

AAOMS TODAY



July/August 2023
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American Association of Oral and Maxillofacial Surgeons

COVER STORY | PAGE 8

Perfecting their crafts

OMSs share stories
of artistic passions

OBEAM module on the move

National Simulation
Program course being
held at state, regional
society meetings

page 21

Annual Meeting leading to innovation

Focusing on ways to
advance the specialty,
support patient care

page 22

Controlled substance training, resources

Explaining the MATE
Act and available opioid
crisis resources

page 55

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AAOMS TODAY

July / August 2023

Volume 21, Issue 4

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COVER STORY

Page 8



Perfecting their crafts

OMSs share stories
of artistic passions

I'm a retired OMS. I actually never thought I would completely retire, but here I am. I get up at 4:30 every morning, go out to my shop and work on birds.

– Woodcarver Dr. Jeffrey Fister

IN MY VIEW**6****Innovation comes from everywhere**

Combining past and present wisdom to create a vision for the future.

ADVOCACY**32****OMSs successful on the Hill**

Attendees discuss issues impacting specialty with members of Congress.

DENTAL IMPLANT CONFERENCE**36****Commemorating 30 years**

Keynote Lecture and courses for the entire restorative team are slated.

CPC**39****Itinerant surgery a complex issue**

Review the statement on itinerant surgery from the AAOMS Code of Professional Conduct.

ADVANCED EDUCATION**40****CSIOMS examines treatment, research**

Conference focused on latest advancements for advancing patient outcomes.

FOR WHAT IT'S WORTH**44****Extramural corporatization – Part 3**

Dr. James Hupp discusses how to mitigate the threats to the future of the specialty, individual OMSs.

OMS FOUNDATION**49****Support specialty innovation**

Investments in education and research provide opportunities such as CSIOMS conference.

CAPITOL CONNECTION**50****Committees focus on healthcare**

Congressional hearings on oral health disparities; states commit to dental licensure portability.

PRACTICE MANAGEMENT NOTES**57****Strategies to reduce stress**

Part 2 of the series discusses ways to alleviate burnout and mental health troubles.

CODING CORNER**60****Details on injections, distraction osteogenesis**

How to report therapeutic, botulinum toxin, trigger point injections; internal, external distraction devices.

HEALTH POLICY PERSPECTIVES**62****Updated telehealth policies**

Review provider requirements and regulations for telehealth services.

AAOMS Today: Award-winning AAOMS member magazine

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

HealthcareADAWARDS

2023: Gold Award
2022: Gold Award
2021: Gold Award
2020: Merit Award
2019: Gold Award
2018: Bronze Award



2023: Gold Award
2022: Gold Award
2020: Platinum Award
2019: Platinum Awards



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

“Innovation is the result of combining wisdom from both the past and present to create a vision for a greater future.”

IN MY VIEW

Innovation: Combining

You may be familiar with the age-old expression attributed to Sir Isaac Newton in a letter to scientist Robert Hooke: “If I have seen further, it is by standing on the shoulders of giants.”

This quote mirrors the essence of the 2023 AAOMS Annual Meeting and particularly encapsulates the spirit of this year’s theme, “Innovation in OMS: Patient Care and Practice Strategies.” It reinforces the priority we give to continuous education and partnership – values that have served as the driving force behind our specialty, leading to its ever-growing advancement. This meeting gives us the opportunity to use the progress made by those who have come before us and unite together to pave the way for new heights in oral and maxillofacial surgery.

Having served as a Trustee, an officer and now the President of the Board, I have seen firsthand the improvements that have occurred in our Association. I have noticed that when we think of innovation, we often think of revolutionary discoveries. We strive for these groundbreaking revelations; however, innovation can be found anywhere, at any time and in varying magnitudes. Innovation is the result of combining wisdom from both the past and present to create a vision for a greater future. This is what inspires and allows us to offer the best possible care to our patients every day.

Innovation comes from... pioneering concepts

As we join together, we will dive into an array of new advancements. The Annual Meeting offers an extensive, diverse clinical and practice management program designed to address the various educational needs and goals of all attendees. Sessions are designed to be thought-provoking and expand upon existing concepts and systems.

Keeping in line with the theme, this year’s eight clinical tracks have been redesigned to incorporate an extensive scope of topics ranging from anesthesia to trauma and reconstruction. Experts from all over the country will convene to share their experiences and latest clinical developments. New perspectives will be given on areas such as the use of inhalational agents in outpatient OMS procedures, the influence of precision-fabricated interface on peri-implant disease and the rapid development in diagnostics and imaging for dentoalveolar treatments.



past wisdom to create vision for the future

Innovation comes from... experiential learning

One of the most significant offerings to take advantage of at the Annual Meeting are the hands-on courses. Discussions and presentations provide a wealth of knowledge, but combining theory with real-life practice creates the most impactful method of learning. Attendees will be able to choose from a range of hands-on courses that will provide them with the opportunity to apply and realize their skills, ranging from nerve repair to full-arch implant restoration.

The Annual Meeting is not solely about gaining knowledge as progress requires the cultivation of necessary skills to guide ourselves and one another through the ever-evolving field of oral and maxillofacial surgery.

Innovation comes from... curiosity

Several practice management sessions will be centered on effectively running an OMS practice, touching on areas such as cybersecurity, financial trends in oral and maxillofacial surgery and how to create a robust team culture within a multigenerational workforce.

Innovation comes from... connection

This year's meeting also will feature special events designed to encourage meaningful collaboration between attendees, in turn generating impactful and inspiring conversations. As Newton's quote suggests, the greatest transformations do not stem from a singular individual but rather the strength that comes from joining forces. This meeting sets up the perfect environment to learn from one another, share our personal experiences and explore various challenges and feasible solutions.

Innovation requires a commitment to constant discovery, learning and partnership. This dedication is what has propelled our future. Ask yourself: who are the giants in your life?

Innovation could not exist without connections. The Annual Meeting provides us with a platform to foster relationships, in turn giving us a chance to challenge ideas, create new solutions and navigate the ever-changing landscape of our field.

Contemplate these thought-leaders and see how we can continue their work as we refine our expertise, develop our knowledge and stay at the forefront of patient care while capitalizing upon the technological advances in dentistry and medicine.

AAOMS is embarking on a new way to connect with our international colleagues as we launch the Global Leaders of Oral and Maxillofacial Surgery Bolstering Education (GLOBE) initiative. Each year, we plan to invite international associations to present educational sessions. This year's guests will be from the European Association for Craniomaxillofacial Surgery and the Spanish Society of Oral and Maxillofacial and Head and Neck Surgery.

The Opening Ceremony, Awards Presentation and Meeting Dedication will honor trailblazers that have made pivotal contributions to our specialty through their education, research, support and advocacy. Without these leaders, we would not have achieved our current level of success and would not have the resources or motivation to continue building a brighter future for our patients.

Innovation leads to... a strong future

The 2023 AAOMS Annual Meeting goes far beyond the definition of a meeting. It is an exemplification of the foundation of oral and maxillofacial surgery that is responsible for our specialty's past, present and future.

It truly is the spirit of innovation. Learning from the trailblazers who came before us and harnessing their work, we as OMSs can see farther, rise taller and advance the specialty for our patients. ■

The background of the entire page is a light blue-grey color. It features four stylized illustrations of hands in a light blue-grey tone, each holding a different tool. In the top left, a hand holds a chisel with a wooden handle and a grey metal head. In the top right, a hand holds a torch with a wooden handle and a blue flame. In the bottom left, a hand holds a hammer with a wooden handle and a grey metal head. In the bottom right, a hand holds a drill bit with a wooden handle and a grey metal head. A white rectangular box with a dark blue vertical bar on its left side is positioned in the center of the page, containing the text.

Perfecting their crafts

*OMSs share stories
of artistic passions*

AAOMS Today put a callout to members to find oral and maxillofacial surgeons who are artists in their spare time. Two woodcarvers, a flintknapper and a painter are sharing their stories in this issue.

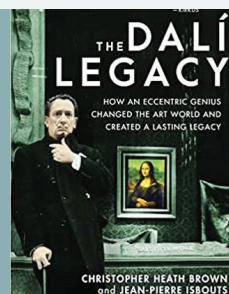
They were asked to share how they got involved in their hobby, what they enjoy most about it and where they find their inspiration.

Know another artist with a story to share?
Send an email to communications@aaoms.org.



Christopher H. Brown, DDS
AAOMS Fellow

Painter



Christopher H. Brown, DDS, is in private practice in North Carolina. He earned his dental degree at the University of North Carolina, completed his OMS residency at the University of Connecticut and is an ABOMS Diplomate. Besides being an avid painter, he collects art and studies the work of the masters such as Salvador Dalí and Leonardo da Vinci. Together with Jean-Pierre Isbouts, he has written five books – four about da Vinci and one about Dalí (*The Dalí Legacy: How an Eccentric Genius Changed the Art World and Created a Lasting Legacy*). A 2014 one-hour TV special narrated by Morgan Freeman, “The Search for the Mona Lisa,” is based on their book *The Mona Lisa Myth*. A 2017 one-hour documentary, “The Search for the Last Supper,” is based on their book *Young Leonardo*.

Q How did you get involved with your painting hobby?

A I grew up in the suburbs of Washington, D.C. There was something called the Collectors Guild. Although it was fine art by Dalí, the Collectors Guild had framed pictures of basically Don Quixote, back in the probably late '60s. These two lithographs or etchings hung over our living room furniture. My parents had some other fine art in the house as well.

I've been very interested in art. Doing oral and maxillofacial surgery is art in its own way. Taking out a set of wisdom teeth can be artistic.

I can remember when I was about 6 years old, my dad took us to the National Gallery of Art in Washington, D.C., and I remember seeing Raphael's Saint George and the Dragon. I immediately fell in love with art and with Raphael, and I always loved dragons. Of course, what little kid doesn't? I remembered the painting being like 8 feet tall and 4 feet wide. As an adult, I went back and was surprised to see it's really small – like only about 12 inches by 8 inches.

I had all the culture that Washington, D.C., area had to offer with ballet and opera, the National Episcopal Cathedral, the Space Museum, the FBI building, the Smithsonian and especially the National Gallery of Art.

continued on next page



As a youngster, I would spend hours and hours at a time doing fingerpainting and painting pictures. I've always been very, I guess, right-brained with art. I've been very interested in art.

Doing oral and maxillofacial surgery is art in its own way. Taking out a set of wisdom teeth can be artistic. It may not be changing someone's profile, but if you're trying to be as gentle as possible to the tissues and atraumatic to the bone, you come up with systems to take them out as gently as possible and make it as easy as possible for the patient.

Q What is your artistic education?

A My parents have always been very instrumental, and also very supportive, of anything and everything I've actually done – whether it was oral surgery, sports or the art world. One of my truest passions is really art.

Q What do you enjoy most about your art?

A My first job was oral and maxillofacial surgery, but my love is my collection of Spanish surrealist Salvador Dalí works. I collect other artists, but I'm probably one of the only people in the world – if not the only person in the world – who has every lithograph of Dalí's. There are about

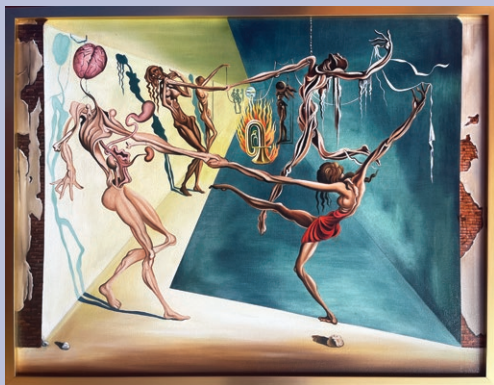
2,000 graphics, and some of the graphics that I have are the only one in the world. This led me to my Dalí project.

One of my favorite projects has been re-creating The Seven Lively Arts by Dalí. As background, Billy Rose owned the Zeigfeld Theatre on Broadway in New York City. In 1944, Dalí painted The Seven Lively Arts for the theater's main entrance way and balcony to depict the seven arts in the show (theater, popular music, opera, ballet, classical music, movies and radio). They were at this theater for 10 years, then they were moved to Billy Rose's home in 1954 and burned in a house fire that destroyed the home and all seven paintings. The paintings were never to be seen again. All we have are black and white images. In 1956-57, Dalí re-created them but, for the most part, all seven paintings – although on the same subject matter – were quite different except for two pieces.

There are only black and white images of the seven paintings. No one has any color images. Even the Dalí Foundation only has black and white photos, and it doesn't even have sizes. I was able to extrapolate the size of them because there are pictures of Alfred Hitchcock and Dalí sitting next to paintings from a Life magazine article. And there are pictures of the 1957 images that Dalí redid.



Dr. Brown's recreations of Salvador Dalí's lost artworks. Two of the paintings are 6 feet tall.



If you go through the full Dalí Catalogue Raisonné – the imagery of all the paintings Dalí ever made – there are only a couple that don't have a color image or they don't know where they are at. There are not many missing paintings of this famous and colorful artist. There are a few that have been burned or lost, but here were seven that nobody would ever know what they look like.

Q What do you think makes your work unique?

A It was my personal desire to show what I believed these Dalí paintings would represent not only in exact size but in colorways. After doing research of all paintings during the time, I wanted to re-create these missing paintings for future generations to see – knowing they are not by Dalí's hands but by mine and in the manner of Dalí.

Can I guarantee that they look like this? No, but I think I've come closer than anybody in the world ever has. I painted them exactly as he painted them. One of them even has a weird cutout to accentuate the nose. One is on wood. Two are 6 feet tall. The others are 2 or 3 feet tall.

Q Where do you find your inspiration?

A Oral surgeons have a saying, see one, do one, teach one, right? An oral surgeon shows you how to take out wisdom teeth, then you do one yourself. And then you teach somebody and it sets in permanently – the mindset of how to take out a wisdom tooth.

And it's the same thing with painting. Once you see someone paint in a certain way, and then you do it, and then you teach someone, it solidifies that process. And you just can't learn overnight how to paint photographically.

And there's things that we do in planning for jaw surgery or other things, with our X-rays, that have allowed me to see things in the Dalí world that other people wouldn't see.

Q What are your future art-related plans?

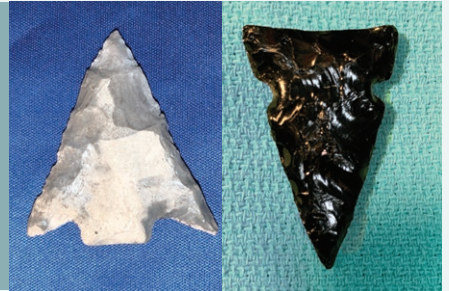
A There is no Dalí museum that have all the graphic works. I'm hoping to donate all my lithographs to a museum someday.

If I had to rank art or surgery one and two, I would probably put the art world first. At some point, I'll probably draw or sculpt. But right now, it's like having three or four full-time jobs – my practice, my collection of art, writing books and making movies. ■



Craig Cochran, DDS
AAOMS Fellow

Flintknapper



Craig Cochran, DDS, has practiced oral and maxillofacial surgery for more than 30 years in Bartlesville, Okla. He and his wife, Terri, have three children, the youngest of whom has special needs, one granddaughter and a grandson due in August.

For the past several years, Dr. Cochran has been involved in flintknapping. Flintknapping is the art of making primitive tools. These tools are typically made of stone such as flint, chert, jasper, obsidian, quartzite or glass. The implements utilized are very basic such as billets, flakers, notchers and abraders. These instruments are often made of stone, wood, copper and animal antlers.

Q How did you get involved in flintknapping?

A Prior to statehood in 1907, Oklahoma was designated as Indian Territory, or I.T. Between 1830 and 1850, the U.S. Government required the Native American population of the Southeast U.S. region to relocate to I.T. This relocation became known as the “Trail of Tears” as roughly 60,000 of the Cherokee, Creek, Chickasaw, Choctaw and Seminole tribes began the journey. En route, they suffered from exposure, disease and starvation – resulting in thousands of lost lives.

The town of Bartlesville, Okla., became the birthplace and headquarters of Phillips Petroleum Co. The area has a rich history of Native Americans, oilmen, ranchers and outlaws. The Osage and Delaware tribes have a major presence here today. As a child, I witnessed Native Americans create their tools and this fascinated me.



Dr. Cochran uses natural stone like quartzite and obsidian and several hand tools to practice flintknapping, the art of making primitive tools.



Q What is your artistic education and background?

A I took art lessons as a kid. However, these typically were summer classes and involved sketching, painting and clay modeling. So really, no significant education and, truth be told, I think my mother just wanted me out of her hair since school was not in session.

More recently, I have met some excellent flintknappers and we meet regularly. They have shared their knowledge and techniques with me. Additionally, with the dental and then surgical training we have all received – plus our focus on detail – we have all had somewhat of an artistic education. If you can wax a tooth, you certainly can draw one. And after tracing a thousand cephalometric films, you can easily sketch a profile.

Q What do you enjoy most about your art?

A A couple of thoughts in that regard. I plainly recall my interview for dental school when I was asked why I wished to pursue a career in dentistry. My answer – which I'm certain no one had ever uttered before – was that "I enjoy working with my hands." I laugh now knowing that quite possibly 100 percent of the readers of this publication said those same six words. I imagine that the interview team felt similar to the guitar shop owner with teenage male customers, one after another walking in, grabbing an electric guitar and playing *Smoke on the Water* riffs all day long.

But the truth is we, as surgeons, like working with our hands – whether it's painting, playing a musical instrument, flintknapping or composing a personal letter with a fine pen.

Secondly, there are few "do-overs" in surgery. One slip of the blade or excessive force with an osteotome and you've fractured the inner table, lacerated a vessel or injured a nerve. When making stone tools, you may be several hours deep into a project when a poorly placed strike shatters your masterpiece. At that moment, one simply utters an expletive and then picks up another stone.

An interesting Google search for those interested is of a man named "Ishi," who is considered to be the last known member of the Yahi tribe in California and was instrumental in passing on his flintknapping techniques.

Q What are your future art-related plans?

A I don't really have any specific plans. However, as retirement approaches, time will tell in what direction I may go. I would like to hunt for artifacts in creek beds and near known quarries as many in this area have found success and have nice collections of genuine pieces.

Q How has your style changed over time?

A The only thing I would say is that my skill has improved and, as with any other activity, this is a result of experience and guidance. It amazes me to think about man's ability to improvise, innovate and the subsequent progression of

continued on next page





A selection of tools, spear points and arrowheads Dr. Cochran has created through flintknapping.



technology. These were the tools that primitive man used to hunt, cut, grind, work the land and protect themselves. It is from these basic art forms such as flintknapping that successive generations have evolved into the high-tech modalities we use today such as guided and robotic surgery, powered equipment and AI.

Q What do you think makes your work unique?

A I think just mentioning that flintknapping is a hobby of yours, many would find that unique. Anything unique about my particular work? My work is probably not any more unique than others, although some are quite amazing and intricate. I am not there yet.

Q Where do you find your inspiration?

A My inspiration comes from the giants upon whose shoulders we stand. In keeping with the Native American theme – whether we are referring to flintknapping or oral and maxillofacial surgeons – I will refer to these giants as “chiefs.” In the learning process of any new skill, many chiefs have directly or indirectly guided each one of us. My flintknapping chiefs are Tom, George and Gary.

I have an entirely different tribe of professional chiefs. I received my introduction to oral and maxillofacial surgery from chiefs Al Staples and Robert Markowitz as a dental student at Oklahoma. At the same time, future chiefs Jim Swift, Steve Sullivan and Pete Larson were completing their residencies and becoming rising stars that would ultimately pass their knowledge on to future surgeons.

My next inspirational chief was Larry Peterson during the time spent at The Ohio State University. Following this, chiefs Carl Schow and Elgene Mainous were instrumental in my development along with the three chief residents ahead of me. It then became my turn as chief resident and

Regardless of how gifted we are, none of us were self-taught. We learned our art forms from those who came before us.

I hope my influence was positive on those that looked to me for guidance. Chief Ken Rotskoff enhanced my training until I returned to the former Indian Territory to begin private practice in 1992.

Following the birth of our special needs child, Terri and I found ourselves at Cincinnati Children’s Hospital, where our son required multi-specialty procedures over several years. Chief Bob Marciani warmed our hearts when he stepped in with his expertise on one occasion.

While on the subject of Cincinnati, I had the privilege this year of attending a presentation by chief Deepak Krishnan. Afterwards, I had the strong desire to apply to his program and repeat my entire residency at his institution.

We, as oral and maxillofacial surgeons, have all walked a similar path, though our “chiefs” who inspired us along the way may differ. Regardless of how gifted we are, none of us were self-taught. We learned our art forms from those who came before us. Let’s make that our goal to return that gift to those who will follow. A colleague in a different surgical specialty lamented to me that in his training there was a saying that their chiefs “eat their young.” I responded, “Mine taught me how to fly.” ■



Alan E. Deegan, DDS, MSD
AAOMS Retired Fellow



Upon graduation from the University of Pennsylvania School of Dentistry in 1959, Alan E. Deegan, DDS, MSD, joined the U.S. Army and spent 13 years on active duty, including his training in oral and maxillofacial surgery at Baylor University.

He left the active army in 1971, remaining in the Army Reserve. Dr. Deegan practiced surgery in Lakewood, Colo., until 1991, then spent 15 years as a board member and risk manager for the OMSNIC Insurance Company. In 1991, he was promoted to Brigadier General in the Army Reserve, assigned as Deputy Assistant Surgeon General, functioning as Reserve advisor to the Chief of the Army Dental Corps. He retired in 1994 after 36 years in the military.

Now he claims to be a typical retiree: a bit of carving, playing a little guitar in a local musical group, gardening, fishing, traveling and playing “marginal” golf. He says “Life is still good!”

Q How did you get involved with your woodworking hobby?

A I grew up in a home full of craftsmen, having access to a full woodworking shop at a young age. At about age 12, I received a book on carving miniature birds – really small ones, only about 1 to 2 inches long. After the novelty wore off, I quit for many years during college, professional schooling and the military – renewing my interest when I was in my 40s.

Q What is your artistic education?

A I took lessons from a local carver in Denver for a few years, then dropped my hobby again. In my 50s, I met a national wildfowl carving champion at an art show, which stimulated me to become serious about carving. For almost 20 years, I took weekly lessons, calling those last two decades my “education.”

continued on next page



Dr. Deegan creates replicas of birds by woodcarving and painting. The replicas of smaller birds, like hummingbirds, are true-to-size, but his hawks and herons are typically half-scale.



Sometimes in my early career, I would find myself in my studio at 2 a.m., then suddenly realize that I better get to bed because I had office hours that day!

Q What do you enjoy most about your art?

A I love what I do because it is creative, relaxing and the finished sculpture is rewarding.

Q Where do you find inspiration?

A I still get inspired when I see a beautiful bird in nature, or from a photo that piques my interest. That frequently leads to another project. I suppose I've created more than a hundred carvings and given most away or sold some in galleries or on commission.

The birds I carve are life-size, except for large ones like a heron or hawk. Due to the difficulty in finding large blocks of quality wood, they are often half-scale. The best woods are either basswood or tupelo; the latter preferred because of its ability to hold a sharp edge for very fine feather detail.

