AAOMS TODAY



January/February 2023 VOLUME 21, ISSUE 1

A publication of the American Association of Oral and Maxillofacial Surgeons



Academia: Foundation for future of specialty

Faculty play critical role in healthcare education page 6

A win-win partnership

AAOMS Advantage contributes to success of members, Association

Conference enhances expertise, techniques

Traditional and modern dental implant methods examined page 16

One incident sparks a challenge

North Carolina faces anesthesia battles page 28

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AAOMS TODAY

January / February 2023

Volume 21, Issue 1

AAOMS Today is published six times a year by the American Association of Oral and Maxillofacial Surgeons. Unless specifically stated otherwise, the opinions expressed and statements made in AAOMS Today do not imply endorsements by, nor official policy of, AAOMS.

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COVER STORY

Page 8



A win-win partnership

AAOMS Advantage contributes to success of members, Association

AAOMS is grateful that about half of our members are participating with our AAOMS Advantage Partners. The revenues generated by the royalties for AAOMS programs helps us achieve our strategic goals.

AAOMS TreasurerRobert S. Clark, DMD

Practice management software tips

35

New fellows inducted

American College of Surgeons welcomes 42 OMSs.

FOR WHAT IT'S WORTH

20

Maintaining role in facial trauma

Is the specialty at risk of losing its places as core members of the facial trauma management team?

OMS FOUNDATION

23

What would you do again?

The GIVE program offers assistance for humanitarian team participants.

CAPITOL CONNECTION

24

AAOMS working to secure wins

As the 117th Congress ends, AAOMS was hoping to obtain victories.

DAY ON THE HILL

27

Day on the Hill slated for March 7-8

OMSs urged to advocate with members of Congress.

PRACTICE MANAGEMENT MATTERS

33

Management organization FAQs

OMSNIC answers insurance coverage questions.

Key factors to consider for a new system.

CODING CORNER

38

New codes, revisions in 2023

Explaining new CDT codes affecting OMSs.

HEALTH POLICY PERSPECTIVES

40

Medicare coverage for dental services

CMS Final Rule outlines 'integral' procedures and payment policy.

ABOMS NEWS

43

Examination pathway changes

Alternative pathway available to OMSs outside U.S. and Canada.

TREASURER'S ACCOUNT

44

Falling short of budget expectations

2022 presented another challenging year.

NAMES IN THE NEWS

56

Oral and maxillofacial surgeons are recognized for their recent accomplishments.

AAOMS Today: Award-winning AAOMS member magazine



2021: Awards of Excellence for Writing

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



2022: Platinum Award for Design and Gold Awards for Association Magazine and Writing

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

Our entire healthcare system depends on recruiting and retaining creative, high-quality dental and medical professionals to academia.

Academia: The foundation

every day, oral and maxillofacial surgeons change the lives of their patients. As a young dental student, that knowledge inspired me to pursue what would become a lifelong passion for this specialty. The impact of that observation has helped guide me throughout my 30 years in a successful and professionally fulfilling private practice. In 2018, it led me to take a leap of faith into the less familiar world of academia.

Many friends and colleagues were surprised to learn about my mid- to late-career transition. Our multi-surgeon practice in the Washington, D.C./Maryland area was thriving and offered the full scope of OMS treatments to a diverse patient population. After 30 years, our family was firmly entrenched in Maryland – with friends, colleagues and loved ones providing a welcome and familiar home. And yet, I sensed I had more to contribute to this specialty that had given so much to me.

I have always subscribed to the belief that we cannot grow professionally, personally or intellectually if we do not change. The time seemed right for me to take the next step into the academic arena. In many ways, I had been preparing for this transition to academia throughout my career. Early on, I completed an additional residency in Anesthesiology and Critical Care Medicine and, in 1987, I became an ACLS instructor. As a result, I am often asked to provide continuing education for oral and maxillofacial surgeons and other dentists with advanced training in anesthesia.

When the University of Pittsburgh, my alma mater, approached me regarding a full-time teaching position, everything – the timing, my family's encouragement and my readiness for change - fell into place and my transition to academia was under way.

Unexpected challenges

As with most life-altering changes, my move to Pittsburgh was fraught with unexpected challenges. Contrary to my initial belief that academia moved at a slower, less rigorous pace than private practice, I quickly found out I would be responsible for multiple clinics and didactic courses. Moreover, I was now developing course content and lectures for multiple dental school classes and resident lectures as well as contributing to resident and dental student clinical education. So much for unscheduled early mornings, evenings and weekends! Any free time would now be allocated to developing course

for the future of our specialty

content since the rest of the week was devoted to clinical responsibilities.

On the whole, I believe the benefits of my new career far outweigh the unexpected change of pace and workload. I have developed a greater appreciation for the critical role of the full-time academician - not only in the education arena but in the overall continuation and viability of healthcare in the United States.

Our entire healthcare system depends on recruiting and retaining creative, high-quality dental and medical professionals to academia. Academicians lead the way to healthcare advancements through research. They are responsible for educating not only dental students and residents but also dental and medical practitioners through lectures, professional journals and conferences that disseminate research findings and cutting-edge procedures.

Regrettably, I believe we are witnessing today an entire generation of dental students who do not understand or appreciate the importance of oral and maxillofacial surgeons in dentoalveolar surgery and dental implants. There just aren't enough full-time OMS faculty on staff at our dental schools to provide this important perspective. Although other dental specialties, including periodontists, are represented at a much higher rate than OMSs, all dental and medical specialties are experiencing a shortfall in the number of professionals choosing an academic career.

Dr. Paul Schwartz (second from right) is joined by then-Pitt co-workers (from left) Drs. Mark Sosovicka, William Chung and Edward Adlesic. (Dr. Chung is now at Indiana University School of Dentistry.)

It is estimated that nearly 80 percent of dental and medical practitioners, including oral and maxillofacial surgeons, are in private practice. With about 15 percent choosing academia as a full-time career, it is vital to our future that we do more as a specialty to encourage OMSs at all stages of their careers to consider the academic route.

As I can enthusiastically testify, this transition may be extremely rewarding for those surgeons who feel they have more to offer the specialty as their private practice career winds down. Most universities offer formal onboarding programs, and I encourage any OMS transitioning to a faculty position to identify a mentor for that first crucial year of employment.

During my Inaugural Address to the House of Delegates, I unveiled my proposal to develop a Board Subcommittee on Innovation that will be asked to explore a number of important issues – including opportunities for supporting the needs of our OMS faculty and residents.

This is an issue we cannot afford to lay aside until next year or five years from now. OMS faculty and the work of our residency programs form the solid foundation upon which the future of this specialty rests. Like the puzzle game Jenga, if we carelessly remove too many of the key pieces that comprise this foundation, our entire specialty may crumble. Our residency programs are understaffed and overcommitted. Critical pieces of our foundation must be shored up if we are to continue our mission of assuring patient access to safe and effective care.

Together and through AAOMS, we can provide the necessary support that will enable oral and maxillofacial surgery to grow and thrive in the decades to come.



AAOMS members are surgeons by profession, but many also are business owners who rely on a variety of services and products to help them run successful practices.

AAOMS recognized this reality and decided in 1995 to create AAOMS Services, Inc. (ASI) – a for-profit subsidiary that would vet and partner with reputable companies to provide high-quality products and services with exclusive benefits and discounts for the AAOMS membership. Today, this program is known simply as AAOMS Advantage.

AAOMS Advantage Approved Partners offer benefits to both members and the Association - creating the ultimate win-win situation.

"Through various revenue sources, AAOMS maintains its educational and operational program offerings. However, only one of those revenue sources – AAOMS Advantage - provides substantial contributions to the bottom line of both the members and the Association," said AAOMS Treasurer Robert S. Clark, DMD.

Members have access to competitive prices and special benefits from each of the 17 Partner programs and, in turn, those Partners generate more than \$1 million in royalties

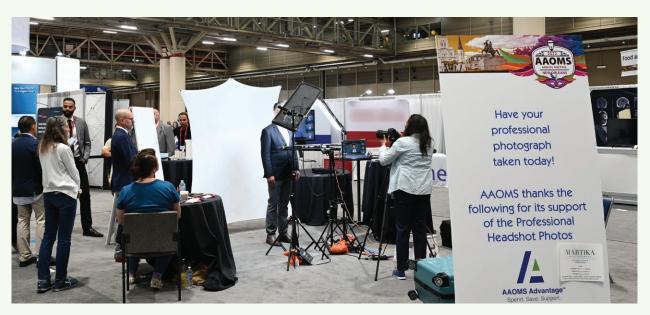
annually for AAOMS, said Dr. Clark. "AAOMS Advantage Partner programs provide crucial non-dues revenue to the Association to fund the goals of AAOMS, including advocacy efforts and other important programs and services," he said.

In 2021, 4,276 AAOMS members were enrolled in at least one Partner program. While the majority were enrolled in two or three programs, five members were enrolled with 10 Partners and another 15 with nine programs.

"AAOMS is grateful that about half of our members are participating with our AAOMS Advantage Partners," said Dr. Clark. "The revenues generated by the royalties for AAOMS programs help us achieve our strategic goals."

The Partner companies offer a vast array of products and services critical to running daily operations in an OMS practice – from financial services and practice efficiencies to supplies and repairs as well as specialty offerings.

continued on next page



AAOMS Advantage supports the professional headshot booth at Annual Meetings.





The AAOMS Advantage Partner Aisle is featured prominently in the Annual Meeting Exhibit Hall.

"Many members might recall the program's original name -AAOMS Services, Inc. We found that name did not resonate with the overall concept of the program and its benefits," said Dr. Clark. "To help underscore the importance of the relationship of the program to the Association and its members, ASI was rebranded as AAOMS Advantage in 2020."

How Partners are selected

Partners must address a specific need of OMSs and/or their practice. AAOMS Advantage does reach out to companies for more information or to demonstrate their products and services to fill the member need; alternatively, companies can reach out to AAOMS Advantage to learn more about available Partner opportunities.

If deemed a potential good fit, companies are asked to complete formal applications that are relayed to the Special Projects Committee, comprised of AAOMS members who have a comprehensive understanding of what their colleagues need to run a successful practice and business. The committee reviews and evaluates each applicant – including company background, financial reviews and member references- to decide whether to advance the application to the AAOMS Board of Trustees and ASI Board of Directors for final reviews and approvals.

"Because each company has undergone a rigorous review by the AAOMS Advantage Special Projects Committee and the Board, members can be confident in choosing the services and products offered by these Partners," said AAOMS President Paul J. Schwartz, DMD.



Only then are those Partner companies authorized to use the official "AAOMS Advantage Partner Program" wording and logo in their promotional materials and website.

After approval, AAOMS continues to monitor each Partner company to evaluate them through member feedback, royalties and member usage reporting.

How Partners connect with members

Many Partners are exhibitors at AAOMS Annual Meetings with their booths located in the AAOMS Advantage Partner Aisle of the Exhibit Hall. Some also have booths at the Dental Implant Conference.

"The Exhibit Hall booths offer our members valuable faceto-face opportunities to discuss practice challenges and their concerns with our Partners," said Dr. Schwartz.

Many of the Partner companies also provide additional corporate support to the Association.

Partners contribute to the AAOMS Today member magazine by either purchasing advertisements or serving as a guest



Because each company has undergone a rigorous review by the AAOMS Advantage Special Projects Committee and the Board, members can be confident in choosing the services and products offered by these Partners.

> -AAOMS President Paul J. Schwartz, DMD

author of Practice Management Notes articles. Partners also provide education-only content through webinars and Annual Meeting practice management sessions.

Partners are provided with exclusive opportunities to raise awareness on their products and services through three e-newsletters:

- AAOMS Advantage e-news All members are sent this quarterly email featuring Partner content related to company announcements, product specials or other important messaging.
- OMS Staff CommuniQué e-news AAOMS Allied Staff members are sent this quarterly email featuring Partner content focusing on items of interest to OMS practice staff.
- Senior Resident e-news Twice a year, Partners are invited to contribute to emails sent to senior residents as they approach graduation.

AAOMS Advantage Partners also are invited to participate in the Partner postcard packet mailed to all AAOMS members twice a year. This mailing features announcements, special promotions and other company information.

Program offers member awards, contests

Members who use six or more AAOMS Advantage Partners before Oct. 1 each year are recognized as recipients of the AAOMS Advantage Member Award, which provides a \$100

discount certificate to qualifying members that can be used toward any webinar or in-person meeting of their choice the following year.

Because testimonials demonstrate how various Partners have impacted their practices in a positive way, members are encouraged to share their stories through the annual Share-the-Savings contest. Entries received before the May deadline each year are automatically eligible to be entered into a drawing to win a free AAOMS Annual Meeting

continued on page 14



AAOMS Advantage Partners offer benefits, discounts

To participate as an AAOMS Advantage Partner, a company must offer a unique benefit or



Financial services

■ Bank of America Practice

Solutions – Offering a 50 percent
reduction in loan administration
fees. This practice financing
service offers customized solutions for OMSs –
whether they are just getting started or restructuring
or expanding. Visit BankofAmerica.com/PracticeSolutions
or call 800-497-6076.



- Fiserv Offering reduced rates on credit and debit card processing with a dedicated consultative service for members. Fiserv offers high-performance payment, security and customer engagement solutions. Email tellmemore@fiserv.com or call 678-255-4190.
- SoFi Offering a .25 percent rate discount for refinancing student loan debt for AAOMS members, family and friends. SoFi does not charge origination fees or prepayment penalties. Apply through SoFi.com/AAOMS or call 833-277-7634.
- Transworld Systems, Inc. Offering preferring pricing and personalized client service for this accounts receivable management and collections service that offers data security, guaranteed compliance and predictive analytics. Call 800-294-3710.



