

AAOMS TODAY



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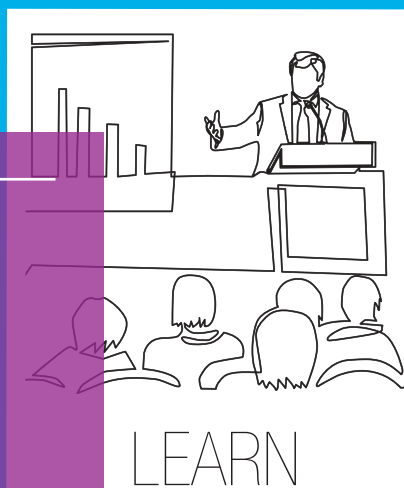
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November / December 2022 Volume 20, Issue 6

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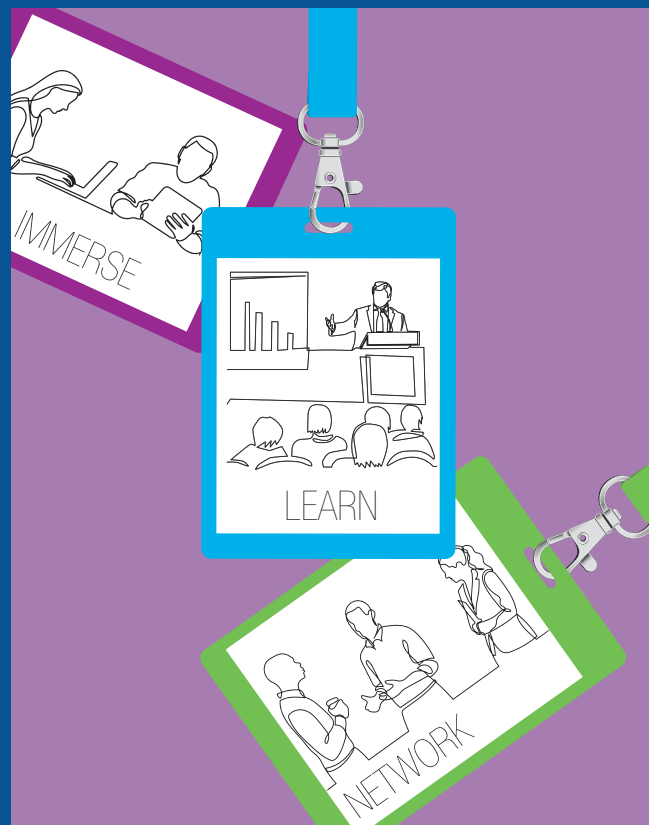
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COVER STORY

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OMSs immerse, learn, network at Annual Meeting

*Clinical tracks, hands-on sessions,
social events fill the schedule*

*I think people are going home with
that memory of, wow, we really had a
good time.*

*– Dr. Lawrence M. Gorzelnik
Annual Meeting attendee and
District II Caucus Chair*

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Photo: Prasad Bastodkar, DDS, oral and maxillofacial surgeon at Associated Oral & Maxillofacial Surgeons, Maple Grove, Minnesota.

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AAOMS Today: Award-winning AAOMS member magazine

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



2020: Silver Award for Association Magazine



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



Paul J. Schwartz, DMD
AAOMS President

“We are all so fortunate to belong to an organization that so deeply cares about its members and this specialty.”

This column is based on Dr. Schwartz's Inaugural Address at the 2022 AAOMS House of Delegates.

IN MY VIEW

Preserve, promote and

I am honored to be given this opportunity to serve as AAOMS President for 2022-23. I want to share what I hope we can achieve over the year ahead. My vision for our specialty can be summarized as **Preserve, Promote and Serve**.

My commitment to you as President is to work hard to **preserve** our practice model, to **promote** innovation and spread the word of our expertise to the public, and to **serve** the needs and deliver solutions for the advancement and enrichment of all our members. My vision aligns directly with the AAOMS Strategic Plan that is guiding our Association through 2024.

Although our strategic plan calls for **preserving** the OMS anesthesia care team model as a priority objective, I believe we need to continually advocate and strengthen our strategic alliances with national organizations such as the American Society of Anesthesiologists and the American Society of Dentist Anesthesiologists. We also must remain vigilant and circumspect as we approach our state and federal advocacy efforts, ensuring that our patients' access to safe and cost-effective anesthesia care is not compromised. We must all play a role in advocating and educating legislators at the local level. Participation at your local and state dental association meetings, state dental board meetings and our national Day on the Hill meeting is essential to this mission.

The reputation of our OMS anesthesia care team delivery model must remain beyond reproach and universally respected throughout the medical and dental anesthesia community. By having clear lines of communication, we can continue to establish areas of common interest and cooperation as well as develop opportunities for discussion where we disagree.

Next, I plan to **promote** innovation within our specialty by appointing a Board Subcommittee that will explore all avenues – tying in directly with our 2023 Annual Meeting theme of “Innovations in OMS – Patient Care and Practice Strategies.”

This Subcommittee on Innovation will look at new products, devices and technology that can prove useful across oral and maxillofacial surgery. It also will be challenged to discuss important issues such as the significant problem of the impaired OMS provider and explore potential avenues to expand our routine scope of practice.

The Subcommittee also will investigate the use of non-categorical OMS interns, including the issues that arise among those who do not successfully match, and develop best practices for standardizing documentation of their educational experiences.



serve: Our AAOMS Board goals for 2022-23

As a relatively new full-time faculty member, I have gained a rapid appreciation of the challenges faced by faculty members in the education of our residents and dental students. The importance of having full-time OMS faculty in all our dental schools is evident on so many levels. There is an entire generation of dental students who do not understand the critical importance of oral and maxillofacial surgery in dentoalveolar surgery and dental implant placement. This new Subcommittee will be asked to explore more ways to support the needs of our OMS faculty and residents.

Our specialty – through research and in practice – must stay abreast of the innovative, state-of-the-art trends in simulation, robotics and artificial intelligence. The future holds so many opportunities for the specialty if we explore, develop and embrace innovative techniques, treatments and ideas.

AAOMS also must **promote** the oral and maxillofacial surgery specialty by elevating public awareness of our services and safety through our Informational Campaign as well as an increased emphasis on why the public should select an OMS for their surgery.

The campaign not only increases member value – a strategic plan priority – but serves to promote our private practices and specialty recognition. I also would like to use the campaign to help spread the message of our many safety initiatives and successes.

This program deserves our strong support, and I encourage you to incorporate the campaign's videos, infographics and social media into your practices.

I feel it is critically important the officers and Board of Trustees **serve** AAOMS's diverse membership by determining their needs and delivering solutions that increase and align benefit and value to all practice models. Matching another strategic plan priority, I would like the work of the Board Subcommittee on Member Engagement to focus on benefits to engage

members from early to mid to late career. Let's also think of ways to utilize the talents of our life and retired members.

We need more ideas to turn into action so members develop a sense of wanting to remain a part of something more important than themselves. This coming year, you will hear the question multiple times: What can AAOMS do for you?

The reputation of our OMS anesthesia care team delivery model must remain beyond reproach and universally respected throughout the medical and dental anesthesia community.

Another way we can serve our Association is by strengthening the relationships we have with our industry and corporate partners. A new Subcommittee on Exhibitions and Corporate Support will conduct a thorough review of the current landscape – from exhibit hall hours and fees to bylaws and industry standards. Then they will determine if we are missing any opportunities, evaluate our future needs and

explore creative ways to engage these companies.

With our robust advocacy, education, membership, finance and communications initiatives, these three new Subcommittees – focusing on areas that will preserve, promote and serve the Association – will help us innovate, engage and evolve. Together, there is so much we can accomplish.

These goals summarize my vision for what I know will be a busy and productive 105th year for AAOMS. I am humbled and honored to serve in this position. I look back on my life and appreciate how fortunate I am to be where I am.

OMS journey

I am not your traditional AAOMS President. I am largely a rank and file, private practice OMS who was never that closely involved with AAOMS. I sensed, but never fully appreciated, how remarkable our organization was until I was asked to serve on the Committee on Anesthesia. We are all so fortunate to belong to an organization that so deeply cares about its members and this specialty.

Over the last 30 years, I have had the honor and privilege to gain invaluable experience in AAOMS and our affiliated organizations by serving as president of the Maryland Society of Oral and

continued on next page



Dr. Schwartz delivered his Inaugural Address at the House of Delegates on Sept. 14.

Maxillofacial Surgery, as a board examiner and section chair of Medicine and Anesthesia of ABOMS, and as a member of our House of Delegates for several years.

I have been extremely fortunate to not only work for more than 30 years in a full-scope, multi-surgeon private practice but now over the last four years as a full-time faculty member at a dental school and an OMS residency program. By working in both the private and academic sectors, I feel I have a grasp on many of the issues that affect both groups. It is vital that we as an organization always maintain that critical balance to ensure that we provide opportunities and representation for all our members.

That is my OMS journey.

Gratitude

When I look back, I realize that every achievement was made possible through the encouragement and guidance of mentors, friends and colleagues. I would like to thank some of these individuals:

- Drs. Richard Simeone, Tom Soliday and Art Jee, who served as great Maryland and AAOMS leaders.
- My remarkably talented teachers – Drs. Thomas Braun, Steven Kaltman, George Obeid, Bill DelVecchio – and all the others who contributed to my education.
- My AAOMS mentors Drs. Dana Jackson, Michael Kleiman, Vince DiFabio and Lou Rafetto.
- All the AAOMS Presidents with whom I have had the honor to serve.
- My fellow Maryland Delegates Drs. Hal Canter, Lynn Asher and Alex Smith.
- Drs. B.D. Tiner and J. David Johnson Jr., who are both remarkably brilliant people and powerful leaders.

- The hard-working and talented AAOMS Board of Trustees who have and will continue to help guide my decisions along the way.
- My fellow residents in training, Drs. Michael Ban and Brad Kaplan, and my good friend and co-chief resident Dr. Marty Eichner, who now serves as the District II Trustee.
- My senior partner in private practice, Dr. Jay Heffron, and my other long-time partners, Drs. Lane Knight and Wendell Gardner.
- The full-time faculty at the University of Pittsburgh, Drs. B.J. Costello, Larry Cunningham, Mark Sosovicka, Bill Chung (now with the Indiana University School of Dentistry) and Ed Adlesic.

I would be remiss if I didn't mention my family. I grew up in a blue-collar home in the inner city of Pittsburgh. My mother and father were typical Depression-era parents who worked extremely hard to provide for the needs of our family. My sister, brother and I made our school decisions based largely on cost. I'm proud to say we all worked our way through college and grad school and paid for our own education. Today, my sister is the senior attorney for the Executive Council of the Veterans Administration in D.C. and my identical twin brother Kevin is a successful and talented OMS who was in private practice in the D.C. area.

My beautiful wife of 36 years, Olga, is a skilled and accomplished physical therapist and has been an amazing mother to our four children: Lauren, an engineer/MBA with Amazon in Baltimore, Md.; Eric, an attorney, MBA and associate athletic director at Indiana University in Bloomington; and our twins, Maura – who is finishing her PhD in neuroscience/gene therapy at the Ohio State University College of Medicine – and Matthew, who is a lieutenant in the U.S. Navy and a United States Merchant Marine. A new addition to the family is my granddaughter, Sophie.

Looking forward

I am ready to begin my year as President of AAOMS. I ask for the aid of my able Board of Trustees, the Senior Management Team and all the members of AAOMS to carry out this agenda.

This year will culminate at the 2023 AAOMS Annual Meeting in San Diego, Calif., where we will mark our theme of Innovations in OMS – Patient Care and Practice Strategies.

We have much to accomplish, and I am confident together we will get it done. ■



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OMSs immerse, learn, network at Annual Meeting

*Clinical tracks, hands-on sessions,
social events fill the schedule*



Clockwise from top left: 2021-22 President Dr. J. David Johnson Jr. introduced 2022-23 President Dr. Paul Schwartz; Annual Meeting attendees took part in hands-on learning at the Cadaver Workshop; audience members took in the keynote speech; The Jaywalkers Second Line Band entertained during the Opening Ceremony.





While AAOMS Annual Meeting attendees were able to immerse in evidence-based research and learn about the latest clinical breakthroughs, many said they most enjoyed their chance to network with colleagues.

"I think people are going home with that memory of, wow, we really had a good time," said Lawrence M. Gorzelnik, DMD, MD, of Madison, N.J., a House Delegate who recently ascended to District II Caucus Chair.

"It's been great to come back together again," said Nicholas F. Callahan, DMD, MD, MPH, of Chicago, Ill., who presented at Annual Meeting. "I loved just being back to seeing everyone's actual faces in-person."

More than 2,800 members, residents, staff and guests convened Sept. 15 to 17 in New Orleans, La. – AAOMS's first Annual Meeting there since 1998 – while another 400-plus individuals joined via the online platform.

Immersive learning

Educational opportunities this year included 12 clinical tracks covering the full scope of oral and maxillofacial surgery. Sessions covered anesthesia, dental implants, dentoalveolar, cosmetic, head and neck, orthognathic, obstructive sleep apnea, pathology, pediatrics and cleft, reconstruction/nerve, TMJ and trauma. More than 50 Master Classes, 30 practice management courses and the popular Anesthesia Update rounded out the schedule.

AAOMS offered five sold-out sessions of the Office-Based Emergency Airway Management (OBEAM) module, part of the National Simulation Program. Attendee Jeffrey E. Persico, DMD, of Okemos, Mich., said it was one of the highlights of his attendance. "It was well worth it," he said. "Time flew by, and it was well-run."

Janice S. Lee, DDS, MD, MS, FACS, of Bethesda, Md., enjoyed the orthognathic surgery session on diversity, as it's an issue she has confronted in her own work. "A lot of my patients don't look like me," she said.

"There's literature to support that racial concordance leads to better patient satisfaction in terms of their experience,"

Dr. Lee added later. "When you have such a variety of patients who need the type of care we provide, as surgeons we've got to be versed in all types of diverse needs. I really gained a lot from that session."

The Chalmers J. Lyons Memorial Lecture – held at every Annual Meeting since 1952 – featured Powel H. Kazanjian, MD, PhD, presenting on Epidemics Past, Present and Future: Syphilis, AIDS, COVID. He discussed some of the overlapping historical patterns between society's responses to these historical moments and how they provide perspective for future epidemics.



Dr. Powel H. Kazanjian gave the 2022 Chalmers J. Lyons Memorial Lecture: Epidemics Past, Present and Future: Syphilis, AIDS, COVID.

He closed by discussing "The Plague," a novel about a disease outbreak in the city of Oran, Algeria. Told from the perspective of a physician, the protagonist opts to stay rather than flee, not because he has "any grand idea or plan about healing the epidemic," Kazanjian told attendees. Rather, he feels it is his mission, obligation and duty.

"He's an ordinary doctor, but that's what seems so inspiring here and liberating: That we still can act out of our

continued on next page



Clockwise from top left: Attendees networked during the new Exhibit Hall reception; keynote speaker Kevin Brown discussed heroism; hands-on learning occurred at the Anesthesia Assistants Skills Lab.

compassion for people, even when we have no therapies,” he said. “It’s still part of what we’re supposed to do as doctors and dentists and healthcare workers.”

“The HERO Effect” author Kevin Brown touched on similar themes during the Keynote Lecture. He relayed the story of taking his 9-year-old son with autism, “Josh-Brown,” to Disney World in 2007. The boy’s favorite food at the time was apple pancakes, but the restaurant did not have the ingredients. However, Executive Chef “Aunt Bea” displayed compassion and care for the boy and, when they returned, she had bought everything needed to make that special meal.

“Give the people we serve what they need, whether we have it or not,” Brown told attendees. “Bea raised her hand instead of pointing a finger. And when she raised her hand, she asked a brilliant question: ‘What can I do with what I have to make life better for this kid?’ After all, that’s all heroes do. They just make life better. That’s exactly what you do. For every single patient, for every single colleague, for the communities that you give back to – you make life better. You solve their problem. You take a little bit of the stress out of their world.”

Spotlight on volunteerism

The Annual Meeting’s signature Spotlight Session focused on the event’s overarching theme of Volunteerism: Individuals United in Service, highlighting opportunities for OMSs to help patients and peers. AAOMS President J. David



Johnson Jr., DDS, spoke during the program to highlight many ways surgeons can get more involved in the specialty.

Those include taking part in governmental advocacy, joining a committee, or engaging with Association communications such as *AAOMS Today* and the Informational Campaign. In an effort to encourage volunteerism, AAOMS has developed a dedicated webpage, web form and formalized vetting process for charitable OMS organizations.

“Don’t be shy. Let us know what your interests are,” Dr. Johnson told attendees, also urging them to get involved with local societies, where individual OMSs can make the biggest impact. “Everyone knows that so many of the issues that are really important are decided at the state level,” he said. “Get involved in those organizations and the committees of your component society. You’ll find it very rewarding; you’ll develop friendships where you can consult with your peers, and you can make a difference for your specialty.”

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HQ education, sim center renamed in honor of Dr. Daniel Laskin

AAOMS's high-tech education and simulation center in Rosemont, Ill., has been renamed in honor of a noted oral and maxillofacial surgeon who died last year at the age of 97.

Following unanimous approval by the House of Delegates Sept. 13, the OMS Institute for Education and Innovation will become the Daniel M. Laskin Institute for OMS Education and Innovation. With the change, AAOMS hopes to immortalize the legacy of the longtime *JOMS* and *AAOMS Today* editor.

"Dr. Laskin was a legend in our field who inspired countless OMSs during his illustrious career," said AAOMS 2021-22 President J. David Johnson Jr., DDS. "With his name now attached to our facilities in Rosemont, our hope is that Dan will continue to do so for many, many years to come."

Dr. Laskin served the Association for more than 60 years as a fellow, past President and editor of AAOMS's two flagship publications. Daniel Laskin, DDS, MS, won every award he was eligible for from AAOMS and the OMS Foundation. He served as president for four other national dental organizations, and faculty at three OMS residency

programs. Dr. Laskin's legacy as an outstanding educator and researcher in oral and maxillofacial surgery included authoring or co-authoring 16 books, 900 articles and three AAOMS history books.

"It would be a rarity to open any OMS textbook and not see his name somewhere,"

Joe Niamtu III, DMD, said at the time of Dr. Laskin's death in December 2021. "If there was such a position of Supreme Galactic Commander in OMS, he was it."

Annual accolades named after him include an award for the best *JOMS* article and AAOMS's outstanding predoctoral educator award.

At the 2021 AAOMS Annual Meeting, Dr. Laskin received the Board of Trustees Special Citation Award. Dr. Laskin was honored with the 2018 Distinguished Dental Editor Award from the ADA Council on Communications and American Association of Dental Editors and Journalists.

During the 2018 AAOMS Annual Meeting, the House of Delegates passed a resolution authorizing the construction of the state-of-the-art simulation and education center on the second floor of Association headquarters. The institute – which includes a large meeting space, four simulation labs and two control rooms – hosted its first event (the AAOMS Head and Neck Oncology for the OMS conference) in March 2020. Besides hands-on courses such as the Office-Based Emergency Airway Management (OBEAM) module, the center also has hosted events such as the Anesthesia Patient Safety Conference and Clinical Trials Methods Course in 2022.



Dr. Laskin



The institute hosted its first sessions of AAOMS's National Simulation Program in November 2021.

Other talks during the two-hour spotlight session covered topics such as global surgery, Doctors Without Borders, how to be a successful AAOMS committee member and volunteerism in residency.

"I think this was a great session," said Kevin S. Smith, DDS, FACS, of Oklahoma City, Okla., who has volunteered internationally for over 30 years, performing more than 500 cleft lip and palate procedures. "The information given was excellent. I think we need to do more to generate enthusiasm among the specialty."

"I would like to see more involvement among our members," said John E. Fidler, DDS, of Goldsboro, N.C., who

has gone on several mission trips and always "gotten more from it than I've put into it."

Learnings in action

OMSs such as Aaron M. Brinster, DDS, MD, of Sylvania, Ohio, said he plans to take home some of his Annual Meeting learnings and put them into action in the near-term. He plans to take a new technique learned at the Management of the Cleft Dental Gap in the Skeletally Mature Patient session back to his practice.

"We were having difficulties with grafts and cleft sites, and the solution involved using osteotomies to close those

Time running out to access Annual Meeting content

Those who were not able to attend the AAOMS Annual Meeting in-person – or were there but missed sessions because of their busy schedules – still have time to view the educational content online.

Both in-person and online-only registrants have access to live-streamed sessions, a full library of on-demand courses and the virtual Exhibit Hall through **Dec. 31**.

Online-only registration for the meeting's host of recorded content is open until Nov. 30.