Q What are your future art-related plans?

A As I age, the time I spend is restricted by physical limits. I don't have the eyes of a 12-year-old anymore! Sometimes in my early career, I would find myself in my studio at 2 a.m., then suddenly realize that I better get to bed because I had office hours that day! I'm working on a project now, but those long hours at the bench are much reduced. I still find it enjoyable, but I carve only a few hours each day.

Q How has your style changed over time?

A My style has changed little over time. A bird simply has to look as life-like as possible, so my technique is essentially the same as when I started.

Q What do you think makes your work unique?

A I can't call my art unique because I'm just one of many, many bird carvers whose talented work is an encouraging target for me. If I have any advantage over local carvers in Colorado, I'd say it's my painting. Acrylic paints are the standard, and the method is critical to creating a life-like sculpture – perhaps more important than the carving itself. ■





Jeffrey Fister, DMD
AAOMS Life Fellow Retired

Woodcarver



Jeffrey Fister, DMD, worked in private practice for over 35 years and was Staff Educator for oral and maxillofacial surgery at Penobscot Community Health Center in Bangor, Maine. He is past President of the Maine Society of OMS and past Chair of the Maine Board of Dental Practice. He has served as an AAOMS Delegate and is an ABOMS Diplomate. He currently is the Associate Pastor at the First United Methodist Church in Bangor, Maine. A lover of nature, Dr. Fister also is developing a website called Wings and Windsors and is a Registered Maine Guide and enjoys hunting and fishing.

Q How did you get involved with your woodworking hobby?

A My dad was a physician. As he worked a lot, I spent a great deal of time with my grandfather, a master carpenter. I started woodworking as a young boy, 11 or 13. My gramps taught me about woodgrain, how to finish wood, cabinet-making and wood-working. So that's how I started. When I was 13, I told him, "Gramps, I want to be a carpenter." He told me, "No, you don't. You want to be a doctor." I decided I wanted to be a dentist.

Just before dental school, I had a face-to-face confrontation with a surfboard and met Lionel Gold and he inspired me to go into oral and maxillofacial surgery. I continued woodworking but not on a major scale. My grandfather passed while I was a resident and he had said to me, "Bub, you can have any tool in the shed except the table saw." He didn't want me to cut my fingers off. I took all the hand tools and still use them today.

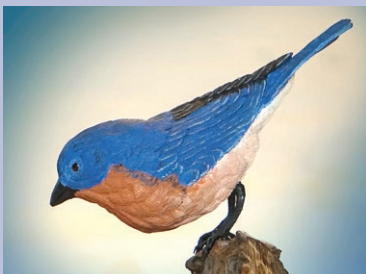
Q What is your artistic education and background?

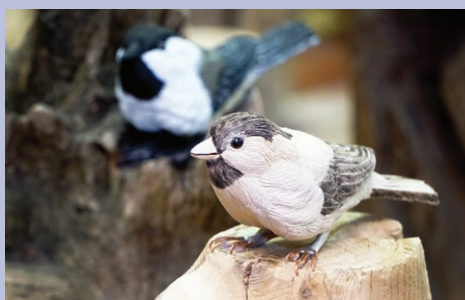
A My grandfather was my first teacher. But I have to stress how important my dental and surgical education was for this hobby. You have to learn eye-hand coordination. My carving tools are like a surgical drill. I could use the same burs! And I use hand pieces every day.

Q What do you enjoy most about your art?

A I like putting character into my birds. I want them to be animated, as if they're saying something to the person who owns them. I try to make them active, not passive, so you feel the motion.

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Dr. Fister began his woodworking hobby by making chairs, but eventually evolved into carving birds. Songbirds are his current favorite.

Q What are your future art-related plans?

A I did meet master wood carver Harry Lord in Maine in early 2020. I went to him to make a sign for my property and mentioned to him that I carved. He introduced me to bird carving. We became friends and he took me under his wing as if I was his son. He helped me meet Floyd Scholz in Vermont, the world's best bird carver. And in October, I'm going to Austria to attend a wood carving school. There, I want to learn the ins and outs especially of relief carving.

Q How has your style changed over time?

A I'm far better today. I never thought I would be able to carve a bird. I made chairs – I learned the history of them and gave lectures to historical societies about Windsor chairs in line with what my grandfather taught me. I also make signs for people and stands for mailboxes. But a three-dimensional bird is completely different.

Q Where do you find your inspiration?

A Right now, songbirds are my interest. I do carve owls, falcons, eagles and hawks, though. I focus mostly on songbirds, though. I give them all away – to the very ill or sick, to church fairs and schools. A lot of people want a cardinal. Many people believe in a spiritual aspect of cardinals – that after a family member dies, it will be significant if a cardinal appears or stays around their house.

You have to learn eye-hand coordination. My carving tools are like a surgical drill.

I like thinking about the person who I'm giving the bird to. I'm producing the bird for the person. I'm a Methodist church pastor and I have given my birds to members of my church who are ill or have cancer or another debilitating disease.

Recently, I received a letter from a woman in Maine about 70 miles from my house after a local TV station ran a story about my carvings. Her son has cerebral palsy and is suffering from renal failure and needs a kidney transplant. She asked if I would carve a cardinal. I told her I would be honored to do so and I'm going to invite them to my home and woodshop when it's ready.

I'm a retired OMS. I actually never thought I would completely retire, but here I am. I get up at 4:30 every morning, go out to my shop and work on birds. And I've been teaching my two oldest grandsons how to carve. My wife Barbara loves the work I do. We have a connection. She makes a wool appliqué for each bird. She uses pieces of old wool and puts a picture on it that can be placed under the bird. ■



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-Dr. J.N., Maryland

Achieved 12.2x EBITDA in 2023



OBEAM module travels to society meetings

The Office-Based Emergency Airway Management (OBEAM) course – the first module of the AAOMS National Simulation Program – was offered this spring for the first time at state and regional society meetings.

The OBEAM module offers OMSs the opportunity to refine techniques on manikins until they meet best-practice protocols during simulations of various real-life emergency airway situations. The state-of-the-art technology provides attendees with immediate data-driven feedback to pinpoint areas that may benefit from additional training.

The Southwest Society of Oral and Maxillofacial Surgeons (SWSOMS) offered the inaugural regional OBEAM to its members in April.

“Having the OBEAM course available at a meeting that I take time off to attend every year makes participation easy – essentially a no-brainer. Plus, it’s great to do something hands-on after the mostly passive learning of lectures,” said Remy Blanchaert Jr., DDS, MD, who attended the SWSOMS meeting. “OBEAM is a fantastic resource for clinicians to enhance airway skills and potentially shake the rust off intubation technique. The course teaches solid skills to secure ventilation in any imaginable clinical scenario.”

Also in April, the California Association of Oral and Maxillofacial Surgeons (CALAOMS) hosted the course for more than 60 participants.

OBEAM is a fantastic resource for clinicians to enhance airway skills and potentially shake the rust off intubation technique.

– Remy Blanchaert Jr., DDS, MD

“OBEAM was a concise and useful course where I picked up some new techniques despite having been to many previous anesthesia courses,” said Solomon Poyourow, DDS, MD, MPH, who attended the CALAOMS meeting.

Although the OBEAM module was originally developed to be a four-hour didactic and hands-on course with two hours of pre-course work, the AAOMS Committee on Anesthesia – along with guidance from AAOMS partners at Laerdal – has worked to offer a two-hour streamlined hands-on course. The didactic education previously taught in-person is now contained in the pre-course materials.

During the two-hour OBEAM module, participants review and practice concepts and skills for sedation monitoring and techniques for supplemental oxygen, opening an airway, bag-valve-mask (BVM) ventilation using one- and two-handed techniques, laryngeal mask airway insertion and use of the Airtraq laryngoscope for endotracheal intubation. Ventilation parameters are manipulated so difficult BVM can be practiced and mastered after proficiency of BVM in a normal configuration.

In addition to state and regional OBEAM module offerings, the course is available at the AAOMS Annual Meeting in San Diego and at AAOMS headquarters in Rosemont, Ill. Course dates can be found at AAOMS.org/OBEAM.

State and regional OMS societies interested in hosting an OBEAM can email mallaire@aaoms.org or jscofield@aaoms.org. ■



Annual Meeting: Where does innovation lead?

It is time to plan for the 2023 AAOMS Annual Meeting being held Sept. 20 to 23 in San Diego, Calif. In the spirit of innovation, this year's sessions will focus on the latest developments in oral and maxillofacial surgery along with the latest improvements in the field.

To support the needs of all attendees, two types of registration opportunities are available:

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

Early-bird discounts expire at the end of July.

"This year's theme is centered on one of the driving forces behind our specialty: innovation. AAOMS continually prioritizes staying at the forefront of education for oral and maxillofacial surgery, and the presentations and topics selected for our Annual Meeting reflect this," said AAOMS President Paul J. Schwartz, DMD. "My hope is that members will leave this meeting with the inspiration to keep the spirit of innovation at the forefront of their daily work and to continually think through where innovation can take the specialty."



Early-bird discounts offered

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

Register by July 31

\$100 off onsite general registration

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

Register by July 31

\$50 off onsite general registration

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

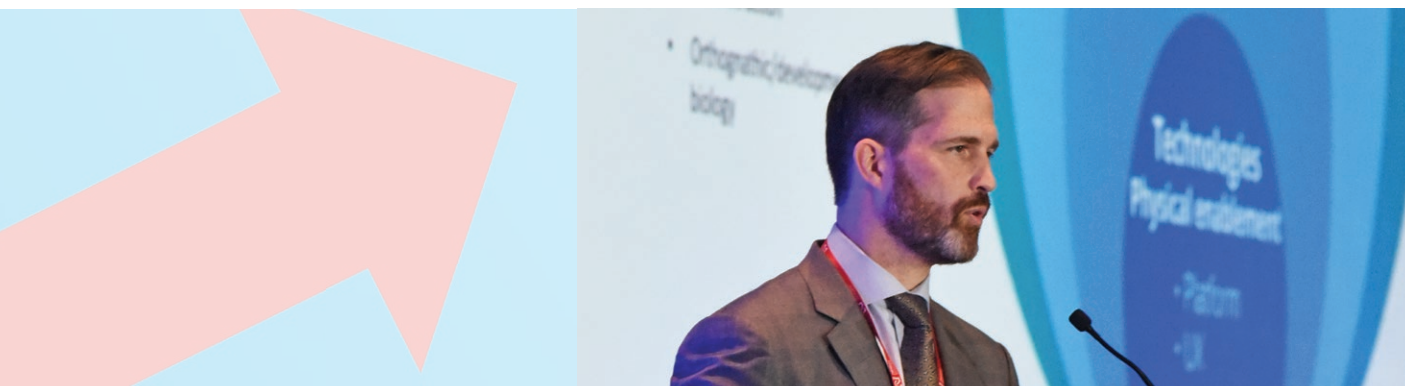


Innovation leads to the future

This year's Annual Meeting will provide access to:

- **Eight clinical tracks covering 11 topics** – This year's clinical tracks will provide attendees with the latest research and pearls to support their respective practices. Each track will discuss abstracts and Hot-off-the-Press articles from dental and medical journals. The clinical topics to be covered include anesthesia, cosmetic surgery, dental implants, dentoalveolar, orthognathic and TMJ, pathology, pediatrics and OSA, and trauma and reconstruction. These sessions will be live-streamed and available on-demand starting Oct. 2.
- **35-plus practice management sessions** – Participants can choose from an array of practice management sessions, including navigating office emergencies, communications, marketing, the implant treatment coordinator role, buying and selling an OMS practice, HIPAA and OSHA compliance. Sessions will be available on-demand beginning Sept. 18.
- **55 Master Classes** – Registrants can explore minimizing risk for anesthesia, clinical decision-making in sleep surgery, mentoring women in the specialty, trigeminal nerve injury management and more.
- **Team-based education** – These sessions will cover how to incorporate mock drills into the practice, tips for becoming a member of an established multidisciplinary head and neck team and Jaw in a Day.
- **Spotlight sessions** – Experts will discuss emerging technologies and trends in oral and cranio-maxillofacial surgery. How I Do It sessions will offer real-world

The future, collaboration and more



advice on a wide range of topics, such as using clear aligners during orthognathic surgery, the impact of a Le Fort I osteotomy on the nose, sentinel lymph node biopsies and the evolution of surgical reconstruction for maxillary defects.

- Chalmers J. Lyons Memorial Lecture** – Offered at every AAOMS Annual Meeting since 1952, the lecture – to be presented by Theodore A. Kung, MD – will delve into Regenerative Peripheral Nerve Interface (RPNI) Surgery for Intuitive Prosthetic Control, Sensory Feedback and Mitigation of Postamputation Pain.
- OMSNIC Anesthesia Patient Safety Program** – The one-hour session will feature practicing OMSs and an attorney utilizing OMSNIC closed case examples to demonstrate patient safety and risk management principles for the administration of office-based anesthesia. The program also will discuss components used in patient selection as well as emergency management planning and preparedness for the OMS practice team.

	San Diego meeting with online access		Online-only access
	AAOMS member	Allied staff member	
Through July 1	\$ 895	\$450	\$ 895
July 2 through July 31	\$ 995	\$500	\$ 995
After July 31 and onsite	\$1,095	\$550	\$1,095
REGISTRATION INCLUDES:			Select sessions may be live-streamed or available later on-demand
Clinical education sessions			
Practice management sessions			
On-demand course access through Dec. 31			
Faculty Section Educational Program			
Keynote Lecture			
Opening Ceremony, Awards Presentation and Meeting Dedication			
Welcome Reception			
GLOBE sessions			
Exhibit Hall			
Industry Symposiums			
Eat, Drink and Be Industry-Educated sessions			
For an additional fee:			
Anesthesia Update preconference			
Head and Neck preconference			
Beyond the Basics Coding Workshop			
Hands-on sessions: ACLS and PALS			
Hands-on session: Nerve repair			
Hands-on session: Dental Implants			
Lecture and Cadaver course: Zygoma Implants			
Office-Based Emergency Airway Management (OBEAM) module			
Anesthesia Assistants Skills Lab			
President's Event at the USS Midway Museum			
Ticket Required Available in-person Available online			

Visit AAOMS.org/AnnualMeeting for complete pricing structure by membership type.

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- **Faculty Education Session** – A panel of educators will talk through improving diversity, equity and inclusion in residency programs, benefits of using SCORE for OMS and how to design and run quality improvement projects.
- **Three-hour Disasters from the Masters** – The session will identify common and problematic complications of TMJ and OSA while also featuring closed claims processed through OMSNIC involving TMJ/OSA cases. A member of the OMSNIC team will address legal aspects of closed claim cases, providing members with advice for documentation and processing litigations. Registrants are invited to participate in the Q&A available at the end of the session.
- **100-plus days of access to the online platform**
– Attendees can replay sessions for optimal comprehension and convenience.

Members can view AAOMS.org/AMprogram to view the full list of courses being offered in-person only, live-streamed and on-demand.



President's Event

AAOMS President Dr. Paul J. Schwartz and his wife, Olga, will be celebrated at the annual President's Event being held Sept. 22 at the USS Midway Museum.

Open to all attendees and guests, the event will feature live music and entertainment, access to the entire museum and food and drinks inspired by San Diego.

Tickets for this nautical evening are \$110, or \$130 after July 31.



Innovation leads to continual advancement

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

■ Preconference

- **Anesthesia Update: Innovations in Office-based Anesthesia** – Several new anesthetic modalities will be introduced during this year's popular full-day Anesthesia Update. Additionally, everyday challenges faced by the OMS in office anesthesia practice and case-based scenarios will be reviewed, including the management of patients with psychiatric medications and medication-drug use disorders.
- **Head and Neck Surgery and Reconstruction: Current Concepts and Controversies** – This full-day preconference will bring together leaders in oncologic and reconstructive surgery. Speakers will highlight minimally invasive techniques, the diagnosis and management of rare malignancies, the use of immunotherapy, strategies for management of the clinically negative neck in oral cavity squamous cell carcinoma and options for immediate vs. delayed reconstructive surgery of post-ablative defects. New techniques and treatment strategies will be reviewed while discussing controversies in this discipline in an evidence-based approach.

■ Hands-on courses

- **How Many Oral Surgeons does it Take to Repair a Nerve Injury?** – This hands-on course will provide an introduction to the materials and techniques used to perform nerve repair, supplemented by a comprehensive lecture on nerve injuries and technical videos of various microneurosurgical techniques.
- **Digital Full-arch Techniques for Predictable Implant Outcomes hands-on workshop** – Attendees will be led through a comprehensive step-by-step program on digitally restoring full-arch hybrid implant cases using a digital workflow.
- **Zygoma Implants: Pearls and Pitfalls** – This comprehensive full-day course with a two-hour cadaver lab – also available as a half-day lecture only – will focus on zygoma implants, an important line of treatment in dental implant rehabilitation of the atrophic maxilla.

AAOMS continually prioritizes staying at the forefront of education for oral and maxillofacial surgery, and the presentations and topics selected for our Annual Meeting reflect this.

*– AAOMS President
Paul J. Schwartz, DMD*

Participants will be provided with a case-driven overview of presurgical planning, a review of different implant systems, step-by-step surgical procedures, restorative protocols and complications and their management.

- **Eight sessions of OBEAM** – As part of the AAOMS National Simulation Program, the Office-Based Emergency Airway Management (OBEAM) anesthesia simulation module will enable OMSs to practice and master critical techniques for administering and monitoring office-based anesthesia.
- **Beyond the Basics Coding Workshop** – All OMSs and their coding staff are encouraged to attend this intermediate-level course that concentrates on OMS-specific procedural coding for medical and dental, providing coding guidance for the full scope of oral and maxillofacial surgery.
- **Anesthesia Assistants Skills Lab** – The lab will provide OMS assistants with hands-on clinical training to aid with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, and preparation of emergency drugs and crash carts.
- **ACLS and PALS** – Using the American Heart Association curriculum for Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS), these courses will include a lecture, skills stations and interactive case-based scenarios. Participants receive provider cards after successful completion of skills testing and the written exam. Pre-course preparation is necessary.



105th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Innovations in OMS: Patient Care and Practice Strategies

Sept. 18 – 23

AAOMS.org/AnnualMeeting

The 2023 AAOMS Annual Meeting will be available both in-person and online.

Housing information

Special housing rates are available exclusively for AAOMS attendees through Orchid Events, the only official housing agent for the AAOMS Annual Meeting. Reservations can be made by visiting AAOMS.org/AMHousing. Group rates are available until Aug 16.

Innovation leads to collaboration

■ CIG/SIG meetings

Clinical Interest Groups (CIGs) and Special Interest Groups (SIGs) have a forum on the AAOMS Connect community, meet once a year in person and contribute toward Annual Meeting track session planning.

Groups meeting in San Diego include Anesthesia, Global Surgery, TMJ Disorders, Cosmetic Surgery, Trauma, Pathology and Reconstruction, Pediatric Surgery, Predoctoral Education, Neurology, Women in OMS, Simulation, Orthognathic Surgery and Sleep-Related Breathing Disorders, and Dental Implants.

CIG and SIG meetings will convene in the Exhibit Hall during lunch breaks on Thursday and Friday. All AAOMS members are welcome to join a CIG/SIG and participate in the meetings.

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Innovation leads to engagement

■ Networking and connecting

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

- **Keynote Address** – Dr. Todd Kilbaugh will present groundbreaking research on how mitochondria may be the ultimate arbiter for neurologic injury and recovery.
- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored on Sept. 20. The Awards Presentation will recognize the 2023 recipients of honors for research, advocacy, education and other areas. Following the ceremony, attendees can reunite and connect during the Welcome Reception, along with allied organization and alumni events.
- **President's Event** – AAOMS President Dr. Paul J. Schwartz and his wife, Olga, will be celebrated at the annual President's Event being held Sept. 22 at the USS Midway Museum. Open to all attendees and guests, the event will feature music and entertainment, access to the entire museum and food and drinks inspired by San Diego. Tickets for this evening are \$110, or \$130 after July 31.

■ Exhibit Hall

Available both in-person and online, the Exhibit Hall will showcase the most advanced equipment, products and services for the specialty over two-and-a-half days. Online-only attendees can view exhibitor contact information and website links in the Virtual Exhibit Hall. More than 150

companies are expected to exhibit. The Exhibit Hall also will feature:

- **Happy Hour in the Hall** – Meet with exhibitors one-on-one during a complimentary happy hour reception from 4 to 5 p.m. on Sept. 22.
- **AAOMSopoly** – Be sure to play the new AAOMSopoly, an Exhibit Hall game for attendees to earn prizes. Use the AAOMS Events app to explore, interact and win while playing this game. Keep an eye out for QR codes (or check the list on the app) scattered throughout the Exhibit Hall at participating booths and scan each with a smartphone to reveal a multiple-choice question. Answer the question correctly for a chance to win one of many prizes available. Or scan all the QR codes and answer all the questions correctly to be entered into a drawing for a chance to win big prizes such as free registration to the 2024 Annual Meeting or the Dental Implant Conference.
- **Education in the Exhibit Hall** – Attendees are invited to several in-person activities at the San Diego Convention Center. While there is no additional fee to attend, space is limited:
 - **Industry Symposiums** – Four 90-minute seminars and demonstrations will showcase products and services from different exhibitors.
 - **Eat, Drink and Be Industry-Educated sessions** – Six 60-minute vendor presentations on the exhibit floor will serve food and beverage for those in attendance.
 - **Closing Innovations Spotlight Session** – OMS members of all backgrounds – including faculty and those who have hospital affiliation – are



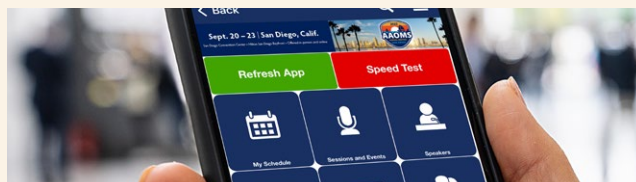
Members can record complimentary videos

OMS Experts Recording Studio – Members attending the Annual Meeting will have an opportunity to record their own professional videos on Sept. 21 and 22. This complimentary opportunity will be presented as part of the AAOMS Informational Campaign, which educates the public about the expertise and skills of OMSs. Participants will record two 60-second videos – a personal version for their OMS practice and a second one for the campaign's Faces of OMS or OMS Experts video series. Only a limited number of slots are available. Registration must be completed in advance at AAOMS.org/Videos.

Stay up-to-date with the app – available to online and in-person attendees

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

- Develop a personal schedule of sessions and events.
- Stay organized with up-to-date program information.
- Find exhibitors using the interactive Exhibit Hall floor plan map.



- Send messages and schedule meetings to connect with colleagues and friends.
- Receive alerts and communications from AAOMS. Additional information and instructions are available at AAOMS.org/AnnualMeeting.

encouraged to attend Innovations: Cultivating Surgeon Readiness and Capabilities to Restore a Craniomaxillofacial Trauma Injury. This Saturday morning session in the Exhibit Hall will review innovations in maxillofacial reconstruction after a trauma injury.