Practice efficiency services

- MedXCom Offering a 14-day complimentary trial and preferred pricing on an automated medical answering service. This HIPAA-compliant hybrid answering service allows doctors and practice managers to communicate, track and preserve night calls using a mobile app. Visit MedX.com/AAOMS or call 877-633-9776.
- optum Offering discounts on coding resources, including the *Coding Guide for OMS*, select ICD-10 products and subscriptions to the EncoderPro.com online coding tool. Visit Optumcoding.com/AAOMS or call 800-464-3649, ext. 1.
- coding and billing review. Its suite of products and services includes
 Practice Pilot (OMSVision and CS
 WinOMS), Snapshot Pro (OMS-Exec), My Patient Exchange (HIPAA-secure communication, imaging and document portal) and Business Coaching for practice transitions. Visit PracticeMetrix.com or call 610-922-8890.
- free software trial and 10 percent discount on the inventory management software and procurement platform. Sowingo's reporting platform provides visibility into usage and spending, referring doctor trends, implant placement records as well as real-time supply level alerts and expiration dates. Visit Sowingo. com/AAOMS or call 888-997-3133.
- Vyne Dental Offering a 65
 percent discount off FastAttach and
 Vyne Connect bundle registration
 fees. Vyne Dental (formerly NEA) offers claims processing, attachments and encrypted email. Visit VyneDental.com.

to AAOMS members

discount that is exclusive to AAOMS members.





Supplies and repair services

■ ACE SOUTHERN – Offering 5 percent discount on OMS specialty items including regenerative products, pharmaceuticals, surgical supplies and equipment. AAOMS members also can enroll in the Alliance



Program for additional savings. ACE SOUTHERN is a result of the summer 2022 merger of Southern Anesthesia and Surgical (SAS) and ACE Surgical Supply. Visit ACESOUTHERN. com or call 800-624-5926.

■ Nuell, Inc. – Offering a 10 percent discount off all repairs along with other benefits throughout the year. Nuell,



Inc., specializes in the repair of pneumatic and electrical drills as well as the accessories that are used in conjunction with them (i.e., cords, bur guards and foot pedals). Call 800-829-7694 to enroll with an AAOMS Member ID number.

ODP Business Solutions –



Offering discounts off list prices for office supplies and custom print services when ordering online. Formerly Office Depot/ OfficeMax, members can review their enrollment status by emailing aaomsadvantage@aaoms.org.



Specialty services

■ PD-Rx Pharmaceuticals, Inc. – Offering specially priced formulary on over 6,000 prepackaged



medications for in-office dispensing needs. It also offers a no-cost, web-based software to manage medication inventory and facilitate online ordering to ensure state regulatory compliance with PDMP programs. Visit PDRx.com or call 800-299-7379.

■ Practice Quotient, Inc. – Offering a reduced consultation fee of \$150 to begin helping practices negotiate



higher reimbursements from PPO fee schedules by evaluating the merits of being a participating provider for various insurance companies based on provider compensation and patient acquisition strategies. Visit PracticeQuotient.com/who-we-serve/oralsurgeons or call 470-592-1680.

- Scientific Metals- Offering **Scientific Metals** free pickup of metals through a refining crown and bridge program that assays scrap metals for an accurate value. Visit ScientificMetals.com/AAOMS or call 888-949-0008.
- StemSave, Inc. Offering an administration fee for each successful tooth collection for this patient stem cell banking service. Visit StemSave.com or call 877-783-6728.



registration. Members can enter as many times as they like as long as each entry features a different Partner.

Among testimonials featured on AAOMSAdvantage.org:

Practice Quotient

We really didn't know how bad our insurance contracts were. We knew reimbursements were low, but we didn't think they were THAT low. We called Practice Quotient to analyze the contracts we had. Patrick and his team showed us that we were actually losing money with some of the insurance companies we were contracted with ... I won't ever get involved with insurance negotiations without them.

- Dr. Frank Yeh, Virginia Beach, Va.

ACE SOUTHERN

Our practice has enjoyed ordering supplies and equipment through ACE for the past decade. We are very excited about their recent association with Southern that will continue to supply our facility with quality products and outstanding customer service for years to come.

 Dr. Christopher Haggerty, Lee's Summit, Mo.

Nuell, Inc.

"We were using a local business for drill repair, and then started using Nuell this past year. Their prices are better, and the turnaround time was faster than the local repair shop we were using. I highly recommend use of them for repair of your hand pieces."

- Dr. George Tunder, Pittsburgh, Pa.

Learn more online about AAOMS Advantage

AAOMS members can visit AAOMSAdvantage.org to learn more about each of the 17 AAOMS Advantage Partners. The website is devoted to showcasing the latest Partner information, discounts and benefits.

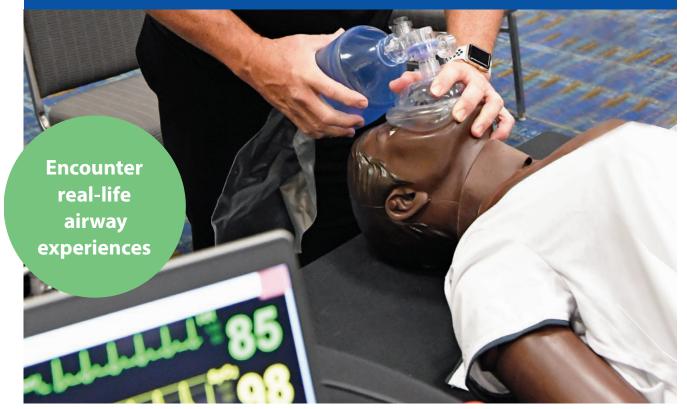
Each Partner has its own page on the site, providing direct contact information and links to access their products and services. Testimonials received in the Share-the-Savings contest are featured.

Note: In addition to AAOMS Advantage partnerships, AAOMS also has long-standing relationships with OMSNIC, Treloar & Heisel, and Henry Schein One (OMSVision). To learn more about these organizations, visit:

- OMSNIC OMSNIC.org
- Treloar & Heisel TreloarOnline.com
- Henry Schein One HenryScheinOne.com



AAOMS National Simulation Program



Office-Based Emergency Airway Management (OBEAM) Module

Sign up to participate in advanced simulation training of anesthesia techniques through intensive, real-life experiences.

This program is held at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill.

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

Dental Implant Conference enhances expertise,

Dental Implant Conference

2022

he 2022 Dental Implant Conference once again offered attendees the opportunity to augment their knowledge while examining new techniques and technology.

Offering both in-person and online opportunities, the conference featured five preconference workshops and two full days of sessions focusing on current approaches for treating common clinical situations, treatment of implant "disasters" and the transition from analog to digital methods to guide implant

placement.

More than 950 OMSs, referring dentists, office staff and guests attended keynote lectures, general sessions, hands-on workshops and anesthesia assistant courses from Dec. 1 to 3 in Chicago, Ill. In addition, over 100 companies showed off the latest products and service in the Exhibit Hall at the Sheraton Grand Chicago Riverwalk. Industry Symposiums and a Lunch and Learn session rounded out the schedule.

"Since 1992, this conference has highlighted the latest innovations in implant dentistry," said AAOMS President Paul J. Schwartz, DMD. "With presentations from an internationally renowned faculty of experts, we have again developed another engaging premier dental implant educational event designed for OMSs, their referring dentists and staff."

All five preconference sessions were handson workshops, covering soft-tissue grafting, digital treatment planning for immediate provisionalization of a single-tooth implant, peri-implant surgery with VISTA, dynamic navigation for immediate and full arch with photogrammetry and use of autogenous bone for ridge augmentation.

"In residency, I did a ton of implants and a lot of hard-tissue but not so much soft-tissue management," said Thomas Backeris, DMD, of Tampa, Fla., who attended the soft-tissue grafting and management workshop. "I like learning the final piece of the puzzle. I learned the basics first and now I'm refining my techniques. It's good to see the techniques used by experts."

Many of the general sessions focused on traditional versus contemporary solutions to common clinical scenarios. Speakers explained the pros and cons of freehand surgery vs. static guides vs. dynamic navigation.



techniques

Thank you to Dr. Block

After 28 years of service to AAOMS committees, Michael S. Block, DMD, is stepping down as Chair of the CCEPD Subcommittee on Dental Implant Education.

"We would like to extend a very heartfelt thank you to Dr. Block for his unprecedented



Dr. Block

volunteerism in the development and implementation of dental implant education for AAOMS members and dentistry at-large," Dr. Schwartz told attendees during introductory remarks. "During his tenure as Chair of the Subcommittee, he has been instrumental in advancing the way this program has been delivered - improving each and every aspect of the meeting - making it the preeminent dental implant conference anywhere."

Dr. Block was then honored by a standing ovation from the crowd. ■









More than 950 OMSs, referring dentists, office staff and guests attended keynote lectures, general sessions, hands-on workshops and anesthesia assistant courses at the Dental Implant Conference.

42 OMSs welcomed as fellows of American

orty-two OMSs – including 27 single-degree surgeons – were inducted as fellows of the American College of Surgeons (ACS) at the 2022 convocation, held in conjunction with the ACS Clinical Congress on Oct. 16 in San Diego, Calif. ACS OMS fellows now total 684, of whom 237 are singledegree members of the specialty.

Over the years, OMSs have cultivated scientific and educational programs for numerous ACS Clinical Congresses. OMSs represent the specialty in various settings, including academics, hospital trauma centers and outpatient surgical centers.

In 2018, the ACS approved the creation of the OMS Advisory Council and a seat on the College's Board of Governors. The Advisory Council for Oral and Maxillofacial Surgery includes Specialty Society Gov. G.E. Ghali, DDS, MD, FRCS(Ed), FACS; Board Member (Specialty) David B. Powers, DMD, MD, FRCS, FACS; Congress Programming Committee Liaison Steven M. Roser, DMD, MD, FRCS, FACS; and Committee Member-at-Large Jennifer E. Woerner, DMD, MD, FACS.

The ACS Advisory Councils share information between the surgical societies and ACS Board of Regents, offer

recommendations on policy issues and nominate ACS fellows to serve on the College's committees, specialty boards and specialty organizations. The Advisory Councils also help recruit surgeons to become ACS members and contribute ideas for specialty sessions and courses for the Clinical Congress.

The Specialty Society Governor is a direct communication link between fellows of the college and the Board of Regents. Throughout their terms, governors are focused on attending, communicating and participating in educational, leadership and advocacy meetings as well as promoting fellowship in the ACS while engaging new fellows from their local organization.

More information about applying for ACS fellowship is available at FACS.org. The annual application deadline is Dec. 1 for induction in October of the following year.

AAOMS assists single-degree OMSs in applying for fellowships and reviews the case logs of double-degree OMSs. Additional information about AAOMS review is available at AAOMS.org/member-center/ACS-fellowship.



ACS fellows, including new inductees, gather in San Diego, Calif.



College of Surgeons in 2022 convocation

Receive assistance with single-, dual-degree applications for ACS fellowship

The American College of Surgeons (ACS) and AAOMS forged a way for single-degree OMSs to apply for full fellowship by waiving the dual-degree requirement provided all other requirements for fellowship have been met.

AAOMS reviews the application materials of single-degree OMSs to determine whether they meet the remaining ACS requirements. This process allows candidates the opportunity to strengthen their applications, if necessary. Note: Acceptance of a waiver does not guarantee fellowship in ACS.

Single-degree OMSs can apply to AAOMS more than once for dual-degree waiver consideration. Proof of having completed the requirements are due to acsfellowship@aaoms.org by June 1 of each year.

AAOMS also provides case log review for dual-degree applicants, who directly apply to ACS. Their case logs should be sent to acsfellowship@aaoms.org by May 1 of each year.

Applications (noting whether they are single- or dualdegree) must include the following:

- Current CV.
- Proof of diplomate status with ABOMS. Applicants must have achieved diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.

- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS. org/member-center/ACS-fellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

For more information about the waiver application, email acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application.

Additional information is available at FACS.org/member-services/join/fellows and AAOMS.org/member-center/ACS-fellowship.





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

I'm concerned that as a specialty we are at risk of losing our place as core members of the facial trauma management team.

Maintaining our role in

y oral and maxillofacial surgery residency program was based at three major hospitals, two of which had busy emergency rooms. Nights on call were spent seeing patients, most suffering facial injuries due to accidents or interpersonal violence. Although few required emergency surgery, they all required diagnostic procedures, immediate wound care, general supportive measures and, for fractures, temporary stabilization.

Being up all night didn't seem like fun at the time, but it was always interesting because emergency room suites are typically filled with fascinating people with a cornucopia of conditions in need of urgent care. In addition, ERs engender a special sense of bonding with other members of the emergency care team via mutual understanding and commiseration about serving in the commonly stressful ER environment while losing sleep; we all knew that we were using our skills to provide urgently needed healthcare to individuals from all walks of society in our community.

Looking back, working as a resident in ERs was actually enjoyable to a great degree. It was one of the most valuable places in which to learn not only the management of facial trauma but also skills transferable to other types of surgery such as soft- and hard-tissue handling, image interpretation, determination of the need for medications, fluids and blood products, and providing emotional support to patients and families. Furthermore, as a resident I didn't have to worry whether a patient had good insurance (at least back then).

I knew that many of the patients we saw had been transferred from hospitals that had oral and maxillofacial surgeons on staff; nonetheless, they were transferred, even for pretty straightforward injuries. Sometimes it was an OMS who directed the transfer/referral. This continued when I became an attending since I was always at academic medical centers. It never bothered me to care for the transferred patients since I just felt accepting all comers was one of my responsibilities as an academician, plus I knew it helped support resident education.

However, I realized that many of the less-complex cases were referred due to a patient's lack of healthcare insurance. I never blamed those making the referrals since they had private businesses to run, but I did feel sorry that those surgeons had



facial trauma

to miss out on the enjoyment of treating a person in great need of their hard-earned talents.