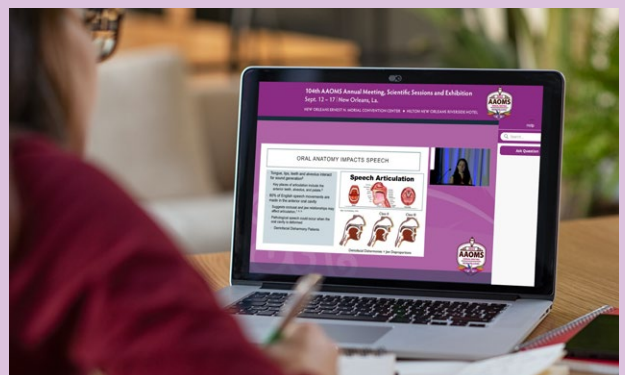
A total of 47 CDE/CME or 57 CDE-only credits can be earned from the Annual Meeting via the web platform. The list includes:

- **Fifty-plus Master Classes** – Covering topics such as orbital reconstruction, bone grafting maxillofacial defects, ameloblastomas and MRONJ management.
- **Fourteen on-demand-only practice management sessions** – Focusing on how to build a team, marketing a practice, important planning strategies and HIPAA compliance.
- **Three on-demand abstracts** – Reviewing obstructive sleep apnea treatments, trauma management, COVID-19's impact on oral and maxillofacial surgery and orthognathic procedures.
- **One How I Do It session** – Covering sleep surgery and neck dissection techniques.
- **Two team-based sessions** – Discussing how to deal with patients who are unhappy with the results of their cosmetic facial surgery and incorporating facial esthetics into dental rehabilitation treatment.

In a post-event survey, 2022 Annual Meeting attendees shared thoughts about their experience:

- 95 percent said the conference was well worth the investment of their time (more than two-thirds said they strongly agreed).
- 93 percent said their educational needs were satisfied.
- 87 percent labeled the quality of content as "excellent" or "very good."
- 92 percent agreed that the caliber of this year's speakers made Annual Meeting a must-attend event.

"AAOMS put on an outstanding education program at the Annual Meeting," said 2021-22 President J. David Johnson Jr., DDS. "We hope members will take the time to immerse themselves in the online platform."



A total of 47 CDE/CME or 57 CDE-only credits can be earned from the Annual Meeting via the web platform.

grafts,” he said. “It’s essentially a substitution, whereas previously we were trying over and over again to get different results or do other prostheses to fill that gap. Kind of using our bigger surgical skills to solve a small, single-tooth problem in a simple surgery. We thought that was a good workaround that I think we are going to try and implement. We were actually pretty excited about that.”

Gary F. Bouloux, DDS, MD, MDSc, FRACDS, FACS, FRCS, of Atlanta, Ga., hopes to utilize learnings from the Educators Summit to better motivate OMS residents.

continued on next page

Organized dentistry is so important because I think you have to have numbers... The more of us who are involved, the more effective we can be.

*– Dr. Charles K. Scruggs
Galveston, Texas*

President’s Event delivers music, food, museum exhibits

Attendees at Annual Meeting’s top social event viewed exhibits, danced to live music from the Phunky Monkeys and enjoyed food at The National WWII Museum on Sept. 16. More than 900 individuals attended the President’s Event to celebrate the past year with Dr. J. David Johnson Jr. and his wife, Caroline.





Clockwise from top left: Dr. Tina Meisami (second from right) and colleagues conversed during the CIG/SIG Meetings; an attendee perused implant products in the Exhibit Hall; Dr. Brian Ford discussed deep learning during the Orthognathic Track; attendees filled the room at the Educators Summit.

"There are opportunities to better select residents in terms of identifying them before the match and also helping them when they need it," said Dr. Bouloux, who also spoke at the meeting. "To have success as a resident who comes into oral and maxillofacial surgery training, you have to be self-motivated. Our job as educators is to help support that self-motivation and inspire them to be what we want them to be."

The Annual Meeting also offered 30-plus practice management sessions (14 of them on-demand) to help OMSs navigate office emergencies, communications, marketing, HIPAA compliance, and buying or selling a practice.

"We're not taught the business aspects of running an OMS practice in school, obviously," said Sung Yong Han, DDS, MD, of Redlands, Calif. "I think a lot of people find that it's rather challenging to self-learn those things until they have to face it in real life."

Annual Meeting photos online

Photos from the 2022 AAOMS Annual Meeting are available for purchase on The Photo Group's website at ThePhotoGroup.com. The access code is AAOMSGallery22. The gallery will remain open until Feb. 3, 2023.



Inside the New Orleans Exhibit Hall, nearly 200 vendors displayed the latest innovations in OMS care.

"I come here for some of the CE, but most of my motivation is just being able to come walk the Exhibit Hall, see what new products are going to be there, get a chance to meet people, and figure out what I can do to help make the specialty better through advocacy or donations," said John J. Rydlewicz, DDS, of Appleton, Wis., who is a member of the OMSPAC Board of Directors.

Networking stands out

Attendees identified sessions about motivating OMS residents, pathology, internet marketing and the Educators Summit as other favorites. But most of all, networking and camaraderie were cited as the reasons for coming back each year.

"Organized dentistry is so important because I think you have to have numbers," said Charles K. Scruggs, DDS, of Texas City, Texas, "I've been a member of AAOMS since Day

One, because you represent us as a specialty. And the more of us who are involved, the more effective we can be."

"The biggest thing I enjoy about Annual Meeting is not only the scientific and business side, but being able to rekindle and make new friendships and meet people from around the nation," said Dr. Rydlewicz of Appleton, Wis. "That really is the best part, and it always makes you want to come back again in the future." ■



Left: Participants in the Clinical Trials Methods Course included (from left) Drs. Alexis Linnebur, Ashley E. Manlove, Andrea B. Burke, Pooja Gangwani, Joli C. Chou, Jasjit K. Dillon, Radhika Chigurupati and Rania A. Habib. Drs. Manlove, Gangwani, Chou, Chigurupati and Habib were all members of the winning team. Right: Dr. Manlove discussed her team's winning proposal at the Research Open Forum.

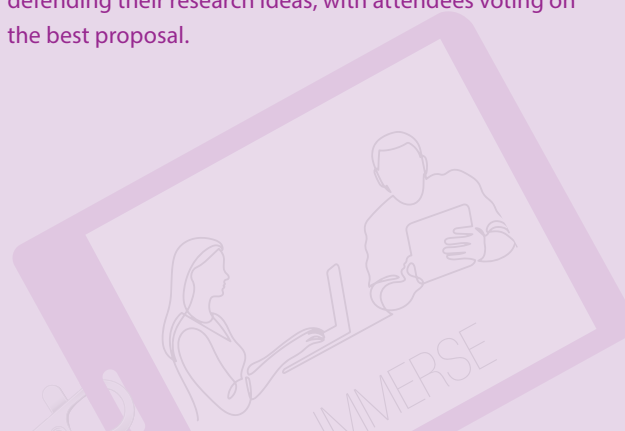
Clinical Trials Methods Course winners recognized

AAOMS recognized the winning proposal of its 2022 Clinical Trials Methods Course during the Research Open Forum on Sept. 16.

Joli C. Chou, DMD, MD, FACS, and Ashley E. Manlove, DMD, MD, discussed the group's work, which covered the topic of craniofacial trauma/orthognathic/facial deformities with its proposed 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.

"I was honored to be able to lead the winning team," Dr. Chou said in an interview. "We had a group of enthusiastic participants who were eager to learn about research and clinical trial methods, which made my work easy. It also helped that we had lots of fun coming up with the project."

Dr. Chou and colleagues said they plan to apply for grant money to potentially conduct the study in the future. Held since 2008, Clinical Trials Methods Course gathers residents, fellows, faculty and private practitioners to learn about clinical trial design. Thirty-two OMSs attended in May, breaking into four smaller groups and defending their research ideas, with attendees voting on the best proposal.



Members take advantage of video recording opportunities

More than 50 AAOMS members participated in the OMS Experts video shoot during Annual Meeting in New Orleans.

For second year in a row, the complimentary studio allowed members to record two short videos. One will be used as part of the Informational Campaign's OMS Experts series, with the second an optional recording used at each participant's practice.

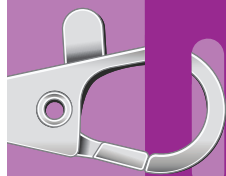
"We were delighted to see so many of our members take time out of their busy schedules to share their knowledge," said Lee Allen, DMD, MD, Chair of the Committee on Public and Professional Communications. "Consumer surveys have shown that our campaign is making a mark with potential patients, and these new recordings will only make our efforts even stronger.

The videos allow AAOMS to further its reach and educate the public about the expertise of oral and maxillofacial surgeons and the conditions they treat.

Participants were matched with a question often asked in search engines, including:

- What are the signs you need a tooth pulled?
- How do oral surgeons and orthodontists work together?
- Is corrective jaw surgery painful?
- Why choose an OMS/When to see one for dental implants?
- Can you cure TMJ disorders permanently?

More than 100 videos were recorded and will be added to the series library. The videos produced as part of the campaign will not mention any practice-specific location or information. This allows for the entire membership to benefit from and use these videos to inform the public about the specialty through social media and practice websites. AAOMS expects the new videos will be available for members to download sometime in 2023.





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Winners of oral abstracts, posters announced

During Hot-off-the-press and oral abstract sessions, authors presented their research before answering attendees' questions. This year's oral abstract winners are:

Revisiting the Holmlund and Helsing Line – A Preliminary Investigation into the Anatomical Landmarks for TMJ Arthrocentesis and Arthroscopy
Presenter: Alyssa Manski, DDS, MD

Gender and Menopausal Status Correlate with Surgical Outcome in Patients with Obstructive Sleep Apnea
Presenter: Nazlie Taheri, DDS

Hardware Removal in Orthognathic Surgery Patients: A 20 Year Retrospective Study
Presenter: Natalie Dunlop, DDS, MD

The Value of Surgical and Non-surgical Treatment for Sleep Apnea: A Closer Look at Healthcare Utilization
Presenter: Allen Huang, MD, DDS

Comparison of Early Postoperative Neurosensory Testing After Mandibular Set-Back with the Inferior Alveolar Nerve in the Proximal Segment versus the Distal Segment
Presenter: Yousef Hammad, DMD

Interfacility Emergency Department Transfer for Mandibular Fractures in the United States
Presenter: Cameron Lee, DMD, MD

Does Point-of-Care 3-Dimensional Printer Result in Decreased Length of Surgery?

Presenter: Dina Amin, DDS, FACS

Does Socioeconomic Profile Predict Etiology of Firearm Injuries to Head and Neck?
Presenter: Elinor Stern

Is Surgical Repair with Nerve Allograft More Cost-effective than Non-surgical Management of Post-traumatic Trigeminal Neuropathy? Initial Assessment with Markov Model
Presenter: Benjamin Palla, DMD, MD

Development of an Animal Model for Functional Reconstruction of Major Lip Defects
Presenter: Justine Moe, DDS, MD

Severe Odontogenic Infections and the Penicillin Allergy Label: Institutional Review of Incidence and Outcomes
Presenter: Sagar Chadha, DDS

Poster winners

In addition, poster authors discussed their findings at a reception supported by the OMS Foundation on Sept. 15. Winners are:

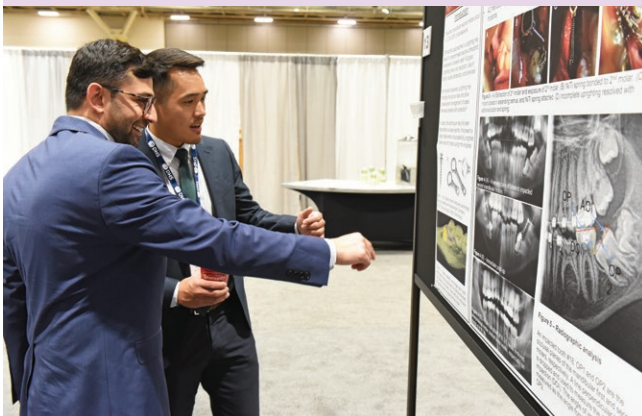
Poster 4: Opioid Prescribing Patterns of Oral and Maxillofacial Surgeons at a Single Academic Institution in Southern California – A 10-year Retrospective Study
Presenter: Je Dong Ryu, DMD, MD

Poster 24: Ethnic Diversity in OMS Residency... Are We There Yet?
Presenter: Aishwarya Ravivarapu, BS

Poster 35: Unilateral Zygomatic Implants in Maxillary Reconstruction and Oral Rehabilitation: A Review of Indications
Presenter: Sebastian Gutierrez de Pineres, DDS, MD

Poster 39: Arthroscopic Posterior Suture Plication in Class V Bronstein Merrill Patients: A Retrospective Study
Presenter: Caleb J. Braun

Poster 40: Are Short Course Antibiotics Favorable in Oral and Maxillofacial Surgical Procedures? A Meta-Analysis
Presenter: Jerad A. Servais, DDS



Poster authors discussed their findings during a reception at Annual Meeting.

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House of Delegates installs new members,

The House of Delegates recognized outgoing President J. David Johnson Jr., DDS, while introducing his successor, Paul J. Schwartz, DMD, among other highlights at the 104th AAOMS Annual Meeting in New Orleans, La. Gregory M. Ness, DDS, FACS, also was elected as Trustee serving District IV.

The House voted on several key issues – including anesthesia-related resolutions and guidance for future potential dues increases – during three days of business sessions.



*2021-22 AAOMS President
Dr. J. David Johnson Jr.*

Dr. Johnson provided a recap of the Association's activities in 2021-22 during his President's Address, touching on his Annual Meeting theme of Volunteerism: Individuals United in Service.

"A combination of pride and humility describes my emotions as I end my year as President of AAOMS," he told the House of Delegates.

"Looking out at the faces in this room, I am reminded that you are the very best examples of volunteerism, and I look forward to celebrating with you the conclusion of what has been a remarkable year."

Dr. Johnson reflected on accomplishments during his term. Of note, Board Subcommittees appointed last fall focused on three important areas: the OMS Anesthesia Team Model, Dental Benefits in Medicare and Medicaid, and Member Engagement.

The Subcommittee on the OMS Anesthesia Team Model identified three priorities for now and the future: training and certification of dental anesthesia assistants, collaborative advocacy with allied organizations, and data collection and interpretation. The work of the Subcommittee on Dental Benefits in Medicare and Medicaid, meanwhile, resulted in a JOMS article on the topic and a related policy paper. And the Subcommittee on Member Engagement identified more than 200 distinct ways that AAOMS provides value to its members and then prioritized nine of them for further action.

AAOMS also published several papers of note during the past year. Those include an updated position paper on MRONJ and a new version of the Practice Management Manual. In addition, a Special Committee on Office-Based Anesthesia White Paper Update crafted a document

– Office-based Anesthesia Provided by the Oral and Maxillofacial Surgeon – that will serve as a standard for office-based anesthesia in dentistry.

"None of the achievements that I have just summarized could have been accomplished without your unwavering support, and without the commitment of AAOMS Committee Members, AAOMS Officers and Trustees – Drs. Schwartz, Egbert, Clark, Tiner, Nelson, Shafer, Eichner, Sacco, Morrison, Crago and Stephens – and AAOMS Executive Director, Karin Wittich, and our talented AAOMS staff," Dr. Johnson said. "With our dedicated AAOMS leadership and staff, you have an outstanding professional organization working for you every day."

Members of the House commended Dr. Johnson on a successful year as President following his speech.

"He always has such calmness and patience for every issue," said Katherine A. Keeley, MD, DDS, of Henderson, Nev. "Things went smoothly this past year due to his personality and leadership style."

"He's been very inspiring," added Lance F. Grenevicki, DDS, MD, of Melbourne, Fla. "I've watched him go through all of the other positions on the AAOMS Board, including his time as Treasurer. Dr. Johnson's leadership has been amazing, and he builds it on personal interactions."

Dr. Schwartz, DMD, honored AAOMS's history while looking forward during his Inaugural Address as the Association's new President. He announced the formation of three Board Subcommittees covering the topics of member engagement, exhibitions and corporate support, and innovation. The latter ties into his 2023 Annual Meeting theme of "Innovations in OMS: Patient Care and Practice Strategies."



The House of Delegates met across three days, addressing issues such as potential dues increases and promoting the Pledge of the Association.

tackles busy agenda at Annual Meeting

"Our specialty – through research and in practice – must stay abreast of the innovative, state-of-the-art trends in simulation, robotics and artificial intelligence," Dr. Schwartz



2022-23 AAOMS President
Dr. Paul Schwartz

told members of the House on Sept. 14. "The future holds so many opportunities for the specialty if we explore, develop and embrace innovative techniques, treatments and ideas."

Dr. Schwartz said his presidential vision is to preserve the OMS anesthesia care team model in the year to come, promote innovation,

serve AAOMS members and strengthen our relationships with exhibitors and corporate supporters.

"These goals summarize my vision for what I know will be a busy 105th year for AAOMS," Dr. Schwartz said. "I am humbled and honored to stand before you today. I look back on my life and appreciate how fortunate I am to be where I am."

Members of the House lauded Dr. Schwartz's Inaugural Address and plans for the coming year.

"I appreciate the President-Elect's remarks today," said Daniel Clayton Whitney, DDS, a Delegate from Great Falls, Mont. "I think he's got a good handle on where the Association needs to go in the future and the direction of the specialty and the House."

Delegate Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS, of Seattle, Wash., also praised the President-Elect's plans, specifically mentioning his comments on internships. Dr. Schwartz said he wants the new Subcommittee on Innovation to investigate the use of non-categorical OMS interns. This will include issues that arise among those who do not successfully match and developing best practices for standardizing documentation of their educational experiences.

"I personally was very excited about Dr. Schwartz's vision, in the sense that I love the idea of him looking not only to OMS interns and having that better regulated, but I also love the idea of him looking at the quality of faculty," Dr. Dillon said, "because – when we're thinking about resident education – that is our future."

Other House actions

AAOMS fellows and members who passed away during the previous year were memorialized. During their three sessions, Delegates also:

- Recognized Immediate Past President B.D. Tiner, DDS, MD, FACS.
- Presented awards to the New Hampshire, New Mexico and Texas OMS societies to celebrate their 50-year anniversaries.
- Elected Deepak G. Krishnan, DDS, FACS, to an eight-year term as director to ABOMS.
- Elected J.W. "Hank" Holderfield and Kelly Shy to be awarded with AAOMS honorary fellowships at next year's Annual Meeting in San Diego, Calif. Holderfield is executive director of the Southeastern Society of Oral and Maxillofacial Surgeons and other state OMS societies in Florida, Georgia, the Carolinas and Tennessee. Shy holds the same title for both the Texas and Southwest OMS societies.

In other actions, the House voted to adopt three anesthesia-related resolutions including:

- Requiring all members who participate in the delivery of office-based anesthesia starting in 2023 to complete, document and make available quarterly logs of team mock emergency drills for each office location/setting during the AAOMS Office Anesthesia Evaluation (or state equivalent). The AAOMS Anesthesia app includes a mock drill log review as part of the OAE program. Members whose state regulations do not incorporate mock emergency drills and who are not required to report through the AAOMS OAE Program, will need to complete, document and make available quarterly logs through the AAOMS Anesthesia app (or other available mechanism) beginning in 2026. This resolution rescinds Resolution 20-B-6 (Amend) (RC) as approved by the 2021 House of Delegates.
- Encouraging OMS anesthesia assistant certification for those participating in OMS office-based moderate sedation, deep sedation and/or general anesthesia.
- Incorporating the AAOMS anesthesia survey into scheduled office anesthesia evaluations.

continued on next page

AAOMS Officers, Trustees elected at Annual Meeting

The following Officers and Trustees were installed during the third session of the House of Delegates on Sept. 14:

- President Paul J. Schwartz, DMD
- President-Elect Mark A. Egbert, DDS, FACS
- Vice President J. David Morrison, DMD
- Speaker of the House Steven R. Nelson, DDS, MS
- Trustee District II Martin E. Eichner, DDS
- Trustee District IV Gregory M. Ness, DDS, FACS
- Trustee District V Charles A. Crago, DMD, MD, FACS



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

The House also approved resolutions in support of:

- Developing strategies to promote the Pledge of the Association to the membership and public.
- Renaming the OMS Institute for Education and Innovation at AAOMS headquarters to the Daniel M. Laskin Institute for OMS Education and Innovation.
- Identifying and sharing programs and resources to assist membership with issues of personnel and practice safety.
- Adopting the 2023 operational budget.
- Forming a Special Committee of the House of Delegates (comprised of the District Caucus officers and the Speaker of the House) to review volunteer and engagement opportunities to address Delegate, Alternate Delegate and leadership positions within the Association.
- Approved a bylaws change whereby annual dues can be increased based on a five-year average of the U.S. consumer price index limited to a 3 percent maximum. Any potential dues increase will be approved by the House as part of the budget process. No increase was proposed for the 2023 membership year.
- Accepted the report of the Committee on Membership, which proposed 113 provisional fellows/members be moved to full fellowship/membership and 145 candidates be recommended for election. A full list of elected members is available on AAOMS.org/2022ElectionList
- Approved policy changes that update communication pathways for dissemination of Board of Trustees' Actions Reports; update the mission of the Committee on Continued Education and Professional Development; and allow use of an additional AAOMS official color.