■ **Member Pavilion** – Visit the booth to obtain information on services and organizations that support AAOMS members. Organizations include:

- **AAOMS Advocacy** – Stop by Booth 842 to discover ways to get involved in advocating for the specialty on state and federal levels.
- **AAOMS Store and Membership Services** – The AAOMS Store and the Membership Services booths feature all the benefits of AAOMS products and membership. Booth 734 also will share how CareerLine assists OMSs with job searches and employee recruitment.
- **ROAAOMS** – Residents are invited to stop by Booth 737 to learn about the resources available.
- **IAOMS** – Understand more about the international association and its mission to improve the quality and safety of oral healthcare worldwide at Booth 742.
- **OMS Foundation** – Booth 733 will highlight OMS Foundation programs such as the Global Initiative for Volunteerism and Education (GIVE).
- **OMSNIC** – Representatives at Booth 839 will discuss OMSNIC services and how the company supports the specialty by providing professional liability insurance to OMSs throughout the country.



- **OMSPAC** – Booth 840 will detail how the nonpartisan political action committee works to protect the specialty by helping elect members of Congress who support OMSs, the specialty and patients.
- **Treloar & Heisel Inc.** – Booths 741 and 1113 will provide details on financial services available through the company. Representatives also will display educational products available to OMSs.
- **AAOMS Advantage Partners** – This year's AAOMS Advantage Partner Aisle includes Booths 1213 to 1228 and 1321 to 1327. Partners exhibiting will be available to answer attendee questions about their products and services, offered at exclusive discounts to AAOMS members. These AAOMS Advantage Partner Programs address a variety of needs and include financial services, offerings enhancing practice efficiency, supply ordering and other specialty services. Partners provide a source of non-dues revenue, helping fund AAOMS programs and advocacy efforts. For information on all Partner products and services, visit AAOMS Advantage Booth 1222. ■

Innovation leads to new discoveries

San Diego – ‘America’s Finest City’

Picture-perfect weather, sandy beaches and dozens of fun and educational attractions await in San Diego. Enhance the AAOMS Annual Meeting by adding these experiences:

- **Enjoy the outdoors** – Choose from an unlimited selection of recreation opportunities at San Diego’s beaches and bays, including swimming, surfing, kayaking, biking, boating and golfing.
- **Bring an appetite** – A melting pot of many cultures, San Diego provides fares of all kinds, including everything from traditionally simple to uniquely exotic – influenced by a mix of Californian and Mexican cuisines.
- **Wander the city** – San Diego’s many neighborhoods, spread over more than 4,200 square miles, make for a diverse experience. Head to the coastal communities and soak up the sun, experience the vibrant nightlife of San Diego’s urban neighborhoods or venture inland to the breathtaking mountain views.
- **Mingle at the President’s Event** – Spend a night out with colleagues and friends at the meeting’s premier social gathering. Being held Sept. 22 at the USS Midway Museum, enjoy music, food and drinks while exploring the USS Midway Museum. Purchase ticket(s) before they run out.
- **See the main attractions** – Visit some of San Diego’s most famous tourist destinations, including the San Diego Zoo and Zoo Safari Park, SeaWorld and LEGOLAND.

Visit SanDiego.org for more information.



2023 AAOMS ANNUAL MEETING EDUCATION PROGRAM-AT-A-GLANCE



THURSDAY, SEPT. 21

	Track	Track	Other Sessions										
7 a.m.													
7:30 a.m.	Dental Implant Plenary: Innovations and Protocols to Improve Treatment (GP1a)	Pediatrics and OSA Plenary: Treatment for Sleep Disturbances and Obstructive Sleep Apnea in Children (GP2a)	Practice management sessions (PM01, PM02 and PM03)	California Dental Practice Act (XCA01)			Office-Based Emergency Airway Management (OBEAM) (XSIM1A)						
8 a.m.													
8:30 a.m.													
9 a.m.	Networking break in Exhibit Hall												
9:30 a.m.													
10 a.m.	Dental Implant: Hot-off-the-press and Abstract Session (GP1b)	Pediatrics and OSA Track: Hot-off-the-Press and Abstract Session (GP2b)		How Many Oral Surgeons Does it Take to Repair a Nerve Injury? (XH01)				Breakfast & Learn (GPT1)					
10:30 a.m.			Practice management sessions (PM05, PM06 and PM22)										
11 a.m.													
11:30 a.m.	Complimentary Attendee Lunch in the Exhibit Hall												
Noon													
12:30 p.m.													
1 p.m.	Pathology Plenary: A Contemporary Update with Management Strategies for MRONJ (GP1c)	Orthognathic and TMJ Plenary: Combined Orthognathic and TMJ Procedures (GP2c)		OMSNIC Anesthesia Patient Safety Program (GS01)									
1:30 p.m.													
2 p.m.													
2:30 p.m.				Practice management sessions (PM07 and PM08)	Poster Session and Reception (GPS1)			Office-Based Emergency Airway Management (OBEAM) (XSIM1C)	Snack & Learn (GPT3)				
3 p.m.													
3:30 p.m.	Pathology Track: Hot-off-the-press and Abstract Session (GP1d)	Orthognathic and TMJ Track: Hot-off-the-Press and Abstract Session (GP2d)									(PM09 and PM18)		
4 p.m.													
4:30 p.m.			Industry Symposium (GCF1, GCF2 and GCF3)										
5 p.m.													
5:30 p.m.													

FRIDAY, SEPT. 22

	Track	Track	Other Sessions						
7 a.m.									
7:30 a.m.	Cosmetic Plenary: 'How We Do It' Facial Cosmetic Surgery (GP3a)	Dentoalveolar Plenary: Innovations in Dentoalveolar Surgery (GP4a)	Practice management sessions (PM10, PM11 and PM12)	California Infection Control Course (XCA02)	Chalmers J. Lyons Lecture (GS02)	ACS Update (SOF1)	Office-Based Emergency Airway Management (OBEAM) (XSIM2A)	Oral Abstract Session One (SA1)	Exhibit Hall open
8 a.m.									
8:30 a.m.									
9 a.m.	Networking break in Exhibit Hall								
9:30 a.m.				Digital Full-arch Techniques for Predictable Implant Outcomes Workshop (XH02)				Breakfast & Learn (GPT4)	
10 a.m.	Cosmetic Track: Hot-off-the-Press and Abstract Session (GP3b)	Dentoalveolar Track: Hot-off-the-Press and Abstract Session (GP4b)							
10:30 a.m.			Practice management sessions (PM14 and PM15)			GLOBE 01	Office-Based Emergency Airway Management (OBEAM) (XSIM2B)		
11 a.m.	Networking lunch break in Exhibit Hall (CIG/SIG meetings from 11 to 11:30 a.m.)							Lunch & Learn (GPT5)	
11:30 a.m.									
Noon					Innovations in Surgical Education: OMS Faculty Section Program (SF2)				
12:30 p.m.									
1 p.m.	Trauma and Reconstruction Plenary: Management of Soft-tissue Injuries from Firearms, Motor Vehicles and Animal Attacks (GP3c)	Anesthesia Plenary: Perioperative Management of the Geriatric Patient and Update on Office Inhalational Anesthesia (GP4c)							
1:30 p.m.			Practice management sessions (PM16 and PM17)	Anesthesia Assistants Skills Lab (XASL01)		GLOBE 02	Office-Based Emergency Airway Management (OBEAM) (XSIM2C)	Oral Abstract Session Two (SA2)	
2 p.m.									
2:30 p.m.									
3 p.m.	Networking break in Exhibit Hall					Research Open Forum (SOF2)			
3:30 p.m.	Trauma and Reconstruction Track: Hot-off-the-press and Abstract Session (GP3d)	Anesthesia Track: Hot-off-the-Press and Abstract Session (GP4d)				GLOBE 03			
4 p.m.									
4:30 p.m.								Happy Hour in the Hall	
5 p.m.									

SATURDAY, SEPT. 23

	Track	Track	Track	Track	Track	Track	Track	Track	Track
7 a.m.									
7:30 a.m.	Minimizing Risk and Providing Safe Office Anesthesia (SS01)	Clinical Decision-making in Sleep Surgery (SS02)		How I Do It Session (SS04)	Practice management sessions (PM20 and PM21)			Office-Based Emergency Airway Management (OBEAM) (XSIM3A)	
8 a.m.									
8:30 a.m.	Mentoring and Sponsoring Women in OMS (SS05)	Mgmt Adult w/Co-exist Dentofacial Deformity, OSA/SDB & TMJ DJD (SS06)	Updates in Mgmt of Trigeminal Nerve Injuries (SS07)	Skeletal Surgery for Cleft Lip and Palate (SS08)					
9 a.m.									
9:30 a.m.	Networking break in Exhibit Hall				Closing Spotlight Session: Innovations: Cultivating Surgeon Readiness and Capabilities to Restore a Craniomaxillofacial Trauma Injury (GSE2) (9:20 to 9:50 a.m.)				
10 a.m.									
10:30 a.m.		Emergency Surgical Airway: An Organized Approach to Chaos (SS10)	Diagnosis and Mgmt of Oral Mucosal Pathologies: Case-based Review (SS11)	How I Do It Session (SS12)	Practice management sessions (PM23)	Anesthesia Assistants Skills Lab (XASL02)	Disasters from the Masters: Complications and Management in TMJ/OSA (SR1)	Office-Based Emergency Airway Management (OBEAM) (XSIM3B)	
11 a.m.									
11:30 a.m.	Facelift: Personal Evolution Over 1,500 Lifts (SS13)	Maxillofacial Tissue Engineering 101 (SS14)	Incorporating Mock Drills into your Busy Practice (SS15)	Contemporary Mgmt Pediatric Craniomaxillofacial Injuries (SS16)					
Noon									

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The official online job board for OMSs, CareerLine is a place for candidates and employers to connect throughout the year. Yet, the website experiences an increase of job-seeking and hiring activity in the weeks near the Annual Meeting.

CareerLine is offering an Annual Meeting promotion of a 20 percent discount off all job postings from Aug. 23 to Sept. 23. Beginning Aug. 23, visit Store.HealtheCareers.com/AAOMS to post a job online, and enter AAOMS2023 at checkout to receive the discount.

At the Annual Meeting in San Diego, be sure to visit the AAOMS Store and Membership Services booth in the Exhibit Hall to view available job postings, review candidate resumes or chat in-person with a CareerLine representative.

CareerLine exposes employers to hundreds of qualified OMS candidates and a comprehensive resume database. Personal

Job postings and candidates resumes will be on display at the Membership Services booth in the Exhibit Hall at the Annual Meeting.



customer support is available to help organize job posts and hiring strategies.

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

View available positions at any time by visiting HealtheCareers.com/AAOMS. For help with a posting, call 888-884-8242 or email info@healthe careers.com. ■



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Advancing OMS issues at 2023 Day on the Hill

Around 90 AAOMS members traveled to Washington, D.C., in March to attend the 22nd annual Day on the Hill – the first in-person meeting held since 2019 – where they met personally with House and Senate members and staff to ask for support for the Association’s federal legislative priorities and offer an overview of oral and maxillofacial surgery.

Issues included support for student loan repayment reform, dental insurance reform and health insurance coverage for patients with congenital craniofacial anomalies. By the time the event concluded, nearly 90 OMSs – including 48 first-time attendees as well as 14 residents – from 30 states plus the District of Columbia had met with about 150 congressional offices.



Securing 10 cosponsors for REDI Act

The bipartisan Resident Education Deferred Interest (REDI) Act was reintroduced in the 118th Congress in the House (HR 1202) a few days prior to Day on the Hill by U.S. Reps. Brian Babin, DDS, (R-Texas) and Chrissy Houlahan (D-Pa.) and in the Senate (S 704), while attendees were on the Hill that day, by U.S. Sens. Jacky Rosen (D-Nev.) and John Boozman (R-Ark.). Attendees asked members of Congress to cosponsor the bill during their meetings and secured 10 new cosponsors.

The REDI Act – initiated by AAOMS and first introduced in 2019 – addresses circumstances in which dental and medical residents accrue interest on their loans even if they qualify to have their payments halted during residency through the deferment or forbearance process. The REDI Act would allow borrowers to qualify for interest-free deferment on their federal student loans while serving in a medical or dental internship or residency program, saving thousands of dollars of additional interest over the course of the loans.

Prioritizing DOC Access Act

The Dental and Optometric Care (DOC) Access Act (HR 1385) was reintroduced by U.S. Reps. Earl L. “Buddy” Carter (R-Ga.) and Yvette Clarke (D-N.Y.) on March 7. AAOMS leadership felt it was important to prioritize the bill for this year’s Day on the Hill in light of the growing influence of ERISA plans. Attendees asked House members to cosponsor HR 1385 – obtaining four new cosponsors – and Senators to introduce the bill in the Senate. The Senate bill was subsequently introduced in early May by U.S. Sens. Joe Manchin, III (D-W.Va.) and Kevin Cramer (R-N.D.).

The bill would prohibit ERISA plans from capping fees on services they do not cover. AAOMS has been a long-time supporter of the DOC Access Act, which has been introduced in past congressional sessions.

Working to reintroduce ELSA

While the Ensuring Lasting Smiles Act (ELSA) had not been reintroduced in the 118th Congress by the time of Day on the Hill, attendees communicated during their meetings that the bill sponsors are working to incorporate feedback expressed during the last Congress to strengthen ELSA’s language in anticipation of reintroduction in late spring. Attendees promised to follow up with congressional offices to seek co-sponsorship once ELSA was officially reintroduced.

First introduced in 2018, ELSA would close health benefit plan loopholes to ensure all group and individual health plans cover provider-directed medically necessary services – including dental procedures – as a result of a congenital craniofacial anomaly such as cleft lip and palate



AAOMS President Paul J. Schwartz, DMD, presents the 2023 AAOMS Legislator of the Year Award to Congressman and dentist Drew Ferguson, DDS (R-Ga.).



Above: Attendees from Maryland meet with Congressman and physician Andy Harris (R-Md.).

or hypodontia. ELSA was reintroduced in 2021 in the 117th Congress by U.S. Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) as well as U.S. Reps. Drew Ferguson, DDS (R-Ga.) and Anna Eshoo (D-Calif.). AAOMS worked with the sponsors and a broad coalition of more than 70 patient and provider groups to secure House passage last April by a 310-110 vote. However, the bill did not advance in the Senate.

Honoring AAOMS Legislators of the Year

Day on the Hill provided an opportunity to recognize two members of Congress who have been strong supporters of the specialty by presenting them with a 2023 AAOMS Legislator of the Year Award. AAOMS President Paul J. Schwartz, DMD, presented an award to Rep. Ferguson for his leadership role on ELSA. Rep. Ferguson provided an update on ELSA to attendees, noting he and the other bill sponsors are working to reintroduce the bill later this spring and are committed to securing passage in the 118th Congress.

AAOMS President-Elect Mark A. Egbert, DDS, FACS, presented U.S. Rep. Houlahan with an award for her leadership role on the REDI Act. Rep. Houlahan spoke about the need to make student debt more manageable for all borrowers – including physicians and dentists.

Supporting resident travel scholarships

Four residents attending Day on the Hill received scholarships from OMSPAC to help cover their travel expenses. The scholarship program was recently named in honor of the late Dr. Gerald Gelfand of Woodland Hills, Calif., who passed away in 2013 and was a supporter of AAOMS advocacy resident causes throughout his career.

Dr. Gelfand served as Chair of both the AAOMS Committee on Governmental Affairs (CGA) and the OMSPAC Board in the mid-2000s. During his tenure as CGA chair, Dr. Gelfand was instrumental in advocating for federal lobbying representation in Washington, D.C., as well as the addition of a resident liaison to the Committee. He also played an influential role in the 2013 AAOMS House of Delegates adopting a resolution to give voting membership to the two representatives of the ROAAOMS Executive Committee.

“Advocating as part of an organized group showed me the true strength that lies within our OMS specialty and highlighted the importance of how strong having a united, yet diverse, collection of voices is. I look forward to both recommending and attending the conference again in future years to come,” said Praveen Kumar Guntaka, DMD, who is part of the Sinai Health System residency program and received one of the scholarships.

continued on next page



Don C. Kalant Sr., DDS, of Naperville, Ill., and Andrew Bertagna, DMD, MD, a resident from Schaumburg, Ill., meet with Congressman Raja Krishnamoorthi (D-Ill.).



Congresswoman Chrissy Houlahan (D-Pa.) addresses attendees after being recognized with the 2023 AAOMS Legislator of the Year Award.

Preparing attendees for office visits

The Day on the Hill program kicked off with a session on tips for conducting congressional visits. Geared toward newcomers, it featured a mock congressional meeting conducted by AAOMS Committee on Governmental Affairs Chair Elizabeth A. Kutcipal, DDS, and AAOMS staff to illustrate protocols for conducting a proper congressional visit and give tips on what to expect during such a visit.

Attendees also met with colleagues from their respective states to prepare for their congressional visits – including selecting the team lead, deciding who would cover what topic and determining whether anyone had a particularly impactful patient story to share related to the legislative priorities.

Afterward, AAOMS and OMSPAC, the Association’s political action committee, cohosted a cocktail reception and dinner.

“For the last two years, we met virtually with members of Congress, and while those meetings were very effective, virtual meetings are no substitute for in-person meetings,” said Dr. Schwartz.



Left: AAOMS Committee on Governmental Affairs Chair Elizabeth A. Kutcipal, DDS, participates in a role-playing exercise to demonstrate how to conduct a congressional visit. Right: Political analyst David Wasserman delivers the keynote speech.

Political analyst David Wasserman, Senior Editor, U.S. House of Representatives for *The Cook Political Report* with Amy Walter, served as keynote speaker during the dinner. He provided commentary on the current state of politics in Washington, D.C. ■

Get involved virtually or in-person in AAOMS advocacy efforts

Those unable to participate in Day on the Hill can still be an advocate from home. Visit AAOMS.org/Action to learn more about how to make an impact. Some suggestions include:

- Send a letter to constituent members of Congress using the AAOMS grassroots system.
- Request an in-district meeting with members of Congress the next time they are nearby.

- Call the Washington, D.C., offices of members of Congress to ask them to support Day on the Hill priorities.

Or plan to attend next year’s Day on the Hill, being held March 6 and 7 at the Westin Washington, D.C. Downtown Hotel.

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



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Dental Implant Conference to celebrate 30 years

The 2023 Dental Implant Conference – being held Nov. 30 to Dec. 2 – will feature a robust educational program of collaboration and innovation for OMSs and the entire restorative team.

Participants can register for the in-person event in Chicago, Ill., with online access or online-only access.

“Since the first Dental Implant Conference, AAOMS has worked to offer the latest evidence-based research and technologies to ensure our members remain at the forefront of the field. This year is no different,” said AAOMS President Paul J. Schwartz, DMD. “As we celebrate the 30th anniversary, I reflect on the advancements made in implant dentistry. AAOMS will continue to foster excellence through hands-on workshops, educational sessions and networking events to improve upon implant dentistry and patient outcomes.”

Hands-on and didactic preconference

Preconference sessions – being held on Nov. 30 – include three didactic courses and three hands-on workshops. Also, three Office-Based Emergency Airway Management (OBEAM) sessions will be held at AAOMS headquarters in Rosemont that day.

Didactic preconference sessions will be available to in-person and online-only registrants. Sessions include:

- Approaches to Augment the Posterior Narrow Ridge
- Complications
- Workflow and Collaboration for the Urgent Implant

Hands-on preconference workshops will focus on soft-tissue grafting and management, peri-implant plastic surgery with VISTA and zygoma implants.

General sessions

The general sessions – which will be live-streamed – will cover:

- Patient biology, including how to manipulate soft tissue to form papilla, when and how to choose a bone graft along with managing peri-implantitis.
- The esthetics of dental implant therapy, including avoiding implants in the esthetic zone, immediate implants and provisionalization as well as full-arch reconstruction and ideal materials for restorations.

- The utilization of technology and digital workflows from simple to complex implant cases.
- Managing complications in zygoma implants, dynamic guided surgery, how to salvage failing prosthesis and prosthetics in the digital world.



Keynote Lecture

This year's Keynote Lecture will feature Dr. Paulo Malo, who successfully implemented the All-on-4 implant technique with his medical and research team 25 years ago.

Anesthesia assistant courses

Clinical staff members can attend the two-day Anesthesia Assistants Review Course, offering an intensive learning experience taught by OMSs. Sessions will cover basic sciences, patient evaluation and preparations, anesthetic drugs and techniques, monitoring and emergency procedures.

A four-hour Anesthesia Assistants Skills Lab will provide hands-on clinical training, with participants rotating through multiple stations, including intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code.

Exhibit Hall

More than 100 companies are expected to showcase the latest equipment and resources for implant dentistry in the Exhibit Hall. ■

Savings available for OMS teams

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

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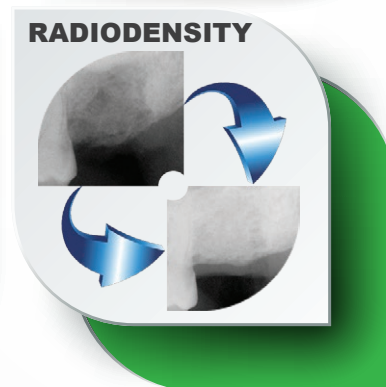
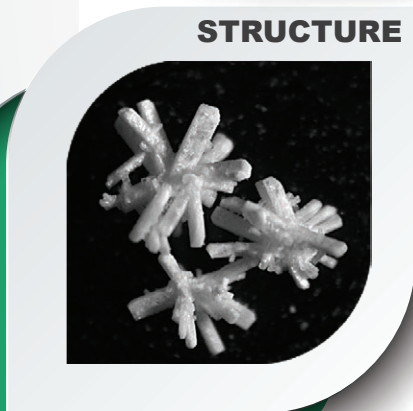
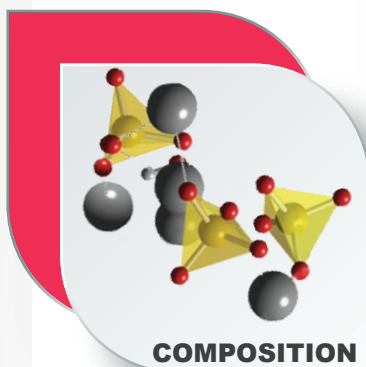
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1. Ganz (2002) 2. Artzi (2003) 3. Valen (2002) 4. Spivak (1990) 5. Ricci (1992) 6. Jensen (1998)
Radiographs courtesy of German Murias DDS, ABO/ID

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Tara Aghaloo, DDS, MD, PhD

Medical Optimization of the Oral and Maxillofacial Surgery Patient: A Surgeon's Perspective

Lynda Bonewald, PhD

*1: The Role of the Osteocyte in Mechanotransduction
2: Muscle and Bone: Partners for Life*

David Baylink, MD

Medical Management of the Geriatric and Osteoporotic Patient: Therapies to Improve Surgical Outcomes

John Fisher, PhD

3D Printing Strategies for Bone Engineering

Robert Guldberg, PhD

The Intersection of Immune Biology, Mechanobiology, and Bone Regeneration

Robert Marx, DDS, FACS

Oral and Maxillofacial Surgery Bone Grafting — Past, Present and Future

Antonios Mikos, PhD

Biomaterials for Biomolecule and Cell Delivery in Tissue Engineering Applications

Emily Moore, PhD

The Role of Periosteal Cell Mechanotransduction in Load-Induced Bone Formation

George Muschler, MD

Stem Cell Science: Asking Questions, Solving Problems, Creating Opportunities

Genny Romanowicz, DDS, PhD

Advancing Tissue Engineering Therapies via Testing in a Clinically Relevant Craniofacial Defect Model

Vicki Rosen, PhD

Studying Skeletal Development to Enhance Bone Repair

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World-renowned OMS clinicians will present challenging cases relevant to the presentations, with a focus on tissue engineering and regenerative approaches to reconstruction of challenging alveolar ridge defects. The cases build progressively each day as new information is provided in the lectures, and the final day of the meeting will primarily focus on clinical cases.