OMSs have worked hard over decades to gain a place of importance on trauma care teams. In my first academic job, our service was not allowed to manage zygomatic or midface injuries; yet, since that time, those privileges have been granted as surgeons there persevered and proved their capabilities. The same occurred in many other programs across the country.

I'm concerned that as a specialty we are at risk of losing our place as core members of the facial trauma management team. Many OMSs no longer care to be called for facial trauma - or even refuse hospital staff memberships that require taking trauma call. The corporatization of oral and maxillofacial surgery practices by venture capitalists and other groups will likely further distance us from trauma since those groups may expect their (and I mean *their*) surgeons to focus on the most profitable components of our scope. I worry OMSs who rarely or never take care of facial trauma will fall behind in their knowledge and lose their skills in this area.

Are we as a specialty now willing to forsake our facial injury management heritage? Is that inevitable due to OMSs finding themselves too poorly compensated to bother with the sometimes-disruptive nature of care for patients with facial injuries? I hope not. Are there steps we can take to overcome the apparent inertia limiting OMS involvement in helping those with craniomaxillofacial injuries? I hope so.

Perhaps we as a specialty first need to decide that a core part of being an OMS practitioner in North America is being an active player on trauma care teams. I think the answer is definitely yes, but is that view shared by a significant number of OMSs? Hopefully, part of our motivation to care for traumatized patients is to help give back to our community, recognizing that society helped provide us the training to become doctors and then OMSs.

But in addition, we as a specialty need to work to help those OMSs willing to answer the call by finding ways to make sure they are fairly compensated for their time, efforts, skills and medicolegal exposure. Emergency departments are



critical components of most hospitals; therefore, expert staffing of those units is crucial to the hospital's success. Gone should be the days when services such as orthopedics and neurosurgery can command reasonable retainers for providing uncompensated care while OMSs are left to fend for themselves.

Also, OMSs need to be certain their practice coding and billing team members are properly trained how to accurately code to ensure appropriate renumeration from insurers through skilled use of updated fee schedules and relative value units (RVUs). Facial trauma procedures performed by OMSs must be appropriately valued.

Finally, for practices that decide to align with or sell their practices to dental support organizations, contracts should recognize the value of surgeons continuing to serve fellow citizens who have the misfortune of sustaining facial trauma. Hopefully we can maintain and, in some cases, regain our prominence as highly skilled craniofacial trauma care practitioners willing to answer the call when needed.



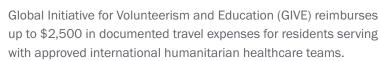
GIVE takes OMS residents out of their comfort zones to learn, give back and grow

"To help with the daily struggles of these babies and mothers was an incredible experience. On

the last day, the moms were crying happy tears. I can't see a better way to spend a week."

– Andy Vu, DDS Smile Bangladesh, 2022 "From a philanthropic and educational perspective, this was a transformative experience for me as a surgeon; I'd go back tomorrow."

- Adam Abel, DMD, MD Smile Bangladesh, 2022



Learn more, apply and donate to GIVE at OMSFoundation.org/GIVE. All donations to GIVE are restricted for use by that program.



FROM THE OMS FOUNDATION





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

What would you do again in a heartbeat?

Our enthusiasm for the GIVE

enthusiasm of its participants.

program is fueled by the

ow many experiences in your life have left you thinking "Whew, that was a heavy lift, but I'd do it again in a heartbeat"? It's often the biggest challenges that – once met - leave us exhilarated, our confidence bolstered and

our faith in ourselves renewed. If it's been a while since you have had an infusion of exhilaration, I encourage you to catch up with one of our GIVE participants and soak up some of theirs.

The Global Initiative for

Volunteerism and Education (GIVE) program offers OMS residents up to \$2,500 to reimburse travel expenses incurred while serving with approved international humanitarian healthcare teams. After a strong launch in 2019, the program experienced a two-year hiatus due to pandemic-related travel restrictions. In a gradual reboot, we awarded five GIVE stipends in 2022 and hope to at least double that number in 2023.

Our enthusiasm for the GIVE program is fueled by the enthusiasm of its participants. Despite power outages, equipment shortages, language barriers and travel snafus, their stories all end the same way: "I'd do it again in a heartbeat, and I'm telling everyone I know about this opportunity."

A week-long surgical tour in a remote, underserved and under-resourced community is a heavy lift, especially for residents. But Adam Abel, DMD, MD, and Andy Vu, DDS, moved mountains to join the Smile Bangladesh team when the opportunity presented itself in 2022. Pulling together visas, flights, time off, vaccinations and GIVE stipends from the Foundation in less than a month, they were determined to make the trip happen. Their host team, led by Shahid Aziz, DMD, MD, FACS, treated 32 infants and toddlers for cleft lip

and palate deformities and performed complex orthognathic surgeries on seven teens and young adults in just four days.

Dr. Abel's presentation to a rapt audience at the Foundation Alliance Luncheon and FUNraiser for GIVE confirmed

> our faith in this program's capacity to help train worldclass surgeons who also are compassionate citizens of the world. "I'd go back tomorrow," he said. "From a philanthropic and educational perspective, this was

a transformative experience for me as a surgeon."

We're grateful to the Alliance for its whole-hearted support of GIVE and to Canfield, Inc., and OMSNIC for their corporate contributions. We're appreciative of the colleagues and friends of Jim Bertz, DDS, MD, who honored his lifetime of volunteer service with more than \$60,000 in donations to GIVE in 2022. We're excited to get this program fully up to speed in 2023. ■

How to help

A tax-deductible contribution to GIVE in 2023 will enable a worthy OMS resident to experience the exhilaration that accompanies good work done for a good cause. By referring senior residents and leaders of volunteer healthcare teams to GIVE, the program's reach and impact can be expanded.

The Foundation accepts GIVE applications year-round from OMS residents and prospective host programs. To learn more, apply and donate to GIVE, visit OMSFoundation.org/GIVE.

CAPITOL CONNECTION



AAOMS working to secure several victories in

A lthough the Nov. 8 election will bring many changes to Congressional leadership and priorities in the new year, federal lawmakers sought action on outstanding priorities before the 117th Congress adjourned at the end of 2022.

Federal level

During the 117th Congress – from January 2021 through the end of 2022 – AAOMS focused its federal advocacy on several issues ranging from access to care to student debt relief. The following is a summary of those efforts:

 Access to oral healthcare – AAOMS worked alongside several stakeholders, including the ADA, in 2021 to successfully thwart legislative efforts to significantly expand Medicare Part B dental benefits. With continued interest by Congress and the Biden administration to ensure access to oral healthcare for seniors and other underserved populations, AAOMS championed several access to care initiatives.

Specifically, AAOMS supported the Medicare Medically Necessary Dental Care Act (HR 5110), which would remove inconsistencies in how Medicare covers dental-related treatment for medically compromised patients by including coverage under Part B for patients requiring any organ transplantation or who are diagnosed with cancer of the head or neck, lymphoma or leukemia. The bill did not move past introduction.

CMS explored options to expand coverage beyond what is currently provided through Medicare as part of the 2023 Medicare Physician Fee Schedule proposed rule. AAOMS offered comments in support of expanding Medicare coverage and payment for necessary dental examinations and treatment for oral infections, prior

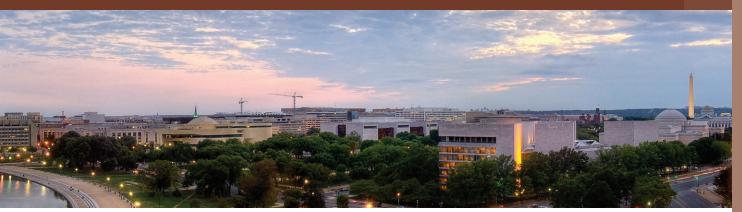
to approved procedures – including organ transplant surgery, cardiac valve replacement or valvuloplasty procedures – for acute medical conditions. CMS announced in November, via the final rule, that it would cover such dental treatment for those procedures beginning in 2023, and for head and neck cancers starting in 2024.

AAOMS also participated in a coalition with the ADA and the AAPD to urge action by CMS to address the lack of hospital and ambulatory surgical center (ASC) access for children, adults with special needs and disabilities as well as the elderly who need extensive dental treatment. The access issue stems from coding limitations that prevent hospitals and ASCs from being adequately reimbursed for dental procedures that take place in their facilities. CMS responded by creating a new HCPCS Level II code and changing the payment classification for facility-based dental services increasing the facility fee for outpatient hospital, but not ASC, settings. The coalition will continue to advocate for enhanced facility payment in the ASC setting.

Finally, AAOMS supported the Medicaid Dental Benefit Act (HR 4439), which would make comprehensive dental care a required component of Medicaid coverage for adults in every state. The bill did not move past introduction and is expected to be reintroduced in the 118th Congress.

Craniofacial anomalies coverage – The Ensuring
 Lasting Smiles Act (HR 1916) – which would require
 health insurers to cover medically necessary treatment
 including dental-related procedures for patients with
 congenital anomalies – passed the House in April by
 a 310-110 vote. AAOMS worked with a coalition of





closing days of 117th Congress

healthcare providers and patient advocacy groups to advocate for passage of the bill in the Senate. At press time, ELSA was being considered for inclusion in a yearend legislative package.

• Student loan repayment reform – The Resident Education Deferred Interest (REDI) Act (HR 4122/S 3658) was introduced in the Senate in March. AAOMS worked with a coalition of more than 30 physician and dentist organizations to advance the bill in both chambers; however, the bill did not move beyond introduction and will need to be reintroduced in the 118th Congress.

Meanwhile, the Biden administration has taken several regulatory actions to address the high cost of student debt. However, implementation of the administration's program to forgive up to \$20,000 in federal student loan debt for borrowers making under a certain income threshold has stalled due to legal challenges. As a result, the U.S. Department of Education has further extended a moratorium – originally set to expire Jan. 1 – on federal student loan payments and interest enacted at the start of the COVID-19 pandemic. The new expiration date is 60 days after a ruling on the forgiveness program by the U.S. Supreme Court, but no later than the end of August.

There is increasing pressure on Congress to provide longterm debt relief in light of the Biden administration's regulatory actions. AAOMS will be working to ensure solutions that benefit OMSs, such as the REDI Act, are part of any student loan relief package introduced in the 118th Congress.

• Drug and supply shortages – Over the past two years, AAOMS urged Congress to address drug and supply shortages that preceded – and were further exacerbated by – the COVID-19 pandemic. AAOMS supported the PREVENT Pandemics Act (\$ 3799). The Act is a bipartisan legislation – introduced by Senate Health, Education, Labor and Pensions Committee Chair Patty Murray (D-Wash.) and Ranking member Richard Burr (R-N.C.) including several AAOMS-supported provisions to address drug and supply shortages. At press time, the PREVENT Pandemics Act was being considered for inclusion in a year-end, must-pass package.

- Surprise billing The No Surprises Act (NSA) went into effect on Jan. 1, 2022. Several major healthcare organizations, including the AMA and AHA, sued HHS over its interpretation of the law in its final rule. CMS provided revised guidance to providers about the NSA and the independent dispute resolution process. AAOMS commented to the Biden administration on several occasions concerning issues with the NSA and has developed and made available numerous member resources under the Coding and Reimbursement section of AAOMS.org.
- Medicare provider cuts OMSs face an 8.5 percent cut in Medicare payment in 2023 due to a combination of Medicare Physician Fee Schedule "budget neutrality" and congressionally mandated cost-containment requirements. AAOMS has been advocating with a coalition group to ask Congress to intervene to prevent the payment cuts, which are scheduled to begin on Jan. 1. At press time, AAOMS expects Congress to include language in a year-end package to prevent most - if not all - of the cuts.
- Non-covered services The Dental and Optometric Care Access Act (HR 3461/S 1793) was reintroduced in the

continued on next page





117th Congress in 2021 and would prohibit Employee Retirement Income Security Act dental and vision plans from dictating fees for services not covered by the plan. The bill, which is supported by a coalition of dental provider organizations, has not moved beyond introduction, and is expected to be reintroduced in the 118th Congress.

Additional information about AAOMS's advocacy efforts on federal issues is available in the Advocacy and Government Affairs section of AAOMS.org.

Looking for healthcare compromises

The 2022 mid-term elections will give the United States a divided government for the 118th Session of Congress. Democrats maintained their slim majority in the U.S. Senate, but they lost the U.S. House, and Republicans will set the agenda in the lower chamber starting in January.

Despite winning the House, Republicans will be governing with a very slim majority and fighting the Democrat-led Senate and the White House, which could result in few legislative accomplishments during the 118th Congress. House Republicans are already planning investigations and oversight hearings on several topics directed at the White House and congressional Democrats, including the nation's COVID-19 response.

The healthcare community remains optimistic there could be bipartisan compromise on healthcare issues such as mental health and substance abuse legislation, Medicare physician payment reform, pandemic preparedness and the extension of popular healthcare waivers that have been in place during the COVID-19 Public Health Emergency.

More specifically, there is broad bipartisan support to invest in a better mental health and substance abuse infrastructure. Legislation has been working its way through both chambers during the 117th Congress; however, the clock may run out before they are able to pass meaningful legislation.

Meanwhile, the physician community has been putting pressure on Congress to finally reform the Medicare Part B physician payment system, and there appears to be support among both parties to tackle the issue. Medicare physician payment has dropped by 22 percent between 2001 and 2021, when adjusted for inflation, and almost every year Congress must intervene to stop the cuts. Legislators may finally act upon reforms to make Part B more stable and sustainable.

