco Martinez, DDS, at ivelascomartinez@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-daya-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 ibavitz@ 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.

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

continued on next page

Faculty Positions

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. 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.

New York

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

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. Posting F2100141 Tenure-Track, 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. 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 in 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. Posting #F2100143 Clinical-Track. 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. 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.

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 boardcertified 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.

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 accepting applications for the July 1, 2024, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMFS, cleft and craniofacial surgery. The primary goal of the fellowship is to educate and provide additional surgical training in the management and treatment of patients with congenital facial anomalies. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit 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-andtraining/fellowships/temporomandibular-jointfellowship. 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 jmccain@mgh.harvard.edu.

Massachusetts

The Department of Plastic and Oral Surgery at 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 (ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/ or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251 6726, email lacyw@ofsinstitute.com or visit our website at ofsinstitute.com.

Reply to a classified box ad in the following manner: AAOMS Classified Box 9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701

Fellowships Non-CODA Accredited continued from previous page

Nationwide

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

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 12-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 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 wellknown locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Drs. Bryan Bell, Allen Cheng, Ashish Patel, Caitlin Magraw, Baber Khatib and Lance Thompson. Dr. Eric Dierks also serves as an emeritus faculty member. Please

contact us directly for more detailed information about the program. Information about our practice and fellowship program can also be found at www.head-neck.com. Please email us at chenga@head-neck.com.

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 and 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.

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 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 petern739@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.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or boardeligible, 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 $attached\ to\ apply. or alsurgery @gmail.com.$

California (Silicon Valley)

Opportunity of a lifetime. Premier fee-forservice 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.

California

Rare opportunity! Bay Area, Marin County, respected solo practitioner looking for a board-certified or board-eligible oral and maxillofacial surgeon for a part-time position. This arrangement will lead to a fulltime position with a potential partnership and/ or buyout situation. The surgeon candidate would begin with a two-day workweek commitment, advancing to three days in an accelerated fashion if mutually agreeable. All traditional aspects of oral surgery are currently being performed. This is a two-site practice, with each office located in a



conveniently desirable area of Marin County. This practice enjoys a committed loyal referral base. Please email classifieds@aaoms.org attention AAOMS Box A-0504.

California (Orange County)

Well-respected, active and established oral surgery practice in Fullerton, Calif., is in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon. Our office provides a full scope of oral and maxillofacial surgery including IV sedation, extractions, bone grafting, PRF/ PRP, implant placement, biopsies and more. Applicant should have a Calif. license and general anesthesia permit. Candidate would be able to showcase an array of surgical services and would be expected to establish and maintain relationships with existing and potential referring doctors in the community. There would be an expectation for the candidate to help grow the practice. Please send CV to drsteve@fullertonoralsurgey.com.

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.

Colorado (Southwest)

Perched on the beautiful western slope of the Rocky Mountains, our micropolitan town is a vibrant, expanding community that offers bigtown 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.

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.

Colorado

2-3 days a week in a well-established 2 surgeon practice on a hospital campus. Prefer candidates who are ready for a new position after military, academia or private practice. Privately owned practice. Trauma optional. Email tara@castlerockoralsurgery.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 also are 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 or fax to 850-479-5809.

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

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

Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have two doctors dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport and multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a

population of over 1 million. Florida has no state income tax, and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at cforalsurgery. com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

Florida (Orlando)

Two-doctor practice, two office locations seeking part-time surgeon two to three days a week. Wellestablished 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. Resumes/inquires may be submitted to Pam Scott, Administrator, at pscott@ofs.cc or call 407-698-3781.

Florida

Seeking full-scope OMS to join an established practice in Tampa Bay, Fla. Practice is suited for someone who enjoys the comfort of dentoalveolar procedures but also wants to do hospital cases, especially orthognathic and trauma. Excellent worklife balance, supportive colleagues and competitive insurance contracts make this a rare opportunity. Please contact Peter Kemp with any questions at admin@flcranio.com.

Florida (South)

Well-established, full scope OMS office with four locations in the South Fla. area is seeking a Board-certified oral and maxillofacial surgeon. We offer a highly competitive salary with a production-based bonus, and health benefits. Please send CV to jeaninej@oralfacial.com.