"This House of Delegates always amazes me," Speaker Steven R. Nelson, DDS, MS, said at the conclusion of the third session. "Your decorum is above the reproach of any other association I know of. You look at the issues – you don't agree on the issues, and that's OK; that's what we're here for – but you never attack the other person. You always look at the topic that's in front of the House. Thank you so much for all of the work you do." ■



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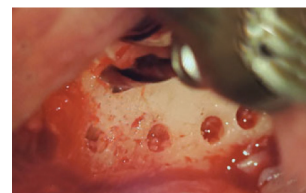
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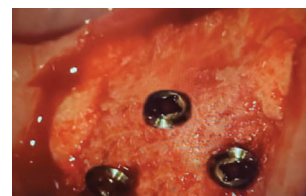
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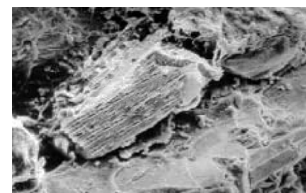
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2022 award winners honored onstage for

During the Opening Ceremony, Awards Presentation and Meeting Dedication at the 2022 Annual Meeting, members, fellows and faculty were honored for their achievements in volunteerism, research, education and leadership. Award winner bios have been compiled from nominations submitted to AAOMS.

Meeting Dedication



Dr. Soliday

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

The 2022 AAOMS Annual Meeting was dedicated posthumously to **J. Thomas Soliday, DDS**, Speaker of the AAOMS House of Delegates from 1995 to 2002.

His honors include the 2013

Distinguished Alumnus of the Year Award from the University of Maryland School of Dentistry and the 1999 AAOMS Humanitarian Award for Fellows and Members, along with various state and national leadership awards.

A certified parliamentarian and teacher of parliamentary procedure, Dr. Soliday served nearly 20 years as parliamentarian for the Maryland State Dental Association. His career included terms as President of the Maryland Society of OMS, Maryland State Dental Association and Southern Maryland Dental Society. He also served as speaker of the ADA House of Delegates from 2002 to 2012.

Dr. Soliday led a dental mission to Honduras with Medical Ministry International for 21 years, developing a care model that remains in use today. His wife, Nita, accepted the award at the Opening Ceremony. Read her remarks on page 29.

R.V. Walker Distinguished Service Award

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

Mark E. Wong, DDS, FACS, is known nationally and internationally for his service to the specialty. He is Professor, Chair and Program Director of the Katz Department of Oral and Maxillofacial Surgery at the University of Texas School of Dentistry at Houston. His career includes serving as President of ABOMS, the American Academy of Craniomaxillofacial Surgeons and the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery.



Dr. Wong

Dr. Wong currently serves as Chair of the Osteo Science Foundation Board of Directors. He has filled positions on numerous AAOMS committees, including Chair of the Committee on Research Planning and Technology Assessment and member of the Committee on Continuing Education and Professional Development.

Dr. Wong has authored over 100 publications and earned funding from the National Institutes of Health.

Presidential Achievement Award

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

After more than 40 years of providing care in full-scope private practice,

Ronald L. Tankersley, DDS, retired in 2015. He was an instrumental part of bridging work between AAOMS and the ADA, encouraging both organizations' lobbyists to work in concert – producing many beneficial results to the specialty.



Dr. Tankersley

He is a past President for multiple organizations, including the ADA, Virginia Dental Association and the Peninsula Dental Society. In 2011, the Medical College of Virginia

volunteerism, research, education, leadership

– where he was a faculty member for almost 40 years – created a scholarship in Dr. Tankersley's name to recognize his leadership.

He was an AAOMS Delegate for multiple years, served as Chair of the Committee on Membership and was a member of the Committee on Governmental Affairs.

Steven R. Nelson, DDS, MS, has served as Speaker of the House of Delegates since 2003. He was a Delegate in 2002 and Alternate from 1996 to 1998. He has served on the Committee on Constitution and Bylaws since 2002 and previously served on the Special Committee on Virtual Meetings.

Dr. Nelson has held numerous leadership positions with other associations. For the ADA, he served as Delegate Vice Chair of the Council on Access, Prevention and Interprofessional Relations. He has been involved in The Joint Commission and multiple state organizations including the Colorado State Board of Dental Examiners, Colorado Society of OMS and Colorado Dental Association.



Dr. Nelson

continued on next page

Mrs. Soliday shares remarks on Annual Meeting Dedication



Mrs. Nita Soliday accepted a plaque from 2021-22 AAOMS President Dr. J. David Johnson Jr. during the Opening Ceremony.

the University of Maryland School of Dentistry and the 1999 AAOMS Humanitarian Award for Fellows and Members.

Dr. Soliday's wife, Nita, accepted the award at the Opening Ceremony, Awards Presentation and Meeting Dedication of the 104th Annual Meeting, Scientific Sessions and Exhibition on Sept. 14. However, the emotions of the moment prevented Mrs. Soliday from reading her written remarks. AAOMS is sharing them here.

Since 1950, AAOMS Annual Meetings have been dedicated to individuals or groups who have made significant contributions to the Association and the specialty.

This year's meeting was dedicated to J. Thomas Soliday, DDS, Speaker of the AAOMS House of Delegates from 1995 to 2002, who died last year at the age of 81. His honors included the 2013 Distinguished Alumnus of the Year Award from

Tom and I would never have even met had my father and brother not been dentists. That gorgeous guy literally walked into my home in Florida to go fishing with my brother the summer before his senior year at the University of Maryland School of Dentistry in Baltimore. We married one year later and moved north to begin his specialty training.

Tom devoted his life to oral and maxillofacial surgery and loved every minute of the 46 years he served his patients. He was well-trained, humble, gentle and kind. His patients and staff adored him. So did I! After the boys were in school, one day I was called in as a temp to cover the office phones. Seeing Tom being so professional and 'In Charge' in that white jacket nearly made me faint!

He would be so proud and pleased to be given this tremendous honor. Nobody loved the spotlight more than Tom Soliday. I can assure you, he's smiling down on us right now. He loved serving as your Speaker of the House of Delegates before holding the same position for the ADA.

As his wife of almost 58 years, I'm very moved that AAOMS is dedicating this year's Annual Meeting in Tom's honor. His passing has left a huge hole in his family's and friends' hearts. At this difficult time, it is especially gratifying to know how much Tom is respected and appreciated by his peers.

Thank you from the bottom of my heart for honoring him this most meaningful way.

Honorary Fellowship

This honor recognizes nonmembers who have made distinguished contributions to the OMS specialty.



Mrs. Hupp

Carmen Hupp served as Managing Editor of *JOMS* from 2011 to 2021. She held multiple positions on the OMS Foundation Alliance Committee from 2014 to 2020, including serving as Chair (2019) and Vice Chair (2018) during implementation of the Foundation's strategic alliance with AAOMS.

Mrs. Hupp streamlined the *JOMS* editorial review process during her time as Managing Editor while processing about 1,700 manuscript submissions each year. During her tenure, the submission-to-review-invitation timeframe dropped from 21.3 days in 2010 to 4.2 days in 2019, and the accept-to-publish process time was cut in half from 10 months in 2010 to five months in 2019.



Dr. Schaefer

John J. Schaefer III, MD, is a Professor in the Department of Anesthesia and Perioperative Medicine at the Medical University of South Carolina and Director of its Clinical Effectiveness and Patient Safety Center.

Recognized nationally and internationally, Dr. Schaefer is one of the foremost experts in medical simulation. He helped spearhead the development of AAOMS's state-of-the-art anesthesia simulation program and played a pivotal role in validating the program and its modules.

Dr. Schaefer has served as reviewer for several scientific publications including the *Journal of Anesthesiology* and principal investigator for numerous simulation-related research projects.

Outstanding Legislator of the Year Award

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

U.S. Rep. Josh Gottheimer (D-N.J.) is being honored for his pivotal role in advocating against the inclusion of an expanded Medicare Part B dental benefit in the Build Back Better Act. He is a cosponsor of both the Ensuring

Lasting Smiles Act (ELSA) and the Resident Education Deferred Interest (REDI) Act. He signed a bipartisan letter addressing concerns shared by providers about the arbitration process within surprise billing legislation with more than 150 members of Congress. Rep. Gottheimer is a member of the House Committee on Financial Services and the House Committee on Homeland Security. He is the Co-Chair of the bipartisan Problem Solvers Caucus working to bring Democrats and Republicans together across party lines. He is serving his third term in the U.S. House of Representatives.



Rep. Gottheimer

U.S. Rep. Tom Rice (R-S.C.)

is being recognized for his support of many AAOMS issues throughout his time in Congress. He is a member of the House Ways and Means Committee and is serving his fifth term in Congress. During markup of the Build Back Better Act, Rep. Rice advocated the concerns of dental provider groups such as AAOMS, who were not consulted on Medicare dental benefits expansion language in the bill. Rep. Rice is cosponsor of the Ensuring Lasting Smiles Act (ELSA) and the Resident Education Deferred Interest (REDI) Act. He also signed onto a bipartisan letter expressing provider concerns about the arbitration process within the recently enacted surprise billing law.



Rep. Rice

Board of Trustees Special Citation Award

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

Former longtime President and CEO of both OMSNIC and Fortress Insurance Company, **William C. Passolt, CPA**, also was named an AAOMS Honorary Fellow in 2019.



Mr. Passolt

Mr. Passolt was actively involved in AAOMS Committees and participated in the search for two AAOMS Executive Directors. He was the first non-OMS Chair of the OMS Foundation and through the years held the roles of Vice Chair, Treasurer and Director. His volunteer efforts included time spent as Chair of the Audit Committee for the Eastman Dental Center Foundation and Chair of the Medical Professional Liability (MPL) Association's sections related to leadership and technology.

Committee Person of the Year



Dr. Krishnan

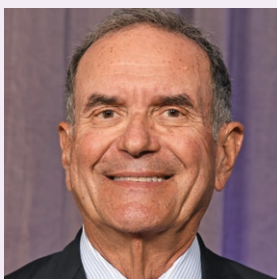
This award recognizes a member of a standing or special committee who has provided outstanding service to AAOMS in the year preceding each Annual Meeting.

Deepak G. Krishnan, DDS, FACS, has been instrumental in the development of

the AAOMS National Simulation Program and strives to improve patient safety through his dedication to the Committee on Anesthesia.

Dr. Krishnan has enhanced the office anesthesia evaluation process with the development of the OAE app. As member of the Committee on Education and Training, he authored content and participated in the development of the online SCORE education curriculum.

Humanitarian Award for Fellows and Members



Dr. Lewis

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

Robert H. Lewis Jr., DDS, has made almost

20 weeklong trips to Honduras through Operation New Life, a multispecialty surgical organization from Arkansas. He instructed oral and maxillofacial surgeons and plastic

surgeons, as well as dental and medical students, in diagnosis, treatment planning and management of facial fractures, tumors and congenital deformities of the face. More than 2,000 patients were assessed and over 700 received surgical care during his visits.

Dr. Lewis received the Distinguished International Professor of Surgery Award from the Honduran College of Medical Sciences for his mission work. He is a past President of the University of Tennessee College of Dentistry Alumni Board of Trustees and the Arkansas Society of OMS.

David E. Frost, DDS, MS, has been an OMS member of Health Volunteer Overseas for 35 years – leading surgical groups in Nepal, India, Chile, Peru, Cuba and Vietnam. In 2014, he received the Golden Apple Award for his work overseas.

He was the Civilian National Consultant for oral and maxillofacial surgery for the U.S. Air Force Dental Corps for 10 years. His military honors include the 1983 Air Force Commendation Medal and the 1986 Air Force Meritorious Service Medal.

Dr. Frost has held various positions on OMS Foundation committees and most recently was the Chair in 2009 and 2010.



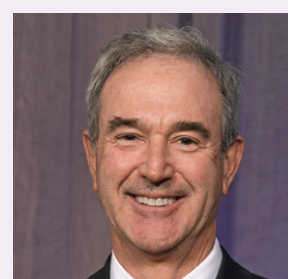
Dr. Frost

John F. Freihaut Political Activist Award

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

Jeffrey H. Wallen, DDS, has numerous personal contacts with state and federal elected officials from South Carolina who have helped him provide valuable advocacy input to the OMS specialty as a past member of the Committee on Governmental Affairs and the OMS PAC Board of Directors.

Dr. Wallen is a decorated former Major of the U.S. Air Force, receiving the 1991 Air Force Commendation Medal. Recognized for his advocacy efforts, he received a 2021 AAOMS Challenge Coin.



Dr. Wallen

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He is President of the Southeastern Society of OMS and past President-Elect of the South Carolina Society of OMS. Dr. Wallen also previously served on the South Carolina Dental Association Legislative Committee and the Southeastern Society of OMS Healthcare and Legislative Committee.

William J. Gies Foundation Award

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



Dr. Dillon

Jasjit K. Dillon, MBBS, DDS, FDSRCS, FACS, is Professor and Program Director, Department of Oral and Maxillofacial Surgery, at the University of Washington, Seattle. She also is Chief of OMS at Harborview Medical Center, where she has an oncology, trauma and reconstructive practice.

Trained across five countries, Dr. Dillon is a member of the Royal College of Surgeons of England, American College of Surgeons and an ABOMS examiner. She has composed numerous peer-reviewed scientific publications, book chapters and lectures and received two major grants to study medication-related osteonecrosis of the jaw. Those included the Stephan Milam Research Award for the highest scoring grant in 2016.

Donald B. Osbon Award for an Outstanding Educator



Dr. Carlson

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

Eric R. Carlson, DMD, MD, EdM, FACS, is Professor, Chairman and Residency Program Director at the University of Tennessee Medical Center's Department of OMS and Co-Director at the University of Tennessee

Graduate School of Medicine Academic Leadership Academy.

Teaching predoctoral students for more than 30 years, he has been actively involved in efforts to improve residency and continuing education, both locally and nationally. In 2018, he earned a Master's in Education at the Harvard Graduate School of Education.

Dr. Carlson has served as committee member and Co-Chair on AAOMS Parameters of Care and helped to write the clinical guidelines. He has received multiple AAOMS honors, including the 2014 Presidential Achievement Award.

Daniel M. Laskin Award for an Outstanding Predoctoral Educator

This award recognizes outstanding predoctoral educators in the specialty.

A key component in the revitalization of the University of Washington School of Dentistry, **John R. Evans, DDS**, helped modernize the school's curricular structure and teaching methods. The improvements have produced significant gains in students' clinical skills and board score.

Dr. Evans is a Clinical Associate Professor in the Department of Oral and Maxillofacial Surgery at the UW School of Dentistry and has held numerous faculty appointments over the last 40 years. He received the University of Washington's Rothwell Award for Innovative Teaching in 2010.



Dr. Evans

Clinical Research Award

Peter D. Waite, DDS, MD, FACS, is Professor of Oral and Maxillofacial Surgery at the University of Alabama at Birmingham School of Dentistry and OMS Chair at the Children's Hospital of Alabama.

Dr. Waite's clinical research, lectures and publications are credited with helping bring facial cosmetic surgery into the OMS scope of practice. He was one of the first to publish



Dr. Waite

in *JOMS* on the topics of rhinoplasty, transconjunctival surgical technique in facial trauma, and hydroxylapatite in cranioplasty and craniofacial reconstruction. Dr. Waite has written dozens of abstracts and book chapters, more than 100 manuscripts, and presented over 260 poster exhibits at local, regional, national and international meetings.

Resident Scientific Award

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

- **Caitlyn M. McGue, DDS, MD** – *Loma Linda University*
- **Timothy W. Neal, DDS** – *University of Texas – Southwestern Medical Center*
- **Sruthi Satishchandran, DMD** – *Emory University School of Medicine*

Faculty Educator Development Award

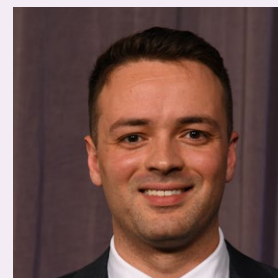
Recipients commit to serving in a full-time faculty position for six years after they are selected for this award, which encourages OMSs to continue their careers in academia.

- **Brian P. Ford, DMD, MD, FACS** – *University of Pennsylvania*
- **Michael D. Han, DDS, FACS** – *University of Illinois Chicago*
- **Brian E. Kinard, DMD, MD** – *The University of Alabama at Birmingham*
- **Chi Tonglien Viet, DDS, MD, PhD** – *Loma Linda University*

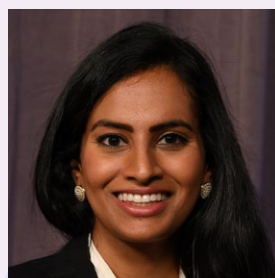
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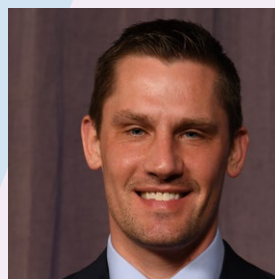
Dr. McGue



Dr. Neal



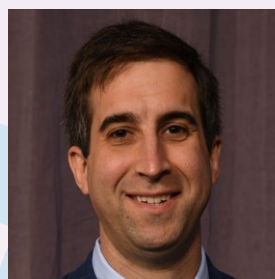
Dr. Satishchandran



Dr. Ford



Dr. Han



Dr. Kinard



Dr. Viet



Special Honorary Fellowship

This honor recognizes OMSs from other countries who serve as ambassadors and leaders of their organizations with a one-year honorary fellowship. The three honorees this year are:

- British Association of Oral and Maxillofacial Surgeons President **Cyrus J. Kerawala, BDS, FDSRCS, MBBS, FRCS**
- International Association of Oral and Maxillofacial Surgeons President **Alejandro Martinez, DDS**
- Asian Association of Oral and Maxillofacial Surgeons President **Gunaseelan Rajan, BDS, MBBS, PhD, DSc, FDSRCS**



Mr. Kerawala



Dr. Martinez



Dr. Rajan

OMS Foundation Gerald E. Hanson Outstanding Service Award

Thomas Williams, DDS, MD, FACS, was instrumental in the formation of the Foundation's Committee on Humanitarian Programs and the Global Initiative for Volunteerism and Education (GIVE) program. He has served on the OMS Foundation's Board of Directors since 2016 and was its Vice Chair from 2021-22.



Dr. Williams

Dr. Williams attended missions to the Philippines and Argentina as Co-Director for Health Volunteers Overseas and has volunteered for Uplift International since 2013. In addition, he was the staff oral and maxillofacial surgeon at the Naval Amphibious Base in California and Consultant in Oral and Maxillofacial Surgery to the Eleventh Naval District for the U.S. Navy.

OMS Foundation Torch Award

The first non-OMS Chair of the OMS Foundation, **William C. Passolt, CPA**, was appointed after serving as Vice Chair, Treasurer and Director.

He was President and CEO of OMSNIC for over a decade after filling various other roles at the company during the previous 15 years. While at OMSNIC, Mr. Passolt facilitated OMSNIC corporate support of the OMS Foundation. He diligently fostered the strategic alliance between AAOMS and the Foundation while also cultivating a collaborative relationship between the OMS and IAOMS Foundations.

Other accomplishments include assisting in the implementation of the OMS Foundation's 2018 strategic plan, which launched the GIVE and Clinical Research Support Grant programs.



Mr. Passolt

OMS Foundation Research Recognition Award



Dr. Dodson

Thomas B. Dodson, DMD, MPH, FACS, is Professor and Chair of Oral and Maxillofacial Surgery at the University of Washington School of Dentistry. He served on the Foundation's Board of Directors for nine year and was elected Chair in 2015. He was appointed Editor-in-Chief of *JOMS* in

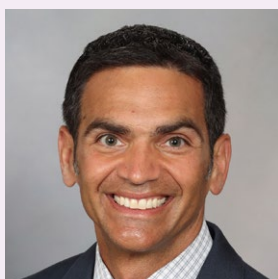
2022 after serving as an editor since 2006.

Research efforts include an AAOMS-sponsored nationwide multi-center study evaluating third molar extractions and office-based anesthesia outcomes. He is a co-author of the AAOMS Position Papers on MRONJ and clinical articles for OMSs on specifying and identifying markers for domestic abuse.

OMS Foundation Daniel M. Laskin Award

The *Journal* Editorial Board selected "Safety of Outpatient Procedural Sedation Administered by Oral and Maxillofacial Surgeons: The Mayo Clinic Experience in 17,634 Sedations (2004 to 2019)." The authors are:

- **Kevin Arce, DMD, MD, FACS**
- **Kyle S. Ettinger, DDS, MD**
- **William J. Fillmore, DMD, MD**
- **Benjamin T. Heggstad, DDS, MD**
- **John M. Nathan, DDS, MD**
- **James M. Van Ess, DDS, MD**
- **Christopher F. Viozzi, DDS, MD**
- **Steven J. Wiemer, DDS, MD**



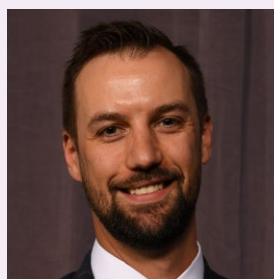
Dr. Arce



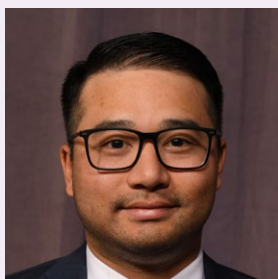
Dr. Ettinger



Dr. Fillmore



Dr. Heggstad



Dr. Nathan



Dr. Van Ess



Dr. Viozzi



Dr. Wiemer



Association award nominations due in January

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

The deadline for nominations each year is Jan. 31. The AAOMS Advisory Committee on Awards

Nominations reviews nominations for Association fellows and members.