There also is broad bipartisan support for legislation to help better prepare the nation for future pandemics that also may address drug and supply shortages, which were exacerbated during the pandemic. Finally, Congress may be willing to extend popular telehealth waivers that were implemented on a temporary basis as a result of the COVID-19 pandemic. The waivers are operational as long as the Biden Administration extends the COVID-19 Public Health Emergency designation, which is set to expire in January; however, congressional action would be necessary to further extend or make permanent telehealth flexibility once the emergency designation has ended.

OMSPAC

OMSPAC raised \$455,643 from 17.71 percent of the membership through October. Additionally, OMSPAC contributed \$391,000 to federal candidates leading up to the 2022 elections.

Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■



Day on the Hill to return to Washington, D.C.

MSs can join colleagues in Washington, D.C., for the first time in three years to advocate on behalf of oral and maxillofacial surgery and its patients at the 22nd annual AAOMS Day on the Hill.

The Association's primary advocacy event also provides members with the opportunity to learn about healthcare policy, experience the federal legislative process firsthand, and build relationships with members of Congress, their staff and AAOMS leaders.

"Virtual meeting platforms allowed Day on the Hill attendees to effectively advocate on behalf of the specialty in 2021 and 2022," said AAOMS President Paul J. Schwartz, DMD. "However, nothing compares to walking the halls of the House and Senate office buildings or meeting across the table with members of Congress and their staff to discuss how their legislative efforts impact our practices."

No political or advocacy experience is necessary. AAOMS welcomes first-time attendees and will ensure all are effectively prepared for their congressional meetings.

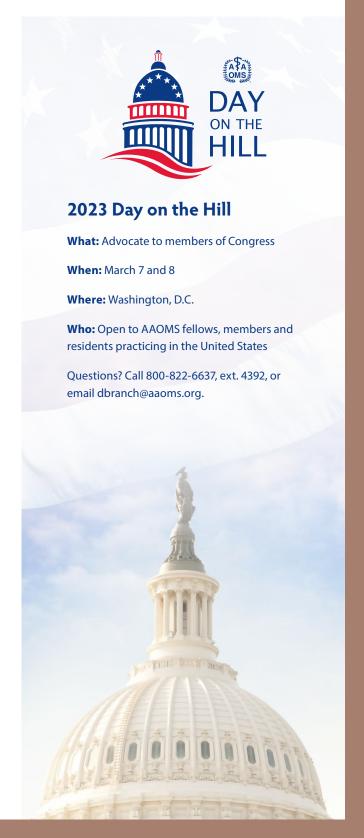
The event will begin at the JW Marriott Washington, DC, hotel on March 7 with an afternoon session on Tips for Conducting Congressional Visits. Following the afternoon session, attendees are invited to a reception and dinner with keynote speaker David Wasserman, a senior editor of Cook Political Report with Amy Walter.

On March 8, the day begins with breakfast and a morning program. Participants then will head out to meetings with their constituent congressional offices on Capitol Hill to discuss federal priority issues impacting the specialty.

Registration is now open at AAOMS.org/DayontheHill.

Complimentary flight, lodging available

Complimentary roundtrip airfare and one-night hotel accommodations to attend the 2023 Day on the Hill will be offered on a first-come, first-served basis to a limited number of AAOMS fellows and members who have not attended a Day on the Hill within the past five years. For information, visit AAOMS.org/DayontheHill. Additionally, residents are invited to apply for one of six OMSPAC-sponsored scholarships. Visit the ROAAOMS Scholarship page on AAOMS.org for more information.



All it takes is one incident to spark a challenge;



By Bryan Neuwirth, DDS. MD President, North Carolina Society of OMS

s I rose through the ranks of the North Carolina Society of Oral and Maxillofacial Surgeons' (NCSOMS) leadership, I never expected (or envisioned) I would spend the first 12 months of my two-year term fighting for oral and maxillofacial surgery's future and OMSs' continued ability to administer anesthetic treatments to patients. This story starts as so many unfortunately do - with an adverse event that sparked a crusade.

A cardiologist from Wilmington, N.C., visited an OMS office in July 2020 for placement of a dental implant under IV sedation. Following a drop in oxygen saturation levels near the end of the procedure and cardiac arrest, the cardiologist died in the hospital four days later after being diagnosed with irreversible anoxic brain injury. The OMS involved in the patient's treatment was found by the North Carolina Board of Dental Examiners to have violated the standard of care, the dental practice act and the Board's rules and regulations during the emergency – resulting in the cardiologist's death. During the Dental Board's investigation, other Drug Enforcement Administration-related violations were discovered. In the

end, the OMS surrendered his DEA registrations and state dental license in the summer of 2021.

The state Dental Board had completed its work in a timely manner and the public was protected. All seemed as it should be until the Society began to hear rumors that many of the cardiologist's colleagues were making efforts to change the standard of dental anesthesia care in the state.

Knowing what was learned from past experiences (such as the California battle), NCSOMS – under the exceptional leadership of then-President Mark A. Oghalai, DDS – started to prepare for the challenge by securing an AAOMS State Advocacy Grant so the Society could hire its own lobbyist. The Society also began strategizing with the state dental society, securing the neutrality of the state anesthesiology chapter and ultimately developed a regulatory proposal to ensure North Carolina's dental anesthesia regulations met all national standards.

It was fortunate NCSOMS took this action, as those involved would learn cardiologists and the widow of the deceased had indeed reached out to a local state senator. The politician, in turn, began to pressure the Dental Board to require a separate anesthesia provider during dental treatment. Despite a number of workgroups convening through both the Dental Board and the state dental society to discuss the issue, the opposition proposed regulations that would have:

- Prohibited any dental anesthesia permit holder from administering his or her own anesthesia if contraindicated by the FDA or manufacturer.
- Prohibited the administration of any drug above the maximum recommended dose.
- Mandated a primary physician or other specialist consultation prior to treating any ASA III patient or higher.
- Developed a list of conditions to be considered as "adverse events" and required tracking/quarterly review by practitioners.



Members of NCSOMS testify before the North Carolina Board of Dental Examiners in February 2022.



NCSOMS preserves dental anesthesia care

The proposal was moved forward for formal comment, and NCSOMS readied for the upcoming campaign.

Multipronged approach

Between November 2021 and February 2022, NCSOMS leaders spoke almost daily with AAOMS staff and weekly with its coalition partners - including the North Carolina Dental Society – to strategize how to push back on the regulations. The result was a multipronged approach. NCSOMS leaders sought to secure legislative support, keep outside stakeholder groups neutral on the issue, and provide evidence to the Dental Board that this change lacked scientific justification and would be detrimental to oral healthcare delivery in the state.

While the NCSOMS lobbyists spoke with legislators to hear their concerns and ensure no further action from their ranks, NCSOMS members sent nearly 200 letters opposing the measure to the state Dental Board. NCSOMS utilized the AAOMS VoterVoice platform to facilitate these messages, ultimately securing over 90 percent participation by state members. Additionally, NCSOMS and AAOMS worked together to develop comment letters for the Dental Board and public testimony delivered by NCSOMS during the public hearing. NCSOMS also made a concerted effort to reach out to every dental specialty group in the state to share concerns over the proposal and garner support for the OMS position.

When the time came for the public hearing in February 2022, only two voices were in support of the proposal with the remaining supporting the OMS position. Unexpectedly, those supporting the proposal invited the media to the proceedings. TV reporters requested comments from OMSs as they exited the hearing. This media attention continued to come in waves over the next six months, connected to social media posts from the family and at the two-year anniversary of the cardiologist's death.

Throughout all these stories, NCSOMS and its supporters held fast to their statements that were backed by scientific data. The media continued to sensationalize the situation, but their tone shifted eventually. Outrage about the perceived lack of action eventually changed to acknowledgment of insufficient data available to support such a change, and its detrimental impact on care access in the state.

In the end, the Dental Board received more than 1,000 comments. Roughly half were from social media supporters of the cardiologist and his family and did not cite scientific evidence. The remaining were from the dental community all united against the proposal and citing scientific evidence to justify their positions.

Due to the overwhelming evidence presented by the dental community, the Dental Board rewrote the regulatory proposal in alignment with AAOMS national standards and submitted it for another comment period. The Board adopted it during the December meeting. The latest iteration of the language is available on NCDentalBoard.org.

Lessons learned

NCSOMS was fortunate in the outcome of this battle, but there were many times when North Carolina OMSs could have lost it all. If placed in a similar situation – and I cannot emphasize this enough – the first call a state society should make is to AAOMS. The Association has the resources and knowledge from previous battles to set states on the right course. The knowledge gained will be invaluable so the state can build off past experiences rather than reinventing the wheel.

Be sure the society has advisors it can trust, including acquiring the services of a professional lobbyist who can help navigate the intricacies of the policy landscape. NCSOMS was able to secure its own society lobbyist by using a State Advocacy Grant, which greatly helped its positioning and strategy. Additionally, the society relied on the experience

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Recommendations for policy battles

- Call AAOMS for resources.
- Build on past lessons.
- Have trusted advisors.
- Develop a plan and stick to it.
- Be prepared to address media inquiries.
- Remember, it is a marathon, not a sprint.

Contact advocacy@aaoms.org for resources and assistance.



and support of many AAOMS leaders, including President Paul J. Schwartz, DMD; Immediate Past President J. David Johnson Jr., DDS; District III Trustee Debra M. Sacco, DMD, MD; and past President Louis K. Rafetto, DMD, MEd, just to name a few. Without their input, NCSOMS would have been blindly navigating this battle.

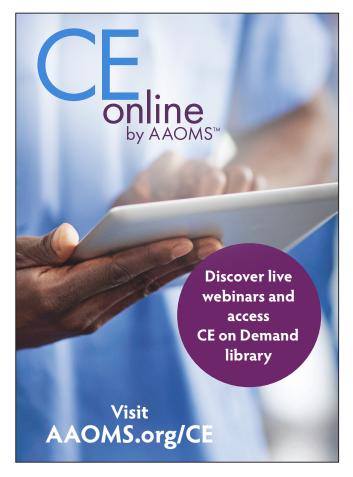
Additionally, once the society has developed a plan, see it through. It can be tempting to deviate mid-session, but a well-thought-out plan keeps everyone in line, minimizes distractions and promotes success. Always assume the media will get involved and have a plan in place to respond. AAOMS has resources to assist states in this area, and it is always better to be overprepared rather than underprepared. Finally, remember any policy battle is a marathon – not a sprint. There will be times of immense and minimal activity on an issue. It is important to ride out these waves and always keep the end goal in sight.

I hope no other states are faced with the challenge North Carolina just tackled, but if so, I hope our experience and lessons learned aid in the defense of our great specialty and the patients we serve.

About the State Advocacy Grant program

The State Advocacy Grant program was implemented in 2018 to financially help states defend against or promote significant issues affecting the specialty, such as anesthesia challenges or scope-of-practice battles. Grants are limited in number, awarded on a first-come, first-served basis and prioritized based on the nature of the project and society's need. Additional information on the program – including an application – may be found at AAOMS.org/SAG.







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tay compliance

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OMSNIC: FAQs about management organizations

This edition of Practice Management Matters is provided by OMSNIC, which has provided medical professional liability insurance coverage to OMSs for more than 30 years.

Q What is a management organization?

A management organization conducts some or all of a practice's business activities that do not involve the clinical side of oral and maxillofacial surgery. In some cases, a management organization has ownership of the physical assets of the practice. Various types of these arrangements exist, and there can be significant variations in the nature of the agreements between OMSs and these entities.

Q If I participate with a management organization, can I keep my OMSNIC policy?

A Yes. OMSNIC works with many management organizations and is equipped to assist practices and their management organizations with an array of value-added services. OMSNIC will partner with the organization to develop a unique coverage program that meets its specific needs.

Q Does the management organization have the right to move my medical malpractice coverage away from OMSNIC?

A Potentially. The servicing agreement between the management organization and practice may provide them the administrative right to move medical malpractice coverage to another carrier, despite the OMS's wishes. However, practices can negotiate malpractice insurance preference within the agreement before it is signed.

Q Does OMSNIC have proposed contract language for negotiating coverage within the agreement?

A OMSNIC has developed the following proposed language OMSs may consider adding to an agreement, in consultation with an attorney, which specifies OMSNIC as the practice's preferred malpractice carrier:

Service Provider and Practice agree that the medical professional liability insurance carrier shall be OMSNIC and that it is the Practice's directive to maintain medical professional liability coverage with OMSNIC going forward. Any change in the medical professional liability carrier must be mutually agreed upon by the Service Provider and the Practice.

What will happen to my OMSCap stock if the management organization moves my coverage away from OMSNIC?

A If coverage is canceled for any reason, shares will be repurchased by the company at the current price. Payment for the repurchased shares will be deferred until retirement. All potential future gains from the OMSCap stock ownership plan will be forfeited. The price paid for the shares will be the lower of the price at the date coverage is canceled or the price at the date of retirement.

Q Why should management organizations maintain medical malpractice coverage with OMSNIC?

A There are many reasons to maintain OMSNIC coverage:

- OMSNIC's sole purpose is to protect and defend OMSs and their practices. All coverage and services are tailored specifically to the practice of oral and maxillofacial surgery.
- OMSNIC has experience working with management organizations. Its expert staff is available to assist and advise on all areas related to medical malpractice coverage for an OMS practice.
- OMSNIC can create unique coverage programs tailored to meet the management organization's needs.
- OMSNIC insures more than 85 percent of eligible OMSs nationwide, allowing for a smooth transition for the organization and the practice after the closing, which often requires little or no paperwork.
- Over the past 30-plus years, no other medical malpractice insurance company has come close to matching OMSNIC's record of success in defending OMS malpractice claims, with 94 percent favorable outcomes.
- Every claim is overseen by practicing OMSs who understand the complex treatment decisions, unlike other insurance companies that do not view the OMS practice from a peer perspective.
- Complimentary patient safety and risk management resources including educational courses and informed consent forms are available for practices and their new partners.