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.

Illinois

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

Reply to a classified box ad in the following manner: AAOMS Classified Box 9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701

Available Positions

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 full-scope practice affiliated with Level I trauma hospital. Teaching possibilities available. Contact 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.

Illinois

Amazing opportunity to partner with a solo practitioner in a new, rapidly growing, cuttingedge 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 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 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 or call 855-546-0044.

lowa

Fort Dodge Oral Surgery and Implant Center, serving central and northwest lowa 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 lowa's Great Lakes (Okoboji), ATV/UTV trails, commercial airline service and an extensive bike trail system all in our backvards. 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 or call Jon DeJong at 515-408-1657.

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 or contact Reda Vaughn at 859-278-9376, Ext. 1108.

Louisiana

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

Massachusetts

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

Michigan

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.



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 docredomfs@gmail.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 wellestablished 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. 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, familyoriented 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 productionbased 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 or alaclair@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.

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.

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, attention AAOMS Classified Box A-0118.

New York

Outstanding opportunity to join a growthoriented, 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 officebased, 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@mofsny.com or contact Robert Bodey at 347-590-9910.

New York (Long Island)

Seeking energetic person to join a unique, multidoctor 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 benefits package that includes malpractice, health, life insurance, 401(k) and profitsharing. 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 one surgeon. Full scope of OMFS. Fast partnership track. Please email your CV or questions to omfseric@aol.com or phone 585-223-1200.

Reply to a classified box ad in the following manner: AAOMS Classified Box_ 9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701

Available Positions continued from previous page

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 also is an active member of three cleft lip and palate teams in the region. Dentoalveolar and implant surgery also is 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.

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.

New York (Long Island)

Our well-respected, multi-office, boutique practice is seeking a motivated, charismatic surgeon for an associate position leading to a long-term partnership. The practice is well-established and practices the full scope of office and hospital-based oral and maxillofacial surgery. We have five modern office locations, four board-certified surgeons and are on staff at local hospitals where we bring a wide variety of cases, cover trauma call and teach in the associated residency programs. Our high-tech offices are fully equipped with electronic medical records, digital radiographs, cone beam scanners and guided surgery software. Benefits include but are not limited to - high compensation, full medical benefits, malpractice coverage, 401(k), paid vacation, board preparation course and travel. Send CV to classifieds@aaoms.org attention AAOMS Box A-0415.

Ohio

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

Ohio

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

Ohio

Rare opportunity to replace a retiring partner in a thriving private practice. Serving northeast Ohio for over 55 years, our 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.

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.

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 Ill 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.

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 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 omfsptbo@gmail.com for more information.

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, golfing, 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, continuing ed and relocation assistance. Please contact alicer@aomsurgery.com.

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 modem 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.



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.

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.

Texas

Excellent opportunity to join boutique two location oral surgery practice in Austin, Texas, with great referral base. We are looking to fill a full-time position offering excellent benefits, vacation time and a state-of-the-art work environment focusing on dentoalveolar surgery and dental implants. Opportunity is available for full-scope trauma call. Email CV to vcavaretta@gmail.com.

Virginia

Exciting opportunity available to replace retiring partner at established, well-respected oral surgery practice in beautiful central Virginia. Multi-office, five-doctor practice looking for associate to transition to full partner. Applicants must be board-certified/-active candidates for certification. Seeking applicants who are enthusiastic, motivated, dedicated to exceptional patient care, and committed to continuing strong referral relationships. Emphasis on dentoalveolar/preprosthetic 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.

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.

Washington

Well-established solo practice in Seattle suburbs looking for another surgeon to grow into the practice as an associate with future partnership potential. The ideal candidate has a strong background in office-based implant, dentoalveolar and pre-prosthetic surgery and is comfortable administering anesthesia in the outpatient setting. Upcoming 2023 graduates who fit this profile as well as more experienced surgeons who may be looking for a better opportunity are encouraged to apply. Practice is up-to-date on current technology with digital Panorex, cone beam CT, intraoral scanning, X-guide dynamic navigation implant system, 3D printing and paperless charting. There is an opportunity to grow an orthognathic practice depending on surgeon's interest. Hospital call is optional. The Seattle and greater Puget Sound region is home to beautiful natural vistas, numerous outdoor activities, diverse cultural experiences and multiple professional sports teams. The economy is strong in Seattle with many major employers. Washington state dental license with GA permit and BC/BE required. Base salary with collections-based bonus. Please email CV to classifieds@aaoms.org. attention AAOMS Box A-1029.

