AAOMS TODAY



September/October 2023 VOLUME 21, ISSUE 5

A publication of the American Association of Oral and Maxillofacial Surgeons

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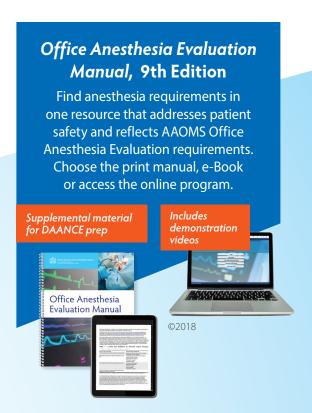
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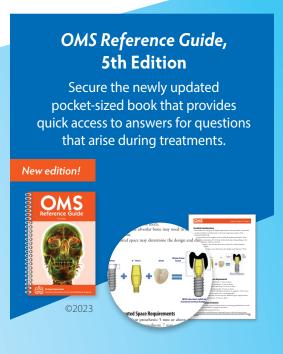
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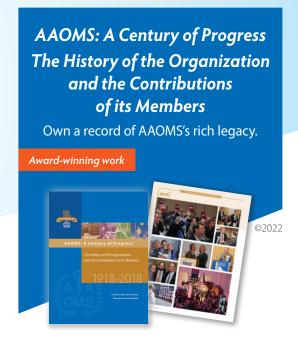
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September / October 2023

Volume 21, Issue 5

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COVER STORY

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Giving Back

OMSs doing their part to aid in Ukrainian crisis

"There's a whole lot of ways we can serve. For an OMS, it's important for us to get out there and serve locally, nationally and internationally and be part of a team."

– Dr. Robert McNeill

Covering biology to esthetics

Innovative techniques and procedures are the focus of this year's conference.

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AAOMS Today: Award-winning AAOMS member magazine



2021: Awards of Excellence for Writing

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

Healthcare ADAWARDS

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 for Magazine/Writing



2019: Silver Scroll Division I winner

2018: Newsletter Division I winner



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

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

Award for Association Magazine **2019:** Platinum Award for Association Magazine



Paul J. Schwartz, DMD AAOMS President

I wish every member could have the glimpse I had this past year into the inner workings of our dedicated Board of Trustees, committees, volunteers and staff.

Preserve, promote and

/ hen I stood before the House of Delegates last fall to outline my vision for the specialty in the coming year, I summarized my goals under the three headings of Preserve, Promote and Serve.

My commitment to you then - and still is today - is to work hard to preserve our practice model, to promote innovation and spread the word of our expertise to the public, and to serve the needs and deliver solutions for the advancement and enrichment of all our members.

What I learned along the way, however, is that AAOMS aspires to and does so much more than my three noble goals. Our Association takes care of everyday business, moves mountains when it has to, turns on a dime when pressing issues arise and is awe-inspiring in the breadth and depth of the programs and initiatives under its umbrella.

I wish every member could have the glimpse I had this past year into the inner workings of our dedicated Board of Trustees, House of Delegates, committees, volunteers and staff. We may be an "organization," but I have found that AAOMS is really "people" oral and maxillofacial surgeons, our residents, our allied staff, our sister organizations and everyone who cares about the specialty.

Together, we accomplished a lot in the past year. Here are just some of the highlights.

Preserve our practice model

Model dental sedation and anesthesia regulations – AAOMS and the American Society of Dental Anesthesiologists (ASDA) together developed and approved joint model sedation and anesthesia regulations for dental providers. For more than a year, a work group composed of clinical leaders of both organizations collaborated to develop this model language that can be adopted by states. While the model regulations are not meant to supersede any specialty's professional standards or parameters of care, the document informed by prevailing scientific literature - supports the OMS anesthesia delivery model with a focus on patient access and safety.

Assistance to states – Issues arise every year across our country, but two examples this past year exemplify our strengths. When regulatory and legislative issues arose in North Carolina and Massachusetts, AAOMS was ready. We provided assistance and a State Advocacy Grant to the North Carolina Society of Oral and Maxillofacial Surgeons to help it successfully deter regulations that would have required a second anesthesia provider. In Massachusetts, AAOMS and OMSPAC provided endorsement and



serve: AAOMS does that and so much more

financial support to the ADA and the Massachusetts Dental Society to aid in the successful passage of a ballot initiative establishing a medical loss ratio for dental plans.

Anesthesia training and app – As the AAOMS National Simulation Program continues to evolve, so does our Office-Based Emergency Airway Management (OBEAM) course, which has been offered at Annual Meetings and at our Rosemont headquarters since 2019. In an effort to reach more members, OBEAM facilitator manuals and videos were developed to allow for the hands-on courses to be shortened to two hours – with didactic content transitioned into a learning management platform with four hours of pre-course material to be completed prior to the hands-on course. This year, OBEAM will have been offered at three regional/state OMS meetings. In 2024, OBEAM will be held in conjunction with up to 10 regional/ state meetings in addition to the headquarters and Annual Meeting offerings. AAOMS also is working with simulation centers around the country and has developed a simulation equivalency program for courses that meet or exceed the OBEAM objectives. Any of these approved courses will meet the membership requirement. To help meet the other new anesthesia requirements, AAOMS's OAE app was enhanced so members can easily log their quarterly team mock emergency drills and complete the AAOMS anesthesia survey as part of scheduled office anesthesia evaluations. Additionally, the Board developed a new OAE program standardized attestation form.

Day on the Hill – Nearly 90 OMSs traveled to our annual Day on the Hill in March to help advocate for our legislative priority issues, including 1) the bipartisan Resident Education Deferred Interest (REDI) Act that would allow medical or dental interns and residents to qualify for interest-free deferment on federal student loans, 2) the Dental and Optometric Care (DOC) Access Act that would prohibit ERISA plans from capping fees on services they do not cover; and 3) the Ensuring Lasting Smiles Act (ELSA) that would ensure health plans cover necessary dental procedures as a result of congenital craniofacial anomalies.

Facility fees - To address access to care and hospital privileges, AAOMS collaborated with other dental organizations to guide CMS toward implementation of a new HCPCS code – G0330 – to increase the facility fee exponentially for outpatient hospital services. AAOMS continues to work with the coalition to apply the facility fee for Medicaid and ambulatory surgical centers.

Anesthesia assistants - Our Committee on Anesthesia subcommittee continues to work diligently to create pathways to train dental anesthesia assistants that not only empowers them but also offers a staged approach that culminates in successfully taking the DAANCE exam.

Promote innovation and expertise

CSIOMS – 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 conference in March. The 60 or so attendees – including 22 residents – also listened to presentations covering updates in orthognathic surgery, digital implant prosthetics and zygoma implant planning.