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OMS itinerant surgery: A complicated issue

An OMS is offered work by a former classmate with a large general practice to perform surgery within its general dentistry office. The OMS has time for the work and is willing to provide dentoalveolar surgery and implants under IV sedation. The generalist's office is a day's travel from the surgeon's home office. Another colleague advises the surgeon not to do this since it is itinerant surgery and is strongly discouraged by the AAOMS Code of Professional Conduct.

The AAOMS Commission on Professional Conduct would like to alert members of the risks associated with this type of work. Such arrangements involve a surgeon traveling – sometimes out of state – to work for another practice. It is possible that when the surgeon returns to his or her home base, a patient may develop complications related to the itinerant surgeon's services. This situation has the potential of exposing the patient to inadequate postoperative care, leading to poor outcomes or injury.

Itinerant dentistry can be rationalized as a solution to the problem of access to care; however, it must be provided in a legal and ethical manner. As background, the American College of Surgeons specifically prohibits itinerant surgery. Medical opinions vary about the necessity and ethics of itinerant surgery and the effect on quality of care. In medicine, generally, surgical procedures are inpatient, and the "itinerant" provider is a Locums with a support team of surgical colleagues. Patients are "handed-off" to another surgeon for follow-up care.

Itinerant oral and maxillofacial surgery, however, is a complex issue that raises both ethical and legal concerns. Most itinerant oral and maxillofacial surgery involves procedures that have easily manageable post-op sequelae. Providing these services, however, will inevitably put the surgeon in a position where in-person evaluation or hospitalization is necessary.

The following factors must be carefully considered when providing itinerant surgery:

- How will the patient contact the surgeon in case of complications?
- How will the patient be managed if the surgeon is not available?
- Does the surgeon have admitting privileges or an arrangement with another OMS at the itinerant locale?
- If providing IV sedation, is the itinerant office equipped and staffed to the standard of the AAOMS Office Anesthesia Evaluation (OAE) requirements?
- Has the surgeon had an OAE with the staff at the specific site?

The AAOMS Code of Professional Conduct is the official guide for the Association and its fellows and members in maintaining high ethical standards in care. Violation of the Code can lead to Censure of Members/Fellows or Suspension/Expulsion from AAOMS.

The AAOMS Code of Professional Conduct specifically addresses itinerant surgery:

C.5 Itinerant Surgery: Defined as elective oral and maxillofacial surgery performed in non-accredited surgical facilities other than the facility or facilities owned and/or leased by the oral and maxillofacial surgical practice employing the oral and maxillofacial surgeon.

- Fellows and members are strongly discouraged from participating in itinerant surgery.*
- It is unethical if the patient is unfamiliar with the surgeon who performs their surgery. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, the patient must be provided, in writing, the full name of the surgeon, their state license number, their primary address or main office address, their office telephone number and their after-hours number prior to their surgical appointment.*
- It is unethical for the surgeon to delegate their primary patient responsibility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Parameters of Care for patient assessment and the Office Anesthesia Evaluation Manual for outpatient anesthesia.*

Members and fellows are advised to carefully review the full statement regarding itinerant surgery in the Code of Professional Conduct available at AAOMS.org. ■

This article was prepared by the AAOMS Commission on Professional Conduct, which is charged with enforcing and maintaining the AAOMS Code of Professional Conduct.

CPC Notice of Expulsion

Based on a careful review of the complete record of the case, the AAOMS Commission on Professional Conduct advised Dr. John Ashby Morgan of Suffolk, Va., on March 10, 2023, of its decision finding him in violation of Chapter V, Section A.2, E.1 and F.1 of the *Code of Professional Conduct*. As a result of this finding, Dr. John Ashby Morgan has been expelled from AAOMS membership. Dr. Morgan may reapply for membership after three years have elapsed from the date of the final action.

CSIOMS presents research for advancing patient

With nearly 20 years of recorded observation, experts debated two diametrically opposed treatment strategies for medication-related osteonecrosis of the jaw (MRONJ) during the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference March 11 and 12 in Rosemont, Ill.

While each surgeon may prefer either a surgical or non-surgical treatment, speakers said recommendations ultimately should be made based on the patient's specific medical condition, goals of treatment and quality of life.

Exclusive to AAOMS fellows and members and OMS residents, CSIOMS strives to deliver the latest in OMS research and innovations relevant to patient care.

I hope this will stimulate other surgeons to add this to their reconstructive options to offer patients.

– Fayette C. Williams, DDS, MD, FACS

In addition to the MRONJ treatment debate, about 60 attendees – including 22 residents – listened to presentations covering updates in orthognathic surgery, digital implant prosthetic implants and zygoma implants.

Differing treatment, new technology

During the session “Ultimate Debate in MRONJ,” Eric R. Carlson, DMD, MD, EdM, FACS – Professor and Chair for the Department of Oral and Maxillofacial Surgery at the University of Tennessee Graduate School of Medicine – showed cases in favor of a surgery-first approach and relayed his experience with patient outcomes, relaying that a cornerstone to treating complex wounds is surgical therapy.

“MRONJ is a complex, multifactorial and enigmatic disease that occurs in compromised patients, two-thirds of whom have cancer,” said Dr. Carlson. “Early operative therapy involving marginal or segmental resection of the mandible, or partial maxillectomy provides curative and expedient therapy for these patients while also permitting their biologic reconstruction, as required, as well as dental rehabilitation, as desired by patients. This treatment strategy demonstrates predictable and highly favorable outcomes, thereby supporting the quality of life and functional requirements of patients.”



Dr. Tara Aghaloo (left) and Dr. Eric Carlson (right) debated non-surgical and surgical approaches to medication-related osteonecrosis of the jaw.



outcomes; MRONJ treatment debated



Committee on Research Planning and Technology Assessment Chair Dr. Joseph Cillo (center) with residents Drs. Roger Lau (left) and Andrew Taliaferro.

Tara Aghaloo, DDS, MD, PhD – Professor in the Section of Oral and Maxillofacial Surgery in the Division of Diagnostic and Surgical Sciences at University of California, Los Angeles School of Dentistry – defended a non-surgical approach when treating MRONJ.

“I recommend non-surgical therapy because it is a less debilitating treatment option, where they are able to keep their mandible or maxilla to maintain form, function and esthetics,” said Dr. Aghaloo. “They can be in control of their treatment, where they employ aggressive wound care and feel they are part of the solution for their ONJ disease process.”

“These patients are often very sick and debilitated, and a resective surgical procedure would leave them more debilitated than their primary disease with either a continuity defect, major donor site or oroantral fistula,” she said. “Or they are stable on their cancer or osteoporosis therapy with an area of exposed bone that is a nuisance and can be handled non-surgically without greatly impacting their quality of life.”

The session “Advances in Orthognathic Surgery” presented converting data to 3D files as a powerful tool in virtual planning for the treatment of the jaw. Ravi Agarwal, DDS, Chair and Residency Program Director at MedStar Washington Hospital Center, predicts virtual planning will improve surgery-first outcomes, combining aligner planning software

Any conference that sparks those types of conversations and inspires innovation, like the CSIOMS did for me, will continue to drive excellence in our specialty.

– Caitlyn McGue, DDS, MD

with surgical planning and moving away from surgical guides to surgical navigation.

Resident Aviana Nicole Duca, DDS, said her takeaways from the conference included “new methods of streamlining procedures such as virtual surgical planning with clear aligner splints for MMF cases or using 3D printing for trauma cases to make models and pre-bending plates prior to going to the OR to save time.”

Oral potentially malignant disorders as a heterogenous group of diseases with the potential for malignant transformation were discussed during the “Medical Management of Surgical Disease” session. Speakers emphasized risk factor modification and oral screening examinations as primary preventions as clinical trials are ongoing.

continued on next page



Fayette C. Williams, DDS, MD, FACS – in private practice in Texas – discussed his views during “The Ultimate Jaw in a Day” session.

“I was honored to present our group’s experience and workflow for the Jaw in a Day surgery. I hope this will stimulate other surgeons to add this to their reconstructive options to offer patients. As oral and maxillofacial surgeons, we are the only specialty uniquely qualified to perform this surgery,” said Dr. Williams.

CSIOMS inspires discussions

Question-and-answer panels followed each session. In addition, six oral abstracts and four posters were presented on topics such as “Biofabrication Technologies for Personalized Craniomaxillofacial Tissue Regeneration” and “Virtual Surgical Planning of Superior Orbital Rim Fractures in Complex Calvarial and Craniomaxillofacial Trauma.”

“The abstract session showcased emerging technologies that may not have been in use but are now being considered such as integrating virtual reality tools for surgery,” said Joli C. Chou, DMD, MD, FACS. Dr. Chou is a member of the Committee on Research Planning and Technology Assessment that organized this conference.

Participants also received guidance on writing and publishing a research manuscript in a less-clinical topic presentation.

Resident Caitlyn McGue, DDS, MD, said she looks forward to her next opportunity to attend a CSIOMS conference.

“After hearing the lectures, I came back to my own program and asked how we could start incorporating some of the practices and techniques into our residency. Any conference that sparks those types of conversations and inspires innovation, like the CSIOMS did for me, will continue to drive excellence in our specialty,” said Dr. McGue. ■



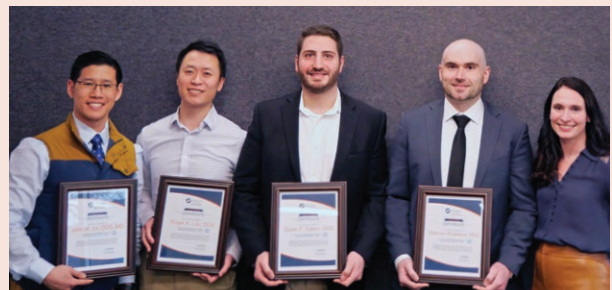
14 Scholarship recipients attend CSIOMS

Fourteen scholarships were granted – 10 through the OMS Foundation and four through the Osteo Science Foundation – to travel to the conference. OMS Foundation scholarships recipients were:

- Ramtin Dastgir
- Preston Fong, DDS
- Jessica Li, DDS
- Steven Licht, DMD
- Eric Ress, DMD
- Daniel Wei-Chung Shen, DMD
- Andrew Taliaferro, DDS
- Yisi Daisy Ji, DMD, MD
- Aviana Duca, DDS
- Christopher Scott, DMD

Osteo Science Foundation scholarships recipients were:

- Roger Lau, DDS
- John Le, DDS, MD
- Spencer Regelson, DDS
- Dylan Salem, DDS





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FACS
AAOMS Today Editor

*“Control of our specialty
and the individual
autonomy over one’s life
and career are a battle
worth waging.”*

*Please email me at jhupp@aaoms.org with your comments,
questions and suggestions. I look forward to hearing from you.*

FOR WHAT IT'S WORTH

Extramural corporatization:

I have outlined my concerns about the extramural corporatization of our specialty in prior issues. I now hope to offer some ideas about how individuals or groups of surgeons and our specialty might try to mitigate the threats to our futures.

I don't pretend to have definitive answers. However, I hope to trigger those with the smarts and passion to protect us from what I fear are changes to oral and maxillofacial surgery that will leave us weaker, less happy, more poorly compensated and relegate us to being a fringe player in the healthcare field.

Oral and maxillofacial surgery is clearly not alone in drawing interest from groups outside of the dental/medical field. These groups see an opportunity to “participate” in the financial success of healthcare professionals.

Some of these groups seek to do so by offering to manage private healthcare practices for a fee, with no equity interest in the practices. This by itself seems benign, lifting the “running the business” portion of private healthcare delivery from the doctors – allowing care providers to focus on quality patient care. This is a positive collaborative relationship as long as the doctor(s) retain complete control over the patient care aspects of the enterprise and the management firm strictly concentrates on business operations without any authority over how clinical operations are conducted. As long as both parties participate in good faith, such arrangement poses little threat.

However, it is when the outside management group arrangement includes an equity stake or ownership interest that the extramural corporatization relationship becomes a threat. In such situations, the outside entity seeks – on a short or long-term basis – to gain control over critical aspects of the practice’s operations. This includes setting clinical production goals, limiting doctor choice on which patients for which to provide care and determining key elements of the clinical operations. This is where some dental/medical service organizations, private equity groups and other corporate entities cross the line.

What can individual surgeons do?

What can we do to try to mitigate the damage to our specialty? As individuals, the options are limited. However, there are some possible options. When faced with a tempting offer from an extramural corporation to become an employee or sell one’s services for a period of time, there are terms one can insist upon to help curb some of the damage to one’s future.



What should we do?

A surgeon should make contractual stipulations giving the surgeon the authority to select clinical team members and level of compensation. The terms of the agreement should give the surgeon the choice of malpractice carrier, ability to define scope of practice (with coding, billing and collections support), exit clauses that are reasonable to the surgeon should the arrangement not meet their expectations, compensation for the surgeon to retain membership in professional organizations, support to participate in continuing education (giving and receiving) and OMS advocacy activities, maintenance (or attainment) of specialty board certification and others.

Nonetheless, those seeking to turn you into their staff members are likely to be reluctant to do much bargaining, particularly if you are a newly minted unproven surgeon. Why? Because they are in the business of maximizing their piece of your action; therefore, any concessions that cut into that piece make the deal less lucrative.

Consortium groupings

Groups of surgeons have more clout, particularly if they have grown a successful practice but are not ready to retire. Our orthodontic colleagues have created what I'll call consortium groupings (my term, not theirs). In this model, orthodontic practices join together to share some aspects of practice management while maintaining each practice's corporate independence.

Instead of paying an outside firm to provide for non-clinical operations support, the consortium charges each group a fee that is then used to hire management support for the consortium. The consortium has a board of directors with representatives from all member practices. The size of the group permits them to obtain an employer identification number (EIN), allowing the consortium to establish preferred purchasing relationships with clinical suppliers.

The beauty of such an arrangement is that practices do not have to sacrifice any equity interests or clinical control

over any of their practitioners or practices, preserving their autonomy and mastery of their own destiny.

Additionally, in the right circumstances, a practice might choose to sell themselves to the consortium. One example of such an orthodontic consortium group is the Schulman Group (SchulmanGroup.com) that arose out of an orthodontic study club. Other similar groups exist in orthodontics, and for all I

know, in other dental specialties including our own.

One somewhat downside of these arrangements is that they are not conducive to allowing just any practice to become a member since a major factor – for orthodontic groups at least – is the ability for member practices to share key performance indicator data among member practices. This

is an important value to being a part of the group, allowing members to see how their own practice stacks up against other successful practices in various aspects of patient care and find ways to improve their own performance.

The downside is that newly formed practices, or those who have not grown to a significant size financially, are less attractive since they have less proven value to the group's members. Therefore, unless a young surgeon joins a group that is already a member of such a consortium, the consortium pathway does not provide an alternative to joining a non-clinical corporation as an employee.

Past visionary successes

Many years ago, visionary members of our specialty made two highly significant moves. In 1986, they purchased a building in Rosemont, Ill., to become our new headquarters. And in 1988, they formed what is now the OMS National Insurance Company. The building allowed us to invest in an area of greater Chicago close to a major airport, saving substantial travel costs (compared to our lease in downtown Chicago) and participate in real estate appreciation occurring in properties near the airport. OMSNIC allowed us to regain control over our malpractice insurance costs that had become unreasonably

continued on next page

The Schulman Group might serve as an example that could be emulated in oral and maxillofacial surgery but broadened to include a wider range of practices.



expensive and better defend surgeons should they be sued. In both these cases, our specialty banded together to bring benefits to our members while curbing the influence of others over our future.

Future visionary ideas

Extramural corporatization of oral and maxillofacial surgery presents another chance to control how our specialty is practiced in the coming years and continue to let OMS practices be run by oral and maxillofacial surgeons in the best interests of our patients and surgeons.

The Schulman Group might serve as an example that could be emulated in oral and maxillofacial surgery but broadened to include a wider range of practices. Such consortiums could use models already developed by sister dental specialists. Perhaps an entity following a similar path seen in the creation of OMSNIC could be developed with practices or members as shareholders.

Financing such a new entity could come from highly vetted silent partners within the venture capital or private equity communities, or, if feasible, through the sales of shares to members. Another concept might be the creation of an entity that mirrors the AAOMS Advantage Partner Program but includes a well-vetted partner that offers comprehensive practice management services that recognize and respect the leadership role the oral and maxillofacial surgeon must play in practice ownership and authority.

I recognize that AAOMS is possibly constrained by anti-trust and other regulations from having the lead role in creating bodies that would directly manage oral and maxillofacial surgery practices. However, AAOMS could serve as an educational source that helps newly trained surgeons be aware of and understand their options, giving them the confidence to be able to determine if it is in their best interest to sell themselves to a non-OMS corporation or at least know how to best negotiate to gain the best terms if they decide to join up.

Such education also should target more mature or soon-to-retire practitioners, providing them insights into their options and how to best protect their own interests as well as those of their patients, associates and the specialty as a whole. Such information should offer a balanced view of extramural corporatization to maintain the work's legitimacy and prevent



those who favor extramural corporatization to claim it is a biased, one-sided opinion on the issue.

A battle worth waging

I am under no illusion that the extramural corporate toothpaste can be put back into the tube. There is too much money on the table to imagine extramural corporations walking away from such a potentially lucrative business opportunity. I have already heard several individuals claim it is too late for our specialty to do anything to thwart the movement toward the extramural corporatization of oral and maxillofacial surgery.

Obviously, I disagree. Our specialty has admirably risen to the occasion when the privilege to use our clinical skills to the benefits of our patients has been threatened from the early days from fights to obtain hospital operating room and admitting privileges, the privileges to conduct our own history and physicals, perform surgery outside of the oral cavity, do facial esthetic procedures, manage head and neck malignancies, up to present-day battles to maintain our freedom to provide advanced forms of ambulatory anesthesia.

In each case, our knowledge, skills, persistence, advocacy efforts and confidence allowed us to prevail. Witness what has happened to our colleagues in medicine! I hope we will learn from their mistakes and preserve the greatness of the specialty of oral and maxillofacial surgery.

Control of our specialty and the individual autonomy over one's life and career are a battle worth waging. We may not get all that we seek, but to sit back and let others take us over without a fight is unacceptable. ■

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



photo credit:
Texas A&M University
School of Dentistry



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

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

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

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Louis K. Rafetto, DMD, MEd
OMS Foundation Chair

Championing innovation 'from the front'

Surveying the room at this year's Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference, I found myself thinking, "These are our people. Everyone here believes that innovative research is the way to improve outcomes for our patients."

The topics of discussion – virtual surgical planning, in-house 3D printing and medical management of surgical disease

– were fascinating, innovative and unquestionably relevant to the practice of oral and maxillofacial surgery in 2023. The presenters were some of our specialty's best and brightest scientists.

I rejoiced for the residents in attendance who were treated to a carefully curated program inspiring visualization of the next level of best practices for the specialty and inviting participation in its implementation. The content covered in two days was worthy of a much longer conference – even the lunch discussions offered up valuable takeaways.

The Foundation supported CSIOMS, as we support most AAOMS educational programs, with a substantial program grant and travel scholarships for 10 OMS residents. I have no doubt it was a worthwhile investment. Where else could clinicians, researchers and residents obtain so much valuable content in such a short period of time?

The focus on "what if?" and "why not?" was energizing, as was the curiosity, tenacity and optimism modeled by the program presenters – the architects of our specialty's leading edge. It was impossible not to be inspired by their vision.

In a note thanking the Foundation for his travel scholarship, Dr. Daniel Shen said, "I am so grateful to have had this

opportunity to meet and learn from the leading scientists and clinicians of our field. I left inspired and excited to dive into research of my own during the years of my training and beyond."

I'm hopeful that every resident in the room went home equally uplifted by the ambient energy in the Laskin Center that weekend.

Resolve to invite an early-career colleague to attend an education or enrichment program that is of interest to you.

These residents represent the future of OMS in a microcosm. We have an obligation to offer them and their peers education and enrichment opportunities of the highest caliber, helping them visualize a bright future and inspiring them to pursue it with confidence.

Expecting our residents to intuitively grasp the value of CSIOMS, it's up to us – their teachers, mentors and colleagues – to champion these opportunities, knowing their lives could very well be changed by the experience. Further, we need to lead by example by showing up ourselves.

Your donations enable us to support CSIOMS and other high-caliber enrichment opportunities for the next generation of AAOMS members. But there's more to do. Your leadership, mentorship and initiative are needed to champion these opportunities and maximize the outcomes of those investments.

Resolve to invite an early-career colleague to attend an education or enrichment program that is of interest to you. As Dr. Deepak Krishnan says, "Lead from the front!" You might change someone's life (and quite possibly your own as well). ■



Priority bills introduced; states join dental

More than halfway through the year, most state legislatures have wrapped up their work. Meanwhile, Congress has held healthcare-related hearings and introduced several healthcare-related bills despite congressional leadership's focus on addressing the nation's debt crisis.

Federal

The Dental and Optometric Care (DOC) Access Act – one of AAOMS's federal priority bills – was reintroduced in the Senate on May 3 as S 1424 by Sens. Joe Manchin (D-W.Va.) and Kevin Cramer (R-N.D.). The House version (HR 1385) was introduced in early March. AAOMS has a grassroots campaign available at AAOMS.org/TakeAction to urge Congress to support the DOC Access Act.

On March 27, the DEA and the Substance Abuse and Mental Health Services Administration published guidance for prescribers to comply with requirements of the MATE Act,

which was passed by Congress in December 2022 as part of an omnibus bill. As previously reported, the MATE Act mandates most practitioners – including OMSs – licensed to prescribe controlled substances or who hold DEA licenses to have had eight hours of training on either the treatment of substance use disorders or the safe pharmacological management of dental pain with a referral for the treatment of substance use disorders. Practitioners who complete their next scheduled DEA renewal registration or an initial application on or after June 27 must check a box on their online DEA registration form affirming they have completed the training. (See story on page 55 for more information.)

The Senate Health, Education, Labor and Pensions Committee and the Senate Finance Health Subcommittee held hearings this spring on preventing healthcare workforce shortages and addressing oral health disparities, respectively. AAOMS submitted written comments in response to both hearings. These and other comment letters AAOMS has sent or signed onto as part of coalitions can be found on the Advocacy and Government Affairs section of AAOMS.org.