For more information on submitting a nomination, visit AAOMS.org/Awards.

Osteo Science Foundation grant and award winners recognized

The 2021 Osteo Science Foundation grant and award winners were recognized at the Annual Meeting Awards Presentation:

Clinical Observership Recipients

- **Rambod Abedini, DMD**
- **Kimiko Agari, DDS, MD**
- **Andrew Choi, DMD**
- **Chad Dammling, DDS, MD**
- **Grant Fisher, DDS**
- **Michael Forman, DMD, MD**
- **Julene Funk, DDS**
- **Jesse Han, DDS, MD**
- **Nam Hoang, DMD**
- **Maciej Kosakowski, DMD**
- **Mia Kutner, DMD**
- **Young Kwon, DMD, MD**
- **Jason Lee, DDS**
- **Jonathan Morcos, DDS**
- **Ali Salehpour, DDS, MD**
- **Robert M. Sansevere, DMD**
- **Ishepreet Shergill, DDS**
- **James Singer, DDS**
- **Alexandra Zega, DMD**

Peter Geistlich Research Awards

- **Luiz E. Bertassoni, DDS, PhD** – *Oregon Health and Science University*
- **Jiabing Fan, PhD** – *UCLA School of Dentistry*
- **Joachim Kohn, PhD** – *DNA Dental PC*

OMS Research Fellowship Recipient

- **Sarah Anne Wong, DDS, PhD** – *UCSF School of Dentistry*

Research Observership Program Recipient

- **Robert E. Johnson, DMD, MD** – *University of Washington*



AAOMS DIC

Dec 1 - 3 in Chicago



Visit OSP at Booth #210

Join us in Chicago for a Cocktail Reception!

*What does TRUE partnership mean for you?
Meet us in Chicago to learn more about
becoming a part of the OSP family*

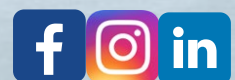


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Update existing knowledge and achieve success

The 2022 AAOMS Dental Implant Conference is quickly approaching. Being held Dec. 1 to 3, this year's conference will offer a rigorous educational program of innovative techniques and procedures for OMSs and their entire restorative team.



In combination with the conference theme of merging traditional methods with modern updates, registrants will have the option of online-only registration. All attendees will have access to every general session and one on-demand course as archived recordings for 60 days after the event.

During the general sessions, a traditional, "experienced" clinician will present clinical cases followed by a contemporary, technology-focused counterpart who will utilize newer technologies to increase efficiency while solving the same problem. General sessions will be live-streamed.

Thursday, Dec. 1

Ticketed hands-on workshops being held Dec. 1 will explore concepts such as soft-tissue grafting, treatment planning and ridge augmentation. Courses have limited seats and are available only to OMS members of the Association. Sessions will include:

- **Digital Treatment Planning for Immediate Provisionals and Single-Tooth Cases** – Attendees will receive guidance on mapping out single-tooth implants in the esthetic zone utilizing digital planning software.
- **Soft-tissue Grafting and Management** – Experts will discuss papillae reconstruction techniques and the latest evolution of dental implantology for function and esthetics.

Savings available for OMS teams

A reduced rate is available for general dentists and other dental professionals attending the Dental Implant Conference. AAOMS members can provide their referring doctors with a promotional code for a reduced registration fee. Visit AAOMS.org/DICspecial for more information.



- **Peri-implant Plastic Surgery with VISTA** – A presentation and simulated exercise will offer introductory practical experience for the Vestibular Incision Subperiosteal Tunnel Access (VISTA) technique in peri-implant plastic surgery.
- **Dynamic Navigation: Immediate and full-arch with photogrammetry for immediate provisionalization** – This program will focus on new developments in dental implant hardware and software, with attendees learning about enhanced tools and techniques.
- **Use of Autogenous Bone for Ridge Augmentation** – OMSs will learn step-by-step intraoral bone harvesting, implant placement and grafting with autogenous bone in simple and complex situations.
- **Nerve Injuries Associated with Dental Implant Placement** – This session will provide an overview of implant-related trigeminal nerve injuries, including demonstrations of surgical techniques with nerve allograft and nerve repair materials.

Friday, Dec. 2

The morning session will review evidence-based traditional versus contemporary solutions to common clinical case scenarios. Topics will include central incisor with labial bone loss and maxillary molar with extensive vertical bone loss.

During the afternoon sessions, attendees can expect to explore treatment options for implant "disasters," such as failing anterior dentition with severe bone loss and gingival recessions, failing implants for the anterior maxilla and severe bone loss involving anterior maxillary teeth.

Saturday, Dec. 3

Experts will explore the pros and cons of static guides and dynamic navigation along with how to treat a patient experiencing a failing dental implant. Attendees will assess the transition from analog to digital methods of implant placement guidance. The discussion also will focus on reducing complications, short- and long-term problems and full-arch restoration. All sessions will feature approaches from traditional and technology-focused perspectives, with the latter helping to improve the OMS team's efficiency.



with cutting-edge implant techniques



The 2022 Dental Implant Conference will feature two full days of general sessions and more than 80 exhibitors showcasing state-of-the-art products.

Two keynote lectures will be presented, covering topics such as a long-term single implants and guided orthopedic surgery.

On-demand session

There will be one on-demand course available this year, Growing Concerns in Oral and Maxillofacial Surgery Practices in 2022. The program will address issues business owners and practice managers face in today's healthcare environment. Staffing, reimbursement, increased supply costs, corporate dentistry and cybersecurity are on the agenda.

Valuable for the entire team

With courses covering various aspects of anesthesia administration, assistance and techniques, the entire OMS restorative team benefits from attending the Dental Implant Conference.

Clinical staff members can attend the Anesthesia Assistants Review Course or the Anesthesia Assistants Skills Lab. Participants can expect to improve their anesthesia knowledge and skills through this intensive learning experience. Taught by oral and maxillofacial surgeons, the course will include basic sciences, patient evaluation and preparations, anesthetic drugs and techniques, monitoring, and emergency procedures.



Two sessions of the Office-Based Emergency Airway Management (OBEAM) module, part of AAOMS's National Simulation Program, will be offered offsite on Dec. 1 at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS Headquarters in Rosemont, Ill. There, OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. Visit aaoms.org/OBEAM for more information.

Exhibit Hall

Showcasing the most advanced equipment, products and services for implant dentistry, the Exhibit Hall will be available both in person and online. More than 100 companies are expected.

Be sure to attend the hosted programs, including a Lunch and Learn and two Industry Symposiums on Dec. 1. There is no additional fee to attend, but space is limited.

For more information, visit AAOMS.org/DIC. ■



Thursday, Dec. 1 (Preconference)

Time	Session #	Session Name
8 a.m.–noon	XSIM1A	AAOMS National Simulation Program: Office-Based Emergency Airway Management (OBEAM) <i>(ticketed session located offsite in Rosemont, Ill.)</i>
11:15 a.m.–12:45 p.m.	GPT1	Osteo Science Lunch and Learn: Implant Misadventures: Rookie Mistakes, Execution Mishaps and Pearls to Prevent and Treat Complications
1–5 p.m.	XSIM1B	AAOMS National Simulation Program: Office-Based Emergency Airway Management (OBEAM) <i>(ticketed session located offsite in Rosemont, Ill.)</i>
1–5 p.m.	P01	Digital Treatment Planning for Immediate Provisionalization of a Single Tooth Implant Case (hands-on workshop)
1–5 p.m.	P02	Soft-tissue Grafting and Management (hands-on workshop)
1–5 p.m.	P03	Peri-implant Plastic Surgery with VISTA (hands-on workshop)
1–5 p.m.	P04	Dynamic Navigation: Immediate and Full Arch with Photogrammetry for Immediate Provisionalization (hands-on workshop)
1–5 p.m.	P05	Use of Autogenous Bone for Ridge Augmentation (hands-on workshop)
1–5 p.m.	P06	Nerve Injuries Associated with Dental Implant Placement (hands-on workshop)
5–6:30 p.m.	GCF1, GCF2 & GCF3	Three Industry Symposiums: Birdseye, Black Talon and Straumann

Friday, Dec. 2

Time	Session #	Session Name
7 a.m.–3:30 p.m.	A01	Anesthesia Assistants Review Course – Day 1 of 2
8 a.m.–noon	G01	Current Approaches for Treating Common Clinical Situations
8:15–8:45 a.m.		Maxillary Molar with Extensive Vertical Bone Loss
8:45–9 a.m.		Enhancing the Soft Tissue Prior to Extraction and Immediate Implant Placement
9–9:15 a.m.		“Prosthetic Solution” for Inadequate Bone Central Incisor Implant Restoration Through Digital and Analog Modalities
9:15–9:25 a.m.		Interactive Questions and Panel Discussion
9:25–9:35 a.m.		Lateral Open Sinus Lifts for the Pneumatized Sinus
9:35–9:45 a.m.		Short Implants and Sinus Augmentation
9:45–9:50 a.m.		Interactive Questions and Panel Discussion
9:50 a.m.–10:30 a.m.		Break
10:30 a.m.–11:05 a.m.		Restoring the Patient with Four Missing Maxillary Incisors
11:05 a.m.–11:40 a.m.		CAD/CAM Ceramics for Anterior Implant Esthetics
11:40 a.m.–noon		Interactive Questions and Panel Discussion
1–4:30 p.m.	G02	Treatment of Implant “Disasters”
1–1:30 p.m.		The Case of Failing Anterior Dentition with Severe Bone Loss and Gingival Recession
1:30–2 p.m.		The Case of Failing Implants in the Anterior Maxilla
2–2:30 p.m.		The Case of Subluxation/avulsion of Anterior Incisors in a Patient with an Esthetic High Smile Line
2:30–3 p.m.		Severe Bone Loss Involving Anterior Maxillary Teeth
3–3:45 p.m.		Break
3:45–4:30 p.m.		Emergence Profile and Abutment Selection in the Esthetic Zone Contemporary Status and Long-term Implications
4:40–6 p.m.		Reception in the Exhibit Hall

Saturday, Dec. 3

Time	Session #	Session Name
7:00 a.m.–1 p.m.	A02	Anesthesia Assistants Review Course – Day 2 of 2
8 a.m.–noon	G03	Current Approaches for Treating Common Clinical Situations
8–8:45 a.m.		Keynote 1: 40 Years with Single Implants – Our Experiences
8:45–9 a.m.		Freehand Surgery – Pros and Cons
9–9:15 a.m.		Static guides – Pros and Cons
9:15–9:30 a.m.		Dynamic Navigation – Pros and Cons
9:30–10 a.m.		Keynote 2: Guided Orthopedic Surgery
10–10:45 a.m.		Break
10:45–11:10 a.m.		The Failing Implant Wound – Bacteria, Necrosis, Inflammatory State
11:10–11:45 a.m.		Restorative Consequences of Deficient Implant Sites
11:45 a.m.–noon		Interactive Questions and Panel Discussion
1–3 p.m.	G04	The Transition from Analog to Digital Methods to Guide Implant Placement
1–1:15 p.m.		Critical Factors for Long-Term Success of Full-arch Restorations: Occlusion, Esthetics and Maintenance – Speaker 1 (traditional approach)
1:15–1:30 p.m.		Critical Factors for Long-Term Success of Full-arch Restorations: Occlusion, Esthetics and Maintenance – Speaker 2 (contemporary approach)
1:30–1:45 p.m.		Interactive Questions and Panel Discussion
1:45–2:10 p.m.		Malposed Implants, Cementation Problems and Surface Issues
2:10–3 p.m.		The Business of Implant Dentistry
1–5:30 p.m.	ASL	Anesthesia Assistants Skills Lab



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

The power of the smile

As we approach what for many is an especially festive time each year, I thought it would be appropriate to write on one of the greatest ways to improve one's life. That is by the simple act of smiling. Now I already know my dear wife will roll her eyes when she learns I am giving advice about smiling (the thought might even make her smile or laugh, for that matter). In any event, I admit I am not a natural "smiler," in part due to my introverted nature. However, I am a firm believer in the power of the smile.

Smiling can be a reflex facial expression that usually occurs when we see or otherwise experience something pleasing or comical. We all can relate to that. This is a powerful reflex that can be hard to suppress, and some say it may even occur in utero. A recent news story discussed a British study in which 3D ultrasound imaging of fetuses was performed. In the study, mothers ate either carrots or kale and an ultrasound was done soon thereafter. The fetuses began to smile soon after carrots were consumed and frowned after kale. Not sure I'm convinced this actually occurs, but I admit I am not a fan of kale so maybe they are on to something. In any event, smiles also can be intentionally produced, and that is my focus from here on.

Smiles have several physical and emotional benefits, even when done intentionally. Smiling is a great stress reliever. It helps clue our brain that things are OK as well as reducing one's heart rate. Smiling also has been shown to lessen the perception of acute pain, such as smiling while receiving an injection. Note that studies show the benefits of smiling, even the physiologic ones, are present when you find you must "fake" your smile.

Smiles also send a positive message to the world. They make one look more attractive and at ease. Smiling in the workplace causes others to find you more trustworthy and fun to be around. Smiles also improve one's relationships with others. Smiling around patients shows confidence and a welcoming nature.

We as dentists know how important our role is in helping patients maintain or regain their smile.

We as dentists know how important our role is in helping patients maintain or regain their smile. Individuals with poor-looking or missing teeth will commonly refuse to smile or cover their mouth when they smile as a reflex. One of the

most rewarding (and smile-producing) events we can witness as oral and maxillofacial surgeons is when a patient who needed anterior teeth replaced due to disease or trauma first sees themselves in a mirror after the implants have been placed. Those patient smiles are often the biggest ones we ever see.

So, what is the message here? Is it to go around regularly fake smiling? Not really. The real message is to consciously smile more often. Do this while remembering all the wonderful things life has to offer such as our family, friends, coworkers, grateful patients, and on and on. We are privileged to be in one of the finest professions that exists. We possess the experience and skills to deliver truly life-changing healthcare services to our fellow citizens, many of which help them have beautiful smiles of their own. Those accomplishments and all the awesome things life provides us should make it easy to consciously smile more often and make it a habit.

In this festive season, smiling should hopefully come easily – bringing all the benefits we and others receive from us each time we smile. :-)

AI also stands for ADVANCING INNOVATION

Researchers at Texas A&M are applying artificial intelligence (AI) to aid risk assessment and surgical decision-making for orbital trauma cases



photo credit:
Texas A&M University
School of Dentistry



“This project is already helping to expand our understanding of ways to use AI in the practice of oral and maxillofacial surgery. We expect this sophisticated technology to have applications for **EVERY** OMS in the not-too-distant future. And by providing research training and mentorship to dental students and residents, we’re also cultivating the next generation of OMS researchers.”

– Andrew Read-Fuller (PI), DDS, MD, MS, FACS

Clinical Assistant Professor and Director of Residency Training, Texas A&M University School of Dentistry

Your gift to the OMS Foundation supports innovative research, education opportunities for residents and a strong academic sector. **Donate now to DOUBLE YOUR IMPACT!** Every gift to the Annual Fund received by Dec. 31 will be matched by OMS Partners, LLC, up to a total of \$25,000.



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Louis K. Rafetto, DMD, MEd
OMS Foundation Chair

Let's leave the specialty in a better place

I am always curious about what makes individuals and groups excellent at what they do. Channel-surfing in Australia a while ago, I stumbled upon the New Zealand national rugby union team, the All Blacks, one of the most successful franchises in the history of the sport. I was spellbound by the passion and focus displayed by players. The team is paramount – there are no names on jerseys – and they preface every match with a synchronized Maori ritual called a haka, symbolizing pride, strength and unity. Significantly, every player commits, when he is accepted to the team, to “leave the jersey in a better place.”

Whether or not you follow rugby, we can agree on the importance of leaving our specialty in a better place. OMSs can do so through our support of research and education, which can have a transformative effect on our collective future. I confess that I have neither the time nor the talent to conduct meaningful research or educate the next generation beyond an occasional clinical interaction or lecture. But I can help to leave the specialty in a better place by enabling those more qualified than me to do so.

Since its inception in 1959, the OMS Foundation has disbursed more than \$15 million to support OMS-specific research and education. Every research grant – including the one that helped to fund AAOMS's landmark third molar study – aims to advance our specialty's ability to safely deliver the highest level of care to our patients. In several cases, Foundation support of early-career scientists was key to their qualification for major funding, extending the scope of their work and delivering additional value to our specialty and patients. Collectively, these investments have left oral and maxillofacial surgery in a better place, and I am proud to have supported them as a Foundation donor.

OMSFIRE was introduced in 2020 to simplify giving for Foundation donors and generate resources to support the evolving research and education programs portfolio. I am pleased to report that it's succeeding on both counts. More than 165 OMSFIRE donors – including OMSs, faculty members, state societies and businesses – are collectively contributing over \$600,000 per year to support OMS-specific research, education opportunities and a strong academic sector. With their help, we awarded our second Clinical Research Support grant in 2021, a year ahead of schedule. And more recently, we approved an array of research and education grants that hold great promise for advancing the specialty in 2023.

If you're already an OMSFIRE donor, I would like to say thank you. If not, I would like to respectfully ask why not? As the dental surgical arena evolves, it's unrealistic to expect that our specialty can stay ahead of its competitors when only a fraction of its members supports the research and education that set it apart. Every one of us has a stake in the outcome of this competition; our specialty cannot afford the consequences of indifference among its members. I invite you to pledge to leave the specialty in a better place with an OMSFIRE or Walker Society commitment, or both, and take your place in our lineup. We're glad to have you on the team. ■

Timing is everything

Every gift to the Annual Fund (including inaugural OMSFIRE gifts) received by Dec. 31 will be matched by OMS Partners, LLC, up to a total of \$25,000. Donate at OMSFoundation.org.





No Surprises Act final rules, student loan relief

Following the August recess, Congress returned for a short session focused on keeping the government operational into the new fiscal year, which began Oct. 1. There was little activity in state capitols as most legislatures had either adjourned for the year or taken a break for the elections.

Federal level

Members of Congress worked to address several must-pass bills before the Nov. 8 elections. Lawmakers were unable to come to an agreement on funding for the new fiscal year, which expired Sept. 30. However, they did pass a short-term funding bill to keep the government open until mid-December. The bill also reauthorized funding for the FDA user fee programs for another five years.

AAOMS continues to work with coalition partners to advance the specialty's congressional priorities – the Ensuring Lasting Smiles Act (S 754) and the Resident Education Deferred Interest (REDI) Act (HR 4122/S 3658) before the end of the year. Other priorities include supporting advocacy efforts urging Congress to halt current and future payment cuts facing Medicare providers.

Finally, the administration acted on several issues impacting the specialty:

- President Joe Biden announced in August a massive student loan relief plan. Most notably, he issued an executive order allowing for the discharge of \$10,000 in federal loans for individuals earning \$125,000 or less and married couples earning \$250,000 or less. Pell Grant recipients are eligible for \$20,000 in loan forgiveness. The executive order has already faced several legal challenges in court that could jeopardize the future of the program. President Biden also further extended the

pause on federal student loan repayment and interest accrual one last time, through Dec. 31. The Department of Education plans to eventually issue a proposed rule to further expand and reform the federal government's income-based repayment program.

- FDA Commissioner Robert Califf, MD, announced in late August a new framework aimed at preventing overdose-related deaths nationwide following an extensive review of the agency's opioid regulations. The FDA Overdose Prevention Framework highlights four priority areas: primary prevention by eliminating unnecessary initial prescription drug exposure; harm reduction through innovation and education; development of evidence-based treatments for substance use disorders; and protection from unapproved, diverted or counterfeit drugs. Actions under each framework are a mix of existing activities and exploratory work to test new strategies, according to the agency.
- HHS and the U.S. Departments of Treasury and Labor in August released final rules that address issues related to the federal arbitration process established under the No Surprises Act. A U.S. District Court ruling earlier this year invalidated certain provisions governing out-of-network arbitration, the federal independent dispute resolution (IDR) process. Effective Oct. 25, these rules finalize certain aspects of IDR following the court's decision. This grants equal weight to the qualifying payment amount and all other relevant factors in the determination of payment, including the provider's experience and patient acuity.

The final rules also expand the disclosure requirements for health plans when issuing payment or notice of denial to include information on down-coded claims. When applicable, plans must disclose the reason why



delivered; N.C. anesthesia regulations proposed

a claim was down-coded and what the qualifying payment amount would have been based on the billed service. The federal agencies have released new provider resources, including a series of FAQs and an updated chart, to outline the applicability of the federal IDR process by state. AAOMS has made available a detailed summary of the regulation, with additional information on surprise billing at AAOMS.org/CodingReimbursement.

State level

State governments largely took breaks to allow candidates to engage their constituents preceding the 2022 elections.

■ **State elections** – On Election Day, 88 of the country's 99 legislative chambers – or 84 percent of all state legislative seats – were slated to hold regularly scheduled elections.

Heading into Nov. 8, Republicans controlled about 54 percent of all state legislative seats nationally and held a majority in 62 chambers. Democrats controlled a majority in 36 chambers while one chamber (the Alaska House) was organized under a multipartisan, power-sharing coalition, according to Ballotpedia.