SCORE – The Surgical Council on Resident Education for OMS, a learning management system for residency programs, improves the education of OMS residents through a standardized curriculum that offers about 90 OMS modules and over 210 peer-reviewed self-assessment questions. The OMS modules include learning objectives developed by the Committee on Education and Training and dedicated OMS faculty authors with direct links to related resources and open-ended questions to allow residents to assess their understanding of the topic. OMS programs can assign modules in preparation for weekly conferences, use resources to cover conditions or procedures not typically seen at their institution and incorporate materials into teaching presentations. SCORE also provides access to hundreds of non-OMS modules, surgical videos and multiple textbooks.

OMS Reference Guide – Updates in the new 5th edition of this valuable tool for residents include updated content and images.

Parameters of Care – A Special Committee on OMS Parameters of Care worked to update – and members were invited to review and comment – on practice considerations for 11 areas of scope of practice for the 7th edition to be printed this fall.

Clinical and position papers – Researchers developed and published several timely papers on cannabis use for patients undergoing office-based anesthesia, oral mucosal dysplasia, and oral lesion evaluation and referral criteria for general practitioners. Updates were made to 16 advocacy papers to provide guidance to members on topics ranging from midlevel providers, balance billing, telehealth and opioid prescribing.

Informational Campaign – The MyOMS.org website tallied almost a million page views in 2022 – a record high – with over 65,000 using the Find a Surgeon function. The campaign's videos also set a record with 2.6 million views. To date, the continued on next page



campaign has produced more than 300 complimentary practice management materials for AAOMS members.

Public-facing podcasts – To supplement the MyOMS.org website, videos and infographics, AAOMS launched OMS Voices, an AAOMS podcast, with episodes featuring OMSs discussing topics covering the full scope of OMS practice.

Public service announcements – With three new television and radio PSAs on wisdom teeth, dental implants and facial protection, AAOMS has now reached a broadcast audience of more than 1 billion. That's Billion with a B! A new PSA focusing on children's oral health – in the works for 2024 – is being developed with the AAO and AAPD.

Serve our members

AAOMS Cares: Being Well Together – To prioritize the well-being of our members, AAOMS has partnered with an independent treatment facility to help meet the needs of those struggling with substance use disorders. Of course - with privacy and anonymity of the utmost importance -AAOMS is committed to fostering a supportive and nonjudgmental environment and encourages those who are struggling (or know someone who is) to take advantage of this confidential well-being program by calling 888-462-2706.

Non-medical office emergencies – After the House of Delegates passed a resolution last year calling for the Association to identify any programs and resources to assist members with matters of personnel and practice safety, AAOMS's practice management committee worked to identify and share on our website resources for non-medical office emergencies, including active shooter situations.

MATE Act resources – To help members meet the training requirements of the Medication Access and Training Expansion Act, AAOMS is offering eight hours of virtual continuing education courses free of charge through Dec. 31. The training - required by the DEA for new or renewal registrations - need not address treatment of substance use disorders but may instead address pharmacological management of dental pain with referral for substance use disorders, thanks to the efforts of AAOMS and other organizations.

AAOMS.org – With a redesign in the works to improve access to information, the member website garners about 900,000 page views each year. Additionally, the AAOMS member-facing LinkedIn account continues to gain followers.

Member-facing podcasts – AAOMS On the Go features interviews with guests discussing important initiatives, programs and topics of interest to the OMS specialty. These podcasts are available on all the popular platforms.

Continuing education – With our already robust in-person and online Annual Meeting and Dental Implant Conference, AAOMS continues to add to its offerings in the CE Online library. A Clinical CE Subscription now includes more than 100 hours of on-demand content. In-person and online coding courses (including the Master Coding Workshop) and practice management courses also are popular with our members and practice staff.

Member engagement – The Board's Subcommittee on Member Engagement worked to develop a new volunteer webpage that encourages members to indicate their interests in engaging with the Association. We also launched a Member Spotlight series that highlights individuals telling their stories about why they became an OMS and what they value about their AAOMS membership.

Innovation – The Board's Subcommittee on Innovation identified top priorities to consider, including impaired providers, expansion of scope of practice, non-categorical OMS Interns, digital workflow in OMS and standing committee planning sessions.

Corporate and industry support – The Board's Subcommittee on Corporate/Industry Support worked to explore and enhance the relationships and benefits of AAOMS corporate sponsors and exhibiting companies by reviewing meeting trends, survey data and key performance indicators. As a result, the Board approved hiring a consulting company to help AAOMS determine best next steps to maximize the value of our corporate support program.

AAOMS Advantage – With 17 companies offering products and services with special discounts to our members, these vetted Partners also generate royalties – more than \$1.1 million in 2022 – to AAOMS to help fund important programs, including advocacy efforts.

Resources – AAOMS published updates of the Surgical Assisting Skills Series manuals (SASS 1 and SASS 2) to provide surgical staff with resources, reference materials, checklists and more. Also new in the past year is the *Insurance Manual*: Comprehensive Billing and Reimbursement Guide for the OMS.

A memorable year

Thank you all for your unwavering support and commitment to our Association's vision this past year. Together, we have proven that when we stand united, there is no challenge we cannot overcome and no goal we cannot achieve. Let us continue to inspire and be inspired as we march toward a bright, impactful future for our Association.



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- 50,000 rpm

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- HPXI /HPXXI
- 65mm/70mm
- External spray External spray • 80,000 rpm
- 80,000 rpm at 1:2 at 1:2

S-16

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• 1:2 slight angle

Dismantlable

• HP. 44.5mm

Giving Back OMSs doing their po

OMSs doing their part to aid in Ukrainian crisis



AAOMS members are aiding in the ongoing conflict in Ukraine in a variety of ways – from offering their expertise on the frontlines to treating refugees in Poland or training Ukrainian surgeons stateside.

These OMSs – and other U.S. healthcare personnel – are helping to make a difference for the Ukrainian people in a war that has lasted for over 500 days.

This issue's cover story is part of Giving Back, an occasional AAOMS Today feature that highlights the volunteerism of oral and maxillofacial surgeons helping patients in unfortunate circumstances in the United States and abroad.

Know of an OMS who is helping others? Send story ideas to communications@aaoms.org.



Aragon Ellwanger, DDS **AAOMS Member**



Performing surgery full-time in Ukraine

ragon Ellwanger, DDS, decided to separate from the Air Force after 13 years of service as an OMS to travel to Ukraine and aid in-country as the medical director of for PEACE, a nonprofit that serves many countries, but has recently targeted its efforts on Ukraine. Dr. Ellwanger said he was surprised by his decision, but moving on felt natural and empowering, as he knew he could make a sizable difference.

Dr. Ellwanger's sister, Britta Ellwanger, had been completing a master's degree in Kyiv when the war began. Although she initially left the country, she decided to go back and help with relief efforts. She began reaching out to her surgeon brother to help procure medical supplies and answer first aid questions.