State

The first states in the nation have joined the Interstate Dental Licensure Compact, an effort to provide for the portability of dental licensure.

■ **Colorado** – The state legislature passed SB 23-179, a bill that requires dental insurance plans to file specified dental loss ratio forms with the Division of Insurance. After two years of collecting and reporting this data, the bill directs the Commissioner of Insurance to develop rules that may require insurers to adhere to minimum dental loss ratios.





licensure compact

■ **Indiana** – The General Assembly passed SB 273 addressing requirements for anesthesia administration in dental offices by physician anesthesiologists, CRNAs and anesthesiologist assistants. It requires the anesthetic administrator to ensure certain standards are met.

■ **Licensure Compact** – Iowa Gov. Kim Reynolds (R) signed HF 656, a bill adding the state to the Dentist and Dental Hygienist Licensure Compact and officially becoming the first state to join the compact. Washington Gov. Jay Inslee (D) signed HB 1576 into law soon after and Tennessee Gov. Bill Lee (R) signed HB 942/SB 361. Seven states must join the Compact before it takes effect. Visit DDHcompact.org for more information.

OMSPAC

OMSPAC raised \$336,359 from 13.49 percent of the membership as of May 2023. Additionally, OMSPAC has contributed \$79,000 to 22 federal candidates and three party committees so far during the 2023-24 election cycle.

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

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■ **FDA letter** – The FDA published a Letter to Health Care Providers on April 27 about a cybersecurity vulnerability affecting Universal Copy Service software in Illumina sequencing instruments. These medical devices are specified for clinical diagnostic use as well as research use only. Unauthorized individuals can exploit vulnerability and take control of these devices remotely, alter settings and configuration, impact genomic data results and more. The Cybersecurity and Infrastructure Security Agency also published information about Illumina’s vulnerability, and the FDA’s letter provided recommendations for mitigating risk, including instructions for contacting Illumina tech support.

■ **HHS resources** – HHS’s 405(d) Program is focused on providing the healthcare and public health sector with resources and tools to strengthen its posture against cybersecurity threats. The Program recently released The Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients (HICP 2023 Edition), outlining this sector’s top cyber threats. This document has been developed for use by small and large organizations and provides best practices to fight threats that can impact patient safety. The HHS 405(d) Program also has published its Landscape Analysis, investigating active threats attacking hospitals. For more information on the HHS 405(d) Program and its resources, visit 405d.HHS.gov.



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MATE Act: Training requirements, opioid resources

Q What is the MATE Act, and how does it impact OMSs?

A The Medication Access and Training Expansion (MATE) Act mandates most practitioners – including OMSs – licensed to prescribe controlled substances or who hold DEA licenses to complete eight hours of coursework on substance use disorders.

Beginning June 27, regardless of initial registration or renewal, practitioners must check a box on their online DEA registration form affirming they have completed the training.

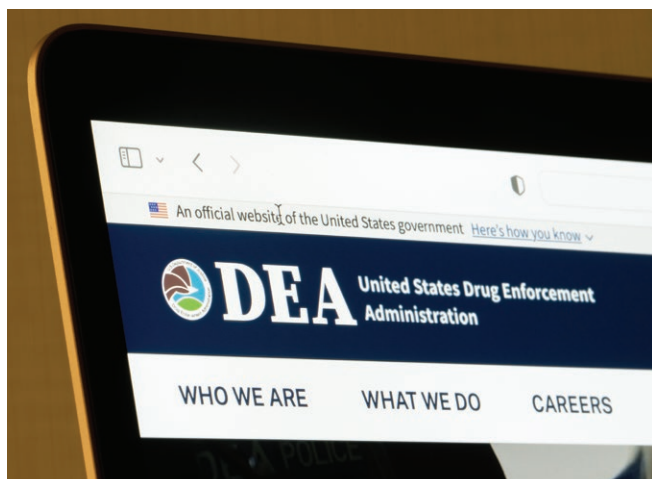
Additional information is available at [AAOMS.org/member-center/member-news/dea-announces-mate-act-training-requirement](https://www.aaoms.org/member-center/member-news/dea-announces-mate-act-training-requirement).

Q What notable points should be considered to help ensure all training requirements of the MATE Act are met?

A To ensure training requirements are met, consider these important points:

- Training on management of patients with substance use disorders qualifies.
- Past training counts toward meeting this requirement.
- Approved sources for training include AAOMS and the ADA.
- Training could be in various formats – including classroom, seminars or virtual. Reading journal articles is unlikely to qualify.
- The eight hours of training do not have to be taken in a single setting.
- For OMSs who graduated within five years prior to June 27, 2023, completion of curricula – including the eight hours of training – would satisfy the requirement.

Additional information is available at [DEA.gov](https://www.dea.gov) and [SAMHSA.gov](https://www.samhsa.gov).



Q Where can I find training to satisfy MATE Act requirements?

A Training already required by many states may satisfy the requirements of the MATE Act. Some of the qualified courses provided by AAOMS's online CE library include:

- Dentoalveolar Plenary: Postoperative Pain Control
- Safety and Dignity Front and Center: The Opioid Epidemic in the Time of COVID-19
- The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction
- The Heroin Epidemic: Prescription Drug Abuse and Your OMS Practice
- IV Sedation of the Substance Abuse Patient
- Substance Use Disorders and Anesthesia Management

AAOMS is in the process of developing additional courses. All of AAOMS's webinars and on-demand courses related to the MATE Act will be offered at no charge to all AAOMS members through the end of 2023.

To view all qualifying online CE courses available through AAOMS, visit [AAOMS.org/CEonline](https://www.aaoms.org/CEonline), or visit [ADA.org](https://www.ada.org) to explore additional opportunities.

The ADA also provides online CE offerings that may qualify.

Q What other steps are being taken to help address and educate on the opioid crisis?

A In 2021, HHS announced an Overdose Prevention Strategy. The FDA identified four priorities to address the opioid crisis and sustain long-term recovery outcomes, including:

- Supporting primary prevention by eliminating unnecessary initial prescription drug exposure and inappropriate prolonged prescribing.
- Encouraging harm reduction through innovation and education.
- Advancing development of evidence-based treatments for substance use disorders.
- Protecting the public from unapproved, diverted or counterfeit drugs presenting overdose risks.

Additionally, in 2022 the CDC updated the Clinical Practice Guideline for Prescribing Opioids for Pain that:

- Provides evidence-based recommendations to clinicians who provide care to patients with pain.

continued on next page



- Emphasizes that shared decision-making by patients and clinicians is critical.
- Aims to ensure equitable access to effective, informed, individualized and safe pain management that improves patients' function and quality of life.

The following agencies also offer resources to educate and address the opioid crisis:

- National Institute on Drug Abuse: NIDA.NIH.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA.gov

Q If my practice is aware of someone struggling with substance use disorder, is there somewhere to refer them to for assistance?

A SAMHSA offers a national helpline and an online treatment locator. These free, confidential services provide 24/7 365-days-a-year treatment referral and information services for individuals and families facing mental health and/or substance use disorders. Services include:

- SAMHSA National Helpline: 800-662-4357
- FindTreatment.gov

Learn more at SAMHSA.gov.

Q What resources are available to help educate patients on safe disposal and overdose prevention?

A The FDA has a free toolkit called Remove the Risk – available in English and Spanish – that includes materials to raise awareness of dangers of keeping unused opioid pain medicines in the home and provides information about safe disposal.

Additionally, the DEA hosts National Prescription Drug Take Back Day – typically occurring in April and October. Through these events, the public can safely remove unneeded medications from their homes to prevent misuse.

Learn more at FDA.gov and DEA.gov/TakeBackDay. ■



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Exploring ways to mitigate burnout

By Cathy Hung, DDS

Wellness Ambassador, supported by Dental
Team Wellness Advisory Committee (DWAC),
Council on Dental Practice, ADA

Part 2 of 2: This article navigates mental health issues related to stress and burnout while exploring ways to mitigate burnout. Part 1 in the May/June issue of AAOMS Today reviewed statistics related to stress and burnout while investigating factors contributing to burnout in healthcare providers.

The link between burnout and anxiety, depression, substance use and misuse and suicidal ideation has been well-established in literature. In 2021, the ADA conducted a well-being survey where 20,000 dentists practicing in the U.S. were randomly surveyed. Of the respondents, 63 percent reported they had experienced a medical condition – most common being back problems (27 percent), followed by anxiety (16 percent), depression (13 percent), headaches (12 percent) and arthritis (10 percent), among others.

Compared to the 2003 survey, the percentage of dentists diagnosed with anxiety tripled in 2021. The report findings helped support Resolution 95H-2021, Prioritizing the Mental Health of Dentists, which the ADA House of Delegates passed in 2021.¹

A study showed dentists were three times more likely to report anxiety as compared to other professionals and had a disproportionate rate of alcoholism, drug use and misuse and divorce.⁵ Another study also showed nearly one in three residents or early-career surgeons reported increased depressive and burnout symptoms. A literature review examining the psychological impact of epidemic and pandemic outbreaks on healthcare workers found anxiety and PTSD symptoms were most widely investigated. Healthcare workers reported PTSD symptoms (11 to 73.4 percent), depressive symptoms (27.7 to 50.7 percent), severe anxiety symptoms (45 percent), general psychiatric symptoms (17.3 to 75.3 percent) and high levels of work-related stress (18.1 to 80.1 percent).^{2,3}

A retrospective study utilized the National Violent Death Reporting System database to compare suicide rates of the general population to healthcare professionals and further compared three groups of healthcare professionals:

non-surgeon physicians, dentists and surgeons. This study examined 170,030 individuals who died of suicide between the period of 2003 to 2016, of which 0.5 percent were healthcare professionals. Of these healthcare professionals, 23.3 percent were dentists and 13.4 percent were surgeons. OMSs comprised 3.9 percent of surgeons in this study.

Risks factors associated with suicide are older, male, Asian or Pacific Islander ancestry, job problems, physical health problems and those who are currently receiving treatment for mental illness. Marital status also was found to be a dynamic risk factor as it could be detrimental or protective, depending on the relationship with the spouse. Additionally, post-mortem toxicology tests performed on 13 surgeons who died of suicide revealed ingestion of antipsychotic, barbiturate and benzodiazepine medications.⁴

While job stressors are risk factors for suicide, unique to surgeons is what the study calls the “stoicism-associated reluctance to acknowledge personal challenges or seek mental healthcare, especially when feeling vulnerable or depressed.” The cultural stigma of Asian or Pacific Islander descent associating mental health issues with shame was another risk factor for surgeon suicide. Additionally, risks for malpractice or litigation may vary among surgical specialties to be independent risk factors, and the lack of confidentiality and fear of repercussions often stop surgeons from seeking help.^{3,4,5}

Mindfulness and resilience

The consensus throughout literature regarding burnout is that it is multifactorial, and many research articles suggest mitigating burnout from the individual level and the organizational level.^{5,6,7}

Dr. Sheela Raja, a clinical psychologist, faculty and Director of the Resilience Center for University of Illinois at Chicago College of Dentistry, presented a two-part ADA CE seminar on how to build resilience for dentists. Resilience is the ability to adapt during times of stress or change – the ability to bounce back after adversity. One of the key skills to resilience, according to Dr. Raja, is mindfulness.⁸ Mindfulness and resilience have been studied extensively in literature to mitigate burnout. As defined by Jon Kabat-Zinn, mindfulness is “the awareness that emerges through paying

continued on next page

PRACTICE MANAGEMENT NOTES *(continued)*

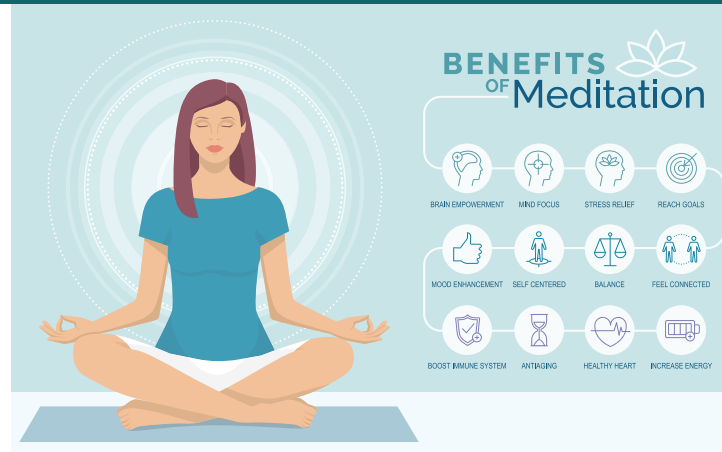
attention, on purpose and non-judgmentally to the unfolding of experience moment by moment.⁹

Simple and portable relaxing techniques can prove beneficial to busy dentists and OMSs to improve resilience on the individual level. Dr. Raja suggests starting to build mindfulness through simple resilience skills such as basic abdominal breaths. She describes starting by putting one hand on the abdomen and one hand on the chest. Take a few normal breaths, then take a few slower, deeper breaths through the belly. Slowly count to 10 and with each breath, feel the air flow from the nose and mouth, through the chest and down to the abdomen. Gently bring attention back to breathing if thoughts start wandering.

She suggests practicing every day, anywhere, 30 breaths each time. Other skills included in her book *The Resilient Teen* involve visualizing and grounding through the senses, journaling and self-care. These techniques are suitable for any age to build resilience, not just teens.⁸ Other individual level interventions may include building self-efficacy, reducing work hours in response to excessive workload, delegating work, training on efficiency and engaging in positive psychology.^{5,7} Knowing the trigger of stress and taking action will help increase the sense of control.⁵ Additionally, the portability of mobile apps, anonymous online tools and online self-learning modules have become popular ways of delivering mindfulness practice to help self-reflection.^{7,9}

Mindfulness-based interventions have been utilized at an organizational level by hospitals and institutions to improve resilience, and many have been proposed in literature to mitigate burnout. One of the most widely studied mindfulness-based intervention programs is called mindfulness-based stress reduction, which was developed by Kabat-Zinn in the late 1970s. The program was originally designed to treat psychological morbidity associated with chronic illness through means of focused attention, meditation, cognitive restructuring and adaptive learning. The program traditionally lasts eight weeks, consisting of a group session meeting once weekly for two to three hours, followed by a one-day retreat.

Patients need to practice daily mindfulness sessions consisting of formal tasks such as body scan, sitting meditation, mindful walking and hatha yoga. Similar to the stress-reduction program, mindfulness-based cognitive therapy was originally developed for the treatment of depression, PTSD, anxiety and phobias. This therapy combines mindfulness practices and cognitive-behavioral therapy to “allow individuals to become acquainted with their thoughts, emotions and bodily sensations while simultaneously learning to develop a new relationship.”



Also like the stress-reduction program, the cognitive therapy program is delivered over eight weeks and consists of two-hour sessions. Due to existing work demands, some hospitals or institutions have attempted to deliver abbreviated versions of the two programs with success (less frequency, shorter duration).¹² Participants often report improvements of personal well-being through cultivation of supportive networks and shared experiences.

Current research recommends hospitals, training programs, institutions and government agencies provide help-seeking platforms including psychological and bereavement support, working hours limitation, team role clarifications, leadership training, wellness programs, conflict-resolution training, informal peer focus group meetings, and more clearly define the maternal leave policy, keeping busy schedules and individual needs in mind.^{3,5,7,10,11,13} Team-based approaches can help provide support and improve communication skills.¹⁰

Establishment of a Resilience Center at a dental school is a practical example to help improve wellness at the organizational level. Dr. Raja recruited volunteer students to be Student Ambassadors for the Resilience Center, and these Ambassadors organize their own initiatives, such as a fun field day for the incoming students. Training programs, organizations and institutions are encouraged to design their own evidence-based wellness programs.

Dental Wellness Advisory Committee

In response to ADA's 2021 Dentist Wellness Survey Report, the Dental Wellness Advisory Committee and the Council on Dental Practice recruited the first cohort of volunteer dentists called Wellness Ambassadors, who are required to participate in monthly educational online meetings, yearly in-person meetings and complete a minimum of three projects to promote wellness. The role and responsibilities of the ADA's



Wellness Ambassadors is not to serve as therapists but to share resources in wellness-related topics. Going forward, the hope is that these efforts will increase wellness and mitigate mental and physical health issues for dentists – including OMSs – and protect the personal well-being and longevity of this profession.

For more information on wellness, visit [ADA.org/Wellness](https://ada.org/Wellness) and refer to the *National Plan For Health Workforce Well-Being*.¹³

Dr. Cathy Hung is an OMS practicing in New Jersey. She is an alumna of the ADA Institute for Diversity in Leadership and a wellness ambassador with the ADA Wellness Ambassador Program, which is supported by the ADA DWAC of the ADA Council on Dental Practice.

References

1. Burger, D. (2022, February 22). *Dentist Health and Well-Being Survey Report finds dentists struggle with anxiety*. American Dental Association. Retrieved January 24, 2023, from <https://www.ada.org/publications/ada-news/2022/february/dentist-health-and-well-being-survey-report-finds-dentists-struggle-with-anxiety>
2. Preti, E., Di Mattei, V., Perego, G., Ferrari, F., Massetti, M., Taranto, P., Di Pierro, R., Madeddu, F., & Calati, R. (2020, July 10). The psychological impact of epidemic and pandemic outbreaks on healthcare workers: rapid review of the evidence. *Current Psychiatry Reports*, 22(43). 10.1007/s11920-020-01166-z
3. Coleman, J. R., Abdelsattar, J. M., Glocker, R. J., & RAS-ACD COVID-19 Task Force. (2021, February). COVID-19 pandemic and the lived experience of surgical residents, fellow, and early-career surgeons in the American College of Surgeons. *J Am Coll Surg*, 232(2), 119-135. 10.1016/j.jamcollsurg.2020.09.026
4. Ji, Y. D., Robertson, F. C., Patel, N. A., Peacock, Z. S., & Resnick, C. M. (2020, August). Assessment of risk factors for suicide among US health care professionals. *JAMA*, 155(8), 713-721. 10.1001/jamasurg.2020.1338
5. Alabi, R. O., Hietanen, P., Elmusrati, M., Youssef, O., Almangush, A., & Makitie, A. A. (2021, October). Mitigating burnout in an oncological unit: a scoping review. *Frontiers in public health*, 9. 10/3389/fpubh.2021.677915
6. *Stress FINAL*. (n.d.). CDC. Retrieved January 23, 2023, from <https://www.cdc.gov/niosh/docs/99-101/pdfs/99-101.pdf?id=10.26616/NIOSH PUB99101>
7. West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. *Journal of Internal Medicine*, 283, 516-529. 10.1111/joim.12752
8. Raja, S. (2021). *The Resilient Teen: 10 Key Skills to Bounce Back from Setbacks and Turn Stress Into Success*. New Harbinger Publications.
9. Malik, H., & Annabi, C. A. (2022, September 20). The impact of mindfulness practice on physician burnout: a scoping review. *Frontiers in Psychology*, (13). 10.3389/fpsyg.2022.956651
10. *Surgeon Well-Being* / ACS. (2021). American College of Surgeons. Retrieved January 25, 2023, from <https://www.facs.org/about-ac/s/statements/surgeon-well-being/>
11. Moalem, J. (2017, August 1). *Burnout in Surgery* / ACS. The American College of Surgeons. Retrieved January 24, 2023, from <https://www.facs.org/for-medical-professionals/news-publications/journals/rise/articles/burnout/>
12. Ameli, R., Sinali, N., West, C. P., Luna, M. J., Panahi, S., Zoosman, M., & Rusch, H. L. (2020, August 25). Effect of a brief mindfulness-based program on stress in health care professionals at a US biomedical research hospital: a randomized clinical trial. *JAMA*, 3(8). 10/1001/jamanetworkopen.2020.13424
13. National Academy of Medicine, Kirch, D., Murphy, V., & Nasca, T. (2022). *National Plan for Health Workforce Well-Being*. <https://nap.nationalacademies.org/catalog/26744/national-plan-for-health-workforce-well-being>



This is number 192 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at [AAOMS.org](https://aaoms.org).

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Ins, outs of therapeutic injections; expanding

○ MSs administer therapeutic or prophylactic injections for IV antibiotics, steroids and pain control medications for a variety of services. Coding for such services involves different methods of administration (subcutaneous, intravenous, intramuscular) and a variety of drugs that may be reported.

Therapeutic injections

Therapeutic injections may be reported under both CPT** and CDT®; however, CPT allows reporting of HCPCS Level II drug codes in conjunction with the injection code. Under CDT, drugs or medications are inherent to the injection code and, therefore, are not separately reportable. Code descriptors provide direction as to the route of administration and assist with coding the appropriate service. Common injection codes reported by the OMS include:

CPT

- 96372** Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); subcutaneous or intramuscular
- 96374** Therapeutic, prophylactic, or diagnostic injection; intravenous push, single or initial substance/drug
- 96375** Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of a new substance/drug
- 96376** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility

CDT

- D9610** therapeutic parenteral drug, single administration
- D9612** therapeutic parenteral drugs, two or more administrations, different medications
- D9613** infiltration of sustained release therapeutic drug – per quadrant

Coding tip: For two intravenous pushes of the same medication, the first push would be reported with code 96374 and the second push would be reported with add-on code 96376. For the same scenario but two different medications, report 96374 and add-on code 96375.

Botulinum toxin injections

Botulinum toxin, or Botox, may be used for both cosmetic purposes and therapeutic use – including pain relief and pain management associated with chronic migraine headaches, facial nerve conditions and TMJ disorders. Per CPT coding principles, chemodenervation codes can only be reported once per session, even though multiple injections may be performed in sites along a particular muscle.

In addition to reporting the injection, coding staff also may report the HCPCS Level II drug code along with the appropriate modifier to indicate the number of units used and discarded (modifier JW) or zero drugs wasted (modifier JZ).

Consider the following scenario for coding botulinum toxin: An OMS uses a single-dose container that is labeled 100 units of onabotulinum toxin and administers 75 units to the patient and 25 units are discarded. The 75-unit dose is billed on one line, while the discarded 25 units must be billed on another line with the JW modifier. The unit field should reflect the amount of drug discarded. For this scenario, OMSs or coding staff would report the following CPT codes:

- 64615** Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)

J0585 x 75 Injection, onabotulinum toxin A, 1 unit; 75 units used

J0585 -JW x 25 25 units discarded

Coding tip: If the entire single dose container of 100 units is used, report J0585 -JZ x 100 units.

CMS provides an FAQ on modifier requirements and billing guidelines for appropriate use of the JW and JZ modifiers. CMS will use these modifiers to calculate discarded drug refunds effective Jan. 1, 2023. Noncompliant claims may be subject to denials and provider audits.