Wisconsin

Our multi-doctor practice established 50 years ago is continually growing and has many current amenities including full-face CBCTs and DAANCEcertified 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 benefits package starting as an associateship leading to an equal partnership. Interested candidates should apply with a CV or resume to: info@omswinnebago.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

California (San Francisco Bay

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 inquires to omspractice4sale@gmail.com.

California (San Francisco)

Rare opportunity for the OMS who seeks the Bay Area/San Francisco style living. Great location, well-established practice with a strong referral base. Passive income from regular facility usage by facial plastic surgeons with strong possibility for others. Facility is equipped with the latest technology and a full-scope operating room. Admin areas were remodeled in recent years. Most staff were replaced following the quarantine due to Covid. Established systems and protocols made continuous AAAHC accreditation possible for over 15 years. Currently readying for reaccreditation. Annual income from a four-day workweek and multiple vacation breaks is very satisfactory. Minimum six months of support from the existing owner is available. Continuous relationship is negotiable. Qualified buyer may have the option to partially finance through the owner. Board eligibility/certification required. Single or dual degree, new graduate or experienced oral surgeons are welcome to apply. Please send a cover letter describing your past achievements, future plans and ideas along with your resume to sfoms8866@gmail.com.

Practices for Sale

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.

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. Medical building, 1,600 square feet, free parking. Long-term competitive lease available. Appraisal available from Collier and Associates. Send email to saleomfs@gmail.com.

Michigan

Metro Detroit oral surgery practice. Highly profitable with excellent reputation in suburbs of metro Detroit. Revenue of more than \$1.1M with above industry average cash flow. Beautiful facility, strong referral base and loyal team. For more information, please contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770.

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, N.Y., solo practice. Two locations with Dexis/Panorex-CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgery, 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 classifieds@aaoms.org attention AAOMS 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.

Ontario, Canada

Once in a career opportunity to join a prestigious team of highly regarded surgeons through purchase of the founding partner's share of a group practice. Challenge your boundaries through collaboration on complex OMFS cases in a collegial environment of uniquely skilled practitioners. Established and well respected in the community, this practice has upward of 800 referring doctors with referrals generally to the group rather than specific surgeons; the partner's proportionate share exceeding 4,500 annually. Strong profitability has earned the vendor alone \$2 million annually working only 39 weeks a year providing upside potential for someone keen to work more. Busy schedule and financial and reputational success await a new owner. For more details, contact bill.henderson@henryschein.ca or patti-anne.jones@henryschein.ca.

Ontario, Canada

OMS practice for sale in Sudbury. Owner selling due to changes in personal life. Willing to associate for few months to help with a smooth transition. Three equipped and two plumbed operatories. Annual billings \$1.5 million. For more information, contact alan@practice4sale.ca.

Oregon

Portland – Recently renovated, strong OMFS practice with four surgery suites that collects approximately \$1.2 million with room for much more. Gorgeous office in central location and tenured staff. Retiring surgeon motivated to sell. Please contact paul@mydentalbroker.com or 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.

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.

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.

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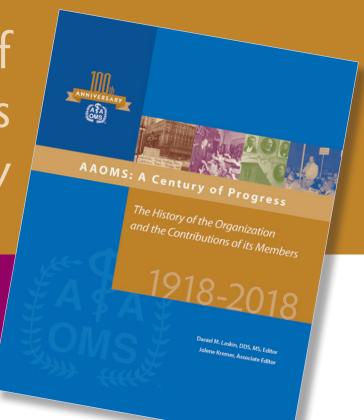
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AAOMS: A Century of Progress The History of the Organization and the Contributions of its Members

This collective work includes:



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- A 100-year timeline capturing important AAOMS milestones, events and discoveries in oral and maxillofacial surgery.
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- Listings of Past Presidents, Annual Meeting sites and dedications as well as award winners.
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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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