Eventually, Dr. Ellwanger decided to trade over-the-phone consulting for a more boots-on-the-ground approach. With his military background and OMS training, he said he knew he could be a big help. His first trip took place in the

A U.S.-trained OMS has their fingers in many medical backgrounds that any average doctor would not. - Dr. Aragon Ellwanger

fall of 2022 over the course of several weeks. With the help of Britta to translate, Dr. Ellwanger spoke with patients, surgeons, administrators and political figures across the country, creating collaborative agreements in seven of Ukraine's 27 administrative divisions. Of the seven, five divisions were immediately adjacent to active war zones; the nonprofit's small and nimble nature allowed them to visit places many others could not.

continued on next page

He took an approach that he said was not very common among other relief efforts: asking the people of Ukraine what they needed and how exactly he could help. The Ukrainians he spoke with were often surprised by the approach, but glad to let him know how he could be the most helpful.

"I have noticed that something that is oftentimes missed when it comes to service or volunteerism is the concept that just because this is something that works in a U.S. setting, it's automatically the right way everywhere," Dr. Ellwanger said. "Not only is that incorrect, but it's also very off-putting to the people who you're wanting to assist."

He returned to America to begin fundraising efforts so he could go back to Ukraine with the necessary medical supplies. As a smaller nonprofit, none of its officers take salaries, personal costs such as travel and food are paid individually, and everything else is funded through donations. Using a grassroots approach, Dr. Ellwanger was able to raise \$500,000 for his trip over the course of a few months.

Preparing for surgery

Before returning to Ukraine in December 2022, he created a full-scale, Level I trauma kit that had everything he would need to perform reconstructive surgery – anything short of microvascular surgery – in Ukraine.

To get both himself and his supplies into Ukraine, especially the more impacted sections of the East and South, took the better part of a week. There are currently no commercial flights into Ukraine, so getting inside the country requires entering through another European nation and passing several war checkpoints. Ahead of the trip, Dr. Ellwanger discussed his upcoming journey with the Ukraine consul general Dmytro Kushneruk in San Francisco, Calif. The consulate wrote several letters on Dr. Ellwanger's behalf, allowing him to cross the checkpoints and keep his equipment protected.

It was a long process, but because Dr. Ellwanger was planning to stay for several months, he knew obtaining the proper documentation was necessary.

"It wasn't a zip in and move-on-with-your-life type thing," Dr. Ellwanger said. "We wanted to know how we can really be a stable source of assistance that you can rely on more



Dr. Ellwanger discusses with Ukrainian oral and maxillofacial surgeons how to treat injuries with the limited supplies available.

long-term, to have that legitimacy behind what we're doing. That takes a little bit more time."

Dr. Ellwanger returned to Ukraine after Christmas and began visiting numerous private, public and military hospitals, where he treated patients, trained surgeons and procured supplies. Dr. Ellwanger and the rest of the nonprofit wanted to create a medical network across various cities, villages and institutions rather than focusing on a specific place.

Dr. Ellwanger would ask the Ukrainian hospital administrators what he could to do help, highlighting that he had all of his own equipment ready to go. Many hospitals needed help with maxillofacial traumas, as they had no doctors with that type of expertise. Other hospitals had OMSs, but with various kinds of training and very few with reconstructive experience. Some surgeons would ask for help in deciding what type of procedure a patient should receive, while others had no idea where to start. The aid Dr. Ellwanger provided changed every day, depending on where he was and what was needed.

Some days, he would perform a surgery and train the surgeons on-site so they could work toward performing the surgeries on their own. Other days, he helped procure medical products, from battery-operated drills to hemostatic agents and fluid resuscitation.





Dr. Ellwanger tours a hospital in Ukraine and meets with a patient who was the victim of a mortar blast wound.

"I would say that probably is the biggest need that I have encountered - just finding resources for medic teams," he said. "With my military background, we are very used to emergency field hemostasis stabilization."

Orbital injuries common

He was able to assist with various maxillofacial traumas that involved orbital injuries, which were very common. In his kit, Dr. Ellwanger brought a full plethora of orbital plates to cover all the sizes and injury types. Orbital injuries tend to be more common in war zones due to the prevalence of explosions, blasts and projectiles.

Treating these injuries was crucial, because left untreated, a patient's eye could sink into his maxillary sinus. There weren't many surgeons in Ukraine who knew how to do these kinds of surgeries, let alone knew they existed, Dr. Ellwanger said.

"Orbital injuries tend not to be treated because they're not a problem for a long time in many cases because of the swelling and inflammation that is artificially propping the eye up," Dr. Ellwanger said. "But it's one of those things that slowly over a month, the eye begins to sink into the maxillary sinus. When that occurs, it's called enopthalmus. That's a really bad injury, as far as quality of life moving forward. You can imagine never being able to focus on anything. One eye is half sunken into your skull."

He also offered help with anesthesia, which surprised many of Ukrainian doctors, never having seen a U.S.-trained oral and maxillofacial surgeon before.

"That blew many groups away and opened up a lot of doors for me. A U.S.-trained OMS has their fingers in many medical backgrounds that any average doctor would not," Dr. Ellwanger said. "Even if you look at OMSs worldwide, we're just so unique in our training, because it's not usual to have full anesthesia credentials."

Dr. Ellwanger's extensive military background also helped him navigate his journey. Moving from village to village, working out of a portable operating room and procuring his own supplies may have been difficult for some OMSs. But having 13 years in the Air Force – mostly spent stationed abroad - meant Dr. Ellwanger could easily adapt to different situations and conditions.

"That was very valuable. I don't think that's necessarily something you have so early on per se in your career," Dr. Ellwanger said. "That's normally more of a logistics or ordering background that's not necessarily part of your OMS training."

Dr. Ellwanger and other members of the group stayed in local inns, or sometimes at the hospitals themselves. As they traveled farther East and South, the number of westerners and journalists dropped substantially. Often, they stayed in villages that had only been liberated from Russian control for about a month.

The conditions, Dr. Ellwanger said, were much worse than most people typically imagine when thinking about the war. Much of the reason Ukraine is so resilient, Dr. Ellwanger said, is due to the willingness of ordinary, non-military citizens to join the ranks. Many of the injured he saw were rescued from the frontlines by Ukrainian citizens who drove into active war zones with their own personal vehicles and retrieved soldiers.

"People who have no business fighting a war are rising up, putting on a burden that is not theirs to take," Dr. Ellwanger

In addition to medical services and supplies, the nonprofit also works to bring clean water and reliable energy sources continued on next page

to Ukraine. The nonprofit is currently putting together a solar campaign to provide some of these villages with power.

"What is very nice about Ukraine is there's a very strong sense of community. Many of these things are able to be donated to a community for community use, and it actually does work in Ukraine very well, because of the strong concept of communal items being everyone's responsibility to maintain," said Dr. Ellwanger.