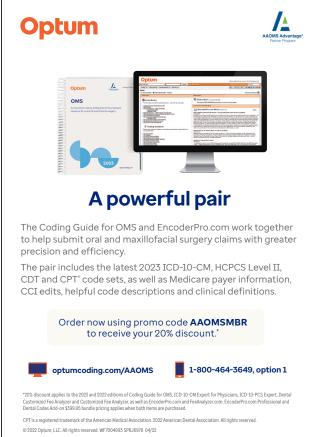
OMSNIC is available to meet with any management organization a practice is considering participating with to provide additional information about OMSNIC and share how it can assist them.

Q I am considering participating with a management organization and have questions. Who can I contact?

A Call 800-522-6670 and ask to speak with Jenessa Shahandeh or email phs@omsnic.com with questions or contact information to request a call back. Please include the best time and day to be reached.









Optimizing practice management software

Purchasing a practice management system is a crucial investment aimed at boosting productivity, decreasing costs and helping to make better-informed clinical and business decisions. Such software acts as an essential member of the office team, and it is core to every OMS enterprise.

The cardiovascular system of a practice, every function depends on it to be robust and deliver the services needed precisely when they are needed. Practice management software has a far-reaching impact on the health of a business, and it is impossible to thrive without it. That's why it is essential to be certain about the right software for an organization.

There are some important considerations to keep in mind when equipping an office with a new system, upgrading the current system or evaluating alternatives. Explore key factors such as features, integration and automated processes to help evaluate how well a current or prospective practice management system fits the practice's unique goals and priorities.

Key capabilities to consider

Getting the most out of a practice management system? The answer depends on a few key factors. The right practice management system should offer the tools needed to be successful, integrate with other software effectively and automate tasks to reduce the staff's workload. These capabilities all work together to support a high standard of patient care and an efficient, profitable practice.

- Integration When considering practice management systems, the key is to find software that handles tasks smoothly. Functions should integrate seamlessly with each other, so users do not have to jump between modules or reenter data manually. The entire software package should function as one coherent system.
- Features Most practice management software provides the basic functions that every office requires, including patient scheduling, charting, note-taking, treatment planning and billing. At a minimum, an OMS office should not be doing any of these tasks manually. Many software options even include functionality to automate letters, narratives, and vital-monitor and anesthesia modules.

■ **Automated processes** – To determine the system's efficiency, apply the following litmus test: Are processes manual or automated? If office employees are doing anything manually that the system or a connected service should handle, then resources are being wasted - usually in the form of staff time.

Defining goals and priorities

With an understanding of key capabilities to consider, start bringing goals into focus and decide on priorities. While objective factors are important, the decision-making process should be more personalized.

For example, anyone who is deciding which car to buy will want to know its speed, fuel efficiency and safety features. But each person's relationship to his or her car will be different. For some, the car is simply a means of getting from point A to point B. Others may value it as a status symbol or way to explore the world. A vehicle should reflect what one wants to get from it, just as practice management software should fit the specific way in which the practice operates.

At its core, practice management software is the foundation that automates functions to improve efficiency and accuracy. But it should go beyond this basic purpose to support unique goals. If boosting profitability is the aim, it should provide tools to track and modify processes to reach that end. If dependent upon technology such as vital-monitor integration, the software should integrate such tools. And if a practice's team spends significant time tracking and managing referrals, its practice management software should offer features to streamline that process.

Comparing different systems

If exploring more than one practice management system, take some time to visit their websites and compile a list of features. Consider categorizing them as relating to the front office, clinical tasks or business management. List them by the task they handle, rather than the name of the feature. Look first for the basics, such as scheduling, billing, treatment planning, and document storage and retrieval. Include a detailed list of monthly reports, such as production and case acceptance, insurance payment, aging and continuing care. Pay particular attention to imaging and vital-monitor integrations, along with treatment planning.

continued on next page

PRACTICE MANAGEMENT NOTES (continued)



The features list should be long and detailed. Once sufficiently compiled, sit down with staff and review how each task will be handled. After narrowing the list down to a few top picks, ask for a demonstration of any software being considered. This helps to avoid purchasing a product that lacks the functionality to accommodate workflows in the OMS office.

Exploring software ecosystem

If planning to invest in practice management software, consider the services, partners and technologies that integrate with the system. Again, the best place to start is the practice management system's website. Look for solutions, partners and services. Components many practices consider to be essential include patient communication, billing and insurance claims processing in the front office. Many find that electronic medical and dental claims are the most important integration. In the business management category, consider tracking and managing referrals as well as patient acquisition tools such as online forms.

When evaluating the currently used practice management system, look at the capabilities in two ways. First, catalog the ecosystem components that have already been paid for and determine if they are fitting the practice's needs. Second, investigate all the components to which staff does not have access, or that have become available since the current practice management system was acquired. Care begins from the moment a patient learns about a practice and continues through scheduling, treatment and billing. With that journey in mind, the practice's job is to make the patient's experience as pleasant as possible. To do this, ensure the organization has access to all the ecosystem components needed – and make a plan to investigate and invest in any that are missing.

Know what the vendor offers

Continued support for a practice management system is as important as the system itself. Consider whether team

members are receiving the assistance they need, and if the vendor offers the following:

- Flexible training on all of the system's components.
- Evaluation to ensure practice staff are utilizing full capabilities in the smartest way.
- Comprehensive, integrated services from both the vendor and its ecosystem of partners.
- Flexible support to ensure hardware remains capable with up-to-date software that has near-zero downtime.

If a software vendor does not offer these services, consider moving to one that does. Review each service during daily huddles to determine which team members should participate in each offer. Plan to take advantage of these offerings and follow up periodically to ensure progress.

Consider the cost of practice management systems in two ways:

- What is the lowest price to pay while still fulfilling all requirements?
- How can profits be increased beyond what the practice is paying?

If the goal is to run the basic functions efficiently, seek the most affordable software that serves that purpose. If the goal is to increase profitability and achieve growth, invest in a system that provides the tools to nurture patients, monitor and maximize profits, and to which services can be added as the business grows.

When using the right practice management system, an office should be able to cut manual tasks to their minimum and boost employee productivity to its maximum. An OMS office should be running smoothly with happy patients, consistent referrals and content employees.

This column was provided by OMSVision, an exclusive partner of AAOMS, which strives to provide the creditable, stable and profitable practice management software choice for oral and maxillofacial surgeons. Visit OMSVision.com to learn more.



This is number 189 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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New year, new codes: Revisions, additions for

A fter a tooth extraction, it may be necessary to perform socket or ridge preservation. This helps to maintain the size and shape of the bone and improve the integrity of the alveolar ridge, thereby reducing bone loss after the extraction. Types of grafts that may be used for ridge preservation include osseous autograft, allograft or non-osseous grafts.

To code for this service, report the following CDT code:

D7953 bone replacement graft for ridge preservation – per site

Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used, should be reported separately.

Coding Tip: Report D7953 when a bone graft is placed in the site where a tooth is extracted or an implant is removed. CDT code D7953 should not be reported if an implant is placed in the same site at the time of extraction.

In addition to reporting for socket preservation, a membrane and biological materials also may be reported separately.

Effective Jan. 1, CDT revised two current membrane codes and added five new codes. These changes represent resorbable and nonresorbable membranes and distinguish between edentulous areas, natural teeth, and during implant placement or at the site of a peri-implant defect.

Revised as of Jan. 1

D4266 guided tissue regeneration, natural teeth – resorbable barrier, per site

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement, grafts and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth.

D4267 guided tissue regeneration, natural teeth – nonresorbable barrier, per site

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement, grafts and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth. Please note that removal of the membrane is no longer part of the procedure and should be reported separately.

New as of Jan. 1

D7956 guided tissue regeneration, edentulous area – resorbable barrier, per site

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures and after tooth extraction.

D7957 guided tissue regeneration, edentulous area – nonresorbable barrier, per site

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures and after tooth extraction. Note that removal of the membrane is no longer part of the procedure and should be reported separately.

D4286 removal of nonresorbable barrier

D6106 guided tissue regeneration – resorbable barrier, per implant

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure is used for perimplant defects and during implant placement.



socket preservation, marsupialization

D6107 guided tissue regeneration – nonresorbable barrier, per implant

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure is used for perimplant defects and during implant placement. Note that removal of the membrane is no longer part of the procedure and should be reported separately.

Example coding scenario

An OMS performs a surgical extraction with ridge preservation of tooth #3 in conjunction with Gem 21 and the placement of a resorbable membrane.

- D7210 surgical extraction
- D7953 bone graft
- D7956 resorbable membrane (edentulous area)
- D4265 biological material

New code for marsupialization

In the treatment of large odontogenic cysts, it may be necessary to gradually decrease the size of the cyst prior to performing a cystectomy. The procedure involves making a window on the cystic wall by incision, evacuation of the cyst contents and suturing the cystic lining to the oral mucosa. This process is called marsupialization. Coding for marsupialization has been tricky until a new CDT code was added to the 2023 CDT code set. Previously, there was not a specific code for marsupialization or decompression of a jaw cyst. At its 2022 meeting, the ADA Code Maintenance Committee (CMC) accepted AAOMS's code proposal to address this coding gap.

D7509 marsupialization of odontogenic cyst

Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.



Coding Tip: Since there is no distinct code applicable for marsupialization of an odontogenic cyst in CPT, code D7509 would be appropriate to report on a medical claim form. ■

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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.

Medicare coverage for dental services: A primer

edicare statute generally prohibits coverage and payment for any services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth. This broad exclusion of dental services from coverage under Medicare has been in place since the establishment of the program in 1965. However, CMS currently interprets this provision to allow payment under Medicare in limited circumstances for which there is appropriate medical justification.

In the 2023 Medicare Physician Fee Schedule Final Rule, CMS finalized select provisions that expand the scope of medically necessary dental services and amend existing regulation to clarify Medicare coverage policy.

It is essential that OMSs participating in the Medicare program become familiar with new and revised CMS policies as these changes may impact how certain services are reported and paid under Medicare. However, regardless of enrollment status, all providers and coders are encouraged to stay abreast of federal policy changes as CMS coverage and claims processing guidelines can also influence commercial payer policies.

Medicare policy has always differentiated between services rendered *in connection with* excluded dental services and those dental services deemed *integral to* an otherwise covered medical procedure. For instance, Medicare will not cover operating room charges or any related facility fees when furnished in connection with a non-covered dental procedure, such as the routine removal of carious teeth. CMS does make an exception and allow payment under Medicare Part A for inpatient hospital services furnished in connection with non-covered dental services when the patient's underlying medical condition or severity of the procedure necessitate hospitalization.

While many limitations will remain in place, the 2023 Final Rule does expand what dental services may be considered integral to otherwise covered medical procedures for patients with certain health conditions.

Integral dental services covered in 2023

Medicare benefit and policy manuals outline those dental services considered to be an integral part of select covered medical procedures, such as the reconstruction of the jaw following accidental injury or extractions done in preparation for radiation treatment of neoplastic disease. Medicare policy also has traditionally allowed for the payment of oral examinations on an inpatient basis preceding kidney transplantation.

In the 2023 Final Rule that took effect Jan. 1, CMS identified other clinical scenarios in which pre-surgical dental exams may be deemed medically necessary, including when part of a comprehensive workup for any type of organ transplant surgery as well as cardiac valve repair (e.g., valvuloplasty) and replacement procedures, and will now cover the hospital's costs regardless of whether these services occur as inpatient status or in an outpatient hospital setting.

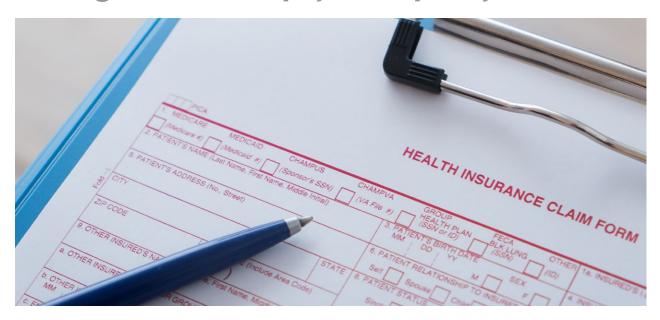
Furthermore, CMS indicated that certain dental services may be considered integral to a covered medical procedure when deemed "inextricably linked" or essential to the successful outcome of that procedure. For example, restorative dental services such as a tooth extraction (e.g., CDT° codes D7140 and D7210) to remove or eliminate the source of oral infection prior to organ transplant surgery. Such services may now be considered medically necessary and eligible for Medicare payment as the success of the transplant surgery could be compromised if the oral infection is not properly diagnosed and treated. This coverage provision also extends to ancillary items and services furnished in conjunction with such dental services rendered in the facility, such as X-rays, the administration of anesthesia and use of an operating room.

To affirm these changes, CMS has amended Medicare regulation to include examples of medically necessary dental services that may be deemed inextricably linked or integral to the success of other covered medical procedures, including those originally outlined in policy manuals and national coverage determinations as follows:

- A dental or oral examination as part of a comprehensive workup before an organ transplant, cardiac valve replacement or valvuloplasty procedure.
- The necessary dental treatments and diagnostics to eliminate oral or dental infections found during a dental or oral examination as part of a comprehensive workup before, or occurring at the same time as, an organ transplant, cardiac valve replacement or valvuloplasty procedure.



on integral services, payment policy



- The reconstruction of a dental ridge when performed as a result of and at the same time as the surgical removal of a tumor.
- The wiring or immobilization of teeth when done in connection with the reduction of a jaw fracture.
- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.
- A dental splint, but only when used in conjunction with covered treatment of a medical condition.