OMSs should familiarize themselves with these requirements to ensure accurate billing and proper reimbursement. View the FAQ at [CMS.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf](https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf).



knowledge on distraction osteogenesis



Trigger point injections

Trigger point injection therapy is used for the treatment of myofascial pain syndrome and is a common therapeutic procedure performed by OMSs for TMJ pain management. The pain of active trigger points can begin as an acute single muscle syndrome resulting from stress overload or injury to the muscle or can develop slowly because of chronic or repetitive muscle strain. There are two possible CPT codes for reporting trigger point injections:

20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

20553 Injection(s); single or multiple trigger point(s), 3 or more muscles

Coding Tip: Local anesthesia is included with the trigger point injection codes. Imaging guidance can be reported in addition to the medication used for the injection; however, platelet rich plasma or other needle insertions without injections may not be reported. If imaging guidance is performed, see CPT codes 76942, 77002, 77021.

In terms of reporting botulinum toxin and trigger point injections, it is important to check payer policies for specific coverage criteria or frequency limitations. Some commercial payers consider botulinum toxin and trigger point injections medically necessary for patients with temporomandibular pain. However, Medicare generally does not cover treatment for TMJ diagnoses alone as it may be excluded under traditional policy exclusions relating to the teeth and jaws.

Reporting for distraction osteogenesis

AAOMS tracks coding and billing inquiries from membership and often sees specific trends dictated by technology advancements. A recent hot topic is reporting an internal or intraoral device when distraction osteogenesis is performed. Distraction osteogenesis may be performed using either an external or internal (e.g., intraoral) distraction device.

The placement of an external distractor or fixator may be reported using CPT codes 20690 or 20692. An internal distraction device may be reported in one of two ways, based on the clinical discretion of the surgeon:

- Utilize the existing CPT codes that describe external fixation devices (i.e., 20690 or 20692.)
- Report an unlisted CPT code and submit detailed clinical documentation, including operative reports and an explanation of the device.

Coding tip: Notice the phrases “under anesthesia” and “requiring anesthesia” in codes 20693 and 20694. These phrases simply describe the technique. Anesthesia administration is not included in these codes. If the insurance company covers anesthesia by surgeon, these services are reported separately. ■

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What to know about telehealth policies post-public

Telehealth has played an increasingly prominent role in the delivery of healthcare over the last several years. HHS defines telehealth as the use of telecommunications and information technology to support the delivery of remote patient care, including clinical, diagnostic and treatment-related services.

It is likely telehealth will remain an integral modality for delivering certain types of services due to its convenience and effectiveness for providing flexibility in patient assessment and treatment management and planning. However, provider requirements and regulations related to telehealth services in the post-public health emergency (PHE) landscape continue to evolve.

The ability for an OMS to render telehealth services varies by state. Therefore, it is each OMS's responsibility to confirm such services are within the scope of his or her license(s) as directed by the state Dental Practice Act and/or state Medical Practice Act.

From a reimbursement standpoint, there is no universal model policy among public and private payers governing payment for telehealth services. In fact, telehealth coverage policies and billing procedures vary widely across the industry. These too may continue to evolve as insurance carriers analyze the demand for and utilization of certain telehealth services post-PHE.

To ensure compliance with managed care contracts and federal program participation, it is important for OMSs and coding and billing staff to understand current telehealth rules in relation to their practice's payer mix. Unquestionably, payer-specific rules can impact how telehealth services are delivered and paid.

Medicare

Certain telehealth flexibilities implemented by CMS at the onset of the COVID-19 pandemic remain in effect until Dec. 31. These include Medicare payment parity between telehealth and in-person visits and the allowance for direct supervision to be provided remotely or virtually using real-time, interactive audio-video technology.

The Consolidated Appropriations Act, 2023 extended several additional flexibilities through Dec. 31, 2024. Those most applicable to OMSs include:

- **Location:** No geographic limitations/originating site restrictions for telehealth services. For example, Medicare patients may receive covered telehealth services in their home.
- **Technology:** Continued audio-only (i.e., telephone) coverage for approved services. A complete list of

Medicare-covered telehealth services for 2023, including those which meet the requirements for telephone technology, is available at [CMS.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).

- **Eligible providers:** Federally Qualified Health Centers and Rural Health Clinics can provide telehealth services to Medicare beneficiaries.

Medicaid

For Medicaid and the Children's Health Insurance Program, coverage for telehealth services was not directly impacted by the end of the PHE, but rather many state programs offered some form of telehealth coverage prior to the COVID-19 pandemic. States have broad flexibility for implementing coverage and payment for services rendered via telehealth, although reimbursement for all Medicaid-covered services must satisfy certain federal requirements.

Coverage ultimately varies by state; therefore, OMSs participating in the Medicaid program should contact their state agency for current reporting and payment protocols.

Commercial carriers

There is significant variance in telehealth policies and coverage for private or commercial insurance carriers post-PHE. For example, when covered, some payers may impose cost-sharing, prior authorization or other utilization management processes for services rendered via telehealth. Others may set differing reimbursement rates for remote and in-person care.

OMSs are encouraged to confirm benefits and billing protocols with each payer prior to claims submission as well as review managed care contract terms before balance billing patients.

HIPAA compliance

During the PHE, HHS allowed providers to use telehealth in good faith even if their platforms or software did not conform to HIPAA rules for technology use. Federal enforcement discretion of HIPAA technology rules was slated to end concurrently with the termination of the PHE on May 11; however, HHS has granted providers a 90-calendar-day grace period beginning May 12. Therefore, providers will have until Aug. 9 to comply with regulations on business associate agreements and other HIPAA rules with respect to the provision of telehealth services. Once this grace period ends, providers must use HIPAA-compliant



health emergency

technology platforms and applications when rendering telehealth services or risk penalties for noncompliance. Additional information is available at [HHS.gov/HIPAA/for-professionals/special-topics/telehealth/index.html](https://www.hhs.gov/HIPAA/for-professionals/special-topics/telehealth/index.html).

As for audio-only telehealth services, HHS Office for Civil Rights has issued separate guidance related to the requirements of the HIPAA rules.

Read the guidance at [HHS.gov/HIPAA/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html](https://www.hhs.gov/HIPAA/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html).

Other considerations

The DEA waived certain in-person exam requirements for the prescribing of controlled medications via telemedicine during the PHE. Originally tied to the end of the PHE, the DEA has extended telemedicine flexibilities regarding the prescription of controlled medications, including in-person visit requirements through Nov. 11, 2023. Additionally, for provider-patient telemedicine relationships established on or before this date, the flexibilities will be extended through Nov. 11, 2024. Policy changes in this area remain fluid as the DEA continues to review current regulations. OMSs are encouraged to consult their practice's attorney for questions related to these changes.

As telehealth continues to evolve, it is important for OMSs and coders to continually monitor government and commercial carriers for policy updates as well as changes to reporting requirements as new telehealth codes are developed and approved. Further information on telehealth policy changes and flexibilities may be found at [Telehealth.HHS.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency](https://www.Telehealth.HHS.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency).

For information on coding for telehealth services, reference the AAOMS Telehealth Coding Paper at [AAOMS.org/CodingReimbursement](https://www.AAOMS.org/CodingReimbursement). ■

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Oral Certifying Exam statistics summarized

ABOMS has successfully administered the Oral Certifying Examination to a near-record number of candidates from Jan. 30 to Feb. 3 in Raleigh, N.C. Examining a total of 410 candidates marks the second largest administration in ABOMS history and indicates the increasing demand for board certification in oral and maxillofacial surgery.

The ABOMS Oral Certifying Examination is a comprehensive and rigorous assessment of the knowledge, skills and judgment required for the safe practice of oral and maxillofacial surgery. The examination covers a broad range of topics including anesthesia, maxillofacial trauma, pathology, reconstruction and TMJ disorders. Candidates who pass the examination demonstrate their ability to provide exceptional patient care and are recognized as Diplomates and leaders in their field.

This year's examinations were conducted by a committee of 96 surgeons from academic and private practice settings across the U.S. Prior to administering the exams, the committee members met to calibrate on each case examined that week. This critical calibration process helped examiners gain consensus on key points of the examination and ensure statistical validity of the examination.

The Examination Committee members work tirelessly to calibrate and administer a seamless examination process. ABOMS values the commitment each member brings to the certification process and recognizes the time and commitment spent as an Examiner.

2023 OCE Statistics

Total taking examination:

- First-time candidates: 131
- Repeat candidates: 111
- Fast track: 168
- Total: 410

Total passing examination:

- First-time candidates: 88
- Repeat candidates: 66
- Fast track: 134
- Total: 288

Pass rate:

- First-time candidates: 67 percent
- Repeat candidates: 59 percent
- Fast track: 80 percent
- Total: 70 percent

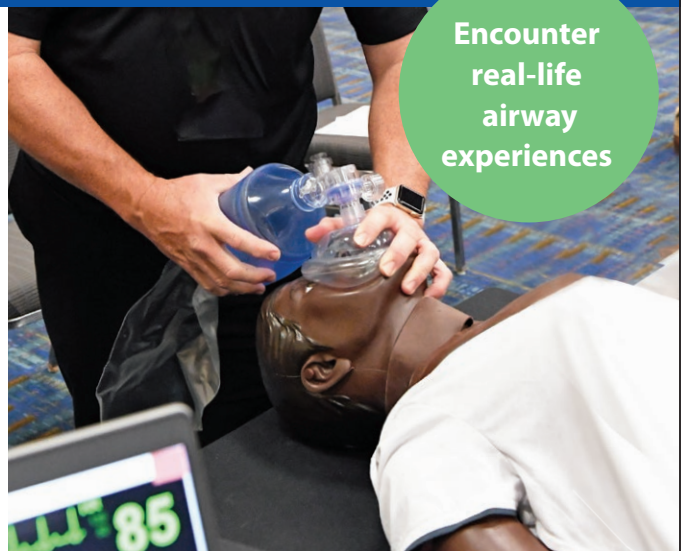


AAOMS National Simulation Program

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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

Is it difficult to obtain disability income insurance?

By Jamie L. Fehrs, MBA, ChFC

Manager, Financial Services Associate
Treloar & Heisel

The process of getting individual fully underwritten disability insurance may be easier than it appears. The amount of disability coverage available to each person depends on the type and level of training. Currently, Dental Specialty residents can get up to \$7,500 per month of disability insurance coverage, while AEGD and GPR students are eligible for \$6,000 per month.

What is the process? First, select coverage. Review options with a qualified advisor. Once the insurance company, coverage amount and coverage features are selected, it is time to apply for coverage. When signing and submitting an application, there is no obligation to purchase a policy because the insurance company will review the application to determine if it wants to insure the applying party.

Application steps include:

- **Online application** – Complete an online application. It takes about 15 to 20 minutes and has identifying questions such as date of birth and address as well as questions about the applicant's occupation, employer and health. Once complete, electronically sign the application.
- **Personal health history** – Schedule and submit a short personal health history either online or via a phone interview with a representative from the insurance company.

- **Lab work** – While insurance companies used to request a blood draw and urinalysis for most disability insurance applications, lab work now is no longer required if the applicant is under 50 years old and applying for under \$10,000 per month of coverage. Typically, labs are only requested for specific reasons (e.g., if the applicant is using prescription medication or has not had a medical exam in over two years). If lab work is needed, a paramedical service would schedule a time.
- **Review medical records** – In some rare instances, the insurance company may want to review medical records to clarify health history and treatment. Insurance companies are now using electronic medical record systems, reducing the turnaround time for obtaining doctor's records. Once the carrier has been electronically approved to obtain records (via email), it can receive the records in as little as 24 hours.
- **Coverage approval** – The insurance company notifies the advisor when coverage is approved. Review the approval with the advisor and determine how the policy is to be issued. Often, coverage is placed in force like originally applied. However, one can easily change the amount of coverage, change the features or even close the application and not purchase coverage.

The average time that passes from the day the application is submitted to when a person pays for the policy is usually under 60 days. The process to apply for coverage usually takes about a week.

Residents may have heard that discounts are often higher while still considered a resident and that many of the discounts are changing. Due to potential changes in health – which could affect the ability to obtain coverage and industry changes affecting the level of discounts offered – it is recommended to review options as soon as possible. ■

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Job Title School of Dentistry Oral Surgery Faculty
Position/Rank School of Dentistry Oral & Maxillofacial Surgery Faculty
Department 01478 - SOD - EDUCATION
City Salt Lake City, UT
Track Track Dependent on Qualifications
New Position to Begin As soon as possible

The University of Utah, School of Dentistry, Section of Oral & Maxillofacial Surgery is recruiting a faculty position for predoctoral and resident coverage for in and outpatient hospital caseloads. In addition, there are opportunities to participate in an active full-scope Oral and Maxillofacial Surgery hospital practice at the University of Utah Hospital and serve in a leadership role as Section Head for Oral & Maxillofacial Surgery. Future plans include the development of a six-year OMS residency program. The position is available in the tenure-line or career-line (Clinical Track) at the assistant, associate, or full professor rank. Rank will be determined by the candidate's experience and qualifications.

We seek qualified applicants who support diversity and inclusion initiatives and foster a diverse, supportive and inclusive environment for faculty, students, staff and patients.

This position will work collaboratively with the interdisciplinary care of patients in the restorative, prosthetic, endodontic, periodontics and oral diagnosis sections of the UUSOD. Evidence-based care is integral to all of our programs.

Candidates must have the skills, capacities and interests to educate and train an exceptionally talented group of students in a university environment that thrives on innovation and is committed to leading the nation in the transformation of health care.

Opportunities abound at the University of Utah to assist faculty in developing skills as evidence-based educators, learners and leaders for academic dentistry. The institution has just renewed its Center for Clinical Translational Science that serves as a rich resource for patient-oriented research methodology and mentoring.

Beyond our competitive salary, the University's and School of Dentistry's benefits program is tremendous, including: health care, prescription drug, behavioral health, dental, flexible spending accounts, health savings accounts, retirement plans, supplemental retirement plans, retiree benefits, accidental death & dismemberment, disability, life insurances, long-term care, home and auto insurance, legal plans, military benefits, and large tuition benefits for you and family (see more details here: <https://www.hr.utah.edu/benefits/>).

Qualified candidates must have completed an accredited specialty program in oral and maxillofacial surgery and be a graduate of an accredited dental school. They must be eligible for a dental license in the state of Utah. Board eligibility is required and board certification by the American Board of Oral and Maxillofacial Surgery is highly desirable.

Candidates should submit current curriculum vitae, a cover letter that summarizes teaching, clinical and scholarly experiences, and the names and contact information of three professional references within the application. All references must be outside the University of Utah and/or its affiliates and not be retired.

All applications must be submitted online at (Full position details also available here):
<https://utah.peopleadmin.com/postings/138573>

Inquires may be directed to:

Jeri Bullock, DDS
Associate Dean, Clinical Affairs
School of Dentistry
Jeri.bullock@hsc.utah.edu

Review will begin immediately and continue until the position is filled.

MEMBERSHIP



Upcoming OAE deadline: Recertify by July 31

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

Those grandfathered from OMS state society membership, and for whom the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for scheduling assistance at 847-233-4358. Members

who are eligible for exemption from OAE must reconfirm exemption every five years.

To maintain good standing, confirmations of successful completion of the re-evaluation are due to AAOMS Membership Services no later than July 31.

Additional information is available by emailing membership@aaoms.org or calling 800-822-6637.

ANNUAL MEETING



Apply by Oct. 1 for 2024 meeting

Presenter applications will be accepted until Oct. 1 for the 2024 AAOMS Annual Meeting being held Sept. 9 to 14 in Orlando, Fla. Applications can be submitted into clinical and practice management topics available in a variety of formats. Consider applying for a course centering the Annual Meeting theme, Stronger Together.

Late submissions will not be accepted. Questions? Contact shannonm@aaoms.org.

CONTINUING EDUCATION



Register for July webinar series

Attend the anesthesia and medicine two-part webinar series. The first 60-minute presentation – being held at 6 p.m. CDT on July 12 – will cover various forms of cannabis intake and the pharmacological and physiological effects the drug has on office-based anesthesia. At 6 p.m. CDT on July 26, the second 60-minute webinar will discuss common types of psychedelic drugs and their potential use for anxiety management in office-based anesthesia and anesthesia administration.

Visit AAOMS.org/CEonline to register and for more information.

MEMBERSHIP



Final dues notices sent

Final dues notices were sent in mid-April to those who have yet to renew for the 2023 membership year. Professional staff previously sponsored for allied staff membership were included on the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped. Members can renew through the Member Center at AAOMS.org. Email membership@aaoms.org for more information or to receive another copy of the annual statement.

CONTINUING EDUCATION



Host a webinar

AAOMS is seeking webinar speakers on clinical and practice management topics. Submit an application at AAOMS.org/Speakers by Sept. 29 to be considered for the 2024 live webinar offerings.

Email kbrower@aaoms.org with questions.

MEMBERSHIP



Association involvement options available

AAOMS members are invited to engage with the Association in a variety of ways:

■ **Member Spotlight** – Participate in the new Member Spotlight series – an opportunity to share knowledge and interests within the AAOMS membership community. To participate, visit AAOMS.org/MemberSpotlight and download the application. New Member Spotlights will be featured on a regular basis at AAOMS.org/MemberSpotlight and on the AAOMS Connect homepage. Questions? Email membership@aaoms.org.

■ **Volunteer** – Interested in becoming more involved in AAOMS? AAOMS encourages members to engage in short-term, long-term or project-specific volunteer opportunities. These opportunities may be in-person, remote or hybrid –

and some require travel. Visit AAOMS.org/Volunteer to learn more and to download the volunteer application. Questions? Email governance@aaoms.org.

■ **AAOMS Connect** – An online community for members, AAOMS Connect features a discussion forum, private messaging and an opportunity to become involved in Clinical and Special Interest Groups (CIGs and SIGs). 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. 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.

ADVANCED EDUCATION



Assist during OBEAM modules

AAOMS is looking for members who have completed the Office-Based Emergency Airway Management (OBEAM) module to facilitate the course. Facilitating an OBEAM module allows OMSs the opportunity to network and engage with colleagues while also receiving CE credit.

Multiple dates are available. Those who are not able to come to AAOMS headquarters in Rosemont can volunteer to facilitate offsite. Visit AAOMS.org/OBEAM for more information or email jscofield@aaoms.org with questions.

COMMUNICATIONS



Requesting personal stories

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. Know of someone who fits any of the topics below? Email communications@aaoms.org.

- **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.
- **Meditation** – Looking for OMSs who take part in transcendental meditation or other similar brain-related activities.

MEMBERSHIP



Stay current on Board actions

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

INFORMATIONAL CAMPAIGN



Updated Find a Surgeon profiles can help to recruit patients

Find a Surgeon – the public-facing directory on MyOMS.org – features an option for AAOMS members to update their profile to include treatments they offer and languages spoken in their practice.

By updating the profile, patients can more quickly be matched with a qualified specialist who can care for their needs. Find a Surgeon also includes an interactive map that shows pin drops for each practice location within a desired distance to help prospective patients explore the services

of nearby oral and maxillofacial surgeons. Members can list their primary office location and three additional locations.

Keeping directory profiles up-to-date promotes the specialty by encouraging the public to visit MyOMS.org. Members must update their profiles via their account on AAOMS.org to have their names appear with specific procedures.

To update profiles, members can visit AAOMS.org and click on Member Center and choose My Account. Questions? Email membership@aaoms.org.

CONTINUING EDUCATION



Earn CE on one's own schedule

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.



CODING



Coding courses offered 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
- Coding for Implants and Bone Grafts
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing

MEMBERSHIP



Apply for affiliate membership

OMs 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.

CALENDAR

AAOMS Opportunities

2023

Sept. 18–23

105th AAOMS Annual Meeting, Scientific Sessions and Exhibition

San Diego, Calif., and online
AAOMS.org/AnnualMeeting

Sept. 20–21

Beyond the Basics Coding Workshop

San Diego, Calif.
AAOMS.org

Sept. 21, 22 and 23

Office-Based Emergency Airway Management (OBEAM) module

San Diego, Calif.
AAOMS.org/AnnualMeeting

Sept. 22 and 23

Anesthesia Assistants Skills Lab

San Diego, Calif.
AAOMS.org/OMSstaff

Nov. 4 and 30

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation
AAOMS headquarters in Rosemont, Ill.
AAOMS.org/OBEAM

Nov. 30–Dec. 2

Dental Implant Conference

Chicago, Ill., and online
AAOMS.org/DIC

Dec. 1–2

Anesthesia Assistants Review Course

Chicago, Ill.
AAOMS.org/OMSstaff

Dec. 2

Anesthesia Assistants Skills Lab

Chicago, Ill.
AAOMS.org/OMSstaff

AAOMS Summer Caucuses

2023 Annual Meeting Delegates and Alternates are asked to attend their District Summer Caucus. They can contact their Caucus Chair for additional details. Fellows and members from their respective Districts also are invited to witness Caucuses on a space-available basis and should contact the Caucus Chair to participate. Chair email addresses are provided.

Aug. 5

AAOMS District II Caucus

Pier 5 Hotel, Baltimore, Md.
Imgorzelnik@gmail.com

AAOMS District IV Caucus

AAOMS Headquarters in Rosemont, Ill.
malou.sabino@gmail.com

Aug. 5–6

AAOMS District V Caucus

The Westin Denver International Airport in Denver, Colo.
julia.plevnia@aspensurgicalarts.com

Aug. 12

AAOMS District III Caucus

Atlanta Airport Marriott in Atlanta, Ga.
Igrenevicki@yahoo.com

AAOMS District VI Caucus

Virtual via Zoom
drchacon@wacenters.com

Aug. 16

AAOMS District I Summer Caucus

Hartford, Conn.
tommyfburk@gmail.com



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

Aug. 4–6

Georgia Society of OMS Summer Meeting

The Cloister at Sea Island in Sea Island, Ga.
GA-OMS.org

Nov. 8

Mid-Atlantic Society of OMS Fall Meeting

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

Oct. 20–22

Florida Society of OMS Fall Meeting

JW Marriott Grande Lakes in Orlando, Fla.
FSOMS.org



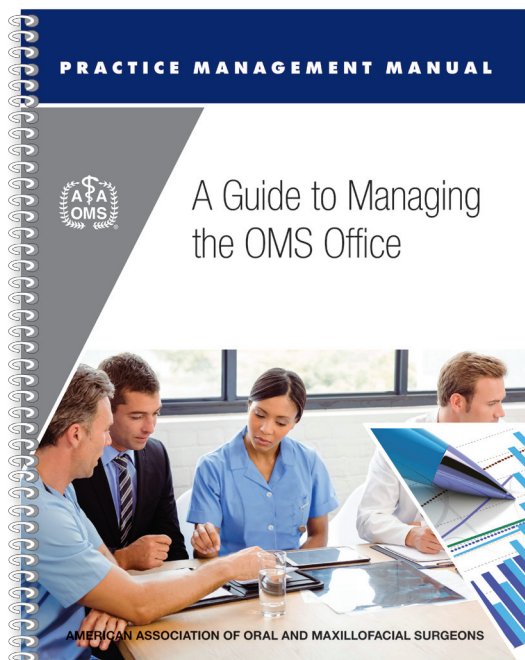
Our Tennessee Valley family is expanding!