Equipment issues

While Dr. Ellwanger knows that all aid given to Ukraine is well-intentioned, he hopes that charities and philanthropic efforts can better consider the country's unique needs before they donate in the future. Many donations, he said, seemed to be made in a piecemeal way, so hospitals and front-line physicians are left with incongruent equipment or machinery that is not of use to them.

For example, during his travels, Dr. Ellwanger came across a huge, brand new Dräger anesthesia machine that had been donated to a very remote hospital. Unfortunately, the machine, which likely cost hundreds of thousands of dollars, could not be used as the donator didn't include the vacuum pump.

"It's heartbreaking," Dr. Ellwanger said. "They're in Ukraine in the middle of a war. They can't just get on over to Germany and pick up this little vacuum pump."

Another form of aid that is becoming increasingly common in Ukraine is sending patients with severe maxillofacial trauma out of the country for treatment due to a shortage of surgeons who know how to handle these procedures and an increasing demand. While Dr. Ellwanger knows outsourcing like this can help certain patients, he wants to train Ukrainian surgeons on these procedures so they can serve more of their patients in-country, which is ultimately more sustainable and financially viable.

While he said he knows he can't train every single surgeon in Ukraine or change any of the circumstances that the country is currently living under, he wants to target his aid to have as big of an impact as possible.

"I can't overhaul a medical system. I'm not going to pretend that I know how to do that. I do identify specific patients with specific surgeons and specifically do long-term follow-up," Dr. Ellwanger said. "It's very educational and helpful for the surgeons that I've been involved with and also the patients."

Since the beginning of the war, for PEACE has helped secure over 100 field hospital beds, over 3,000 individual first aid



Dr. Ellwanger (left) works with Ukrainian surgeons to perform a revision to a mortar blast injury to the maxilla in a hospital in Ukraine.

I've had these unique experiences as an OMS and I would be doing a disservice to my brothers and sisters of the world if I didn't use that. – Dr. Aragon Ellwanger

kits for frontline use amongst soldiers, one ambulance and four vehicles for frontline evacuations, several water filtration systems for hospitals, multiple fully functional orthopedic surgical trauma systems and continuous replenishment of core medical supplies such as coagulants, respirators, medicines, resuscitation fluids and tourniquets for frontline medic evacuation teams. The group is also partnering with other Ukrainian institutions to create a full-service psychological rehabilitation center with experts trained in PTSD and the effects of war, sexual assault and trauma.

Dr. Ellwanger is currently in California, accruing funds and finishing a stint at an OMS practice where he filled in for a colleague on maternity leave. He plans to make another trip to Ukraine soon.

"I've had these unique experiences as an OMS,"

Dr. Ellwanger said, "and I would be doing a disservice to
my brothers and sisters of the world if I didn't use that."

To learn more about the nonprofit for PEACE, visit for Peace.us.





Robert McNeill, DDS, MD AAOMS Fellow



Helping refugees on Poland mission trip

Robert McNeill, DDS, MD, is no stranger to mission trips, but the Texas-based OMS and periodontist Stephanie Ganter, DDS, MS, took their first trip earlier this year to Western Europe, where they spent a week providing care to refugee shelters in Warsaw, Poland, right along the Ukrainian border.

The team traveling in April with Drs. McNeill and Ganter provided free dental care to 2,560 Ukrainian citizens living in five different shelters. Among the team were McNeill's son and pre-dental student, David McNeill, fellow dentists Dr. Craig Armstrong and Dr. Hana Alberti and office administrator Kate Davidoski.

"My son, who's pre-dental, came along, and it was good and important for him to see Ukrainians who were his age and see how they were affected by war. It gave him an entirely different perspective on life," Dr. McNeill said.

Drs. McNeill and Ganter partnered with International Medical Relief, a nonprofit organization that brings healthcare services to underserved and vulnerable people around the world. The trip was supported by the International College of Dentists' Global Visionary Fund, the Henry Schein Cares Foundation and individual donations.

The volunteers primarily performed extractions and fluoride varnish treatments but also were able to provide some limited restorative care for patients. While the doctors worked with patients, the other volunteers helped with triage and providing entertainment for the children in the shelters.

"There's a whole lot of ways we can serve. For an OMS, it's important for us to get out there and serve locally, nationally and internationally and be part of a team," Dr. McNeill said. "There's not a whole lot of oral surgeons who go on these missions."

Folding chairs and windowsills

Offering dental care in a shelter was much different than offering it at home. Drs. McNeill and Ganter were responsible for setting up makeshift clinics in each shelter, many of which only had folding chairs available.

One of the shelters had an examination chair that would be used by OB/GYNs, which Dr. Ganter said was often awkward to convince the Ukrainians to use, especially given the language barrier. Instead, she had patients sit in a chair and lean their head against a windowsill so she could perform extractions. While rudimentary, she said it got the job done.

"You really had to rely on your ability to interact through a translator. It was a lot of non-verbal communication that was at your disposal," Dr. Ganter said. "And then of course, continued on next page



Drs. Ganter and Craig Armstrong in a shelter in Poland. Most of the shelters in Poland only had OB/GYN examination tables for the team to work on. They often had patients sit in a chair or tilt their head up against a windowsill.



Drs. McNeill and Ganter's group of volunteers makes their way to a shelter with supplies.



Dr. Robert McNeill shakes a Ukrainian child's hand after administering care.

our instruments, we would have to set up a clinic and set up a system pretty quickly within the first 20 minutes of getting to a spot."

Each shelter was a bit different, but most included only one refrigerator for the multiple families staying there, with each family keeping their food in different-colored bags to keep things separate. Plywood was used for walls of makeshift living quarters, which typically only held cots and the family's belongings. Lice and termite outbreaks were common.

"They didn't teach you this in residency," Dr. McNeill said. "You quickly had to assess. And every day we were pretty much going to a different shelter that had different conditions."

You quickly had to assess. And every day we were pretty much going to a different shelter that had different conditions.

- Dr. Robert McNeill

The volunteer group was able to provide immediate, much-needed relief to Ukrainian citizens who were awaiting tooth extractions, many of whom had infections. The shelters were mainly composed of women and children who had been displaced by the war, because most of the men were still in-country, fighting in the military. Most displaced citizens had not been able to access dental care since arriving in Poland, especially because most dentists in the country have long wait times of six months or more.

Seeing patients who are suffering from swelling, extreme pain and infections was hard, but Dr. McNeill said he was glad to be able to help so many people in need. On the first day of the trip, he treated a woman from Odessa who had infected teeth that needed to be pulled.

"She came back the next day for a different tooth in a different area, and she gave myself a big hug and gave my son a hug," he said. "I think it's something we'll never forget."