Prior to the election, there were 23 Republican trifectas (power control of both chambers of the legislature and governor), 14 Democratic trifectas and 13 with divided government. Of interest, 252 state legislators – or 4.1 percent of all seats – were prohibited from running for state office this election due to term limits. Of these, 155 Republicans, 86 Democrats and 11 independents were term limited.

A ballot question in Massachusetts also was of interest to the specialty. If adopted, Question 2 would require dental plans to adhere to an 83 percent medical loss ratio or refund any excess premium to enrollees. The question is championed by the Massachusetts Dental Care Providers for Better Dental

Benefits, which includes the ADA, Massachusetts Dental Society, AAOMS and the Massachusetts Society of OMS.

■ **North Carolina** – Due to the extraordinary efforts of the North Carolina Society of OMS, the state Board of Dental Examiners (NCBDE) in September proposed revised anesthesia regulations that uphold the OMS anesthesia delivery model and codify many of the safety protocols already required through the AAOMS Office Anesthesia Evaluation, including the use of capnography. After a 60-day comment period, NCBDE will vote during its December meeting to adopt the new language.

■ **Ohio** – Ohio Gov. Mike DeWine (R) signed HB 193 into law, which requires electronic prescriptions for all Schedule II controlled substances. Many states have adopted similar laws in previous years to mitigate errors in prescriptions and potentially harmful drug interactions. The bill provides a few exceptions from the mandate. This includes temporary technical failure, prescribers who issue fewer than 50 Schedule II controlled substances per year, or if the prescription could not be filled electronically in a timely manner.

OMSPAC update

OMSPAC raised more than \$413,000 from 16.41 percent of the membership as of Aug. 31. Additionally, OMSPAC has contributed \$283,000 to 59 federal candidates and five campaign committees 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. ■



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Medicaid, anesthesia top concerns in 2023



By Elizabeth A. Kutcipal,
DDS
*Chair, Committee on
Governmental Affairs*

I am honored to serve as the new Chair of the AAOMS Committee on Governmental Affairs, following in the footsteps of my friend and mentor, William V. Jordan, DDS.

The specialty has faced significant legislative and regulatory challenges over the years. But it has been able to survive through the hard work and determination of colleagues who demonstrate poise in the face of adversity. Many state and national leaders are thrust into these positions not by choice, but by necessity, sacrificing their own personal time to ensure OMSs may continue to practice efficiently each and every day. They are owed a debt of gratitude that cannot easily be paid. One small step anyone can take is to get involved with AAOMS, the state OMS society and the local dental association. These organizations rely on the specialty's involvement, and only OMSs can best advocate on behalf of the profession.

As with every year, the committee wishes to provide some insight to the membership on state-level issues so the specialty can better prepare for the year ahead.

- **Anesthesia** – Given recent challenges in states, ongoing chatter by OMS opponents and persistent efforts by CRNAs to gain a foothold in dental offices, additional challenges are expected during the coming year. Of course, while widely publicized adverse events always have the potential to set off a legislative or regulatory effort, even simple acts such as opening a dental practice may provide the opportunity for an opponent to frame them unfavorably.
- **Medicaid dental benefits** – In 2022, several states expanded adult dental benefits offered under Medicaid and sought to enhance provider reimbursement. Driven largely by state dental

associations, efforts were undertaken to provide viable benefits to the state but also in response to possible dental coverage expansion in Medicare and other federal programs. States will continue to discuss expanding and enhancing adult dental coverage, especially in the context of the national debate on dental care access.

- **Auxiliary personnel requirements** – Workforce shortages continue to plague all aspects of healthcare. As OMS offices grapple with personnel shortages, states will seek ways to streamline processes – making it easier for individuals to join the dental workforce and meet demand.

One small step anyone can take is to get involved with AAOMS, the state OMS society and the local dental association.

- **Insurance** – Reimbursement and documentation are a perennial feature in state legislatures. The ADA and its state dental association components continue to push insurance-related issues. With additional success in 2022, efforts will continue into the new year and new legislative sessions.

Every member of the specialty is in this together, and all OMSs can have an impact on preserving its safe and efficient practice model.

For more information, contact AAOMS government affairs staff at 800-822-6637 or advocacy@aaoms.org. ■

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HEALTH IT BYTES



■ **Meta lawsuit** – A class action lawsuit was recently filed against Northwestern Memorial Hospital, among others, and Facebook’s parent company Meta over the Illinois hospital system’s alleged illegal dissemination of patient health data to the social media giant. Per the suit, Northwestern’s use of Meta’s Pixel tracker in its patient registration portals allows the company to “unlawfully collect the private medical information of Northwestern Memorial Hospital’s patients and to use that data for their own profit.” Other hospitals around the country have faced similar suits. The practice was highlighted in an article jointly published by The Markup and STAT. The case remains pending in U.S. District Court for the Eastern Division of the Northern District of Illinois.

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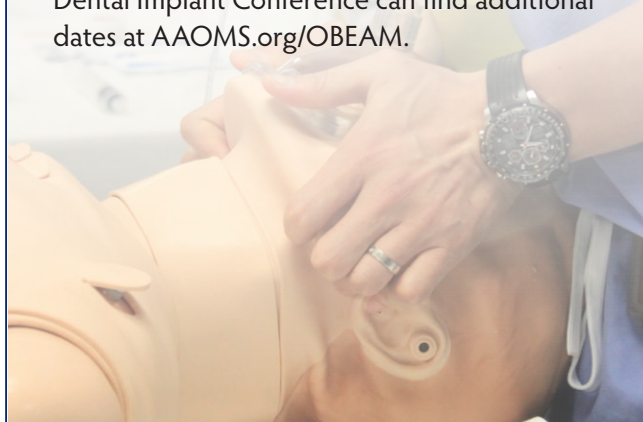
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Two OBEAM courses will be held offsite during the 2022 Dental Implant Conference. Members can sign up for either session at AAOMS headquarters in Rosemont, Ill., with each occurring on Thursday, Dec. 1, from 8 a.m. to noon or from 1 to 5 p.m.

Note: Transportation will not be provided from the Sheraton Grand Chicago Riverwalk to the Laskin Institute for OMS Education and Innovation. Those who cannot make it during the Dental Implant Conference can find additional dates at AAOMS.org/OBEAM.

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Building, tracking a solid referral base

How do patients hear about an OMS office? And how many times has a staff member gone into a patient's digital chart, only to find "none" or "unknown" listed as the source? Oral and maxillofacial surgery practices are built on solid referrals, and tracking them is key to practice growth.

Q Why is referral tracking important?

A Linking patients to the correct referral source from the beginning will help to build an accurate, detailed referral reporting system with some depth to it. The information to track on these sources should include production, collection, new patient counts and the ability to pull out patients and codes. Being able to pull a variety of details can help demonstrate how valuable a referral source is to a practice. Practices can see not only how many patients a source has sent, but also what type of codes they are billing out from those patients.

Every practice has good and bad referral sources, from the ones who always want something fixed to those who send large, committed implant cases. Proper reporting will help discern one from the other.

Q How can referral sources be sorted?

A Referral sources can often be sorted into three main groups: personal, promotional and professional. Personal can include sources such as patient, family and staff members. Professional contains all provider sources. Promotional can be a bit more eclectic. It will vary from office to office and consist of things like Google or web-based search, social media, direct-mail marketing, Yelp, insurance and the old standby, the Yellow Pages.

Q Should I be tracking other items as well?

A While production and collection are important, it also is a good idea to track other items related to referral sources for future reference and to build a relationship with that office. Do they prefer a specific implant type? Would they prefer a call pre- or post-treatment? Do they usually send a CBCT or pano, or will they expect the OMS office to capture it? Do they use paper or electronic communication?



Keeping track of these details shows the referring office their needs and wants are important, too, and the OMS practice is willing to work with them to give their patients the best experience possible.

Q How can this be accomplished using my practice management software?

A Ideally, practice management software should be able to provide a variety of ways to track these features and more. It should give several options for pulling reports, from simple to detailed financial information, lists or address labels. Other helpful features include alerts that appear when creating a patient's electronic health record and tables to track unique preferences for that referral.

Bottom line: If practice management software isn't helping to track and take care of referral sources, then maybe it's time to look at a different solution. It should be helping to stay on top of things and to know when sources fall off in production numbers. ■

This edition of Practice Management Matters is provided by OMSVision. OMSVision by Henry Schein One seeks to help oral and maxillofacial surgeons realize the benefits of effectively tracking referrals. To learn more, visit [OMSVision.com/referrals](https://www.omsvision.com/referrals).



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– Oral & Facial Surgery for Adults & Children, Columbus, Ohio



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Reducing risk with instrument processing steps

By Katherine Schrubbe, RDH, PhD, MEd
Independent Compliance Consultant

The correct and appropriate processing of reusable dental instruments is the foundation of any dental practice. Lack of standardized protocols for cleaning and sterilization puts both dental team members and patients at risk for injury and disease transmission. Breaches in instrument reprocessing protocols have put dentistry in the news and emphasize the importance of thorough and consistent infection control practices. Thus, proper instrument processing is one of the most important tasks to ensure patient safety.

The dental profession predominantly relies on OSHA standards for healthcare worker safety and CDC guidelines to provide a safe environment for team members and patients. Another key organization for instrument processing standards is the Association for the Advancement of Medical Instrumentation (AAMI). AAMI Standard 79 is a comprehensive guide to steam sterilization and sterility assurance in healthcare facilities, reinforcing the CDC Guidelines for Infection Control in Dental Health-Care Settings.

The American National Standards Institute oversees the creation of guidelines that impact businesses and adopts AAMI standards rather than developing new ones.



Although the standard is not regulatory in nature, it is considered best practice for steam sterilization and instrument reprocessing and can be helpful in standardizing sterilization protocols across practice settings. The ADA also has numerous best practice documents that reinforce utilization of current CDC guidelines for instrument processing. Find the best practice documents at [ADA.org/resources/research/science-and-research-institute/oral-health-topics/infection-control-and-sterilization](https://ada.org/resources/research/science-and-research-institute/oral-health-topics/infection-control-and-sterilization).

It is necessary to understand the types of instruments used in dentistry. The Spaulding Classification system identifies medical devices as critical, semi-critical and noncritical according to the degree of risk for infection while using the items. Dentistry utilizes all three categories of instruments:

- Critical instruments – Surgical instruments, scalpel blades, scalers and surgical dental burs are examples of devices those that normally enter sterile body tissue such as the bloodstream or bone.
- Semi-critical items – These include mouth mirrors, which contact mucous membrane but do not penetrate soft tissue.
- Noncritical items – X-ray heads, pulse oximeters, cameras and blood-pressure cuffs can be surface-disinfected and pose a low risk of cross-contamination.

Both critical and semi-critical items must be heat sterilized or single-use disposable.

When transporting contaminated instruments to the processing area, OSHA requires the use of a container that is labeled with a biohazard symbol, puncture resistant, and leakproof on the sides and bottom. Both AAMI and the CDC recommend that the container also be sealed or have a cover. This is to ensure worker safety while transporting contaminated instruments.

Six steps

There are typically six steps in the instrument processing cycle.

1. The first step is to ensure all soil has been removed prior to cleaning, packaging and sterilization. This is a simple but important step, as instruments become

continued on next page



contaminated with blood, saliva, tissue fluids and dental materials as well as microbes from the patient's saliva and blood during treatment. This debris is referred to as bioburden, which can provide insulation to sterilizing agents such as steam, making the process ineffective. All bioburden must be removed prior to cleaning, packaging and sterilization. If needed, instruments can be placed in a holding pre-soak enzymatic solution first to prevent drying of any bioburden.

2. The second and most important step is actual cleaning. Studies have demonstrated that a soiled instrument cannot be sterilized successfully. Manual scrubbing of instruments is still an acceptable practice but not highly recommended, as it puts the dental team member at risk for occupational injury and cross-contamination.

Ultrasonic machines rely on cavitation to remove soil from an instrument surface and are more frequently used. Busier practices that process large quantities of instruments may use a washer-disinfector, a specialized, FDA-approved medical device that appears similar to a home dishwasher. To aid in the process, monitors may be deployed to demonstrate that cleaning was successful. While carrying out these tasks, it is important for team members to wear appropriate PPE, including heavy-duty gloves.

3. Next, ensure that all cleaned instruments are packaged appropriately. When cleared by the FDA, sterilization packages must demonstrate they maintain purity for at least six months. It is important to choose the correct size pouch for instruments. AAMI states that the proper

sizing and application of pouches allows for adequate air removal, steam penetration and drying. The package should provide about 1 inch of space between the items in the pouch and the sealed edges. Cassettes are often used and also must be placed in a sterilization pouch or wrapped in paper.

In each of these options, chemical indicators are used in packaging to provide a visible verification that certain rules were met inside the sterilizer. The parameters used include time, temperature and steam. CDC guidelines recommend placing an internal indicator in each package; an external indicator should be used when the internal option is not visible from the outside of the package.

Dual-indicator pouches are available through many manufacturers to meet the stated criteria. During cassette use, a separate chemical indicator (preferably a chemical integrator) must be placed *inside* the cassette, and the packaging (pouch or wrap) must have an external indicator as well.

4. The fourth step is the sterilization process. The CDC states that steam under pressure (autoclaving) is the process of choice whenever possible, as it is considered safe, fast and most cost-effective for healthcare facilities. It is crucial to follow the instructions for all sterilizers, including timing, temperature of packages and loading of the chamber. Packages should have space between them so the steam has access to all surfaces.
5. Sterile storage is the next step in the cycle. Sterilized instruments should be stored in closed or covered cabinets, in low dust areas and away from moisture. The event-related shelf-life approach is most commonly used to assess how long packages will remain clean.

This method indicates that the package is sterile indefinitely, unless there is an event causing it to be contaminated, such as a tear, brittle plastic, wet packaging or an item that has fallen on the floor. Any of these compromises call for reprocessing. Prior to use, packaging should be reinspected for tears, punctures, open seals or improperly turned chemical indicators. Sterile packages must remain sealed and intact until ready for use. It is best to verify the chemical indicator has changed color and then open the package in front of the patient to demonstrate it has been correctly processed.



6. Quality assurance plays a large role in this last step in the instrument processing cycle. The quality-assurance measures include physical, chemical and biological verification. All three are important for patient safety:

- Mechanical monitoring involves checking gauges, lights and displays on the sterilizer to detect gross malfunction.
- Chemical monitoring relates to a change in color of indicator package markings, strips or tape.
- Biological monitoring, considered the gold standard, is a direct assessment of the sterilization process by determining whether the sterilizer kills spores.

For steam sterilization, biological indicator strips or vials are used with the challenge organism, *Geobacillus sterothophilus*. These “spore tests” must be done on a weekly basis in the office or by mail to an external site, and results must be logged. The CDC has information on how to manage a biological indicator failure and provides an example of three years – the timeframe used by The Joint Commission – to maintain record results.

Following OSHA, CDC and AAMI standards and guidelines takes the guesswork out of processing and preparing instruments that are used in dental care. It is best to have written protocols for team members so that everyone carries out these tasks consistently and safely. Regardless of the type or size of the practice, a clear understanding of proper instrument processing protocols is vital to reduce the risk of disease transmission, cross-contamination or injury to the dental team and patients. ■

Those interested in learning more about this topic can view the webinar recording: Instrument Processing: Step-by-Step with Quality Assurance Systems, presented by Katherine Schrubbe, RDH, PhD, MEd, now available in the AAOMS CE on Demand Library at AAOMS.org/CEonline.

Sources:

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CDC Guidelines for infection control in dental health-care settings–2003. MMWR 2003;52 (No. RR-17);1–61.

CDC Sterilization: Monitoring: CDC.gov/oralhealth/infectioncontrol/faqs/monitoring.html

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OSHA Bloodborne Pathogens Standards: OSHA.gov/laws-regs/regulations/standardnumber/1910/1910.1030

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This is number 188 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.

Ready or not, 2023 outpatient evaluation and

Starting Jan. 1, the guidelines for office and other outpatient evaluation and management (E/M) services (99202-99215) that took effect in 2021 will extend to hospital inpatient and observation visits. This also will impact consultations and services in the emergency department, nursing facility, home and domiciliary.

The guideline and coding revisions were implemented to remove the history and physical examination components during level-of-service determination. Approved by the CPT Editorial Panel and CMS, the modifications are meant to harmonize the current 2021 guidelines across all E/M categories, making code selection instead based on medical decision-making (MDM) or time. Changes include updated chapter guidelines, additions to the MDM table, and various code family revisions and deletions.

A summary of these changes are as follows:

Inpatient and observation services

- Observation discharge (99217), initial observation (99218-99220) and subsequent observation (99224-99226) codes will be deleted and merged into the existing hospital care CPT codes (99221-99223, 99234-99236 and 99238-99239).
- Editorial revisions will be made to code descriptors to reflect current E/M selection of service determined by MDM or time.

Coding tip: According to CPT guidelines, if a visit in another setting (OMS office) leads to an inpatient admission or observation status, the provider may append modifier – 25 to the other E/M service to indicate a significant, separately identifiable service was rendered by the same provider on the same date of service. However, if reporting these services to Medicare, all sites of service on the same date are considered integral to inpatient or observation services and cannot be reported separately.

Consultations

- Office (99241) and inpatient (99251) consultation codes will be deleted.
- Code descriptor and guideline revisions will align with four levels of MDM (straightforward, low, moderate and high) to codes 99242-99245 and 99252-99255.

Coding tip: Consultations must be performed only after a request has been made by another doctor, physician or appropriate source. If the referral source has already diagnosed the condition and the need for surgical intervention, the encounter needs to be coded as a new patient (i.e., removal of third molars). If the referral source is in doubt as to the patient's diagnosis and whether surgical intervention is needed, the encounter may meet the criteria for a consultation. CMS recently acknowledged the revisions to the consultation codes set and restated its noncoverage policy for reimbursement.

Emergency department services

- New and established patient rules and time will not determine the level of service for emergency department codes, only the MDM component.
- Code 99281 was modified to conform with established office visit code 99211 – describing evaluation and management of a patient who may not require the presence of a physician or other qualified healthcare professional.

Coding tip: According to new ED guidelines, "If a patient is seen in the ED for the convenience of a physician or other qualified health professional, report an office or other outpatient service code (99202-99215)." Additional procedures and services on the same day as the ED visit also may be reported using the relevant CPT code(s) and/or modifier(s) "to report separately identifiable evaluation and management services and the extent of services provided in a surgical package."

MDM table

To support all other E/M category revisions, modifications were necessary to the MDM table. There were no significant changes; however, examples to the table have been added to better support other areas of service. Since the MDM table will be used for all categories, associated CPT codes have been removed. The table now includes four levels (straightforward, low, moderate and high) of MDM and three elements of which the MDM will be selected:

- Number and/or complexity of problems addressed at the encounter.
- Amount and/or complexity of data to be reviewed or analyzed.



management coding changes are on the way

- Risk of complications and/or morbidity or mortality of patient management.

Of the four levels of MDM, there were no changes to the straightforward or moderate levels; however, some additional criteria were added to the low and high levels:

- Low MDM: 1 stable, acute illness; 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care. Both support a low level of MDM when it is specific to the number and complexity of problems.
- High MDM: Decisions regarding hospitalization or escalation of hospital level care (i.e., an OMS transferring a patient from an office or outpatient setting to the hospital) and parenteral controlled substances (i.e., pain medicine administered by IV or injection in the hospital setting). Both descriptions support a high level of MDM to the “risk of complications” elements.

Coding Tip: Selection of MDM requires two of the three elements from the MDM table to be established. MDM is not solely based on the diagnosis but also includes nature and number of clinical problems, severity, data obtained during the encounter and risk(s) to the patient.

Prolonged visits

- New code 99418 was created to be reported in conjunction with prolonged services of an inpatient or observation evaluation and management service.
- Direct patient contact prolonged service codes (99354-99357) will be deleted and replaced by either reporting the office or other outpatient prolonged service code (99417) or the new inpatient or observation code (99418).

Coding tip: When reporting 99417, 99418, the initial time unit of 15 minutes should be added once the time in the primary E/M codes has been surpassed by 15 minutes.

Revisions and deletions also were made to the families of codes for evaluations in the nursing facility, domiciliary home and home services. These changes are not anticipated to significantly impact the OMS specialty.

The AMA offers a dedicated webpage with information on breakthrough revisions to the E/M section of the CPT code set and links to related tools and resources, including E/M revisions to code descriptors and guidelines from 2021



Annual Meeting attendees bolstered their knowledge at the Beyond the Basics Coding Workshop.

through 2023. Find more information at [AMA-Assn.org/practice-management/cpt/cpt-evaluation-and-management](https://ama-assn.org/practice-management/cpt/cpt-evaluation-and-management).

These monumental changes emphasize the importance of purchasing new coding manuals annually through AAOMS Advantage Partner Optum at optumcoding.com/AAOMS. Promo code AAOMSMBR can be used to receive a 20 percent discount. ■

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.