East Tennessee

Locally owned, high-end implant and dentoalveolar practice seeks full or part-time OMS. Currently five surgeons in three locations: Maryville, Knoxville, Lenoir City and new location in the pipeline. High growth, mostly private insurance and self-pay, new and recently renovated facilities. Booming practice in very desirable East Tennessee. We are privately owned! Minimum salary, family insurance, great opportunity for newly matriculated resident or seasoned surgeon.

Contact Kelsey LaPorte DDS/MD at
402-623-0751 for further details.



Gain indispensable guidance with the *Practice Management Manual*

Secure the practical resource perfect for OMSs and their practice managers looking for trusted guidance to help manage an OMS practice.

Practice Management Manual: A Guide to Managing the OMS Office, 3rd Edition, offers valuable information on risk management, human resources, technology, marketing and other essential resources for all OMS practices. ©2022

Member: \$250

AAOMSstore.com





Dr. Schwartz inducted as President of ADSA

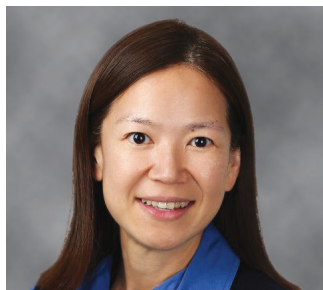


Dr. Schwartz

AAOMS President Paul Schwartz, DMD, was inducted in April for a two-year term as President of the American Dental Society of Anesthesiology (ADSA). The ADSA has 5,000 members – including many OMSs – and works to provide

a forum for education and research for dentists interested in anesthesiology, sedation and pain control.

Dr. Chou elected President of ASTMJS



Dr. Chou

The American Society of Temporomandibular Joint Surgeons (ASTMJS) in April elected Joli Chou, DMD, MD, FACS, to a two-year term as President. The ASTMJS works to improve the care of and advance the pathophysiology and clinical ramifications in

the rehabilitation of people with TMJ disorders. Dr. Chou is an associate professor at Thomas Jefferson University. She also is Chair of the AAOMS OMS Faculty Section and a member of the AAOMS Special Committee on TM Joint Care.

Dr. Edgin commended for service



Dr. Edgin

The Texas Senate passed resolution SR 347 commending Col. (Ret.) Wendell Edgin, DDS, on more than four decades of service as a medical professional, educator and public health professional. He served in the U.S. Air Force for more than 20 years –

achieving the rank of Colonel – and taught at the Dental School at the University of Texas Health Science Center at San Antonio. Dr. Edgin has worked in private practice for the last 16 years.

California Dental Board reappoints Dr. Felsenfeld



Dr. Felsenfeld

Alan Felsenfeld, DDS, MA, was reappointed as President of the Dental Board of California. Dr. Felsenfeld is Senate Emeritus Professor of Clinical Dentistry at the University of California, Los Angeles (UCLA) School of Dentistry. He earned his dental degree

at the UCLA School of Dentistry and then has worked there for about 40 years – serving as a full-time Professor of Oral and Maxillofacial Surgery for 25 years. Dr. Felsenfeld, an ABOMS Diplomate, completed his OMS residency at John H. Stroger Jr. Hospital of Cook County and also worked in private practice for almost 20 years.

Dr. Wood sworn in as ODA President



Dr. Wood

In May, Paul Wood, DDS, was sworn in for a one-year term as President of the Oklahoma Dental Association. He has worked in private practice since retiring from active duty in the U.S. Army after over 30 years of service. While in the U.S. Army, Dr. Wood

held positions such as enlisted soldier, Field Artillery Officer, Military Intelligence Officer and National Consultant in Oral and Maxillofacial Surgery in the U.S. Public Health Service Commissioned Corps. He also is President of the Comanche County Dental Society.

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



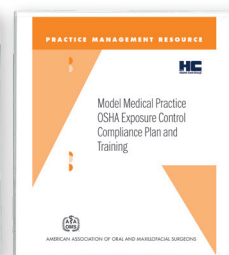
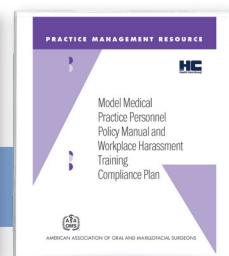
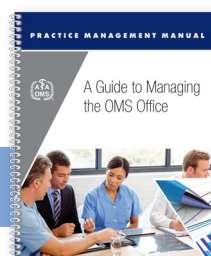
Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®

Support for your busy practice, every step of the way

AAOMS Practice Management resources are specifically designed to help OMSs through their careers – from purchasing a practice to retiring and selling.

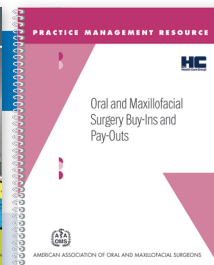
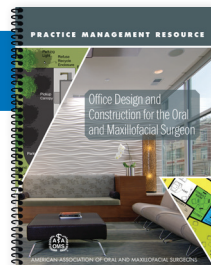
✓ Starting

- *Practice Management Manual: A Guide to Managing the OMS Office*
- *Model Medical Practice Personnel Policy Manual and Workplace Harassment Training Compliance Plan*
- *Complete HIPAA Compliance Plan and Guide*
- *Model Medical Practice OSHA Exposure Control Compliance Plan and Training*



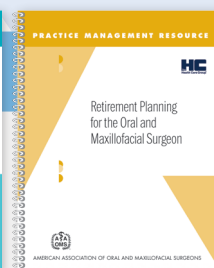
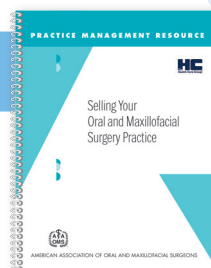
✓ Growing

- *Office Design & Construction for the Oral and Maxillofacial Surgeon, 3rd Edition*
- *Oral and Maxillofacial Surgery Buy-Ins and Pay-Outs*



✓ Retiring

- *Selling Your Oral and Maxillofacial Surgery Practice*
- *Retirement Planning for the Oral and Maxillofacial Surgeon*



Find product details and order at **AAOMSstore.com.**



Faculty Positions

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 board-certified 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: kwais@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 and neck defects 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: kwais@uab.edu or 205-934-5334.

Massachusetts

The Department of Oral and Maxillofacial Surgery (OMS), Tufts University School of Dental Medicine (TUSDM), is pleased to invite qualified applicants for a full-time faculty position at the Assistant or

Associate professor level. The faculty position can either be tenure or non-tenure track depending on experience and qualifications. The duties of the faculty member will include didactic and clinical instruction of students and residents, scholarly activities and service. Participation in the faculty practice is also expected. Candidates with teaching experience are preferred and those with scholarly and research interests are encouraged. The candidate must have a DDS or DMD degree and be eligible for board certification, or be board-certified, by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Massachusetts and have a developed or have a developing area of clinical excellence. Academic and clinical appointments and salary will be commensurate with qualifications and experience. 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. TUSDM is located on the University's Health Science campus in Boston. The Department of OMS works as a key partner within the School of Dental Medicine and the Tufts Medical Center (TMC). TMC is an internationally renowned academic medical center and health care enterprise. As part of the faculty of the TUSDM, and as an attending at TMC, the surgeon will have the opportunity to collaborate with clinicians, innovators and investigators becoming part of a vibrant community of health care providers dedicated to making a difference in their chosen field and in patient care. Applications will be accepted online through Interfolio. Interested parties should submit their current curriculum vitae along with a statement describing their scholarly and clinical accomplishments and interests, as well as three letters of reference. Applications are to be submitted electronically using the following link: apply.interfolio.com/118079. Applications will be accepted until the position is filled. Visit our website at Dental.tufts.edu for more information about Tufts University School of Dental Medicine. Tufts University is an Equal Employment Opportunity/Affirmative Action Employer.

Massachusetts

Tufts University School of Dental Medicine (TUSDM) in Boston, Mass. invites nominations and applications for the full time, tenure track Chair of Oral and Maxillofacial Surgery. The chair reports directly to the Dean of TUSDM. Major responsibilities include administrative duties related to the department and its academic, research and clinical programs. The OMS Department is responsible for a 4-year OMS residency as well teaching and clinical coverage for the pre-doctoral program. The primary hospital for the residency and private practice is Tufts Medical Center (TMC) directly attached to TUSDM. Additional responsibilities include Associate Dean for Hospital Affairs and Chief of Dentistry at TMC. The Chair will also be responsible for the fiscal well-being of the Department, as well as alumni relations and development. Active participation in research, scholarly and faculty development is expected. Candidates should have a proven administrative record that includes academic leadership, education, clinical care

and community service. Applicants should have demonstrated knowledge and commitment to equal employment opportunities and affirmative action. Highly desirable qualifications include interdisciplinary and interdepartmental work and experience with a variety of teaching methods or curricular perspectives. Candidates must have a DDS/DMD or equivalent degree and have American Board of Oral and Maxillofacial Surgery certification. Applicants must have a Massachusetts dental license or the qualifications to acquire one. Applications will be accepted online at Apply. Interfolio.com/117897. Interested parties should submit their current curriculum vitae along with a statement describing their vision and philosophy in creating an environment that would advance learning, patient care and collaboration, as well as scholarly and clinical accomplishments and interests. In addition, please provide names and contact information of at least three references. Letters of nomination may be emailed to: Dr. Morton Rosenberg, Chair of OMFS Chair Search Committee at morton.rosenberg@tufts.edu. Applications and nominations will be accepted until the position is filled. Academic and clinical appointments and salary will be commensurate with training and experience. Tufts University is committed to being viewed as an antiracist institution by every member of our community. At TUSDM, we strive to create and maintain a climate that recognizes differences and commonalities, while understanding and engaging in intentional experiences that nurture acceptance of diverse ideological viewpoints, socioeconomic status, racial/ethnic makeup, religious beliefs, sexual orientation and equity. We have an ongoing commitment to hiring faculty and staff who represent and support our DEI values. We promote awareness and understanding of issues of diversity, equity and inclusion through professional development programs for our students, faculty and staff to drive antiracist attitudes, values and behavior. For further information about the application process, please contact Thomas Bernhard at 617-636-2749 or via email at thomas.bernhard@tufts.edu. Visit our website Dental.Tufts.edu for more information about the Tufts University School of Dental Medicine. Tufts University is an EEO/AA employer.

Massachusetts

The Department of Oral and Maxillofacial Surgery at Boston University and Boston Medical Center invites applications for a full-time position starting in July 2024. Applicants must be graduates of a CODA-accredited OMS training program and be eligible for independent licensure in Massachusetts. The department runs a full-scope training program and responsibilities will include resident education, scholarly activity and participation in the faculty practice with a focus on orthognathic, TMJ and implant surgery. Opportunities for research are readily available. A competitive salary and benefits package commensurate with experience is available. Interested candidates should contact Dr. Pushkar Mehra at pmehra@bu.edu with a letter of interest and curriculum vitae. Boston University is an equal opportunity employer and encourages applications from minorities and women.

Faculty Positions

continued from previous page

Nebraska

The University of Nebraska Medical Center (UNMC) College of Dentistry seeks applications for a full-time position at the Assistant/Associate Professor level. Responsibilities include training and supervision of undergraduate dental students and postgraduate residents, local anesthesia, surgery, sedation and medical emergencies. Qualified candidates must have a DDS or DMD degree from an ADA-accredited college or school of dentistry, be eligible for a Nebraska dental and moderate sedation license and be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates with international dental degrees with OMS specialty training from an ADA-accredited school also are eligible. One-day-a-week intramural or outside-the-college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before April 1, 2023. Inquiries regarding the position may be sent to jbavitz@unmc.edu. Please note that to be considered for this position, applicants must submit an application and supporting documentation (CV and cover letter) via UNMC's online employment website, UNMC.peopleadmin.com/postings.

New 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

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

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 to be, 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

Temple University Kornberg School of Dentistry is seeking applicants for a full-time faculty position in the clinical track for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Major responsibilities of this position will include didactic and clinical teaching at the pre-doctoral level, supervision of pre-doctoral students and provision of direct patient care in the area of dentoalveolar surgery. There are opportunities for didactic and clinical teaching at the level of OMS residents, participation in research and other collaborative activities at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) of the ADA. In addition, specialized training or clinical experience in dentoalveolar surgery is required. Completion of advanced training in oral and maxillofacial surgery at a CODA-accredited institution and expertise in pre-doctoral education are desirable. Applicants must be eligible for full licensure in the Commonwealth of Pennsylvania. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae and three references to Jo Ann Nyquist, Assistant Dean, Kornberg School of Dentistry at jo.ann.nyquist@temple.edu.

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 a letter of intent, including references and curriculum vitae, to: sodoms@mmc.edu.

Tennessee

Vanderbilt University School of Medicine Section of Surgical Sciences is seeking applicants for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. 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. 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 ABOMS. Submit curriculum vitae and letter of interest to Samuel J. McKenna, DDS, MD, Professor and Chairman, Oral & Maxillofacial Surgery Department, samuel.mckenna@vumc.org, phone 615-343-9404 or fax 615-936-5149. 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 Joginipally (sujitj@uw.edu). For questions, please contact Dr. Dodson, Professor and Chair, (tbddodson@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

Alabama

The University of Alabama at Birmingham Department of OMS is pleased to offer a one-year fellowship in orthognathic and TMJ surgery available July 2025. The fellowship provides an opportunity for additional surgical training in orthognathic surgery including cleft orthognathic surgery and maxillomandibular advancement surgery as well as advanced training in TMJ arthroscopy and total joint reconstruction. Candidates must have completed an OMS residency. Please submit CV, letter of intent and two letters of recommendation to Brian Kinard DMD, MD, email briankinard@uabmc.edu.

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. 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 Gary 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 (OralCancer.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 obtain broad exposure in the management of benign and malignant tumors of the head and neck region, including neck dissections, sentinel lymph node biopsies, glossectomies, mandibulectomies, maxillectomies, management of minor and major salivary gland tumors. Fellows also will be trained in reconstructive surgery including pedicled locoregional flaps and microvascular free tissue transfer. Fellows will be involved in scholarly activity in the field of head and neck oncology. For questions, email 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

continued on next page

Fellowships Non-CODA

Accredited *continued from previous page*

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-and-training/fellowships/endoscopic-maxillofacial-fellowship-program/. Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit St., Warren 1201, Boston, MA 02114 or by emailing jmccain@mgh.harvard.edu.

Massachusetts

The Department of Plastic and Oral Surgery at Boston Children's Hospital is pleased to offer a one-year fellowship in pediatric craniomaxillofacial surgery available July 2024. The fellowship provides a unique opportunity for additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Cory Resnick, DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email cory.resnick@childrens.harvard.edu.

Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2024-25: Sponsored by the Oral Facial Surgery Institute (ofsinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed

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

Nationwide

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

North Carolina/South Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery, full-arch implant reconstruction and trauma. Clinicians completing the fellowship throughout its 15-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina and South Carolina dental license or North Carolina medical license and South Carolina dental license. The fellow also must obtain hospital privileges and be available July 1, 2024, through June 30, 2025. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the fellow will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS), based in Charlotte, N.C., is a 24-surgeon practice throughout eight offices in North Carolina and six in South Carolina possessing OR facilities and accredited by the AAAHC. CCOFS has in-house anesthesia (anesthesiologist and CRNAs), three orofacial pain specialists and three prosthodontists in the practice who add to the collaborative environment. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made before Dec. 31 of each year to allow time for licensure. Interested candidates can email dkatopodis@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers one-year clinical/research experience in complex craniomaxillofacial reconstructive surgery for fully trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. For more information, please go to Surgery.Duke.edu/Education-and-Training/Fellowship-Programs/Craniomaxillofacial-Trauma-and-Reconstructive-Surgery-Fellowship. You may email application documents to neil.reddy@duke.edu.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in advanced craniomaxillofacial and trauma surgery (ACMF-trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Drs. Bryan Bell, Allen Cheng, Ashish Patel, Caitlin Magraw, Baber Khatib and Lance Thompson. Dr. Eric Dierks also serves as an emeritus faculty member. Please contact us directly for more detailed information about the program. Information about our practice and fellowship program also can be found at www.head-neck.com. Please email us at chenga@head-neck.com.

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.

Arizona

Our OMS practice is seeking a full- or part-time, board-certified (or active candidate), compassionate OMS to join an expanding two-location practice in the Phoenix area. Please send CV to peter739@gmail.com.



California

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

California

Growing solo oral surgery practice looking for board-certified/-eligible oral and maxillofacial surgeon. Practice has an emphasis on dentoalveolar surgery and implants but has potential to expand if the candidate wishes. Looking for a candidate who has excellent interpersonal skills. The candidate also must be able to establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Associate position with a path toward partnership. Practice is located in beautiful north county San Diego. Send inquiries to classifieds@aaoms.org attention AAOMS box A-1213.

California

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

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/-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 inquiries.

Colorado

Find the ideal balance between work and living in Evergreen, Colo. No traffic. Associate position available. Surgeon mentoring and hospital-based level 1 trauma call/TMJ/OSA if desired. Competitive compensation package with benefits. Text 303-210-4211. 50 minutes to international airport and 45 minutes to skiing.

Colorado

Well-established OMS practices in Denver/Lakewood/Aurora/Thornton area seeking an oral and maxillofacial surgeon. No trauma calls. Flexible schedule. Great staff. Excellent compensation and opportunity. Interested applicants can send their resumes to ysedhom@oralsurgerycenter.com.

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 Alyssa Childs at 689-290-9910 or alysac@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

An excellent opportunity exists to join Pensacola, Florida's first oral and maxillofacial practice that has been serving our community for over 50 years. High-quality, full-scope practice with emphasis on dentoalveolar, orthognathic and implant

procedures. Trauma and reconstructive pursuits also are available. Drs. Mark Greskovich and Kevin Dean are seeking a motivated and personable oral and maxillofacial surgeon who is board-certified or an active candidate for board certification. Please respond to omfs@greskovichbalcom.com or fax to 850-479-5809.

Florida

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

Florida

Full scope OMS practice in South Florida looking for a full time, board-certified or board-eligible oral surgeon to provide quality, comprehensive care in both private practice and hospital-based setting. We are located in a demographically growing marketplace with a large referral base covering 3 locations. Our facilities are equipped with up-to-date technology including CBCT, XNav and a fully functional surgical suite with a general anesthesia machine and a staffed anesthesiologist to assist in longer cases. Interested candidates can email their CV to Sarah Grellner, Practice Administrator, at sgrellner@profilesoms.com or call 561-622-9065.

Florida

Extraordinary opportunity for a board-eligible/board-certified oral surgeon to join a well-established two-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. The Oral Surgery Center has been serving this ever-growing coastal community for over 40 years providing exceptional oral surgery to the area. Our modern practice provides a full scope of oral and maxillofacial surgery with the largest focus on IV sedation, extractions, implants and PRP grafting. The opportunity for trauma and reconstructive also presents itself if desired. The beautiful Sarasota area has been named in the top ten as one of the best places to live and also the region is top ten in population growth. You determine your success. We offer a highly competitive salary and benefits package. Please send resumes to jaredckaufman@gmail.com.

Available Positions

continued from previous page

Florida

Exceptional full-scope oral and maxillofacial practice in Florida seeking an associate to join our busy practice. Florida Oral and Facial Surgical Associates in Daytona Beach, Fla., is interviewing for an associate leading to partnership. We offer an outstanding work environment and compensation package as well as state-of-the-art equipment to provide the highest quality of care to our patients. Trauma call coverage paid monthly by the county hospital. Our very busy practice utilizes our own state-of-the-art, state licensed surgery center as well as the most up-to-date technology for treating our patients. We have three locations in two counties. Our practice opened its doors in 1956 and continues to be the strongest practice in our area. If this sounds like the right fit for you, contact our administrator, Craig McGray, to discuss your possible future with our top-notch practice. Contact 386-239-3590 or craig.mcgray@floridaorafacial.com.

Florida

Looking for an OMS who wants to work in a fun, hardworking, broad scope practice not owned by corporate DDS or private equity. Seeking someone well-trained but not arrogant and wants to commit to the Tampa Bay area to excel as a well-rounded surgeon. Must be willing to do both office and hospital cases, in particular orthognathic surgery. Send CV to jay@flcranio.com.

Georgia

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

Georgia

Excellent opportunity for an experienced OMS. Part time with options for full time and partnership. Must have experience in comprehensive outpatient dentoalveolar and implant surgery. You will have the

opportunity to collaborate with referring clinicians and provide compassionate, competent care in an outpatient setting and will be responsible for the preoperative, operative and post-op patient care. Compensation part time \$250,000 to \$300,000 based on production. Full time to be determined. Send CV to Gail at gsaxe@dsa-llc.net or call 770-943-8322.

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

Cameo Dental Specialists is seeking an oral and maxillofacial surgeon to join our rapidly growing practice in the Chicago area. We are a multispecialty practice with five locations equipped with state-of-

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

Illinois

Are you a talented oral surgeon looking to transform lives and fast-track your career? Join our thriving downtown Chicago practice associated with Northwestern Hospital. We're a fee-for-service clinic focusing on full-spectrum oral surgery and high-volume implants. With a great reputation and steady referrals, you'll enjoy a full schedule in no time. We're offering a \$400,000/year base salary plus a percentage based on production. Want a partnership track option? We have that too! You'll fit right in if you're a team player, always learning and a great communicator. Ready to make a difference and grow your career on a solid track in a supportive environment? Get in touch, and let's create amazing smiles together! Send CV or inquiries to classifieds@aaoms.org attention AAOMS box A-110922.

Illinois

Endodontic & Periodontic Associates is searching for a trained oral and maxillofacial surgeon interested in practicing part time exodontia. We are a multispecialty practice with five offices located in the south suburbs of Chicago, Ill. and four in northwest Ind. We are looking for an OMS to help us with our overflow of extractions, more difficult extractions and to build the third molar extraction portion of our practice. We are continuing to expand and are looking for someone who would be interested in joining our team and building their own niche in our practice. We offer a professional and ethical work environment and will provide trained chairside assistants and any supplies needed to deliver optimal treatment. If you might be interested in joining our team, know of someone who is or if you have any questions or need additional information, please contact Jeffrey T. Walker DDS, MS, Endodontic & Periodontic Associates directly at 708-799-2550 or drjeffreywalker@endoperio.com.

Illinois (St. Louis region)

Well-established practice with regional dominance. Newly renovated facility with emphasis on dentoalveolar/implants and general anesthesia procedures. Four exam rooms and four surgical suites in 7,600 square feet, free-standing surgery



center with exceptional exposure and signage. Collections were \$3.2 million in 2022 for one provider in four days per week. Located 10 minutes from downtown St. Louis, Missouri. The community has excellent schools, low cost-of-living and something for everyone. Send CV to HR Manager mistystrode@yahoo.com.

Massachusetts

We are seeking a BC/BE oral and maxillofacial surgeon to join our busy two-location practice with a loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery, with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive 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.

Massachusetts

Well-established, respected, thriving and growing two office OMS practice in greater Boston area seeking energetic, highly motivated oral surgeons. Our office provides the full scope of OMS. Candidates must be board-certified or -eligible and provide excellent surgical skills and bedside manner, establish new and maintain existing referrals and be interested in growing the practice. Our employment package has a very competitive package including a high base salary with a sign-on bonus, a production incentive and an equal partnership track. For more information about our practice and our surgeons please email CV to manager@mvoralsurgeons.com attention Sandra.