Thank-you chocolates

Another woman brought Dr. Ganter chocolate after she completed several of her tooth extractions, helping her through her pain. Although Dr. Ganter tried to give the sweets back to her, the woman insisted she keep them.

"For her to give me some of her only rations for the week – the sweet stuff, the fun stuff – was really special," Dr. Ganter said. "She was trying to communicate the best she could at how grateful she was for our group. When you give something that you just don't have a lot of, it just means a lot more," Dr. Ganter said.

One of the things that struck Dr. Ganter – who regularly volunteers for American-based aid programs such as Texas Mission of Mercy – the most was that the refugees were





Volunteers (from left to right) Dr. Hana Alberti, David McNeill, Dr. Robert McNeill, Dr. Stephanie Ganter, Kate Davidoski, Alex Tolksdorf, Dr. Craig Armstrong, and Thomas Meehan, with the two Ukrainian interpreters (in orange shirts) they worked with on their mission trip.

happy to be treated and happy to see the dental team in general. But there was a key difference in volunteering abroad - when she was done with the procedures, the patients were staying right where they were, not going back to an American home. The shelters showed the volunteer team the realities of being displaced by a war, from the semi-private showers to the areas sectioned off for those with communicable diseases.

"If you treat someone in the states, they're real happy. They're like, 'Oh man, thanks. I can go back to my normal life. This is awesome," Dr. Ganter said. "The gratitude in Poland was heartfelt, but it was somber in a way as well."

Seeing the effects of the war on the community also was eye-opening for the team. They had previously served in countries such as Costa Rica and Zambia and seen the effects of poverty on different populations. But the shelters offered a new perspective.

"When you go to Poland and you see Ukrainian citizens, you get an idea of what a war-torn country does. You see it on people's faces," Dr. Ganter said. "I can't imagine being 17 and my boyfriend having to stay behind, or my dad or my brothers."

Giving back is a way for Dr. McNeill and Dr. Ganter to keep grounded and remember why they wanted to work in oral healthcare. Often, they said, working in private practice



The volunteer group run by Drs. McNeill and Ganter.

can be difficult and draining. Dealing with competition, unpleasant patients and overwhelming case loads can make it easy to forget the impact a simple tooth extraction or surgery can have. Seeing true gratitude makes the harder days worth it, they said.

"I think we really felt as though these people were just happy that we were there," Dr. McNeill said. "They knew we were from the states; they knew we were there to help them. And I think that was a big part of it."

continued on next page



Part of the volunteer group on its way to administer care to patients.

Encouraging volunteer efforts

Dr. McNeill encourages other OMSs to get involved in volunteer work, whether it's local or abroad. He says it will likely require getting out of their comfort zones and working with other dental professionals.

"One of our main pushes and our motto here is working better together. And there are some advantages certainly for patients when specialists work together. It's great as specialists when we are able to work better with general dentists as well. And that's what this trip did," Dr. McNeill said.

"There are always a bunch of factors why we do something, why we do something like this. But it's really to connect with the team members we went with to connect with Ukrainian citizens who we treated and saw. It's to discover things about their journey and their battles during a wartime experience for them and discover things about ourselves," Dr. McNeill said.

Whether it's going on a trip to Europe, Central America or serving in one's back yard, Dr. McNeill said he always feels like he gets more out of the experience than he gives. I think we really felt as though these people were just happy that we were there.

- Dr Robert McNeill

Although the primary purpose is to help people and use the skills and talents of the OMS for good, it's also to have an adventure and understand different populations.

"You've got talents and skills as surgeons, get out there and do something with it," Dr. McNeill said. "You can have a hell of an experience as you do that and you're going to give to others, you're going to get a lot of stuff back."

To learn more about the nonprofit International Medical Relief, visit InternationalMedicalRelief.org.



Dr. Stephanie Ganter with a patient who gifted her chocolate.





Matthew Radant, DDS, MD AAOMS Fellow



Training Ukrainian surgeons in Oklahoma

rgeons at the University of Oklahoma Health Hospital are leading a national pilot program to train surgeons from Ukraine on various facial reconstructive surgeries. Matthew Radant, DDS, MD, worked with four other surgeons of the OU Health team to train three Ukrainian surgeons this spring. Another cohort, which includes two Ukrainian OMSs, is expected to arrive in Oklahoma City at the end of August.

The training is part of Operation Ukraine, a program in conjunction with Face to Face, the philanthropic arm of the American Academy of Facial Plastic and Reconstructive Surgery, that helps Ukrainian surgeons travel to America to receive training in advanced head and neck reconstructive techniques from host surgeons. OU Health became the first American hospital to host Ukrainian surgeons through the program when it welcomed its first cohort in May, when three surgeons visited for four weeks to work alongside OU surgeons.

They can read in a book or learn in a classroom how to do this, but it's actually seeing everything else that goes into it - which is honestly the most important part.

- Dr. Matthew Radant

"Hopefully, this training fosters a little bit of an interest of knowing what can be done but then also knowing what they need in order to accomplish that as far as instrumentation, hospital care, ancillary staff, those types of things," Dr. Radant said. "They can read in a book or continued on next page



OU faculty, residents and medical students as well as members of the Ukrainian community of Oklahoma City heard a lecture presented by Drs. Kosenko, Mykhashula and Levystski.

COVER STORY (continued)



The teaching faculty at OU and the Ukrainian community in Oklahoma City threw a welcome barbecue for the three Ukrainian surgeons.

learn in a classroom how to do this, but it's actually seeing everything else that goes into it – which is honestly the most important part."

The goal of Operation Ukraine is for visiting surgeons to gain surgical techniques they can bring back to Ukraine to help the thousands of injured civilians and soldiers, all without the burden of living or training expenses. All costs were covered by the program and the surgeons stayed with host families who identified as part of the Ukrainian diaspora, said Dr. Mark Mims, the OU Health surgeon who is leading the program.

Just from a healthcare side of things, it made me realize how good we actually have it in comparison to the rest of the world.

- Dr. Matthew Radant

The three Ukrainian surgeons who partook in the May and June training – Oleksandr Kosenko, MD, Andrii Levytskyi, MD, and Anna Mykhashula, MD – all work in hospitals and do not have military training. They are a few of many doctors in Ukraine grappling with an increase in explosive-related injuries – without the workforce to handle them.

"More westernized Europe has more healthcare similar to the United States, whereas a lot of Ukraine doesn't.

Like they might have like one or two centers in the entire country that are even capable of doing these types of procedures," said Dr. Radant.

Need for reconstructive surgery

Since the war first started over 500 days ago on Feb. 24, 2022, over 14,000 civilians and an unknown number of soldiers have been injured. Most of the injuries the surgeons encounter are explosive- or shrapnel-related, which account for 98 percent of all injuries in the Ukraine-Russia war. Stabilizing these injuries on the front lines is one challenge, but the training at OU aimed to help surgeons administer secondary, post-stabilizing care to patients who require complex reconstructive surgery of the head and neck. Both soldiers and civilians alike are dealing with debilitating and life-altering injuries that result in difficulties in everyday tasks such as eating, drinking and talking.