To clarify, this policy change only applies to certain dental services rendered in the hospital on an outpatient or inpatient basis. It will not apply to office-based procedures or those rendered in an ambulatory surgical center (ASC).

Beginning in 2024, CMS will allow Medicare payment for similar dental services when rendered prior to, or at the same time as, Medicare-covered treatments for head and neck cancers.

Payment policy for dental services

For 2023, CMS will continue to maintain its carrier pricing methodology for medically necessary dental services. This means Medicare Administrative Contractors make coverage determinations on a case-by-case basis as to whether

certain clinical scenarios involving dental services meet the parameters for coverage under Medicare policy and price them accordingly.

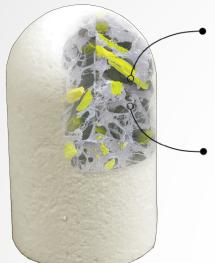
CMS also released the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule that established a new G-code - G0330 - to describe dental rehabilitation services that require monitored anesthesia and the use of an operating room. This code is billable by hospitals beginning Jan. 1 to report the facility fees associated with covered dental services rendered in a hospital setting. CMS has indicated they may consider making this code payable in the ASC setting in the future. ■

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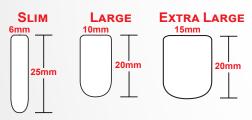


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1. Spivak, J Biomed. Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valen, J Oral Implantology, 2002

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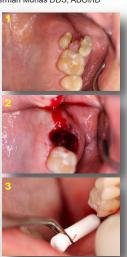
Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

Tooth #15, set to be extracted.

Remove the entire pathologic periodontal ligament and flush socket twice. Use #6 carbide bur. make holes through the Lamina Dura to trabecular bone and establish Regional Acceleratory Phenomenon.

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Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain Plug. Do not suture through Plug. No membrane is required.

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Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation.



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Qualifying Examination pathways changed

ral and maxillofacial surgeons trained outside of the United States and Canada may be eligible to apply and sit for the ABOMS Qualifying Examination.

The American Board of Oral and Maxillofacial Surgery offers an alternative pathway for individuals who are seeking board certification but do not meet specific requirements on the exam's first-time application. The Board regularly reviews its application processes, including alternative pathways. At a recent meeting, the ABOMS Board of Directors chose to reexamine the Qualifying Examination alternative pathway, and new changes were adopted.

First-time applicants are individuals applying for their first ABOMS exam after graduating from an accredited OMS program. Surgeons who do not meet this requirement may consider applying for the examination using its alternative pathway.

The changes to the alternative pathway policy are as follows:

· Alternative pathway applicants must provide proof of completing a minimum of 156 weeks of progressive

training as a full-time resident in a single Commission on Dental Accreditation (CODA)-accredited U.S. or Canadian oral and maxillofacial surgery program.

- A minimum of 52 weeks must be at the senior resident level. Rotations on anesthesia and medical services consistent with current CODA standards are required at the time of submitting the application.
- Fellowship training or concurrent time served as faculty may not be counted toward fulfilling the minimum 156week requirement. Alternative pathway applications are sent to the ABOMS Credentialing Committee to be reviewed for approval or denial.

All other application requirements and fees must be met by the applicant. Applications for the 2024 Qualifying Examination will open in June. Reach out to the ABOMS administrative office with questions regarding the new alternative pathway requirements. ■



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Robert S. Clark, DMD Treasurer

The Board of Trustees believes the 2023 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan.

Financial results for 2022

Volatility in the markets made 2022 another challenging year – causing operating reserve levels to drop significantly while inflation raised costs particularly for travel and meetings.

With travel returning to normal, the 2022 AAOMS Annual Meeting was held in New Orleans, La., with both in-person and online-only options available. While in-person attendance was about 20 percent lower than normal, online attendees made up for some of the registration revenue differential.

Although expenses are still being finalized, it appears final meeting revenues will fall short of budget by \$150,000, the result of lower exhibition revenues and decreased attendance. Many companies that exhibited purchased smaller booths as inflation spurred the need for expense cutting across industries. Overall, 185 companies participated in the exhibition. We thank these companies for continuing to support AAOMS.

Attendance at the Anesthesia Update course was high, providing a partial offset to the shortfall in Annual Meeting registration.

Financial results were being finalized at press time, but we do know that the results for 2022 will not meet original budget expectations.

Investment losses for the year totaled approximately \$3 million at press time. Strong reserves built up over many years provide a cushion for this fluctuation, and recovery from the loss is anticipated in future years.

While inflation caused cost overages, salary and benefits savings – as well as pivoting some committee meetings to virtual earlier in the year – provided a partial offset.

In October, the Board's Finance and Audit Committee met with the auditors to discuss the 2022 audit plan. The audit fieldwork will take place in late March, and we will provide a report on the audit results in a future issue.

With a new year upon us, AAOMS's activities are guided by the 2023 operating budget the House of Delegates approved at the Annual Meeting. This year's budget includes revenues of \$23.15 million and expenses of \$23.12 million, resulting in anticipated revenues over expenses of \$30,000.

Membership dues continue to be the single largest revenue source and, with a budget of slightly more than \$8.4 million, dues comprise approximately 36 percent of total revenue for 2023.



anticipated to fall below budget expectations

Other significant revenue generators include:

- Annual Meeting with revenues at \$4.8 million
- Royalties \$1.6 million (including OMSNIC royalties of \$600,000)
- JOMS \$1.4 million
- Dental Implant Conference \$1.4 million
- Assistant programs \$1.09 million
- Building operations \$909,000
- Coding workshops \$529,000
- Sales of publications and electronic products in the AAOMS Store – \$385,000

On the expense side, \$3.9 million is budgeted to support the programs offered at the 2023 AAOMS Annual Meeting in San Diego, Calif. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference \$1.3 million
- Building operations \$1.1 million
- Assistant programs \$638,000
- JOMS \$331,000
- Production and fulfillment costs of items sold in the AAOMS Store – \$263,000
- Coding workshops \$297,000

Budgeted expenses also include \$4.5 million (representing 20 percent of total budgeted expenses) for program-related activities. These include:

- \$938,000 for the Informational Campaign.
- \$806,000 million to support residency programs, including \$273,000 to fund Faculty Educator Development Awards (FEDA).
- \$791,000 for anesthesia programs including the simulation program.
- \$453,000 for support of AAOMS advocacy activities in Washington, D.C., and at the state level.
- \$394,000 for communications and the Association's website.

- \$257,000 for representation at allied meetings (state, regional and international as well as affiliate organizations).
- \$231,000 for coding and reimbursement initiatives.
- \$211,000 for ADA representation activities.
- \$180,000 for research and professional affairs activities.
- \$150,000 for continuing education and professional development activities, including practice management.
- \$123,000 for grants and awards.

The approved operating expense budget also includes a \$300,000 contingency fund, which enables AAOMS to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The Board of Trustees believes the 2023 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan.

The Board and staff will remain vigilant and continue to review expenses to provide savings when possible given the potential for continued high inflation and changing revenue streams.

Office-Based Emergency Airway Management (OBEAM) courses – which fulfill the requirement for members who provide office-based sedation, deep sedation and/or general anesthesia to successfully complete an anesthesia simulation training course by 2026 – will continue to be offered at a discounted fee in 2023. AAOMS has chosen to subsidize this program for members. I encourage you to participate in the course early as prices may increase in future years as the deadline approaches.

The members of the Board of Trustees are looking forward to the next Annual Meeting being held Sept. 18 to 23. We hope you, your staff and guests will be able to join us when AAOMS travels to San Diego. ■

AAOMS Advantage Partners

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

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



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PRACTICE METRIX

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Practice Metrix has served the dental industry for over a decade with innovative software and solutions focused on enhancing business value. Practice Metrix's suite of products and services includes Practice Pilot (OMSVision and CS WinOMS) and Snapshot Pro (OMS-Exec), a comprehensive business reporting dashboard highlighting Key Performance Indicators for your OMS practice. Other Practice Metrix products and services include:

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MEMBERSHIP



House of Delegates promotes Association Pledge

The 2022 AAOMS House of Delegates approved a resolution that will augment the promotion of the Pledge of the Association. Along with the Code of Professional Conduct, the Pledge of the Association governs the professional conduct of all AAOMS fellows and members and is as follows:

Recognizing that the American Association of Oral and Maxillofacial Surgeons stands for the highest traditions of our specialty, I hereby pledge myself, as a condition for membership, to practice oral and maxillofacial surgery with honesty and to place the welfare of my patients above all else; to advance constantly in professional knowledge; and to render help willingly to my colleagues.

In solemn affirmation of my dedication and upon my honor, I declare that I will abide by the Code of Professional Conduct of the American Association of Oral and Maxillofacial Surgeons and that I will faithfully support its purposes and ideals and abide by its principles and regulations.

As part of the resolution, the House asked that the Pledge of the Association:

- Appear in written form in AAOMS Today.
- Be recited by AAOMS fellows and members at the Opening Ceremony beginning in 2023.
- Be promoted through strategies developed by the Board of Trustees or appropriate committee. The AAOMS Committee on Membership then was tasked with addressing the resolution and will provide recommendations to the Board and a report to the 2023 House of Delegates.

The Pledge is included in Chapter XV of the AAOMS Bylaws and A2 of the Professional Code of Conduct, which can be found on AAOMS.org/CodeofConduct.

2023 ANNUAL MEETING



Save the date for San Diego

The 2023 AAOMS Annual Meeting – offered both in-person and online - will be held Sept. 18 to 23 in San Diego, Calif.

The Annual Meeting will include brand new hands-on courses, revised tracks focusing on 11 clinical topics and the return of the Global Health Café.

Visit AAOMS.org/AnnualMeeting for more information.

2023 ANNUAL MEETING



Submit oral abstracts, posters

The oral abstract and poster application for the 2023 AAOMS Annual Meeting is currently available at AAOMS.org/speakers. The deadline to submit is March 26. Late applications will not be accepted.

Applications for the Resident Scientific Award – given each year to OMS residents selected based on the quality of scientific manuscripts submitted - also are available. To submit, select the Oral Abstract and Resident Scientific Award option within the application.

Questions? Contact shannonm@aaoms.org.

ADVANCED EDUCATION



CSIOMS conference to showcase technology, research

The Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference will bring together world-class researchers to showcase the latest technologies and research affecting the full scope of oral and maxillofacial surgery. The event is being held March 11 and 12 at the Daniel M. Laskin Institute for OMS Education and Innovation in Rosemont. III.

Developed by the AAOMS Committee on Research Planning and Technology Assessment, the program will include:

- Advances in orthognathic surgery
- Medical management of surgical disease
- Oral abstract sessions
- Digital workflow for dentoalveolar reconstruction

Oral abstracts will be presented followed by posters and a reception at AAOMS headquarters on the evening of March 11.

More information is available at AAOMS.org/CSIOMS.

CONTINUING EDUCATION



Claim CE before access expires

Attendees of the 2022 AAOMS Dental Implant Conference have access to all online content until 11:59 p.m. CST on Feb. 3. Log on to the meeting website using the eight-digit membership/registration ID.

Visit AAOMS.org/MyCE to evaluate sessions and claim CE credit by March 6.

GOVERNANCE



Review Board actions online

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on AAOMS.org/member-center/resource-documents.

PRACTICE MANAGEMENT



Time for some to recertify OAE

Office Anesthesia Evaluation (OAE) recertification is due for current members and fellows who last completed an OAE or exemption form in 2017 (or 2016 if practicing in Delaware and New Jersey).

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

Confirmations of successful completion of the re-evaluation are due from OMS state societies to AAOMS Membership Services no later than July 31. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership effective as of the 2023 AAOMS Annual Meeting.

Notify AAOMS of any scheduled evaluation dates or difficulties experienced in scheduling a re-evaluation. Contact AAOMS Membership Services by email at membership@aaoms.org or call 800-822-6637.



Chief residents encouraged to apply before July 1

AAOMS encourages chief residents to become candidates for active membership, with their resident membership expiring July 1. Apply for active membership at AAOMS.org/Apply.

Member benefits include:

- One free Annual Meeting registration upon election to membership.
- A complimentary CE course each quarter.
- A complimentary subscription to AAOMS Today and a discounted subscription to JOMS with online access to both publications.
- Complimentary coding and billing reimbursement advice.
- Complimentary directory listings in the MyOMS.org Find a Surgeon public database upon election to membership.
- Access to AAOMS CareerLine and AAOMS Today classifieds for employment and fellowships.
- Discounted registration for OMS-specific continuing education opportunities, including National Simulation Program modules, online CE on Demand, the AAOMS Annual Meeting, the Dental Implant Conference as well as practice management and clinical webinars.
- Assistance with practice management, governmental affairs - and anesthesia- and credentialing-related matters.
- Discounts on patient education, practice management, clinical resources and other publications developed especially for OMSs and their office staff.

- Eligibility to participate in programs through the AAOMS Advantage program.
- Eligibility for malpractice insurance coverage through the OMS National Insurance Company (OMSNIC), where members are shareholders as well as policyholders.

When chief residents apply for AAOMS candidate status before completing OMS training, the first year of dues is waived through 2024.

AAOMS allows a graduated dues discount for subsequent years. In 2025, one-third of the full dues level established for AAOMS members will be billed. In 2026, two-thirds of the full dues level will be billed. Full dues levels will not be billed until 2027. AAOMS candidates practicing as full-time faculty or are with the U.S. Public Health Service, Indian Health Service, Veterans Affairs or active duty in the federal services are eligible for additional discounts.

Chief residents entering fellowship programs are encouraged to apply early for candidacy to receive an extended graduated dues discount through the duration of the fellowship program. Membership dues will not be billed until the next membership year after completion of the fellowship program.