Learn more at AAOMS.org

AAOMS hosted a webinar in November to update members on the 2023 E/M changes. During the 90-minute event, participants learned about the new revisions, how to implement the guidelines and select the appropriate level of service. Find an archived recording at AAOMS.org/CEOnline (not part of the CE Subscription service).

2023 CMS proposed rules affect dental services,

Each year through the rulemaking process, CMS updates the policies and regulatory framework that govern Medicare coverage and payment for physician services. Even if an OMS chooses not to enroll in Medicare, it is important to stay current with CMS policy changes, such as those outlined in the Medicare Physician Fee Schedule (MPFS), as many commercial payers adopt the same claims processing guidelines.

The 2023 MPFS includes a wide range of topics pertinent to the oral and maxillofacial surgery specialty. In the proposed rule, CMS has outlined several dental policy and payment proposals that, if finalized, would broaden the statutory definition of medically necessary dental services. This would allow Medicare payment for services currently excluded from coverage, such as dental exams and treatment of oral infections prior to *any* organ transplant or cardiac valve replacement, *in both inpatient and outpatient settings*.

CMS also is considering the potential expansion of coverage for dental services in relation to other medical conditions and treatments such as head and neck cancers and immunosuppressive drug therapy. The agency remains undecided as to whether such considerations also should extend to dental services furnished prior to joint replacement surgery.

Additional proposals of note include:

- **Conversion factor** – The proposed conversion factor for 2023 is \$33.08, a decrease of 4.4 percent from 2022, signaling across-the-board payment cuts for Medicare providers, if finalized.
- **Global surgical packages** – CMS has reiterated concern over the current values of the more than 4,000 surgical codes that carry 0-, 10- or 90-day global packages, suggesting they do not align with current postoperative care practices. CMS will consider several strategies for the revaluation of global services, as well as the impact this may have across the MPFS.
- **Telehealth services** – CMS has proposed to extend Medicare coverage for temporary telehealth codes for 151 days after the public health emergency ends. After this, Medicare will discontinue payment for waiver-related telehealth codes, including audio-only evaluation and management (E/M) services, except in limited circumstances.
- **E/M services** – CMS has proposed to generally adopt the revised CPT* framework and guidelines implemented last year for “other” E/M services, including inpatient, observation and emergency department visits. This will





ASC outpatient facility fee

bring the full family of E/M services under the guidelines that currently govern office and outpatient visit codes. However, CMS has proposed to retain its current reporting guidelines for billable units of time rather than adopt the general CPT rule. For instance, CMS requires the full time within the CPT code descriptor to be met or exceeded to be considered a billable unit, while CPT guidelines consider a billable unit to be attained once the midpoint is passed.

- **Prolonged E/M services:** CMS has proposed the creation of three new G-codes for Medicare providers to report, depending on the care setting. This would be done rather than adopting the prolonged service codes – including reporting instructions for time – recently added to CPT.
- **Split (or shared) E/M visits:** CMS has proposed to delay the requirement that the substantive portion of a split (or shared) visit be based on time only, allowing providers to use either medical decision-making or time until Jan. 1, 2024.
- **Quality Payment Program** – Limited changes are proposed to the Merit-based Incentive Payment System (MIPS) as CMS focuses on the continued development of MIPS Value Pathways, a streamlined MIPS reporting option beginning in 2023. CMS is proposing a total of 194 quality measures for the 2023 performance period, which includes a new measure (Screening for Social Drivers of Health). One quality measure proposed for deletion applicable to the OMS specialty is QM# 265, Biopsy Follow-up. For 2023, CMS is not proposing any change to the weighted categories of cost, quality improvement activities and promoting interoperability.

The complete rule is available at [CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched).

Proposed OPPTS/ASC payment rule

The Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System proposed rule outlines a potential increase to the facility fee for outpatient dental services. CMS has proposed to change the Medicare Ambulatory Payment Classification (APC) assigned

to CPT code 41899 (unlisted procedure, dentoalveolar structures) from APC 5161 (Level 1 ENT Procedures) with a rate of \$216 to APC 5871 (Dental Procedures) with a 2023 rate of nearly \$2,000.

If finalized, the increased facility fee would apply to dental operating room cases rendered in hospital outpatient settings for Medicare patients when CPT 41899 is billed. Additionally, the proposed APC may apply for Medicaid patients in states that use Medicare billing codes and rates for Medicaid services.

CMS also proposes to remove 10 codes from the Inpatient Only List of services payable by Medicare only when performed in the inpatient setting. Eight of the codes proposed for removal are OMS procedures for which AAOMS has advocated for coverage in expanded care settings, most recently in 2022. If finalized in regulation, these procedures would be eligible for Medicare payment when furnished in hospital outpatient departments as well as the inpatient setting.

Notably, the proposed rule does not address expanded access to dental services across all care settings. CMS did not accept the recommendation to add 41899 to the Ambulatory Surgical Center Covered Procedures List (CPL), which would allow Medicare payment when billed by ASCs for dental surgical cases. CMS also rejected AAOMS's nomination of 29 other OMS musculoskeletal procedures for addition to the ASC-CPL.

The complete rule, including the proposed ASC-CPL and those codes excluded from payment in the ASC, may be found at [CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment).

AAOMS has submitted regulatory comments on both the MPFS and OPPTS/ASC proposed payment rules and will provide a full summary when the final versions are published at the end of 2022. ■

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Practice Consolidation Is Cresting

It's Time to Understand the Value of Your Practice

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Dozens of Invisible Dental Support Organization (IDSO) silent partners are paying record values for partial interests in OMS practices advised by LPS. OMS-only IDSOs compete fiercely with the multi-specialty and Dental Trifecta groups, driving up values. You should understand all of your options.

IDSOs purchase 51% to 90% of practices for cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value. Some LPS clients have achieved 3x to 7x equity returns in only three to five years.

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IDSO partnership is not a short-term transition strategy, but rather a long-term wealth building partnership. Some happy LPS OMS clients are under 35!

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LPS clients have 6 to 10+ qualified bidders. LPS completed over \$500 million of transactions for dentists of all types, in the last 12 months. LPS' size enables our clients to achieve record values that the little advisors cannot match. Multiple OMS clients have achieved values of over 3x collections.

Your Value in Today's Consolidation Frenzy

Great practices with at least \$1.2 million in collections have many options today. You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs often leave millions on the table and do not get to consider ALL of their options.

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ABOMS offers Find a Diplomate web tool

For those unaware, the American Board of Oral and Maxillofacial Surgeons now offers assistance to public and health professionals in looking for board-certified OMSs via a Find a Diplomate search function on its website.

■ **How does it work?** Featured for free on ABOMS.org, the program displays all Diplomates who are in good standing with the organization. After users agree to the terms and conditions, they can search for a specific surgeon by name or location. They also can filter by city, state, country and ZIP code, including an additional feature to search within a designated square-mile radius. This can be found under the Diplomates tab of the ABOMS website.

■ **What is included?** The Find a Diplomate search includes the surgeon's name and picture as well as his or her office address, website, practice type (i.e., academic, private practice) and institution. This information comes directly from the Diplomate's

ABOMS profile. Therefore, it is crucial that all information is accurate and up-to-date. Diplomates can log in to their ABOMS profile to make any necessary changes.

■ **Is there a choice to opt out?** Yes. All Diplomates with an Active status will be displayed automatically in the Find a Diplomate search. However, one can opt out of this feature or tailor the displayed information by visiting their profile under Update Profile and then Display Options.

The Find a Diplomate feature on the ABOMS website serves as a helpful reference to allow quick access to information on board-certified oral and maxillofacial surgeons. ABOMS still provides letters of verification to hospitals or credentialing agencies in need of an official document proving a Diplomate's Active certification status. These can be requested online through the Verifications tab on the ABOMS website. ■



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 opportunities
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.

Navigating disability-income insurance

By Alex D. Spiller, CFP

Regional Director

Treloar & Heisel

Insurance terminology – including the word “underwriting” – should not deter you from protecting your greatest asset: your ability to earn an income.

Here are a few of the most common questions asked about obtaining disability income insurance.

What is underwriting? Underwriting is the process through which an insurer will assess the risk of insuring you. It includes getting information about you, your health history and your professional responsibilities so the insurer can determine if it would like to cover you and for how much.

Will I need to submit ‘labs’? Many applicants do not need to submit any kind of labs. It’s up to the insurer to request them if they see a reason. About 90 percent of student/resident applicants can secure disability income insurance without any routine lab requirements. Depending on your health history, you may be asked to complete bloodwork, which is typically done at your convenience and the insurance company’s expense.

How long does it take to get an approval from underwriting? If your health history is clear and there are no other issues, approvals can come through in a week. On the other hand, if the insurer requests your medical records, that could slow down the process.

Will I need to speak with someone about this? A quick conversation with a financial advisor is helpful to answer any questions you may have, and for your advisor to get a sense for what features would be suitable in a policy. You would get a chance to talk about affordability and discuss riders that you may want to add to the policy for future insurability or benefit increases.

What if my health status changes? The best part about securing disability income insurance while you are younger and presumably healthier is that, even if your health declines, you have locked in a policy and can continue to be protected. Many companies offer a feature that allows you to increase your coverage in the future without regard to any changes in your health.

Can’t I just buy this online? Disability income involves protecting your ability to earn an income, which factors into your health – two very important parts of your life. Most insurance companies have significantly simplified the application process. You cannot buy disability insurance directly from an insurance company. So, regardless of which carrier you choose, you need to work with an agent. An educated representative of a reputable company will be a helpful guide to you in this process.

What is the underwriting process? Every company will be different, but this may give you a good sense of the timeline:

1. Speak with an advisor to ask any remaining questions you may have about disability insurance.
2. If you choose to move forward, the advisor will collect some personal information (name, contact information, etc.) along with your graduation date (if you’re in school).
3. The insurance company will email you a link to complete a health questionnaire at your convenience.
4. An underwriter reviews your information and may reach out for more, should there be any questions about your health history that may impact the application.
5. Assuming there are no issues, the underwriter comes back with an approval.
6. The policy is issued, and you can sign it electronically.
7. Payment can be set to automatically debit from a checking account. ■

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

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



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Special savings on HP high-yield cartridges

HP and ODP Business Solutions have teamed up again to offer AAOMS members HP high-yield cartridges, at a special price. Most AAOMS members are familiar with standard cartridges, but high-yield cartridges are typically only available through special corporate agreements. These HP high-yield cartridges print twice as many pages as a standard cartridge, and the slightly higher upfront cost is offset by a substantial annual savings.

To see which HP high-yield cartridges are included in this savings program, visit the ODP Business Solutions page on AAOMSAAdvantage.org. You also may email aaomsadvantage@aaoms.org with questions or to request further information. To enroll or confirm your participation in the ODP Business Solutions program for AAOMS members and access all available discounts, email jimmy.young@officedepot.com.



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MEMBERSHIP



AAOMS welcomes new fellows and members at 2022 Annual Meeting

Members of the House of Delegates elected 55 candidates to AAOMS fellowship or membership at the 2022 AAOMS Annual Meeting, and another 90 were elected to provisional fellowship or membership.

AAOMS also welcomed 113 fellows and members in life fellowship or membership. In addition, 113 provisional fellows and members were transferred to full membership after completing their state OMS society membership requirements.

Allied staff membership remains strong with more than 890 professional staff sponsored by current AAOMS fellows, members and candidates.

After achieving ABOMS diplomate status, 106 recently board-certified members were transferred to fellowship this year.

A complete listing of names can be found at [AAOMS.org/member-center/member-news](https://aaoms.org/member-center/member-news).

2022 ANNUAL MEETING



View sessions before access ends

Online access to the 2022 Annual Meeting will end on Dec. 31 at 11:59 p.m. CST. Registrants should log in and view sessions before the deadline. No extensions will be granted.

Annual Meeting recordings are available for purchase, even once on-demand meeting access ends. Visit [AAOMS.org/Recordings](https://aaoms.org/Recordings) to purchase.

2023 ANNUAL MEETING



Join AAOMS in San Diego

Join AAOMS in San Diego, Calif., Sept. 18 to 23 for its 105th Annual Meeting. Innovations in OMS: Patient Care and Practice Strategies is next year's theme.

Meeting details will soon be available at [AAOMS.org/SanDiego](https://aaoms.org/SanDiego).

MEMBERSHIP



Keep directory profiles current

The AAOMS annual dues statement, 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](https://aaoms.org) members-only directory and the public-facing [MyOMS.org](https://myoms.org) Find a Surgeon search. Both Association resources are updated in real time. AAOMS encourages members to use the [AAOMS.org](https://aaoms.org) My Account page year-round to update their profiles and contact information whenever there is a change.

2023 ANNUAL MEETING



Submit posters, oral abstracts

Applications for posters and oral abstracts can be submitted on a variety of clinical topics. OMSs are encouraged to consider the 2023 theme, Innovations in OMS: Patient Care and Practice Strategies. The online application will open on Dec. 5 at [AAOMS.org/Speakers](https://aaoms.org/Speakers).

Questions? Contact shannonm@aaoms.org.

COMMUNICATIONS



Looking for AAOMS Today story subjects for future issues

For stories in upcoming issues of *AAOMS Today*, AAOMS would like to feature oral and maxillofacial surgeons who fit the topic areas listed below. Email communications@aaoms.org if interested, or if you know of someone else.

Artists on the side

Have a knack for painting on canvas? Working on a sculpture or other medium? See yourself as an OMS van Gogh?

Practice transitions

Transitioned from government work to private practice or vice versa? Interested in sharing the challenges of moving between the federal government and other avenues of OMS care delivery? Advice for others considering a career change?

Mountain-climbing

Scale mountains in spare time? Mount Everest on your bucket list? Recently conquered your fear of heights?

Post-COVID-19 state of the specialty

Has COVID-19 fundamentally changed the way you deliver OMS care? Any advice to share with others who are still learning how to navigate the new normal? Will the specialty ever be the same as it was prior to March 2020?

Meditation

Do you take part in transcendental meditation or other similar brain-related activities to improve your work? Have you found other such unorthodox ways of dealing with stress? Did they work?

MEMBERSHIP



AAOMS sends reminders on 2023 membership dues deadlines

All members were mailed 2023 membership dues statements. Those who sponsored allied staff members in 2022 will have the option to renew allied staff memberships on the 2023 dues statement.

Retired fellows and members received an optional contributions and subscriptions form. The document provides an opportunity to subscribe to JOMS at the member rate and to remit voluntary contributions to the OMS Foundation, OMSPAC and the IAOMS.

Dues payments can be made in one of three ways: by logging in to AAOMS.org or via fax or mail. Allied staff members wishing to renew on their own can log in to their individual membership account on AAOMS.org and pay online at any time. Because the online system is set up for individual log-ins, sponsoring members cannot pay for allied staff members

when they log in to their OMS member accounts on AAOMS.org.

Payment for 2023 dues and assessments is due by Dec. 15. Payments received in-house by this date are guaranteed processing by year-end. Payments made online at AAOMS.org can be made as late as Dec. 31 for recognition in 2022.

If circumstances make it difficult to meet the Dec. 15 deadline, AAOMS offers a payment plan. Contact membership@aaoms.org prior to Dec. 15 for more information.

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

MEMBERSHIP



AAOMS Connect features online community, networking

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 can log in to AAOMS.org, click on AAOMS Connect under Member Center and click

Join the CIG/SIG Community to request access to the CIGs.

Discussions are available through the Clinical and Special Interest Groups: All CIG/SIG Forums 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.

CONTINUING EDUCATION



Courses on anesthesia safety, digital workflow added to CE Online Library

The CE Online library has added five clinical on-demand courses that feature the most up-to-date information on the following topics:

- Anesthesia Patient Safety Program 2021: A Review of Closed Claims by Mark Anderson, DDS, MS; Darrell E. Baker, JD; and Cynthia Trentacosti-Franck, DDS, MS.
- Digital Workflow in the OMS Implant Practice: Why and How by Waldemar D. Polido, DDS, PhD, MS.
- Reconstruction of the Maxillectomy Defect by Nicholas F. Callahan, DMD, MD, MPH; and Michael Y. Nagai, DDS, MD.

- Surgical Airway Management for the Oral and Maxillofacial Surgeon by Steven J. Caldrony, DDS, MD; and Nicholas F. Callahan, DMD, MD, MPH.
- Advanced Topics in Dentoalveolar Surgery 2021 by Mark Fletcher, DMD, MD, FACS; and Stuart E. Liebllich, DMD.

Members can register in the Clinical CE Subscription to access these sessions and more at AAOMS.org/CEsubscription.

Questions? Visit AAOMS.org/CEonline or email ceonline@aaoms.org.

PRACTICE MANAGEMENT



Enhance coding knowledge online

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance. Courses can be accessed immediately through AAOMS.org/CEonline. Offerings 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



AAOMS Opportunities

2022

Dec. 1

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/OBEAM

Dec. 1–3

2022 Dental Implant Conference

Sheraton Grand Chicago, Chicago, Ill., and online

AAOMS.org/DIC

2023

Various dates

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/OBEAM

Feb. 9

AAOMS Virtual Career Fair

AAOMS.org/Events

March 4–5

Anesthesia Assistants Review Course

Atlanta, Ga.

AAOMS.org/OMSstaff

March 7–8

Day on the Hill

Washington, D.C.

AAOMS.org/DayontheHill

March 11–12

Clinical and Scientific Innovations for Oral and Maxillofacial Surgery Conference

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/CSIOMS

April 29–30

AAOMS Educational Weekend

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org

Sept. 18–23

105th AAOMS Annual Meeting, Scientific Sessions and Exhibition

San Diego, Calif., and online

AAOMS.org/AnnualMeeting

Regional & State Society Meetings

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

2023

March 29–April 1

Southwest Society of OMS Annual Meeting

The Woodlands Resort in Woodlands, Texas

SWSOMS.com

April 29–30

CALAOMS 23rd Annual Meeting on Anesthesia

Hayes Mansion in San Jose, Calif.

CALAOMS.org

May 3–7

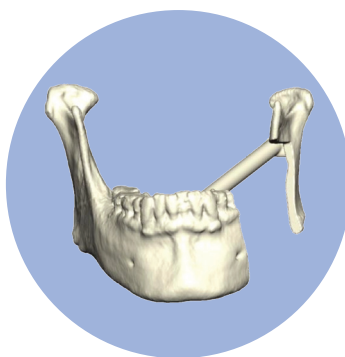
Southeastern Society of OMS 73rd Annual Meeting

Silverado Resort in Napa, Calif.

SSOMS.org

SAVE THE DATE

2024 BONE SYMPOSIUM February 17-19 Silverado Resort, Napa Valley, CA



Join us as we bring together leading scientists and clinicians to share their knowledge and insights regarding bone healing and how the latest research can be applied to challenging defects.

**Gain Knowledge Through Progressive Analysis of
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Accreditation This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PeerPoint Medical Education Institute, LLC and Osteo Science Foundation. The PeerPoint Medical Education Institute, LLC is accredited by the ACCME to provide continuing medical education for physicians.

Designation The PeerPoint Medical Education Institute, LLC will designate this live activity for AMA PRA Category 1 Credit™ in an amount to be determined by the ACCME accreditation process. CE credits will also be provided. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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**Osteo Science
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For more information, visit www.osteoscience.org

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



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Dr. Schultz appointed to Georgia Board of Dentistry



Dr. Schultz

Jeff Schultz, DDS, MS, was appointed to the Georgia Board of Dentistry. He attended Emory University School of Dentistry and is a diplomate of ABOMS and the National Dental Board of Anesthesiology. Dr. Schultz also has served as President of the Georgia Society of OMS.

Dr. Guttenberg receives Distinguished Alumni Award



Dr. Guttenberg

Steven A. Guttenberg, DDS, MD, received the Distinguished Alumni Award from the University at Buffalo (UB) School of Dental Medicine. He previously served as President of the District of Columbia Dental Society. Dr. Guttenberg also received the Samuel P. Capen Award – the highest honor bestowed by the UB Alumni Association.

Dr. Louis named Chair of Oral and Maxillofacial Surgery



Dr. Louis

Patrick Louis, DDS, MD, was named the Charles A. McCallum Chair of Oral and Maxillofacial Surgery at the University of Alabama at Birmingham (UAB) School of Dentistry. He previously served as interim Chair since April 2020. Dr. Louis graduated from Louisiana State University School of

Dentistry and the UAB Heersink School of Medicine.

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IMPROVE PAIN SCORES AND MINIMIZE OPIOIDS AFTER THIRD MOLAR EXTRACTION^{1,2}

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

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

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

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

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

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

[‡]The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

Indication

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of Prescribing Information on adjacent page.