These patients need free flap reconstructive surgery, most notably for reconstruction of the mandible.

"They haven't learned how to do this in residency or fellowship and so it's really about getting enough manpower to handle the significant uptick in patients that need this even secondarily," Dr. Radant said. "There's a huge demand for that."

Four days each week, the visiting surgeons shadowed and observed procedures in the operating room. While the surgeons were not able to gain clearance to scrub in and help with surgeries, they learned about the necessary steps, materials, tools and team members necessary to complete each procedure. Then every Wednesday, the Ukrainian surgeons participated in cadaver labs to gain hands-on



experience practicing the procedures the OU surgeons were demonstrating in the operating rooms.

The hands-on training was especially beneficial as utilizing cadavers for medical training is illegal in Ukraine. Due to positive feedback from the Ukrainian surgeons, Dr. Mims said he expects to expand the cadaver training component of the program for the next cohort.

Every week, a different OU surgeon was assigned to teach a specific free flap procedure that would be most beneficial for the learners. Dr. Radant said most of the procedures focused on head and neck reconstruction and included fibula, radial forearms, scapula, anterolateral, pectoralis and radicular flaps. For his lecture and hands-on lab, he focused on a free flap reconstruction using the parascapular and latissimus dorsi,

walking them through the entire anatomy of the back itself and explaining different variations of the same flap. During their time at the hospital, the surgeons also were able to observe one of these free flap procedures happening live.

"Those are very useful to them because you can get a lot of soft tissue to replace a lot of surface area, like in the mouth. And you can reconstruct multiple things – so say like a blast injury, you can reconstruct bone, you can reconstruct multiple different components of soft tissue all in one flap. From their standpoint it's very useful," Dr. Radant said.

There is a steep learning curve to free flap reconstructions, and also a large amount of equipment, tools and manpower required to perform them successfully. To accommodate the Ukrainian surgeons' different levels of experience, Dr. Radant said he taught a more accessible approach to free flaps than he prefers to use.

"I prefer to use the fibula, but potentially even getting the scans for that might not be available for them," he said. "A scapula for them is going to be a much more useful tool as a reconstructive option."



Drs. Kosenko, Mykhashula and Levytskyi train in the cadaver lab at OU Health with Dr. Mark Mims.

Dr. Radant said the OU team averages about four or five free flap cases a week, giving the Ukrainian surgeons many opportunities to observe the surgeries. The surgeons also had the opportunity to learn about other types of reconstructive surgeries aside from free flap, which can be difficult to learn in a short amount of time.

"Thankfully, I had a significant amount of cases that weren't necessarily free flaps. There were more of your expanded oral surgery type procedures," Dr. Radant said. "Reconstruction of the jaw with bone graft from the hip and things like that. Reconstruction plate or BMAC type cases – in the early stages of them learning head and neck reconstruction – it's something that's a little bit easier to do and the hospital, depending on their capabilities, is a little bit more able to manage them."

Sharing war stories

During the observership, the Ukrainian surgeons – two of whom spoke English - presented a lecture and Q&A session to the university, which was attended by students, faculty, residents and members of the Ukrainian community within Oklahoma City. They shared their personal experiences with the war, showcasing before-and-after

continued on next page



The three Ukrainian surgeons who trained at University of Oklahoma Health for the first cohort of Operation Ukraine, Dr. Oleksandr Kosenko (left), Dr. Anna Mykhashula (center) and Dr. Andrii Levytskyi (right).

photos of their villages and presenting surgical cases they had worked on.

One of the surgeons shared that the regional cancer

hospital he works at does not have access to chemotherapy because Russian soldiers damaged their radiation therapy equipment, so there are no options for oncological care except surgery.

Despite the hardships, when asked if they were dreading going back to Ukraine or wishing they could stay in America longer, the surgeons answered that their main goal was to help their people and they were ready to get back to them.

"They are truly touching people that are unfortunately very well-versed in tragedy and a long history of suffering," Dr. Mims said. "But it has not weakened their spirit at all, and they have shown this amazing resiliency in such challenging times."

Working with the Ukrainian surgeons and getting to know them and what they had experienced working in the country put things in perspective for Dr. Radant. He said he realized how much of modern healthcare – such as resources, hospital beds and availability of doctors - he and Americans at large take for granted.

"Just from a healthcare side of things, it made me realize how good we actually have it in comparison to the rest of the world. They were kind of amazed," Dr. Radant said. "And OU is kind of the major hospital

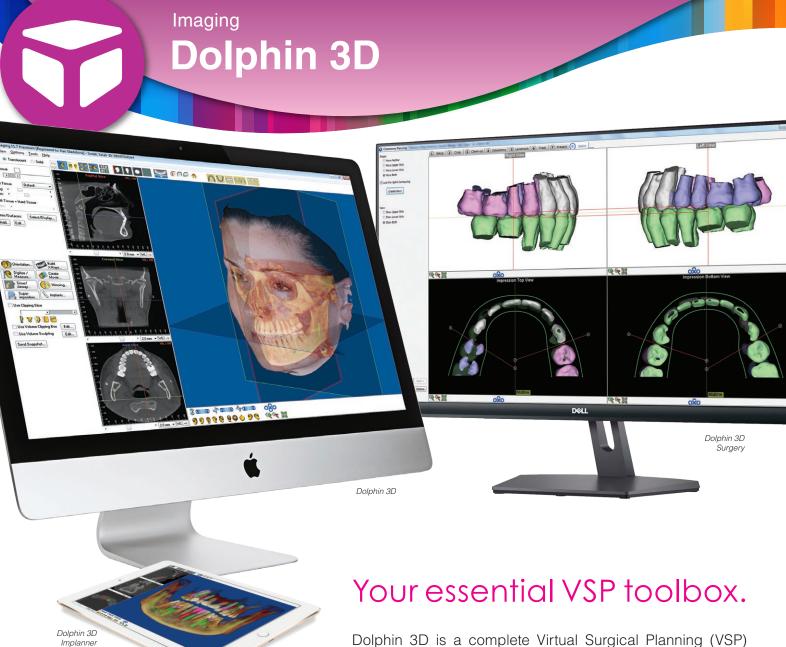


center in the state. It's well-equipped, but it's not like some major centers that you hear of on the news. The lack of good healthcare in the rest of the world, even in major cities in other countries, is quite eyeopening."

Dr. Mims is currently in talks with New York University and Mt. Sinai Hospital to expand the program so the Ukrainian attendees can learn different techniques and gain more experience before returning home.