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-of-the-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 that does not require an external loan acquisition. We also offer 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.

Missouri (St. Louis)

A long established and regionally well-known full scope St. Louis oral and maxillofacial surgery practice is in need of an associate/partner to join our group. The practice currently consists of two offices and two active maxillofacial surgeons and one semi-active surgeon. The practice has state-of-the-art facilities and equipment. The practice collaborates with the best practitioners in the St. Louis region, maintains active study clubs and possesses a well-trained support staff and management team. The St. Louis region boasts a vibrant lifestyle, major sports teams, excellent education opportunities, low cost-of-living and a convenient midwestern location. We are looking for a candidate who does the full scope of oral and maxillofacial surgery and is a well-rounded individual. Excellent compensation, 401(k) and equity interest in the practice is the pathway to associateship. Send CV to HR manager at mistystrode@yahoo.com.

New Hampshire

Busy and well established two location practice in southern New Hampshire. Seeking a board-certified/-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

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 Jersey

Union City Oral Surgery Group is a highly recognized, well-established and respected surgeon-owned and operated practice in northern New Jersey. Today, with its main location in Union City and another in construction in Elizabeth, it will continue to expand its brand of oral and maxillofacial surgery throughout New Jersey. As the practice continues to grow, so do the offerings of our surgeons, each bringing a focus complementary to the full-scope group as a whole. We are seeking a highly motivated, engaged and enthusiastic 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. All applications will be held in the strictest confidence. Who you are: You are motivated, hard-working and interested in personal and professional development. You understand what it takes to care for patients and create the appropriate treatment plan. You possess strong teamwork orientation and leadership skills, are partnership minded and have an entrepreneurial spirit. Highly competitive compensation package. Great benefits include health insurance, life, 401(k), paid time off, malpractice and continuing education reimbursement. Opportunity and proven path to partnership. About the practice: Union City Oral Surgery Group is a premier oral and maxillofacial surgery group in New Jersey, founded three years ago by Dr. Nancy Herbst, with a core focus, "Providing oral surgical care to the entire community." Their expertise ranges from wisdom tooth removal and dental implants to trauma, pathology and cosmetics. Visit our website or social media for more information regarding our practice at UnionCityOralSurgeryGroup.com. Send CV or resume to aherbst@unioncityoralsurgerygroup.com or call 201-704-4672.

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The

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Available Positions

continued from previous page

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

New York (Long Island)

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 calls and teach in the associated residency programs. Our high-tech offices are fully equipped with electronic medical records, digital radiographs, cone beam scanners and guided surgery software. Benefits include – but are not limited to – high compensation, full medical benefits, malpractice coverage, 401(k), paid vacation, board preparation course and travel. Send CV to classifieds@aaoms.org attention AAOMS Box A-0415.

New York (Long Island)

Seeking part time oral surgeon one to two days a week, could be full and/or half days. Busy fee-for-service/insurance-based OMS practice one hour east of New York City. Must be highly skilled, experienced. Paid on high percent of collection. Contact omfs327@gmail.com.

New York

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

New York

Long standing, well-respected, two surgeons, two locations metropolitan New York City area oral surgery practice seeking motivated oral surgeon for full time position leading to partnership.

Dentoalveolar and implant surgery, pathology with hospital privileges and room for expansion. New York license necessary. Board-eligible or -certified. MD a plus. Send CV to implants4you2@gmail.com.

New York/New Jersey

Exciting opportunity to join a well-respected, surgeon-owned two-location practice (Hoboken, N.J. and Midtown Manhattan). If you are an energetic, motivated, compassionate, BC/BE oral and maxillofacial surgeon we look forward to meeting you. N.Y. and N.J. licenses required or must be willing to obtain. Kindly send inquiries with CV to omsapplicant@gmail.com.

New York

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

North Carolina

If you desire a coastal location, then look no further. Check out this busy dentoalveolar and implant practice in beachy eastern North Carolina with beautiful Emerald Isle 30 minutes north and all the fun of Wrightsville Beach and Wilmington 45 minutes south. Great place to bring your family or start one with excellent schools and plenty of things to do and see. We are looking for a candidate with a strong desire to build their dream implant practice while doing plenty of third molars and low stress dentoalveolar cases. The salary is negotiable and early partnership is available after only one year to the right person. This is truly your opportunity to build that boutique practice everyone dreams of while living the beach or captain's lifestyle. This is a true one-year associate to partnership opportunity, and we are not affiliated with any corporate organization. Don't let this one get away. Send inquiries to classifieds@aaoms.org attention AAOMS Box A-0110.

North Carolina

Practice oral surgery in the heart of the Carolinas. If you are naturally friendly, energetic and eager to step into an established, thriving and well-respected OMS practice in a rapidly growing region, we want

to meet you! Our independent practice with three surgeons and two offices adjacent to Charlotte has an outstanding and unique opportunity for an OMS searching for a traditional partnership track with a dependable patient base. Meet us and learn more at UnionOralSurgery.com/Join-Us.

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

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.



Ohio

We are delighted to announce that we are continuing to grow our practice and are looking to add another motivated surgeon to our West Chester location. We are a nonDSO, privately owned, multi-specialty office with advanced technology that can provide mentorship alongside our already seasoned oral surgeons. Being just minutes away from downtown Cincinnati's night life, you will also be close to multiple fine dining restaurants, Great American Ballpark, Paul Brown Stadium as well as multiple family friendly attractions. We offer a brand new, completely renovated surgical suite, your own team of surgical assistants, highly competitive compensation package, healthcare, 401(k) and an already established referral base. For more information, please call Dr. Rush Davidson 615-406-5533.

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.

Oklahoma

Exciting opportunity for a full-time oral surgeon to join a fast-paced, growing practice. Associateship with a fast-track to full partnership. Specializations of practice include All-on-Four/All-on-X treatment concept, individual dental implants, wisdom teeth extractions, facial cosmetic treatments and facial trauma. Mentor with a surgeon who's been performing the All-on-Four procedure for more than 20 years, continuously streamlining the process as technology improves. We are one of the largest full arch providers in the state. Expanding practice currently involves two full-time oral surgeons and three locations. Primarily a fee-for-service practice housing our own in-house all digital dental laboratory. State-of-the-art technology includes Carestream 9600 CBCT, Carestream 3700 Intraoral scanner, Envisiontec Einstein 3D printers, X-Nav Dynamic Guided Implant Placement System, Zirkonzahn light and heavy milling machines, Zirkonzahn Facehunter and Plane Finder and PIC Photogrammetry. Earn between \$254,852 to \$2.5 million per year, medical insurance, 401(k), malpractice insurance, continuing education allowance and relocation assistance. Send your CV to karalee888@icloud.com.

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.

Ontario, Canada

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

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.

Oregon

Great opportunity to join a well-established and growing practice in wonderful central Oregon with two locations in Bend and a new additional location in Redmond. The practice currently has two fully active and one semi-active surgeons and is looking for an additional provider to support the growing practice. Bend, Ore., rated one of the top places to live, sits along the Deschutes River, nestled between the snow-dusted peaks of the Cascade Mountains and high-desert plateaus. The pristine beauty of its surroundings makes the town a mecca for outdoor enthusiasts. Position is available summer 2023 with a generous salary and benefits package. Please contact john@kruegerlenox.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 pgghomfs@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.

Pennsylvania

Multi-location group adding associate. Thriving eastern Pennsylvania OMS practice within easy driving distance to New York City, Philadelphia and the Poconos looking for associate. Flexible options from part time to partnership track. Full scope of OMS practiced with a focus on patient care. Very competitive base salary and benefits. Ideal location for metro or rural living. Contact us via email at rpalermo@valleyoralsurgery.com if you would like to learn more about this opportunity.

Saskatchewan, Canada

Locally owned, full scope OMS practice in Regina, Saskatchewan, Canada. This is a city of 230,000 with a half million patient catchment area. Great opportunity to focus on patient care rather than referral retention. 3,700 sq. ft. practice, five surgical suites including two GA suites, CBCT. The office was relocated six years ago due to high demand and to provide state-of-the-art care. Strong OR presence with over 150 major cases performed each year. Regina, the capital of Saskatchewan Canada, has easy access international airport, great for families, great lake life. Apply all your training and pay off debt. FRCD(C) and/or NDSE required. New grads and experienced surgeons encouraged to apply. Email rob@provincialoralsurgery.com if interested.

Texas (North Houston)

Opportunity with an established and well-respected, doctor-owned oral surgery group practice located north of Houston, Texas. We are seeking a board-certified/-eligible or recent graduate candidate. The practice consists of seven

continued on next page

Available Positions

continued from previous page

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

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 (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-of-the-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 board-certified is a must. Excellent compensation and benefits with potential for equity in the practice. Contact steve28093@gmail.com.

Texas (Austin)

Join our world class practice at Hill Country Oral Surgery and Dental Implants. We are a tight-knit family focused on dentoalveolar and high-end

implant surgery. We are well respected in the community and have an excellent referral base. We offer a flexible opportunity for full-time employment with associateship and/or partnership track options. Enjoy paid vacation, health insurance as well as retirement. Email vcavaretta@gmail.com with your CV.

Texas

We are currently looking for a qualified full-time associate to join our oral and maxillofacial surgery practice in the greater Fort Worth area. Candidate must be board-certified or board-eligible, well trained in all phases of oral surgery, including but not limited to extractions, bone grafts, sinus lifts, implant placement, pathology and possess excellent clinical and communication skills. Competitive salary and benefits package with opportunity for partnership. Send inquiries to jennifer@dfworalsurgery.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.

Washington

You've invested in yourself to become a great oral surgeon, now let us help you take your career further. Central Washington Oral and Facial Surgery is a doctor-led and patient-centered OMS practice that offers broad scope services with opportunities for advanced and full arch implant cases, orthognathics and an association with a regional cleft team among other opportunities. We are the premier oral surgery group in Central Washington and currently have practices in five locations in North Central Washington. You will work with an experienced practice management staff, DAANCE-certified assistants and be part of a forward-thinking team. Our surgeons enjoy competitive compensation with high earning potential, an optional path to equity ownership for full-time providers and group benefits including health, dental, vision, professional liability insurance and a 401(k) savings plan. This is a phenomenal opportunity! Interested candidates please email Lorie Miller at loriem@cwofs.com or call 509-663-0068, ext. 142.

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.

Miscellaneous

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 OMSP.com or contact us at info@omsp.com or 713-961-2723 for any questions or consultations.

OMS Practice Sales

OMS Practice Sales is a brokerage firm that specializes in buying and selling OMS practices nationwide. If you are wanting to retire and sell your practice or are looking to buy a practice, our team of experts are here to help! We also provide practice valuations, consulting services and legal services including buy-ins, buy-sell, buy-out agreements, employment contracts and practice transitions. For more information, visit OMSPracticeSales.com or email scott@omspracticesales.com or call 833-OMS-FIRM.

Practices for Sale

Arizona

OMS practice ownership opportunity in metro Phoenix. \$3.5 million in annual revenue. Full scope of OMS including reconstruction, implant and dentoalveolar surgery. Upgraded, spacious, modern, high-tech practice. Nine operatories, five days/week. Strong owner-discretionary cash flow. Call Menlo Dental Transitions at 480-290-7720 or email info@menlotransitions.com for more details. (MDT 471).



California (Santa Monica)

Full scope OMS practice is offered for immediate sale or transition to sale, 35-plus years established in distinguished medical building with long standing, stable referral base. The emphasis of the practice is dentoalveolar surgery and dental implants. The practice is fee for service and insurance patient based. Located in close proximity to two major medical centers, Santa Monica UCLA Medical Center and St. John's Health Center. The office consists of one operating room, two equipped operatories and recovery room. Send inquiries to classifieds@aaoms.org attention AAOMS Box S-1227.

California

A lucrative oral surgery practice has entered the market in Southern California's Central Valley region. Boasting a prime location within a large medical office building, the practice includes the option to purchase the real estate. Remarkably, the practice has attracted 1,260 active patients over the past year, despite minimal marketing efforts. The owner is amenable to various transition options, such as a buy-out or partnership. With eight operatories, including three surgical suites, two minor surgery chairs and three consultation rooms, the practice has ample potential for expansion. The practice has generated collections of \$2.48 million and EBITDA of \$342,000. Contact Professional Transition Strategies at bailey@professionaltransition.com or call 719-694-8320 to learn more.

California (San Francisco)

Rare opportunity for the OMS who seeks the Bay Area/San Francisco style living. Great location, well-established practice with a strong referral base. Passive income from regular facility usage by facial plastic surgeons with strong possibility for others. Facility is equipped with the latest technology and a full-scope operating room. Admin areas were remodeled in recent years. Most staff were replaced following the quarantine due to the COVID-19 pandemic. Established systems and protocols made continuous AAAHC accreditation possible for over 15 years. Annual income from a four-day workweek and multiple vacation breaks is very satisfactory. Minimum six months of support from the existing owner is available. Continuous relationship is negotiable. Qualified buyer may have the option to partially finance through the owner. Board-eligibility/certification required. Single- or dual-degree, new graduate or experienced oral surgeons are welcome to apply. Please send a cover letter describing your past achievements, future plans and ideas along with your resume to sfoms8866@gmail.com.

Illinois

OMS Practice for sale. Located at Naperville/Plainfield border. Four treatment rooms with two fully equipped surgical suites. Very reasonable rent, utilities included. Motivated seller. Located in heart of desirable west/southwest suburbs. Call Bill at 630-242-5678.

Massachusetts

Hurry! Don't miss your chance to tour a thriving oral surgery practice in the heart of southeast Massachusetts. The current doctor, who has been an esteemed member of the community for over a decade, is eager to explore retirement options and is now considering all offers. Despite minimal marketing, the practice attracts an average of 120 new patients/month. The practice is situated in a professional office park within a charming community, and the real estate is available for purchase. Currently, the practice includes three fully equipped operatories and expansion is possible by converting the recovery area or an adjacent unit. With collections of \$1.078 million and EBITDA of \$218,000, this is an opportunity you won't want to miss. Contact Professional Transition Strategies immediately at bailey@professionaltransition.com or call 719-694-8320 to learn more.

Michigan

Solo oral surgery practice available in the mid-Michigan area. This attractive office is located near all the cultural positives that the state capitol and Michigan State University have to offer. Annual gross revenue of approximately \$1 million. The selling doctor is willing to stay on for a shorter transition period if desired. Solid GP referral base and many walk-ins and patient referrals. 1,800 sq. ft. in a very well-maintained professional building (with other GPs in the building) in a very attractive suite with three surgical treatment rooms. The lease is assignable. This all-digital practice has cone beam technology. Call about this excellent opportunity today! Contact classifieds@aaoms.org attention AAOMS Box S-0407 for more information.

Nebraska (Omaha)

Established oral surgery practice for sale with state-of-the-art facilities, five operatories and potential for expansion. The practice saw over 600 new patients in 2022 and consistently welcomes 50 to 55 new patients each month. Seller's Discretionary Earnings of \$325,000 with collections of \$1.132 million. Contact Professional Transition Strategies for more information: 719-694-8320 or bailey@professionaltransition.com – reference #NE32223.

New Hampshire

Well-established OMS practice located in one of southern New Hampshire's most vibrant communities. Modern and well-appointed office with six treatment rooms. Solid history with significant growth potential. Ideal for one or two doctors. No better area to live where you are close to the seacoast, one hour from Boston, one hour from the lakes region/skiing and 45 minutes from Manchester. Current gross is \$925,000 on three and a half doctor days, ripe for growth with implants. Contact us for more details. Jimkasper.com. Email info@jimkasper.com or phone 603-355-2260.

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 Jersey

Fantastic potential with well-known Jersey City office. Perfect for a solo practitioner or a group looking to expand. This full-scope practice was established in 1997. The selling surgeon currently practices a three-day week, which could easily become a five-day work week. The practice is in a spacious building that was designed and built for this specific practice. The practice has a broad referral base and accepts only private insurance. The selling doctor is intent on facilitating a smooth transition to a personable, quality-oriented oral surgeon who can continue the legacy of superior clinical treatment and exceptional patient service. Send inquiries or CV to classifieds@aaoms.org attention AAOMS Box S-0316.

New York (Lower Hudson Valley)

Well-established practice looking for board-certified/-active candidate for certification OMS for purchase of practice or associateship. 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 Box S-11803.

New York

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



Practices for Sale

continued from previous page

North Carolina

Thriving FFS oral surgery practice in the picturesque Outer Banks area of N.C. With two locations and a total of six operatories, this practice sees over 100 new patients/month on average and has room for expansion with the potential for two additional operatories. The current doctor is open to all transition options including a buy-out, partnership or affiliation, making this a flexible and attractive opportunity. Collections of \$1.21 million and EBITDA \$200,000. This is a rare opportunity to join a successful practice in a beautiful and thriving community. The area is growing rapidly, providing a steady stream of new patients and endless opportunities for growth. Don't miss out on this amazing opportunity to own a thriving oral surgery practice in one of the most desirable locations in North Carolina. To learn more, contact Professional Transition Strategies at bailey@professionaltransition.com or call 719-694-8320.

Ohio

Wonderful opportunity in northwest Ohio. No upfront investment. Lease to own. Two office locations. Owned by solo practitioner. Thriving community, great schools and highly motivated, trained staff. Practice emphasis is on in-office anesthesia, dentoalveolar surgery and dental implants. Contact tluna79@gmail.com.

Oregon

Portland – Recently renovated, strong OMS practice with six 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.

Pennsylvania

This OMS practice in southern central PA is about two hours from Philadelphia. Located in a medical office building with over 2,200 square feet, the practice is open and inviting. Additionally, the real estate also is for sale. Five fully equipped operatories. Collections of \$1.58 million and adjusted EBITDA \$140,000. Supplemental revenue to the owner is also available via lease of space. The current doctor has practiced in the community for over three decades and is ready to bring on a partner for continued growth, affiliate with a group or is open to a straight buy-out. To learn more, contact Professional Transition Strategies at bailey@professionaltransition.com or call 719-694-8320.

Pennsylvania

Southern Pennsylvania blends tradition with new world luxury. New to the market is a long-standing oral surgery practice in the Greater Philadelphia region. The current doctor would like to sell the practice and transition to retirement. With almost no advertising efforts, the practice sees an impressive 55 – 60 new patients/month. In network with most major PPOs, there are over 700 active patients. Finally, the real estate is available for this large, free-standing building. Five operatories. Collections of \$1.9 million and EBITDA over \$250,000. Don't miss this incredible opportunity to own your own OMS practice. To learn more, contact Professional Transition Strategies at bailey@professionaltransition.com or call 719-694-8320.

South Carolina

Long established practice in central South Carolina. Solid and loyal referral base, excellent and tenured staff. Current owner willing to assist with transition. Contact classifieds@aaoms.org attention AAOMS Box S-030823 for more information.

Virginia

This privately owned solo practice is located in Williamsburg, Va., and enjoys the benefits of a small, college town of historical significance with plenty of production opportunity. It provides an ideal environment for someone who has a family to raise and excellent medical facilities. The surgeon also enjoys a strong referral base. We are looking to bring on an associate with an immediate path to independent practice ownership as seller transitions to retirement. Please send CV to austin.leavitt@omsp.com.

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 AAOMS Box S-0907.

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EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary

(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

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

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

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

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

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

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

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

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

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

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

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

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

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

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

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

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

Adverse Reactions Reported in Nerve Block Clinical Studies

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

Postmarketing Experience

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

DRUG INTERACTIONS

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

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

Examples of Drugs Associated with Methemoglobinemia:

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

Bupivacaine

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

Non-bupivacaine Local Anesthetics

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

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

Water and Hypotonic Agents

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

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

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

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

Clinical Considerations

Labor or Delivery

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

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

Data

Animal Data

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

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

Lactation

Risk Summary

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

Pediatric Use

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

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

Geriatric Use

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

Hepatic Impairment

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

Renal Impairment

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

OVERDOSAGE

Clinical Presentation

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

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

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

Management of Local Anesthetic Overdose

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

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

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

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

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

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

Recommended Dosing

Local Analgesia via Infiltration Dosing in Adults

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

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

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

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

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

Local Analgesia via Infiltration Dosing in Pediatric Patients

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

Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

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

Compatibility Considerations

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

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

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

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

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

Non-Interchangeability with Other Formulations of Bupivacaine

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

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

CLINICAL PHARMACOLOGY

Pharmacokinetics

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

PATIENT COUNSELING

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



Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

Patent Numbers:

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

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

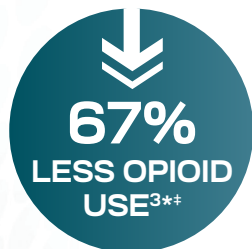
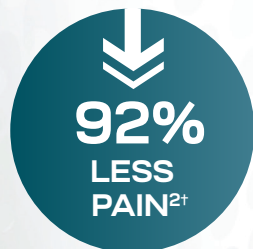
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LOCAL ANALGESIC FOR AGES 6 AND OLDER¹

RECONSTRUCT RECOVERY AFTER OMFS WITH FEWER OPIOIDS

Patients who received EXPAREL had less pain and less need for opioids.*



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IN ACTION



OMFS=oral/maxillofacial surgery.

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

[†]Face, legs, activity, cry, and consolability pain scores on presentation to the postanesthesia care unit from a retrospective review of all patients who underwent pharyngoplasty (N=60) receiving EXPAREL (n=30) compared with patients receiving lidocaine (n=30). *P*=0.0075.

[‡]Opioid reduction in the immediate postsurgical period from a retrospective cohort study of patients undergoing alveolar bone grafting with an open iliac crest bone harvest (N=38) receiving EXPAREL (n=17) compared with patients receiving bupivacaine HCl (n=21). *P*=0.002.

[§]*P*=0.00072.

Indication

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

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

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

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use.

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

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

Cardiovascular System Reactions: Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death.

Allergic Reactions: Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

Chondrolysis: There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Full Prescribing Information is available at www.EXPAREL.com.

References: 1. Tirotta CF, de Armendi AJ, Horn ND, et al. A multicenter study to evaluate the pharmacokinetics and safety of liposomal bupivacaine for postsurgical analgesia in pediatric patients aged 6 to less than 17 years (PLAY). *J Clin Anesth*. 2021;75:110503. doi:10.1016/j.jclinane.2021.110503. 2. Day KM, Nair NM, Griner D, Sargent LA. Extended release liposomal bupivacaine injection (EXPAREL) for early postoperative pain control following pharyngoplasty. *J Craniofac Surg*. 2018;29(3):726-730. 3. Patel RA, Jablonka EM, Rustad KC, et al. Retrospective cohort-based comparison of intraoperative liposomal bupivacaine versus bupivacaine for donor site iliac crest analgesia during alveolar bone grafting. *J Plast Reconstr Aesthet Surg*. 2019;72(12):2056-2063.

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NON-OPIOID
EXPAREL[®]
(bupivacaine liposome injectable suspension)