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

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



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The first and only
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local analgesic for
pediatric patients³

EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary

(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

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

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

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

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

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

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

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

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

- patients younger than 6 years old for infiltration
- patients younger than 18 years old for interscalene brachial plexus nerve block
- pregnant patients

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

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

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

Adverse Reactions Reported in All Local Infiltration Clinical Studies in Pediatric Patients Aged 6 to Less Than 17 Years

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

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

Adverse Reactions Reported in Nerve Block Clinical Studies

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

Postmarketing Experience

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

DRUG INTERACTIONS

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

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

Examples of Drugs Associated with Methemoglobinemia:

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

Bupivacaine

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

Non-bupivacaine Local Anesthetics

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

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

Water and Hypotonic Agents

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

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

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

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

Clinical Considerations

Labor or Delivery

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

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

Data

Animal Data

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

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

Lactation

Risk Summary

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

Pediatric Use

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

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

Geriatric Use

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

Hepatic Impairment

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

Renal Impairment

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

OVERDOSAGE

Clinical Presentation

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

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

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

Management of Local Anesthetic Overdose

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

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

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

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

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

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

Recommended Dosing

Local Analgesia via Infiltration Dosing in Adults

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

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

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

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

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

Local Analgesia via Infiltration Dosing in Pediatric Patients

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

Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

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

Compatibility Considerations

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

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

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

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

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

Non-Interchangeability with Other Formulations of Bupivacaine

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

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

CLINICAL PHARMACOLOGY

Pharmacokinetics

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

PATIENT COUNSELING

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



Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

Patent Numbers:

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

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

Rx only

March 2021



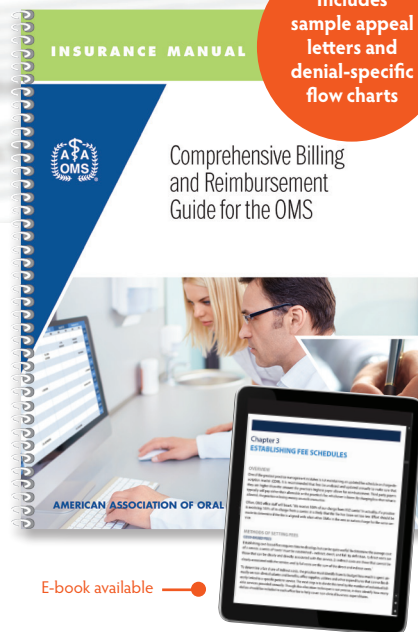
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Faculty Positions

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 assessments 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 biopsies. 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: kwais@uab.edu, 205-934-5334.

Georgia

Emory University School of Medicine in Atlanta is seeking applications for a full-time faculty position in the Division of Oral and Maxillofacial Surgery at the Assistant or Associate Professor level. Responsibilities include patient care, didactic education and clinical teaching of residents and research. The position includes responsibilities at Grady Memorial Hospital, The Emory Clinic, Emory University Hospital, Emory University Hospital Midtown and Children's Healthcare of Atlanta. The candidate should have an interest in major oral and maxillofacial surgery with a particular interest in trauma management and is expected to actively participate in clinical and research activities. The individual will be expected to participate in the Emory oral and maxillofacial surgery faculty practice. Collaborative opportunities are available with area colleges and universities and public health agencies. The position requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school and completion of a CODA-approved oral and maxillofacial surgery residency program. The candidate should be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates also must be eligible for an unrestricted Georgia dental or medical license.

Salary and academic rank are commensurate with experience and qualifications. Emory University is an equal opportunity/affirmative action employer. Applicants should submit their curriculum vitae to: Dr. Gary Bouloux, Chief, Oral and Maxillofacial Surgery, The Emory Clinic, 1365 Clifton Road, Suite B-2300, Atlanta, GA 30322, email: gfboulo@emory.edu.

Illinois

The Department of Oral and Maxillofacial Surgery in the University of Illinois Chicago College of Dentistry is seeking applications for a 12-month, tenure/tenure track, faculty position at the rank of Assistant Professor. For fullest consideration and to see full description and minimum requirements, applicants should submit a letter of intent, current CV and names of three references to: <https://uic.csod.com/ux/ats/careersite/1/home/requisition/1486?c=uic> by Dec. 30, 2022. The University of Illinois System is an equal opportunity employer, including but not limited to disability and/or veteran status, and complies with all applicable state and federal employment mandates. Please visit Required Employment Notices and Posters at hr.uillinois.edu to view our nondiscrimination statement and find additional information about required background checks, sexual harassment/misconduct disclosures, COVID-19 vaccination requirement, and employment eligibility review through E-Verify.

Indiana

Indiana University Department of Oral and Maxillofacial Surgery is seeking to fill a full-time position in the department at the Assistant/Associate/Full Professor level beginning July 2023. The position seeks a person fully trained in an ABOMS-accredited OMS residency program with preferred advanced training in pediatric maxillofacial surgery. Primary responsibilities will include established clinic and OR schedules treating children with cleft lip/palate anomalies, branchial arch and congenital-syndromic conditions of the maxillofacial region. Close working relationships with allied health providers exist and opportunities for collaborative teaching and research are available at the Riley Children's Hospital. Further duties will include student-resident teaching, staffing resident clinics and participation in the OMS on-call schedule. A lucrative remuneration schedule for clinical production exists. Contact Dr. Bruce Horswell, Faculty Search Chair, at bhorswel@iu.edu or Mr. Damon Spight, Faculty Recruitment, at 317-274-3070 or dspight@iu.edu.

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 1 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 – Department of Oral & Maxillofacial Surgery is seeking a FT Assistant/Associate Professor. Ability to practice full scope in OMS, participate in faculty practice and provide call coverage at our level 1 trauma center. 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. For questions and full details, please contact Dr. Peter Park at epark1@lsuhsc.edu.

Massachusetts

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine invites applications for a full-time faculty position. The position requires graduation 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.

Faculty Positions

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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 and 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, and 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 and 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 OMS specialty training from an ADA-accredited school also are eligible. One-day-a-week intramural or outside-the-college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before April 1, 2023. Inquiries regarding the position may be sent to jbavitz@unmc.edu. Please note that to be considered for this position, applicants must submit an application and supporting documentation (CV and cover letter) via UNMC's online employment website, UNMC.peopleadmin.com/postings.

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 OMS training program and be eligible for New Jersey dental licensure with board eligibility/certification. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate

in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey, and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health-Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an affirmative action/equal opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should apply for this position at: <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/ New York-Presbyterian Hospital invites applications for a full-time clinical track faculty position at the Assistant or Associate Professor level to serve as Director of the Oral and Maxillofacial Surgery Clinic within the section of hospital dentistry. The position is available immediately. Reporting to the Chair, Section of Hospital Dentistry and Director, Division of Oral and Maxillofacial Surgery, the incumbent's responsibilities will include – but are not limited to – didactic and clinical teaching in the oral and maxillofacial surgery clinic; scheduling and supervision of attendings, residents, dental students and staff in the oral and maxillofacial surgery clinic; active participation in scholarly research; and participation in the intramural faculty practice. Requirements include a DDS or DMD degree from an ADA-accredited dental school, completion of an accredited oral and maxillofacial surgery training program, eligibility for licensure in New York and American Board of Oral and Maxillofacial Surgery certification or eligibility. Academic rank and salary commensurate with qualifications and experience. Women and minorities are encouraged to apply. Please send curriculum vitae and the names of three references to Dr. Sidney B. Eisig, Chief of Dental Services and Director, Oral and Maxillofacial Surgery, Columbia University College of Dental Medicine, 630 West 168th Street, Box 20, New York, N.Y. 10032 or email sbe2002@cumc.columbia.edu. Columbia University is an affirmative action/equal opportunity employer.

New York

Brookdale University Hospital is a comprehensive acute care, level 1 trauma center located in southern Brooklyn, N.Y., part of the One Brooklyn Health System. The Department of Oral and Maxillofacial Surgery Advanced Training Program are currently seeking an attending for a three-day-week position that is eligible for health insurance benefits. Responsibilities include providing supervision to 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 OMS, at amarks@bhmcny.org.

New York

The Oral and Maxillofacial Surgery 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 nontenure 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 and be 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 OMS 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 nontenure 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

OMS – 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 nontenure 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.

New York

Eastman Institute for Oral Health, University of Rochester Medical Center, Chair, Oral and Maxillofacial Surgery. Position Summary: Currently seeking outstanding applicants for a full-time, tenure track Department Chair position for oral and maxillofacial surgery at the rank of Associate Professor/Professor. Responsibilities include leadership, administration, overall strategic planning, didactic and clinical teaching, and supervision of residents in the oral and maxillofacial surgery program; providing direct patient care as part of the faculty practice; participation in ongoing clinical and translational research programs; and other collaborative activities within Eastman Institute for Oral Health, University of Rochester Medical Center and the Rochester community. Location: Department of Oral and Maxillofacial Surgery, Eastman Institute for Oral Health, University of Rochester Medical Center, Strong Memorial Hospital. Education/Experience: Requires a DDS/DMD from a CODA-accredited U.S. or Canadian dental school or equivalent, completion of a CODA-approved oral and maxillofacial surgery residency program and or fellowship, board certification or an active candidate for board certification, eligibility for a New York state dental license and post-offer health assessment. Candidates must have proven leadership and administrative experience, demonstrate evidence of scholarly activity, possess excellent interpersonal and communication skills (verbal and written) in order to

relate to groups at all levels within the organization including office staff, faculty, management, senior leadership, governing agencies and others; must display initiative, a positive attitude, flexibility and commitment to network goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and benefits: Rank and salary commensurate with experience. The University of Rochester offers a comprehensive benefits package for eligible staff. The University of Rochester is an equal opportunity employer. The University of Rochester values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status or any other status protected by law. Please send CV, list of references and salary requirements to Dr. Eli Eliav, Director, Eastman Institute for Oral Health, Vice Dean for Oral Health, University of Rochester Eastman Institute for Oral Health, 625 Elmwood Avenue, Box 683, Rochester, N.Y. 14620 or email sue_gibbs@urmc.rochester.edu.

Pennsylvania (Philadelphia)

Dentist Anesthesiologist at Temple University Advanced Dental Sedation Center at Temple University Maurice H. Kornberg School of Dentistry, in Philadelphia, is seeking applicants for a full-time dentist anesthesiologist faculty position at a rank to be determined based on academic credentials. The candidate must have at least five years of experience working at a multidisciplinary sedation dental care center, preferably affiliated with an academic health center or a dental school. Experience working and teaching in a postgraduate dental or general anesthesia program is preferred. The dentist anesthesiologist will direct patient care as anesthesiologist in our four-chair sedation center. The faculty will work with other dentists, specialists and residents who will provide the dental treatment or provide dental examination and follow-up evaluation. The center is designed to provide care to a diverse patient population that includes, but is not limited to, patients with behavioral, developmental or intellectual disabilities; pediatric patients; adults with dental anxiety, fear or phobia; and those in need of complex oral surgical procedures. The selected faculty will participate in teaching activities such as didactic and clinical instruction of predoctoral or postdoctoral students or residents in local anesthesia and sedation techniques, credentialing and CE for faculty of the sedation center, medical emergency training for predoctoral and postdoctoral students, nitrous oxide for predoctoral students, and sedative and analgesic techniques for students and faculty. Knowledge of dental and medical insurance, credentialing, certification and reimbursement for sedation care is necessary. Candidate must be an active clinician and dentist anesthesiologist who is certified by the American Dental Board of Anesthesiology or eligible for board certification. Eligibility for unrestricted licensure and General Anesthesia Permit in the Commonwealth of Pennsylvania is required. Salary and rank will be commensurate with experience and qualifications. Interested applicants should send a cover letter indicating interest, date of availability, a current curriculum vitae and three references

to Dr. Jo Ann Nyquist, Temple University Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, or via email to jo.ann.nyquist@temple.edu. Temple is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

Pennsylvania

The University of Pennsylvania School of Dental Medicine OMS invites applications for a full-time, Clinician-Educator track position, available at the assistant or associate professor level. Eligible candidates must have completed a CODA-accredited advanced education program in oral and maxillofacial surgery and be board-certified by the American Board of Oral and Maxillofacial Surgery (ABOMS). Experience in broad scope oral and maxillofacial surgery is mandatory. Fellowship training in sleep surgery, microvascular, craniofacial or cosmetic surgery is beneficial. Candidates must be U.S. citizens or permanent residents. Applicants also are required to have an MD and DDS/DMD and be licensed to practice dentistry and medicine in a state, territory or commonwealth of the United States or District of Columbia. For successful fulfillment of the duties of the position, in accordance with the Department's Mission Statement, the candidate must demonstrate excellence in pre- and post-doctoral clinical and didactic teaching, clinical or basic science research and service in oral and maxillofacial surgery. Send CV to uyenmai.dang@pennmedicine.upenn.edu.

Pennsylvania

The University of Pittsburgh School of Dental Medicine (UPSDM) is accepting applications for a full-time faculty member in the Department of Oral and Maxillofacial Surgery (OMS). The faculty position is in the non-tenured stream, and the faculty member's rank may be assistant professor, associate professor or professor, depending on experience and qualifications. The primary responsibilities will include didactic and clinical instruction of students and residents, scholarly activities and service. Participation in the faculty practice also is expected. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs and the research impact of our institution. The candidate must have a 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 Commonwealth of Pennsylvania, have a developed or have a developing area of clinical excellence and have mentoring experience. Favorable consideration will be given to those with additional training credentials such as an MD, PhD, fellowship qualification or other advanced degrees. Salary will be commensurate with the candidate's qualifications, experience and credentials. Desirable candidates will have substantial experience in the research environment, unique clinical talents and strong mentoring skills. Application reviews will

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Faculty Positions

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continue until the position is filled. The University of Pittsburgh is a top ranked public research institution and is currently ranked eighth among U.S. universities in NIH funding. The UPSDM is ranked sixth in FY20 NIDCR funding among U.S. dental schools. The UPSDM is located on the university's main campus in Pittsburgh, contiguous with the other five health science schools. The Department of OMS works as a key partner within the School of Dental Medicine and the University of Pittsburgh Medical Center (UPMC). UPMC is an internationally renowned academic medical center and healthcare enterprise. The robust infrastructure supports clinicians and educators with innovative clinical programs, biomedical research and health sciences research, enabling discoveries that save lives and change the landscape of patient care. As part of the faculty of the University of Pittsburgh, and as an attending at UPMC, the surgeon will have the opportunity to collaborate with clinicians, innovators and investigators from around the world, becoming part of a vibrant community of healthcare providers dedicated to making a difference in their chosen field – and in the lives of others. The Department of OMS is fortunate to be situated in this dynamic and innovative environment, where researchers and providers collaborate with the desire to affect the development of transformative scientific discovery, leading to significant clinical improvements for our patients. To apply please go to join.pitt.edu, select Faculty Positions and enter 19007144 in the Keyword search. Upload a curriculum vitae, and a statement describing interest in the position, qualifications and experience. The search committee will begin reviewing applications upon receipt. Please send all inquiries to lac229@pitt.edu. The University of Pittsburgh is an affirmative action/equal opportunity employer and values equality of opportunity, human dignity and diversity, EOE, including disability/vets.

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 South Carolina 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; and 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 Residency Program. This is a postgraduate, full-time faculty member position. Applicants must have a DDS, DMD or equivalent and a current license or eligibility for licensure to practice dentistry in the state of Tennessee. The applicant must be board-certified in oral and maxillofacial surgery. Applicants must maintain active license and a DEA license. They will be required to maintain BLS, ACLS, PALS certification. The OMS Program Director should be a strategic thinker and a visionary leader who thrives in a challenging environment. Interested candidates should submit letter of intent, including references and 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

California

UCSF-Fresno Department of Oral and Maxillofacial Surgery 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; and 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 1,000 major surgical procedures per year and is designed to prepare the fellow for board certification in general and facial cosmetic surgery boards. Please email resume to drhaivy@gmail.com.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now accepting applications for the July 1, 2024, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMS, 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 a 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 1 trauma, elective OMS and resident case coverage. Massachusetts dental license is required. MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship. Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit St., Warren 1201, Boston, MA 02114 or by emailing 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 2024. 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)

Oral and Maxillofacial Fellowship for 2024-25: 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 1 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.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. 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/page/AACSFellowships or 312-981-6760.

North Carolina/South Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery, full-arch implant reconstruction and trauma. Clinicians completing the fellowship throughout its 15-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 and South Carolina dental license or North Carolina medical license and South Carolina dental license. The fellow also must obtain hospital privileges and be available July 1, 2023, through June 30, 2024. 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 fellow will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS), based in Charlotte, N.C., is a 24-surgeon practice throughout eight offices in North Carolina and six in South Carolina possessing OR facilities and accredited by the AAAHC. CCOFS has in-house anesthesia (anesthesiologist and CRNAs), three orofacial pain specialists and three prosthodontists in the practice who add to the collaborative environment. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made before Dec. 31 of each year to allow time for licensure. Interested candidates can email dkatopodis@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers one-year clinical/research experience in complex craniomaxillofacial reconstructive surgery for fully

trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. We are currently recruiting for a fellow to begin in August 2023 and August 2024. For more information, please go to <https://surgery.duke.edu/education-and-training/fellowship-programs/craniomaxillofacial-trauma-and-reconstructive-surgery-fellowship>. You may email application documents to: colleen.mcdowell@duke.edu.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in advanced craniomaxillofacial and trauma surgery (ACMF-trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Drs. Bryan Bell, Allen Cheng, Ashish Patel, Caitlin Magraw, 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 also can 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 and 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 and some orthognathic. Limited trauma call. CV to joshua.everts@gmail.com.

Alberta, Canada

Busy, well-established OMS 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.

California

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

California

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 California 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@fullertonoralsurgery.com.

California (Northern)

Well-established and busy oral surgery office with a wide referral base in rural Northern California, two hours north of San Francisco. Searching for full-time associate leading to partnership. Practice is established over 30 years with state-of-the-art facilities and a 3D CT scanner. We have two offices where the senior partner has since retired. The offices provide full scope oral and maxillofacial surgery including IV-sedation/general anesthetic, extractions, bone grafting, pathology and implant surgery where candidate will have autonomy to "run" the practice but also have the benefit of eventual partnership with another surgeon. Applicant must have California license where we can assist in obtaining GA permit. Candidate should reply via email with their CV to wtsb2021@yahoo.com.

California (San Diego)

Come join me in our gorgeous San Diego private practice. Full-time position as associate, with transition to partner expected. Dentoalveolar, implant-based practice. May start now, or summer 2023. Send CV to nelsonoms@gmail.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 2 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

Well-established, reputable and growing OMS practice in beautiful Fort Collins, Loveland and Greeley, Colo., seeking board-certified or board-eligible oral and maxillofacial surgeon. Full-scope OMS practice with compassionate and highly trained staff. Cutting-edge tech, focused on excellence. Local hospital is a level II trauma center. Trauma call optional. Situated in a beautiful area close to all Colorado has to offer and ranked in the top places to live. Please email inquiries and CV to info@reynoldsoralfacial.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

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 work-life balance, supportive colleagues and competitive insurance contracts make this a rare opportunity. Please contact Peter Kemp with any questions at admin@flcranio.com.

Florida

Extraordinary opportunity for a board-eligible/board-certified oral surgeon to join a well-established one-doctor oral surgery practice in the Sarasota/Venice area. This is a two-location practice, operating five days a week, with the offices located within 18 miles of each other. Dr. Peter J. Kaufman has been serving this ever-growing coastal community for over 40 years providing exceptional oral surgery to the area. Our modern practice provides a full scope of oral and maxillofacial surgery with the largest focus on IV sedation, extractions, implants and PRP grafting. The opportunity for trauma and reconstructive also presents itself if desired. The beautiful Sarasota area has been named in the top ten as one of the best places to live and also the region is top ten in population growth. You determine your success. We offer a highly competitive salary and benefits package with the opportunity to buy into the practice in the future. Please send resumes to jaredckaufman@gmail.com.

Georgia

Excellent opportunity to join a busy, well-established practice in Athens, home of the University of Georgia. Seeking a board-eligible/-certified oral surgeon for immediate associateship leading to partnership in our solo practice founded over 40 years ago. Our practice has long-term ties to the dental community and a loyal referral base. Our focus is implant reconstruction, bone grafting and traditional oral surgery. We are open to expand in other directions. There is a level 2 trauma center within a mile of our standalone facility. Our office is equipped with the latest Carestream CBCT (9600), digital impression scanner and other state-of-the-art technology. The facility has four operating rooms including a larger OR with a general anesthesia machine with sevoflurane vaporizer for longer cases. Candidates may visit www.athensoms.com for more information and should send an introductory email with CV to Miranda Cross at office@athensoms.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 1 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.

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 1 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

Experienced oral surgeon needed for busy private practice with multiple general dentists. Located in a beautiful northwest suburb steps away from a lovely forest preserve. Modern office with all the technology needed for oral surgery. One day minimum/week required. Please send CV to jama.mcda87@gmail.com.

Illinois

Cameo Dental Specialists is seeking an oral and maxillofacial surgeon to join our rapidly growing practice in the Chicago area. We are a multispecialty practice with five locations equipped with state-of-the-art technology, complemented by a bespoke office aesthetic. We are proud of our robust referral base coupled with a comprehensive marketing strategy that allows doctors to focus on patient care. Our practice emphasizes dentoalveolar, implant and orthognathic surgeries focused on exceptional patient care and an outstanding referring dentist experience. Competitive compensation is offered with a comprehensive benefits package including malpractice and health insurance, retirement program and CME. Board-certified oral surgeons, active candidates and residents are invited to apply. Please send resume to Diana Simaitis, Director of Human Resources, dianas@cameods.com.