"Hopefully we can build a few centers like this so that we can bring more surgeons over and speed up the timeline of when they can become sustainable for treating these patients all across the country," Dr. Mims said.

To learn more about the Operation Ukraine program, visit giving.ouhealth.com/campaign/ou-health-helps-healukraine/c474995.



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



View x-ray images



Unlock Annual Meeting innovation from anywhere,

he 2023 AAOMS Annual Meeting being held Sept. 20 to 23 will provide surgeons and their staff opportunities to view and interact with top-notch educational content not only in-person in San Diego but online through Dec. 31.

Because the meeting is offered both in-person and online, everyone who registers has access to live-streamed sessions, a full library of on-demand courses and a virtual Exhibit Hall. Participants will be able to explore all the online platform has to offer and earn continuing education credits from their personal computers.

Online-only and in-person attendees can access the following:

Live-streamed sessions

- Clinical tracks Eight live-streamed clinical tracks will share the latest research and knowledge. Each track will discuss abstracts and Hot-off-the-Press articles from dental and medical journals. Topics to be covered include anesthesia, cosmetic surgery, dental implants, dentoalveolar, orthognathic and TMJ, pathology, pediatrics and OSA, and trauma and reconstruction.
- Practice management Five practice management courses will be live-streamed. Topics to be discussed include trials and tribulations of OMS practice ownership, up-to-date tax strategies, referral-based marketing, office emergencies and adopting a CEO perspective.
- Anesthesia Update: Innovations in Office-based
 Anesthesia For an additional ticket, registrants will
 be able to access this popular full-day preconference
 session as both a live-streamed session and later as
 an on-demand recording. Several new anesthetic



modalities will be featured, and 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 medicationdrug use disorders.

On-demand sessions

Registrants will be able to earn 44 CDE/CME or 60 CDE-only credits via the on-demand content library. On-demand sessions available beginning Sept. 18 include:

- 42 on-demand Master Classes covering topics such as minimizing risk for anesthesia, clinical decision-making in sleep surgery, mentoring women in the specialty and trigeminal nerve injury management. An additional 11 in-person Master Classes will be available beginning Oct. 2.
- 14 practice management sessions focusing on diagnostic codes, communications, crash carts, HIPAA and OSHA compliance, buying and selling an OMS practice and the implant treatment coordinator role.
- Two team-based sessions discussing tips for becoming a member of an established multidisciplinary head and neck team and lessons learned from Jaw in a Day surgeries.

Recorded sessions

Select in-person presentations will be recorded and available through the online meeting platform beginning Oct. 2.
Recorded sessions include:

- Chalmers J. Lyons Lecture This year's annual session presented by Theodore A. Kung, MD, will discuss Regenerative Peripheral Nerve Interface Surgery for Intuitive Prosthetic Control, Sensory Feedback and Mitigation of Postamputation Pain.
- GLOBE sessions New this year, the Global Leaders
 of Oral and Maxillofacial Surgery Bolstering Education
 (GLOBE) is an initiative that annually invites international
 associations to present educational sessions during the
 AAOMS Annual Meeting. Attendees will collaborate
 with international colleagues and their associations
 to discuss the delivery of care of the OMS specialty
 around the world and inspire innovation and continuous
 improvement.
- How I Do It How I Do It sessions will offer real-world 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



anytime



biopsies and the evolution of surgical reconstruction for maxillary defects.

- Team-based education Experts will discuss how to incorporate mock drills into the practice.
- OMSNIC Anesthesia Patient Safety Program – This one-hour session will be led by practicing OMSs and an attorney. By utilizing OMSNIC closed case examples, patient safety and risk management principles for the administration of officebased anesthesia will be demonstrated. Components used in patient selection also will be discussed as well as emergency management planning and preparedness for the OMS practice team.

Virtual Exhibit Hall

Featuring more than 175 exhibitors, online-only attendees will be able to easily find products. Companies can be searched by category, name and more. Online booths will feature weblinks as well as the ability to learn more about each company.

To register for the online-only program, visit AAOMS.org/AnnualMeeting.

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House to consider four resolutions

he AAOMS House of Delegates will meet in person Sept. 18 to 20 in San Diego, Calif., with four resolutions up for discussion related to the business of the Association and included in the 2023 Reports of the Board of Trustees and Committees.

The proposed resolutions include a composition change to the Committee on Continuing Education and Professional Development; approval of the 2024 AAOMS budget that includes a nominal dues increase; and recent changes to AAOMS policies.

A summary of the resolutions for consideration by the House is as follows:

- A-1 Bylaws change to composition of the Committee on Continuing Education and Professional Development, with the addition of a consultant from the Committee on Practice Management and Professional Staff Development.
- **B-1** Request for a 7.5 percent increase in honoraria for each of the officers (including the Speaker of the House) and trustees from the House of Delegates Advisory Committee.

- **B-2** Approval of amendments to the AAOMS Policies.
- B-3 Request for approval of the 2024 AAOMS operating budget, which includes a dues increase of \$35 (2.26 percent) for full paying members and proportional increases for members in discounted dues categories.

Other resolutions may be submitted by the Board of Trustees or District Caucuses before the House of Delegates meeting. All resolutions will be distributed electronically and available to the Delegates on AAOMS.org and AAOMS Connect in advance of the House sessions.

For B-2, currently only one policy change is proposed, and it would amend the policy regarding AAOMS representation at international meetings.

During the meeting, the House will hold elections for President-Elect, Vice President, Treasurer and Speaker of the House. The following individuals are running for office:

- President-Elect J. David Morrison, DMD
- Vice President Robert S. Clark, DMD
- Treasurer David M. Shafer, DMD, and Jeffrey H. Wallen, DDS
- Speaker of the House Steven R. Nelson, DDS, MS

Elections also will take place for Trustees in Districts I, III and VI.

All AAOMS fellows and members are invited to participate in the Reference Committee Hearings. During the session, members of the Board of Trustees will present on topics affecting the specialty, including a report on the implementation of the office anesthesia evaluation membership requirements and the new Milestones children's oral health television public service announcement being produced with the American Academy of Pediatric Dentistry and the American Association of Orthodontists.

During the hearings, attendees will have an opportunity to provide testimony regarding the resolutions presented to the House. Reference Committee Hearings offer fellows and members an opportunity to voice their opinions and take an active role in the business affairs of the Association.



For Surgeons. By Surgeons.

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From biology to esthetics: Gaining knowledge

AOMS's annual Dental Implant Conference – being held Nov. 30 to Dec. 2 in Chicago, Ill. – will offer OMSs and their restorative teams an intensive educational program featuring the latest innovative techniques and procedures.

Centered around the themes of biology and esthetics, the meeting will include an online option, allowing attendees to view content from the comfort of their home or office.