After completing the candidate application, applicants should forward a copy of their fellowship letter (with dates of duration) to membership@aaoms.org to qualify for the extended dues discount. Questions? Email membership@aaoms.org or call 800-822-6637.

ADVANCED EDUCATION



New Parameters of Care ready for member review

As part of the production process of every new edition of Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery, AAOMS members are invited to review the revised book and provide comments.

A new edition is slated for publication in 2023; the most recent version was published in 2017. Members are encouraged to review and provide comments for the Special Committee on OMS Parameters of Care to consider prior to sending the manuscript to a medical editor for review.

Parameters of Care is intended to reflect practice considerations for 11 designated areas of oral and maxillofacial surgery.

Members are invited to submit comments between Jan. 15 and Feb. 15. To view the draft document and submit feedback, visit AAOMS.org/ParCare.

MEMBERSHIP



Revise directory profiles

The AAOMS annual dues statements mailed in the fall included member profile and directory verification forms. Members are asked to carefully review this information to ensure Association records are current.

All addresses, emails, websites, home and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the AAOMS.org members-only directory and the public-facing MyOMS.org Find a Surgeon search database. Both the directory and the Find a Surgeon search are updated in real time.

AAOMS encourages members to use the AAOMS.org My Account page to update their profiles and contact information whenever there is a change.

MEMBERSHIP



Affiliate membership available

OMSs practicing outside of the U.S. are eligible for affiliate candidate status through an application at AAOMS.org/Affiliate. Affiliate candidates have substantially reduced membership dues. Questions? Email membership@aaoms.org or call 800-822-6637.

COMMUNICATIONS



Searching for story subjects

AAOMS Today Editor James R. Hupp, DMD, MD, JD, MBA, FACS, would like to feature more OMSs and their personal stories in upcoming issues of the award-winning member magazine. If you or someone you know fits any of the topics below, please email communications@aaoms.org.

- Artists on the side Looking for painters, sculptors and visual artists.
- Practice transitions Looking for OMSs who transitioned from government work to private practice or vice versa.
- Mountain-climbers Looking for those who scale mountains in their spare time.
- Post-COVID-19 state of the specialty Looking for stories of how the pandemic fundamentally changed the way OMSs deliver care.
- Meditation Looking for OMSs who take part in transcendental meditation or other similar brainrelated activities.



Network through AAOMS Connect online communities

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 Forum tab on the top-most navigation bar. In each CIG/SIG thread, the corresponding officers and liaisons are listed.

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

MEMBERSHIP



Awards nominations sought

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 each year is Jan. 31.

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

CONTINUING EDUCATION



Subscription offers 24/7 access

AAOMS offers a Clinical CE Subscription service that allows OMS members to access all clinical on-demand courses 24/7, 365 days a year. This includes over 100 hours of content and is updated with at least 20 new courses annually.

The Clinical CE Subscription is \$249 per year and does not automatically renew. Complete details can be found at AAOMS.org/CEsubscription.

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**

CONTINUING EDUCATION



AAOMS earns reaccreditations

AAOMS is dually accredited to provide continuing dental and medical education. The Association has successfully received a reaccreditation term through both the ADA Continuing Education Recognition Program and the Accreditation Council for Continuing Medical Education.



AAOMS Opportunities

2023

Various dates

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, III. AAOMS.org/OBEAM

March 2

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, III. AAOMS.org/CSIOMS

April 29-30

Educational Weekend

Loews Chicago O'Hare Hotel in Rosemont, III. AAOMS.org/EduWeekend

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 26

Middle Atlantic Society of OMS Meeting

Turf Valley Resort in Ellicott City, Md. *MASOMS.org*

April 29–30

CALAOMS 23rd Annual Meeting on Anesthesia

Hayed Mansion in San Jose, Calif. *CALAOMS.org*

May 3-7

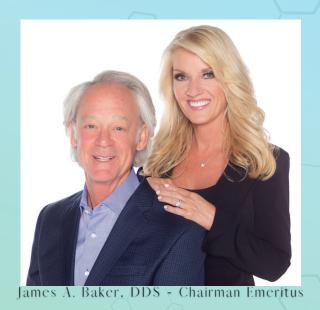
Southeastern Society of OMS 73rd Annual Meeting

Silverado Resort and Spa in Napa, Calif. SSOMS.org



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Dr. Bulloch honored with Patriot Award



Dr. Bulloch

Scott E. Bulloch, DDS, MS, was honored with the Patriot Award from the Employer Support of the Guard and Reserve. Nominated by the office manager at his private practice, AJ Jensen, Dr. Bulloch received this award because of his above-and-beyond support for Mrs. Jensen, whose husband

serves in the Utah Army National Guard.

Dr. Bulloch is a fellow of ABOMS and has been in private practice for more than 25 years.

Dr. Slade on AAAHC Board



Dr. Slade

Edwin W. Slade, DMD, JD, was elected as Immediate Past Board Chair of the Accreditation Association for Ambulatory Health Care (AAAHC). He has served various positions within the AAAHC since 2003, including Board Chair.

He received his dental degree from Penn Dental

Medicine and completed his oral and maxillofacial surgery residency at the University of Connecticut at Hartford Hospital. He is a past President of both the Pennsylvania and Delaware Valley OMS societies, along with serving as an AAOMS Trustee and Treasurer.

Dr. Nierzwicki elected to Illinois State Medical Board



Dr. Nierzwicki

Bartlomiej L. Nierzwicki, MD, DMD, PhD, FACS, will serve as a member on the newly formed and restructured Illinois State Medical Board. He has operated in private practice for over 20 years and is on staff at the Advocate Christ Medical Center in Oak Lawn, Ill., and Advocate Children's Hospital in Chicago, Ill.

ICD USA Section welcomes new OMS Fellows



Dr. Egbert



Dr. Gallardi

During the 2022 International College of Dentists (ICD) USA Section Annual Meeting, Convocation and Fiesta Welcome Celebration, the ICD honored new Fellows. As part of the preeminent honor society for dentists in the world, the college recognizes and promotes excellence in leadership with an emphasis on service, addresses oral health needs and education throughout the world, and fosters an atmosphere of collaboration with those who share similar values.

Mark A. Egbert, DDS, FACS, AAOMS President-Elect – along with his wife,

Lisa Egbert, DDS – and Robin Gallardi, DDS, MS, FRCDC, were honored during the convocation ceremony held in October in Houston, Texas. ICD's core values are integrity, leadership and service.



Dr. Arne appointed to **School Board of Directors**



Dr. Arne

Bruce Arne, DDS, MS, was added to the Hill School of Wilmington Board of Directors. He attended the University of North Carolina at Chapel Hill (UNC-CH) School of Dentistry and completed his oral and maxillofacial surgery residency at the University of California San Francisco -

Fresno. He also completed his anesthesiology residency at the **UNC-CH School of Dentistry.**

2 Pitt leaders elected Presidents



Dr. Schwartz



Dr. Costello

Paul J. Schwartz, DMD, and Bernard J. Costello, DMD, MD, were elected as 2022-23 President of AAOMS and ABOMS, respectively. The two Associations have never had Presidents from the same institution – University of Pittsburgh School of Dental Medicine in this case - at the same time before.

Dr. Schwartz is an Assistant Professor at Pitt Dental Medicine in the Departments of Oral and Maxillofacial Surgery as well as Anesthesiology.

Dr. Costello is the current Associate Vice Chancellor for Health Science Integration and former Dean of Pitt Dental Medicine.

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

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AAOMS.org/CSIOMS



For **YOU**

For Your ANESTHESIA TEAM

For the **PATIENT**

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

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



Visit AAOMS.org/DAANCE to learn more about the program.



AAOMS Store

Valuable products for the busy oral and maxillofacial surgery practice to:



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Essential References



See and seed and seed

CHAPTER 15: EFFECTIVE COMMUNICATION

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to find monthly discounts and purchase products



Own a record of AAOMS's rich legacy





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

This award-winning collective work includes:



- A 100-year timeline capturing important AAOMS milestones, events and discoveries in oral and maxillofacial surgery.
- Hundreds of photos from the past century involving the Annual Meetings and other notable events.
- A recap of the centennial year, including events and commemorations as well as a day-by-day review of the 2018 Annual Meeting.
- Listings of Past Presidents, Annual Meeting sites and dedications as well as award winners.
- 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.

Member: \$75

Order at AAOMS store.com





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: kwaits@uab.edu, 205-934-5334.

Alabama

The University of Alabama at Birmingham School of Dentistry is seeking a full-time faculty member in the Department of Oral and Maxillofacial Surgery for the position of assistant or associate professor. This individual will have a focus in Pediatric Oral & Maxillofacial Surgery. Previous fellowship training in Cleft and Craniofacial Surgery is preferred. The position will focus on the management of patients at Children's of Alabama Hospital as well as University Hospital. This individual must be boardcertified or board-eligible in oral and maxillofacial surgery. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwaits@uab.edu or 205-934-5334.

Alabama

The University of Alabama at Birmingham School of Dentistry is seeking a full-time faculty member in the Department of Oral and Maxillofacial Surgery to join an established team consisting of two head and neck surgeons, a maxillofacial prosthodontist and physician assistants along with our fellowship program. The department would like to recruit a well-qualified individual for an assistant or associate professor position with fellowship training in head and neck oncology, and microvascular and reconstructive surgery. This individual must be board-certified or board-eligible in oral and maxillofacial surgery. Training in resection of complex head and neck cancers and benign tumors of the maxillofacial skeleton is a requirement for this position. Additionally, experience in microvascular reconstruction of complex head neck defect is preferred. Eligible individuals must have experience in the didactic and clinical aspects of educating OMS residents. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwaits@uab.edu or 205-934-5334.

California

The Division of Sleep Surgery in the Department of Otolaryngology - Head & Neck Surgery at Stanford University seeks a board-certified or board-eligible otolaryngologist or oral and maxillofacial surgeon to join the division as Assistant Professor or Associate Professor in the Clinician Educator line or the University Medical Line. We are particularly interested in candidates who have a fellowship or equivalent experience in sleep medicine or sleep surgery. The major criteria for appointment for faculty in the University Medical Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service appropriate to the programmatic need the individual is expected to fulfill. The major criterion for appointment as clinician educators is excellence in the overall mix of clinical care, teaching, administrative and/or scholarship appropriate to the programmatic need the individual is expected to fulfill. Academic rank and line will be determined by the qualifications and experience of the successful candidate. The successful applicant should have prior training and/or experience in surgical care of patients with obstructive sleep apnea and facial trauma. We expect the successful candidate to be skilled in facial skeletal procedures such as maxillomandibular advancement in order to help meet strong and growing clinical demand. The candidate would spend approximately 75 percent of her/his time in clinical activities, 20 percent in research and 5 percent in administration and teaching.

Applications will be reviewed and accepted until the position is filled. Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status or any other characteristic protected by law. Stanford also welcomes applications from others who would bring additional dimensions to the University's research, teaching and clinical missions. The Department of Otolaryngology - Head & Neck Surgery, the School of Medicine and Stanford University value faculty who are committed to advancing diversity, equity and inclusion. Candidates may optionally include as part of their candidate statement a brief discussion of how their work will further these ideals. To apply, please submit CV, a brief letter and the names of three references via the Faculty Search Application Tracking System using this link: FacultyPositions. Stanford.edu/en-us/job/493522/asst-professorassoc-professor-or-full-professor-of-sleep-surgery. For questions regarding this position, please contact Lori Abrahamsohn, Faculty Affairs Administrator, at lori4@stanford.edu.

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.

CLASSIFIEDS | January/February 2023

Faculty Positions

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 oncall 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.

Massachusetts

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

Mississippi

The University of Mississippi Medical Center's School of Dentistry is conducting a search for a full-time faculty position in the Department of Oral-Maxillofacial Surgery and Pathology. Applicants must have a DDS/DMD degree recognized by ADA, have successfully completed advanced training in oral 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 boardeligible 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 outsidethe-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

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 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 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.

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 CODAaccredited 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 is accepting applications at join.pitt. edu for a full-time Department Chair of Oral and Maxillofacial Surgery. The faculty position is open rank, non-tenured, depending on experience and qualifications. Participation in the faculty practice is also 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 be, or be eligible for, board-certified. 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.

Pennsylvania

The University of Pittsburgh School of Dental Medicine is accepting applications at join.pitt. edu for full-time faculty positions in Oral and Maxillofacial Surgery. The positions are open rank, non-tenured, depending on experience and qualifications. Participation in the faculty practice is also 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 be, or be eligible for, board-certified. 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.

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.

Faculty Positions continued from previous page

Tennessee

Academic surgery position at Vanderbilt University School of Medicine. The Section of Surgical Sciences is seeking applicants for a full-time faculty position in the Department of Oral and Maxillofacial Surgery at the Assistant/Associate Professor level. This is a clinically busy program with patient care responsibilities covering the full scope of oral and maxillofacial surgery, with an emphasis on maxillofacial trauma, orthognathic surgery, oral and maxillofacial pathology and reconstruction. Additional faculty responsibilities will include instruction and mentoring of oral and maxillofacial surgery residents. Salary and rank will be commensurate with qualifications and experience. The faculty member will join a diverse and dynamic faculty and residency complement. Applicants must be committed to the VUMC mission of reflecting the diversity of the populations we serve in our teams. Qualifications for this position include a DDS/DMD or combined dental/MD degrees, completion of an accredited oral and maxillofacial surgery residency program, board certification or active participation in the certification process by the American Board of Oral and Maxillofacial Surgery. Please submit curriculum vitae and letter of interest to: Samuel J. McKenna, DDS, MD, Professor and Chairman, Oral & Maxillofacial Surgery Department, 1161 21st Avenue South, T-4323A MCN, Nashville, Tenn., 37232-2596 or email samuel.mckenna@vumc.org. Vanderbilt is an Equal Opportunity/Affirmative Action Employer.