Indiana

Premier, highly profitable, highly respected, well-established, busy, thriving three-office (within seven years) oral and 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 2 trauma hospitals all within a 5- to 20-minute radius. Admitting privileges to these hospitals will be expected as we all share call in town. Competitive guaranteed \$500,000 base annual salary with additional year-end production incentive bonuses. Outstanding paid benefits include malpractice, health, vacation, sick time, 401(k) match and CE. We are state-of-the-art, fully digital, including i-CAT 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 and 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.

Available Positions

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Kentucky

Adding a fifth surgeon to our \$10 million revenue practice. First year \$700,000 expected total income. Why Lexington, Ky.? Known as the Horse Capital of the World, Lexington is a significant draw for equestrians. The low cost of living, top-ranked healthcare systems and moderate climate appeal to many. Lexington has a lot to offer like fun attractions, historical sites, some of the best bourbon in the country, derby horse races and more. The Horse Capital of the World is a beautiful place to call home. Kentucky Center for Oral and Maxillofacial Surgery is recruiting for an energetic oral and maxillofacial surgeon to join our growing central Kentucky practice. Our practices are driven by quality and delivering exceptional surgical care to our patients. Our motto is "good medicine is good business." If this resonates with you, we welcome you to apply or inquire directly with our team. In addition to supporting our oral surgeons in their pursuit to deliver fulfilling patient care, we offer competitive compensation, including a student loan repayment plan; a full suite of health, wellness and retirement benefits; CE allowance; signing bonus; 18-month path to equity partnership; and a four-day work schedule with the ability to work additional days if desired. Our two offices in Lexington, Ky., are near the Hamburg area, close to Thoroughbred Park and the Kentucky Horse Park. Kentucky Center for Oral and Maxillofacial Surgery has three prominent offices across the northern and eastern regions with an increasing demand for outpatient and hospital-based surgery if desired. Inpatient major surgery and trauma coverage are available, and the practice acts as a regional referral center for established dental and medical providers. We currently have three active surgeons across our offices, a nursing team, and knowledgeable and supportive assistants. All offices are equipped and offer state-of-the-art facilities. Income and practice growth are significant with limited on-call responsibilities. The practice environment is collegial, with mentoring and support available to recent graduates. Opportunities exist for a path to partnership within 18 months if desired. Candidates must be graduates of an ADA accredited dental school and have completed their AOMS residency program and be board-certified or active candidates for board certification with the American Board of Oral and Maxillofacial Surgery. Recent graduates and experienced surgeons are welcome to apply. Send CV to Victoria Martinec at vmartinec@oms360.com.

Kentucky

We are searching for a board-certified or board-eligible oral and maxillofacial surgeon to join our multi-provider, multi-location practice in central Kentucky. We offer a competitive salary and benefits package with a guaranteed base salary, bonus potential, 401(k), medical and vision for your whole family, paid license renewals and paid

malpractice insurance. We have staff trained and in place to assist you. Current chiefs welcome to apply. Come join an established, thriving practice with partnership potential within two years or less. If you are interested, please email your CV and cover letter to oralsurgeryms@gmail.com. Call 859-744-0677 and ask for Beth Riley for any questions or to set up a tour. Oral Surgery and Implant Associates has locations in Winchester, Mount Sterling and Lexington, Ky. We are a well-established practice that needs an associate to meet our patient demand. Central Kentucky is a beautiful, safe and friendly place to live. The low cost of living also is an attractive benefit. We hire and train your staff so you can jump right in and work. You have a four-day-a-week office schedule to help allow for OR time or time off with your family.

Louisiana

Southern Oral Surgery, LLP, a 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 loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery, with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive 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 dcredomfs@gmail.com.

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 the full range of OMS services, primarily office-based dentoalveolar and implant surgery. Enjoy the proximity to Boston, but with all the benefits of living here – seacoast, Lakes Region, White Mountains, great schools and the opportunity to enjoy your personal endeavors while taking care of your patients. Our offices are open Monday to Friday with minimal weekend hospital-call demands. Base salary and production-based bonus from the start. Benefits include continuing education and board preparation, health insurance and retirement options. If you are ready for a great balance of personal and professional quality of life, send your CV and a cover letter to bfewins@specialty1partners.com or alacclair@specialty1partners.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 New York City 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 including vacations, continuing education, health insurance and retirement plans is 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 New Jersey 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 growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsnyc.com or contact Robert Bodey at 347-590-9910.

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 (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.

New York

Well-established and respected surgeon-owned practice in Hudson Valley is seeking a highly motivated surgeon to join our rapidly growing practice. This position presents an amazing opportunity for experienced surgeons or recent/upcoming graduates who are board-certified or board-eligible. Start immediately or upon graduation. We practice a full range of oral and maxillofacial surgery with a strong volume of dentoalveolar surgery, implants and reconstructive surgery. There is plenty of opportunity to expand and grow practice. Our facility is a paperless office with fully integrated digital technologies. We are the only practice in the area recognized as an All-on-4 Dental Implant Center of Excellence. We offer a highly competitive compensation package with great benefits and a path to partnership/ownership. This is a very attractive opportunity within the tri-state area for an excellent, compassionate and motivated surgeon to utilize all his/her skills. Only a short drive to New York City. Please contact Vanessa Rivera at oralsurgery@pavoneoms.com.

Ohio

Excellent opportunity available for board-eligible/board-certified oral and maxillofacial surgeon. Single doctor, two locations, busy and well-established practice in northern Cincinnati/southern Dayton region. Full-time associate leading to partnership. Full-scope modern practices with dentoalveolar, implant, reconstructive, trauma and orthognathic

surgery. Excellent salary with considerable sign-on bonus as well as compensation when taking trauma call (covered by plastic surgery residents), voluntary faculty position in Department of Plastic and Reconstructive Surgery (optional) at local medical school/hospital. Benefits package includes malpractice, health insurance and IRA contributions. Both offices recently renovated and equipped with state-of-the-art equipment (X-Guide center of excellence). Main office is 6,000 square feet and satellite office has over 2,000 square feet. Please email CV to angie@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 Tammy at liberty@tboms.com or call her at 513-755-3500 for more information.

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.

Ohio

Well-established, highly respected three surgeon group practice seeking an associate leading to early partnership. The practice has a traditional emphasis on dentoalveolar and full-scope implant surgeries. An excellent relationship with area hospitals, including trauma. Equipment is state-of-the-art and the staff is well-trained and experienced. Northeast Ohio office locations are uniquely positioned within an hour of three large cities and airports while maintaining a small town, family friendly feel with an excellent cost of living. This is an outstanding opportunity as there are few OMS practices nearby. Interested surgeons reply via email to nlwagley.oms@gmail.com.

Available Positions

continued from previous page

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 3 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 classifieds@aaoms.org attention AAOMS box A-0927.

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@aaomsurgery.com.

Pennsylvania

Amazing opportunity to partner with an established and highly respected implant and dentoalveolar practice in Pittsburgh, Pa. Seeking a BC/BE OMS to join our thriving, state-of-the-art, single location practice. Candidate will direct their own practice scope, hospital involvement and anesthesia modalities. Will have direct involvement in planning and construction of a new office space. Offering a generous base and bonus salary along with a comprehensive benefits package and fast track to partnership. Please send CV to pghomfs@gmail.com.

Pennsylvania

Progressive, growing, energetic oral and maxillofacial practice located in central Pennsylvania seeking a full-time associate leading to partnership. This position allows the candidate to pursue areas of surgical interest unencumbered by corporate constraints. The cornerstones of our practice are community service, team orientation, technology and education. In this environment, one can advance leadership skills, develop and improve communications and perfect surgical skills through technology and advanced education. These opportunities are coupled with an amicable and supportive enterprising staff. The backdrop of central Pennsylvania allows for a wonderful family environment with highly ranked schools and multiple activities to suit varied interests. If this opportunity for challenges and growth intrigues you, please contact us at 717-530-1120 to explore this offer in detail.

Tennessee

Locally owned, high-end implant and dentoalveolar practice seeks full- or part-time OMS. 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.

Tennessee

Seeking oral surgeon in Knoxville, less than a three-hour drive to Nashville and a one-hour drive to Gatlinburg. Knoxville Oral and Maxillofacial Surgery is seeking an oral surgeon in the Knoxville, Tenn., area. Our practice is offering a full-time position with the opportunity to partner. We have a team of three surgeons who cover a wide scope of practice. Our surgeons work with the University of Tennessee Medical Center and East Tennessee Children's Hospital. We have a fully well-trained/willing staff ready to assist our newest surgeon in the practice. Interested? Email doctor relations at calli.norris@sdbmail.com.

Texas (North Houston)

Opportunity with an established and well-respected, doctor-owned 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. We offer a competitive base compensation and

bonus package, 401(k), family medical insurance, malpractice insurance, CE allowance and generous paid vacation with a pathway to partnership. Contact our Practice Administrator, Donna Kotsios, at dkotsios@nwoms.net.

Texas (Austin)

Boutique, privately owned, upscale oral surgery practice in Austin, Texas, with an excellent opportunity for a partnership track position. Enjoy state-of-the-art facilities and an excellent referral base in a thriving community. Benefits package includes retirement, vacation time, as well as paid malpractice. Email vcavaretta@gmail.com with questions and interest.

Texas

Excellent opportunity to join an established, multilocation, full-scope oral surgery practice in the Austin, Texas, area. Our practice offers a strong referral base and state-of-the-art facilities including onsite 3D imaging. We are seeking a board-certified/-eligible oral surgeon for a full-time position with excellent benefits. There are no on-call requirements, but paid, full-scope trauma call is available if desired. Email CV to drjalford@gmail.com.

Utah (Provo)

Utah Oral & Maxillofacial Surgery is seeking a full-time oral surgeon in the Provo, Utah, area with the opportunity to partner. Come live and practice in a beautiful setting close to Brigham Young University with many educational and cultural opportunities available nearby along with almost unlimited outdoor amenities and activities just minutes away. As a practice, we have a unique combination of expertise with over 45 years combined including dental implant placement, wisdom teeth removal and corrective jaw surgery across our three office locations in the greater Provo area. We are looking for a passionate surgeon to join our team and continue providing the best oral and maxillofacial care alongside Dr. Crawford and Dr. McBee. Interested? Contact calli.norris@sdbmail.com.

Virginia

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



Virginia

Well-established practice in central Virginia seeking full-time surgeon to join our two established surgeons. We have two locations with a fantastic referral base, skilled, personable and highly motivated staff. Founded in 2003, we are central to many eastern states and are in a fantastic area with excellent schools and four-season outdoor sports and activities. We offer a competitive salary and comprehensive benefits package. Interested candidates should apply with a CV or resume to Dr. William Carvajal at drc@cvofs.net or mail to 101 Archway Court, Lynchburg, VA 24502.

Virginia

Coastal Virginia/Virginia Beach practice seeking full-time surgeon. Two-doctor, two-offices. Great locations in active community – 3.5 hours to D.C., 1.5 hours to Richmond, 6 hours to New York City. No drama and no nonsense here – we yank molars and place implants. We welcome ambitious oral surgeons with common sense. If you want to treat patients, make money and go home at night – call us. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding stable oral surgery business are encouraged to 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 DAANCE-certified staff. Area communities provide safe, friendly environments, excellent schools, plenty of four-season outdoor activities available,

several professional and college sporting events and performing arts venues. We are offering a competitive salary and comprehensive benefits package starting as an associateship leading to an equal partnership. Interested candidates should apply with a CV or resume to: info@omswinebago.com.

Wisconsin

Progressive, forward thinking OMS group with ownership in a physician-owned hospital system with full clinical autonomy. Booking 1.5 months out, drawing from a referral base of over 200 general dentists in a populous area of more than 500,000. Join a team of four full-time surgeons of varying tenure with four state-of-the-art practice sites and a legacy staff that is DAANCE-trained, as well as a full time, dedicated marketing and referral professional. Offering a dynamic surgeon a two-year partnership track with a significant earning potential, as well as a full schedule day one. Our competitive compensation package includes over \$90,000 in benefits, relocation allowance, as well as a \$5,000 continuing education allowance annually. We are based in Green Bay, Wis., which is home to superior education systems, unbelievably low cost of living and nationally known superior quality of life. If this fits your career goals, contact Nicole Hettmann at nhettmann@baycare.net.

Miscellaneous

Nationwide

To single-owner oral surgeons considering retirement or buyout: Instead of selling to private equity at 1X EBITDA and putting patients in the hands of investors, OMS Consulting offers an alternative solution that allows an OS to maintain ownership as a passive income source and continue the employment of their staff. OMS Consulting is an oral surgeon-owned organization, which allows us to focus more on the patient experience. We provide an oral surgeon and nurses, who visit the clinic frequently enough to manage the patient volume of the practice. Clinics must have gross collections of \$2.5M-plus to be considered. Owners receive 40 percent of collections, resulting in more income than would be possible with an acquisition, while also preserving standard of care, ownership of the asset and the right to eventually sell the practice in the future. For more information, contact katie@omspractice.com.

OMS Practice Management Consulting Services

As our tag line says, "You Focus on Surgery, We'll Help with the Rest!" Our team of experts at OMS Consulting Firm specializes in legal, accounting, billing, HR and consulting services: buy-ins, buy-sell agreements, employment contracts, practice sales, start-ups, practice transitions,

practice valuations, practice analysis, policies and procedures, job descriptions, employee handbook, A/R management, credentialing, marketing and coaching. Visit www.omsconsultingfirm.com or contact scott@omsconsultingfirm.com or 833-OMS-FIRM. Visit www.instagram.com/omsfirm or www.linkedin.com/in/grahamfacmpe.

OMS Partners

Are you looking to start or acquire an OMS practice? Do you need help with managing your practice? No need to stress, OMS Partners is here to help! Our goal is to allow you to focus on patient care while we provide the back-office outsourcing services required to maximize your productivity and profitability. Our team will work alongside you with billing and collections, cash-flow management, accounting, human resources and long-term planning, including practice growth and development. Visit our website www.omsp.com or contact us at info@omsp.com or 713-961-2723 for any questions or consultations.

Practices for Sale

California

Northern California Practice Sales has current oral surgery practice listings for sale in San Jose, Los Gatos, Santa Rosa and other northern California locations. For more information contact Stephen Molinelli at molinelli@aol.com or call 650-347-5346. www.northerncaliforniapracticesales.com

California

Newly renovated oral surgery practice located in Irvine, Calif. Located in a very desirable area near Hoag Health Center in a high-rise medical building. The office is large enough to support multiple doctors with three operating suites and three consult rooms. All new state-of-the-art equipment was added during the top-to-bottom renovation. The practice is currently in growth mode, which makes this a perfect time to purchase at discounted pricing and turn this into a thriving practice for many years to come! Located in southern Orange County, Irvine is one of the nation's largest planned urban communities and encompasses more than 65 square miles. Irvine's central location – 45 miles from Los Angeles, 85 from San Diego and 15 minutes from Disneyland Resort – making it a popular hub for Southern California travelers. There's a lot to love right in Irvine proper. From kid-friendly outdoor activities to full-service shopping, the little big city has something for everyone. Send CV to classifieds@aaoms.org attention AAOMS box S-090822.

Practices for Sale

continued from previous page

Colorado

Oral surgery practice in highly desirable location in Boulder, Colo., metropolitan area. Location has great growth, access, visibility and parking. Annual Collections \$822,000, four functional operatories with well-maintained equipment. 1,865 square feet, must-see beautifully remodeled office. The practice is focused on dental implants and dentoalveolar surgery with opportunity to include the full scope of OMS. Owner willing to stay during transition. Doctor retiring. Price \$446,000. Contact Jed Esposito, 303-875-8500, or jed@adsprecise.com. Listing #CO 2128

Colorado

Oral surgery practice for sale in Boulder County, Colo. (# CO 2122). Annual collections are \$1.7 million, three ops, room to expand. Professional building, office condo for sale with practice. Excellent Excellent-value sales price of \$895,000. Doctor retiring. Contact ADS Precise Transitions, jed@adsprecise.com or 303-759-8425.

Georgia (Augusta)

Well-established office-based practice with emphasis on dentoalveolar and implants. Four exam rooms/three operatories. WinOMS software. CBCT. Current owner interested in selling or bringing on a partner during transition to retirement. Strong referral base, excellent staff and procedural systems in place. Real estate opportunity. For more information, please contact Claire at sidoworalsurgery@att.net or call 706-860-8228.

Georgia

Well-established OMS practice in west Georgia. Solo practice for 32 years in same location. Have practiced full scope, but presently dentoalveolar and implants. Owner is very flexible and willing to stay during transition. Please send CV to classifieds@aaoms.org attention AAOMS box S-090122.

Illinois (Chicago)

Phenomenal legacy OMS practice with the latest CBCT and 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.

Illinois (Western Suburbs)

Successful, long-established OMS practice. Average collections: \$1.3 million. Includes three locations. Loyal referral network, excellent staff, low overhead. Real estate available. Seller will help transition. Contact Jim Plescia, jplescia@e-ppc.com, 630-890-6074. Professional Practice Transitions.

Indiana (Kokomo)

Safe, quiet community with excellent schools, property values and insurance. Local shortage of oral surgeons. Busy as you want from day one. Incredibly strong referral base. CBCT, digital X-ray, WinOMS. Amazing staff. Solo practice. Doctor retiring. Reply AAOMS box S-0907.

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. #MI2985.

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 Jersey

Well-respected solo OMS practice in central New Jersey focused on profitable dentoalveolar, implant, bone grafting, pathology and general anesthesia procedures. Collections were \$1,100,000 in 2021 with expansion of scope/revenue available. Surgeon owns 2,900 square-foot office in professional center with excellent exposure/signage facing main road. Purchase of real estate available now or in future. Recently constructed office designed for two surgeons: five operatories, Dexta OS Chairs, i-CAT, Sirona Digital Pan, CO2 Laser, Piezosurgery Unit, Ellman Surgitron Radiosurgery Unit, Osstell IDx, IntraSpin L-PRF Centrifuge, 16 Camera CCTV, 45KW 2.4L Generator and WinOMS CS practice management software. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box S-0701.

New York (Lower Hudson Valley)

Well-established practice looking for board-certified/-active candidate for certification OMS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology and 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.

Oregon

Portland – Recently renovated, strong OMS 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 percent 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 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.



West Virginia

Established, 40-year-old oral surgery practice for sale. Will stay one to two years for transition if needed. Located in Wheeling, two blocks from WVU Medicine – Wheeling Hospital. Modern three-op practice with new Planmeca CBCT. Practice concentrates on dentoalveolar surgery and implants. Trauma and orthognathics available if desired. Gross \$1.3 million on 30-hour week. Area has top notch municipal parks, symphony and is one hour from Pittsburgh and Morgantown and two hours from Columbus, Ohio. Please send CV to classifieds@aaoms.org attention box S-0907.

Western Canada

Oral and 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

Nationwide

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March/April 2023 issue: Jan. 6, 2023

May/June 2023 issue: March 3, 2023

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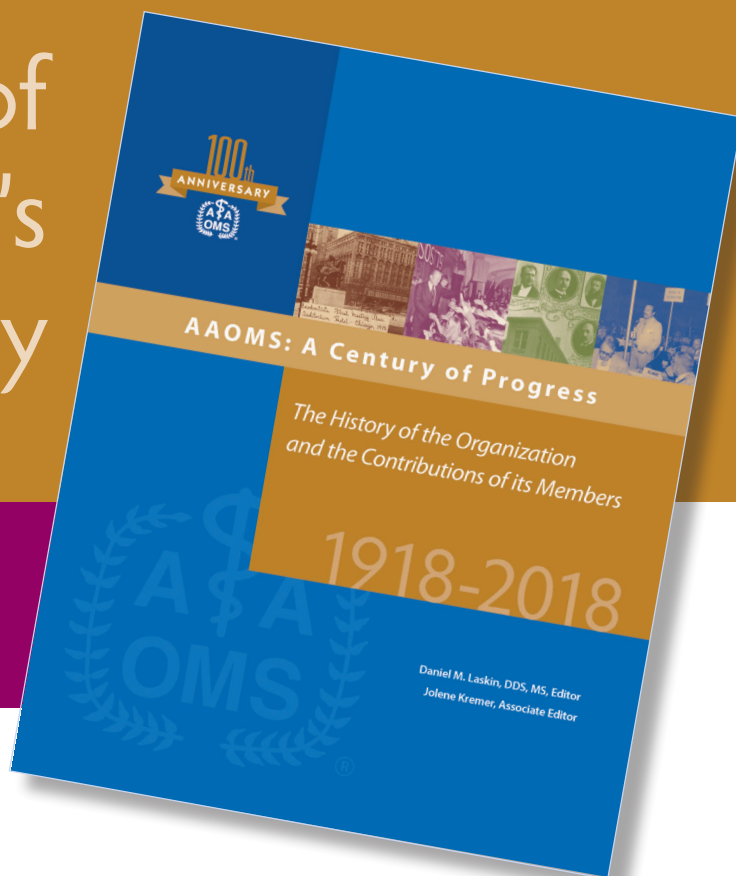
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- ▶ Chapters on the history of **ABOMS, OMS Foundation, OMSPAC and OMSNIC**.
- ▶ A **look forward** from leadership into the future and what the next century could hold for oral and maxillofacial surgery.

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