Tennessee (Nashville)

Academic surgery position at Vanderbilt University School of Medicine. The Section of Surgical Sciences is seeking applicants for a full-time faculty position in the Department of Oral and Maxillofacial Surgery at the Assistant/Associate Professor level. This is a clinically busy program with patient care responsibilities covering the full scope of oral and maxillofacial surgery with an emphasis on maxillofacial trauma, orthognathic surgery, oral and maxillofacial pathology and reconstruction. Additional faculty responsibilities will include instruction and mentoring of oral and maxillofacial surgery residents. Salary and rank will be commensurate with qualifications and experience. The faculty member will join a diverse and dynamic faculty and residency complement. Applicants must be committed to the Vanderbilt Univeristy Medical Center mission of reflecting the diversity of the populations we serve in our teams. Qualifications for this position include a DDS/DMD or combined dental/MD degrees, completion of an accredited oral and maxillofacial surgery residency program, board certification or active participation in the certification process by the American Board of Oral and Maxillofacial Surgery. Please submit curriculum vitae and letter of interest to: Samuel J. McKenna, DDS, MD, Professor and Chairman, Oral & Maxillofacial Surgery Department, 1161 21st Avenue South, T-4323A MCN, Nashville, Tenn. 37232-2596 or

email samuel.mckenna@vumc.org. Vanderbilt is an Equal Opportunity/Affirmative Action Employer.

Washington

University of Washington's Department of Oral and Maxillofacial Surgery seeks a 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.

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 drhaiavy@gmail.com.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now accepting applications for the July 1, 2024, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric 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.

Georgia

The Division of Oral and Maxillofacial Surgery at Emory University is offering a one-year fellowship beginning in July 2023. The fellowship will focus on temporomandibular joint arthroscopy, trauma, orthognathic and total joint reconstruction. Will function as Junior Attending for level 1 trauma. elective OMS and resident case coverage at Emory University Hospital Midtown, Emory University Hospital, Grady Memorial Hospital and Children's Healthcare of Atlanta. Candidates must be eligible for a Georgia dental license. Interested candidates should submit a letter of interest, Curriculum Vitae and three letters of recommendation to Garv F. Bouloux DDS, MD, Interim Division Chief, Division of Oral and Maxillofacial Surgery, Department of Surgery, 1365B Clifton Rd NE, Atlanta, Ga., 30322 or email at gfboulo@emory.edu.



Illinois

The Oral Cancer Institute (oralcancerinstitute.com) is offering a 24-month fellowship in head and neck oncologic and microvascular reconstructive surgery. Clinical activity will primarily occur through the division of Oral and Maxillofacial Surgery at Advocate Illinois Masonic Medical Center, but use of other sites will be involved. Fellows will be trained in the management of benign and malignant tumors including neck dissections, sentinel lymph node biopsies, glossectomies, mandibulectomies, maxillectomies, management of minor and major salivary gland tumors. Fellows will also be trained in reconstructive surgery including pedicled locoregional flaps and microvascular free tissue transfer. Fellows will work with two head and neck trained faculty members. For questions, e-mail fellowship director at mohammed.qaisi@aah.org.

Louisiana

Under the directorship of Dr. G.E. Ghali, the Willis Knighton Health System and its Department of Oral & Maxillofacial Surgery is pleased to announce two openings for a two-year post-residency fellowship beginning July 1. These two fellows would join the current two (senior) fellows in a high-volume, comprehensive fellowship. This craniofacial component fellowship includes the management of primary cleft lip and palate deformities, more complex transcranial and skull base surgery, head and neck tumor patients including ablative, robotic (TORS), endocrine and microvascular reconstruction procedures. Interested individuals should include their CV and the contact of two individuals for reference. Send inquiries to Ms. Jere Bellar, 2508 Bert Kouns Industrial Loop, Suite 403, Shreveport, La. 71118, email jbellar@wkhs.com or fax 318-212-5257.

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-andtraining/fellowships/temporomandibular-iointfellowship. 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, Mass. 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 (of sinstitute.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 Surgerycertified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, handson 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 wellknown locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made 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 mvcenters.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 broadbased 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 2024. For more information, please go to https://surgery.duke. edu/education-and-training/fellowship-programs/ craniomaxillofacial-trauma-and-reconstructivesurgery-fellowship. You may email application documents to: colleen.mcdowell@duke.edu.

Faculty Positions

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in advanced craniomaxillofacial and trauma surgery (ACMFtrauma). 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.

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 boardeligible, 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.oralsurgery@gmail.com.

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 stateof-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@vahoo.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.

Colorado

Full scope OMS practice located in Boulder in search of a full-time associate, with a matriculation to partnership. Seeking energetic, personable, highly motivated, team-oriented, board-certified/board-eligible oral surgeon willing to grow the practice. Established practice in a newly renovated office, state-of-the-art fully digital practice. Offers competitive salary, malpractice, health insurance and retirement benefits. Please email floms1420@gmail.com with inquires.

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

Florida

Extraordinary opportunity for a board-eligible/ board-certified oral surgeon to join a wellestablished 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 evergrowing 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.

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.

Georgia

Excellent opportunity to join a busy, wellestablished 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-theart 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-ofthe-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.

Illinois

Lucrative opportunity for a dedicated, ambitious and highly skilled oral surgeon to join a thriving downtown Chicago practice associated with Northwestern Hospital. Fee for service practice. No insurance. Full spectrum oral surgery with high-volume implant practice. Excellent reputation and referrals. Partnership track option. Apply if you are a natural collaborator, a lifelong learner and have excellent communication and interpersonal skills. \$350,000/year base; additional % based on production. Send CV or inquiries to classifieds@aaoms.org attention AAOMS box A-110922.

CLASSIFIEDS | January/February 2023

Available Positions continued from previous page

Indiana

Premier, highly profitable, highly respected, wellestablished, busy, thriving three-office (within seven years) oral and maxillofacial surgery practice in Fort Wayne, Ind., is seeking a full-time boardeligible 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.

Kentucky

Adding a fifth surgeon to our \$10 million revenue practice. First year \$500,000 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, topranked 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 five-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 hospitalbased 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 stateof-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 OMS 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 boardeligible 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-aweek 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 well-respected OMS practice in southwest Michigan searching for a board-certified/-eligible oral surgeon for a full-time position. Full scope practice strong in dentoalveolar and implant surgery. We have four surgeons, two offices and a strong referral base. Our practice offers state-ofthe-art facilities with two CBCT, EMR, an intraoral scanner and software for virtual guided implant placement. This position is full-time, four days per week and includes health insurance, a profit-sharing plan, bonus opportunities and car allowance. Salaries starting for associates are \$340,000, with an integrated buy in over 5 years and a \$20,000 signing bonus. University town with an established medical school. Outstanding community with strong public and private schools. Our community offers a great family atmosphere and is only an hour away from Lake Michigan and two and a half hours from Chicago. A wonderful place to practice and raise a family. Please send CV/resume to hnewhouse@kaloms.com.

Nevada

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



New Hampshire

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 productionbased bonus from the start. Benefits include continuing education and board preparation, health insurance and retirement options. If you are ready for a great balance of personal and professional quality of life, send your CV and a cover letter to bfewins@specialty1partners.com or alaclair@specialty1partners.com.

New Hampshire

Busy and well established two location practice in southern New Hampshire. Seeking a boardcertified/-eligible oral and maxillofacial surgeon. Competitive salary and benefits. Perfect opportunity for family or individual to live and work near metro Boston and the Seacoast. The practice has excellent opportunity for growth and flexibility. For more information about this opportunity email curtinosa@gmail.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 growthoriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is officebased, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsny.com or contact Robert Bodey at 347-590-9910.

New York (Long Island)

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

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 Allon-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 boardeligible/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@dayton facial surgery.com.

Available Positions continued from previous page

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 (Northeast/Cleveland suburbs)

Excellent opportunity available to replace retiring partner at busy 3-doctor, 3-location, well-respected group practice in Northeast Ohio. Seeking a board-eligible or -certified OMS looking for an accelerated path to full-partnership. Practice emphasis on office-based dentoalveolar and implant procedures. Shared on-call calendar, no evenings or weekends and minimal hospital time make this an extremely attractive position and conducive to an excellent work/personal life balance. Excellent pay and 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.

Ohio

Outstanding opportunity to join a growing and productive group practice on the west side of Cleveland. We are searching for an associate who is board-certified or board-eligible to join a team of six surgeons. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial surgery. Most of the surgeons are primarily office based, but there is ample opportunity for hospital-based surgery. The new associate will be eligible for an exceptional salary/

benefits package immediately. We are looking for a candidate for a partnership track. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport. Bordered by Lake Erie on the north and Cleveland Metroparks on the east, residents can boat, fish and swim in Lake Erie and take advantage of all the Metroparks have to offer. Please visit our website at CLEOMS.com.

Oklahoma

Position available for BE/BC oral and maxillofacial surgeon in a private practice for partner-track position. Well-established and respected full-scope ASC-style practice setting with emphasis including dentoalveolar, implant, orthognathic, TMJ, pathology and cosmetic surgeries. Local hospital is a level 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 two locations in the beautiful southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golfing, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, paid vacation, continuing ed and relocation assistance. Please contact alicer@aomsurgery.com.

Pennsylvania

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.

Texas (North Houston)

Opportunity with an established and wellrespected, 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

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.

Texas

OMS private practice opportunity for qualified surgeon to help grow our successful, highly respected, well-established broad scope OMS practice. Searching for a board-certified OMS for a private practice in the Mansfield, Texas area. Please contact michelle@mansfieldoralsurgery.com.

Texas (Houston)

One of the most well-known and established Houston oral and maxillofacial private practices is looking for an associate position to join their practice. The practice currently consists of three active oral and maxillofacial surgeons and one semi-active surgeon who is looking to add a fourth surgeon. The Houston practice has the following attributes: state-of-the-art facility, state-of-the-art equipment from Lumenis, lasers to prime scan 3D scanners, 30 percent revenue increase in last two years, 98 percent collection rating, Who's Who celebrities in patient clientele, collaboration with the best prosthodontists in Houston, vibrant and active study clubs, state-ofthe-art conference room, well-trained staff and top-notch office operations manager and our oral surgeons' credentials include former board examiner. President and officers of local and state OMS societies, AAOMS officer, state board reviewer, etc. The Houston oral surgeon practice has two offices located in central and west Houston. We are looking for a candidate who does full-scope oral and maxillofacial surgery, has excellent people skills and is well-rounded in all facets. Board-eligible or boardcertified is a must. Excellent compensation and benefits with potential for equity in the practice. Contact steve28093@gmail.com.

Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be Board-certified/eligible. Seeking applicants who are dedicated to maintaining the strong referral network across

central Virginia. Excellent work-life balance with majority dentoalveolar surgery and minimal hospital call. Candidate to start as soon as possible. For more information, please e-mail resume to ldelbridge@cvofs.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

Eastern Virginia Oral & Maxillofacial Surgery offers an excellent opportunity for an oral surgeon to join our well-established and growing practice. We are currently a two-provider, two-location practice located In the Virginia Beach and Norfolk areas of coastal Virginia. Our area has much to offer. Outdoor enthusiasts will be challenged by the waterways and beaches as well as the many natural parks and hiking trails. Food enthusiasts will enjoy the wide range of offerings of local and international cuisines. History, art and theater are also well represented. We have served our community through dedication to providing excellent patient care. Our solid referral base of well-respected, high-quality dentists and specialists work with us in our mission of excellence and dedication. Our practice leads this area in providing robotic and dynamic navigation for placing dental implants. We practice full scope and cover one local hospital where we have block OR time and limited trauma call. As partners, we take pride in having a collaborative culture that allows us as individuals to develop our own areas of surgical interests while maintaining a solid core oral surgery base for our community. We are excited to bring on a motivated, like-minded associate who shares our philosophy and dedication to patient care. This opportunity can lead to partnership for a boardcertified surgeon. We look forward to discussing this opportunity with interested parties. Please send inquiries to administrator@easternvirginiaoms.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@omswinnebago.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 kidfriendly 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.

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.

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.

New Hampshire

Well-established, busy OMS practice is available in private practice in Keene for 32 years. General oral surgery, dental implants and orthognathic surgery. Flexible transition. Well-located to Boston, seacoast and the mountains. Be your own boss and practice the way you want to. 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



Oklahoma

OMS with 48 years private practice ready to retire. Have practiced full scope, but dentoalveolar and implants only for three days per week. Excellent opportunity for expanding back to full scope or "low key" or satellite. Very flexible seller. Contact RJLOMS@live.com.

Oregon

Portland - Recently renovated, strong OMS practice with four surgery suites. Collects \$2.1 million. Gorgeous office in central location and tenured staff. Surgeon possibly able to stay on as a part-time associate. Contact paul@mydentalbroker.com or 866-348-3800.

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.

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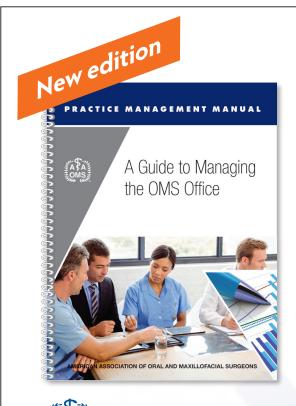
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It's Time to Understand the Value of Your Practice

Silent Partners Buy Part of Your Practice

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.

Long-Term Wealth Building Partnership

Doctors continue to lead their practice with their brand, team and strategy for years or decades. Practices benefit from the resources of a larger, silent partner, but are not micromanaged or homogenized.

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!

Six or More Choices in Partnership

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.

Contact us to schedule a confidential, no obligation discussion to learn the value of your practice; you might be surprised at today's values!



877-671-6116 MyOMSPartner.com OMS@LargePracticeSales.com