"As AAOMS celebrates this 30-year milestone, it is not without recognizing the collaboration and knowledge-sharing that has propelled OMSs as the leaders and go-to experts for dental implant placement. This year's conference is set to provide attendees with the latest advancements to provide our patients with the highest standard of care," said AAOMS President-Elect Mark A. Egbert, DDS, FACS.

Did you know...

More than half of past conference attendees agree the quality of educational offerings are excellent.



Dental team discounts available



A reduced rate is available for general dentists and other professionals attending the Dental Implant Conference. AAOMS members can provide their staff members with a promotional code for a

reduced registration fee. Visit AAOMS.org/DICspecial for more information.

Preconference

Ticketed sessions held on Nov. 30 will explore concepts such as peri-implant plastic surgery, complications and soft-tissue grafting.

Didactic preconference sessions will be available to in-person attendees and will be live-streamed for online registrants. Sessions include:

- Approaches to Augment the Posterior Narrow Ridge - Attendees can expect to review evidence-based procedures and minimally invasive methods of horizontal ridge preservation and augmentation.
- Management and Prevention of Dental Implant **Complications** – This lecture will outline the difficulties that may arise with dental implants, discuss solutions and provide steps to prevent obstacles from occurring.
- Workflow and Collaboration for the Urgent Implant -This session will focus on the latest developments in the field that allow the team to deliver urgent implants.

Three hands-on preconference workshops are available only to OMS members of the Association and will focus on:

- Soft-tissue Grafting and Management This program will focus on different techniques of papillae reconstruction and the latest evolutions of this concept.
- Peri-implant Plastic Surgery with VISTA A presentation and simulated exercise will provide introductory practical experience with the VISTA technique for peri-implant mucosal augmentation.
- Zygoma Implants Registrants will gain an overview of the placement of zygomatic dental implants enhanced with a lab training session.

General sessions

• Biological Aspects in Dental Implants, the first session held on Dec. 1, will review biological principles that contribute to the long-term success of dental implants, including the importance of bone and soft-tissue support and stability. The biology of peri-implantitis and treatment modalities for its management will be discussed and attendees will be able to demonstrate techniques for manipulating soft tissues to re-create normal anatomical features.



from the ground up

- Dental Implants in the Esthetic Zone, the second session on Dec. 1, will provide valuable insights into key considerations, **Dental Implant Conference** advanced techniques and potential difficulties associated 2023 with achieving successful dental implant outcomes in the esthetic zone. Attendees will explore challenges that arise with dealing with missing teeth in the esthetic zone, as well as learn immediate implant placement protocols and utilization of advanced prosthetic materials.
- Utilization of Technology and Digital Workflows from Simple to Complex Implant Cases, the first session on Dec. 2, will review today's widely adopted implant technology. Attendees will learn how to incorporate digital workflows into the oral surgical practice.
- Managing Complications and How to Avoid Them, the second session on Dec. 2, will discuss common problems associated with implant placement. Participants will walk away from this course with the knowledge required to identify, recognize and prevent common complications encountered in the prosthetic lab.

General sessions will be live-streamed.

Keynote lectures

Two keynote lectures will be offered this year, featuring Chicago Blackhawks team dentist Dr. Russel Baer and Dr. Paulo Malo, who successfully implemented the All-on-4 implant technique with his medical and research team 25 years ago.

Bring the surgical staff

Surgical staff members can attend the two-day Anesthesia Assistants Review Course (AARC) being held Dec. 1 and 2. Participants can expect to improve their anesthesia knowledge and skills through this intensive learning experience. Taught by oral and maxillofacial surgeons, the course will include basic sciences, patient evaluation and preparations, anesthetic drugs and techniques, monitoring and emergency procedures.

The four-hour Anesthesia Assistants Skills Lab (AASL) being held Dec. 2 will provide hands-on clinical training to assist OMSs with the administration of anesthesia. Participants will rotate through multiple stations that include

Early-bird deadline

is Oct. 31. Register at AAOMS.org/DIC.



Hotel information

The headquarters hotel is the Sheraton Grand Chicago Riverwalk. To take advantage of special rates, visit AAOMS.org/DIC. AAOMS is the only official housing agent for the Dental Implant Conference. Beware of unauthorized vendors.

airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code. Additionally, registrants will be exposed to various airway adjuncts, critical cardiac dysrhythmias and defibrillation, and the use of the peak flow meter and glucometer.

Exhibit Hall

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

All registrants will have access to all general sessions as archived recordings for 60 days after the event.

Those who register by Oct. 31 will receive a reduced rate on general registration. Visit AAOMS.org/DIC.

The Office-Based Emergency Airway Management (OBEAM) module, part of AAOMS's National Simulation Program, will be offered offsite at the Daniel M. Laskin Institute for OMS Education and Innovation located at AAOMS headquarters in Rosemont, Ill. on Nov. 30. OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. Visit AAOMS.org/OBEAM to learn more.

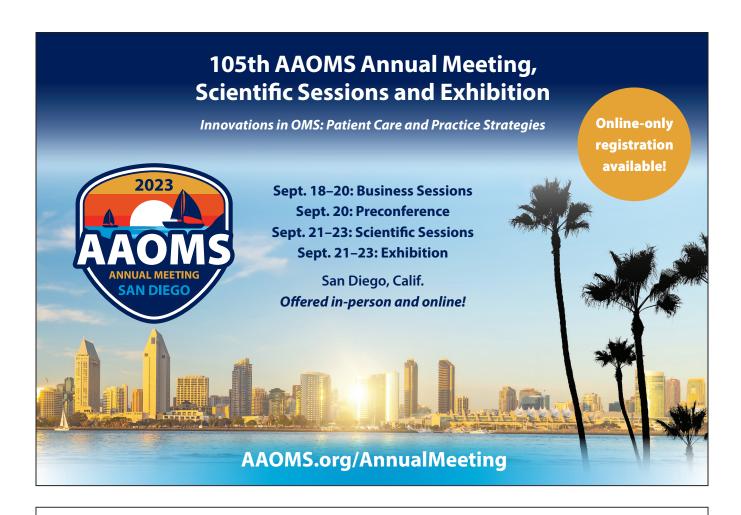


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New editions!

Promote consistent training across the surgical team

Surgical Assisting Skills Series (SASS) provides instruction

SASS 1 offers both new staff and seasoned team members solid reference material, including:

- Infection control guidelines
- Surgical instrumentation
- Basic assisting principles
- Sample forms

Updates reflect current guidance including local anesthetics and prophylactic regimens.



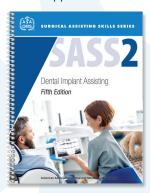
SASS 2 provides information on implantology, identifying treatment components covering:

- Types of implants
- Surgical procedures using the team approach
- Dental implant surgery instruments
- Treatment planning

Updates include the Implant **Treatment Coordinator** description, setup checklists and implant osseointegration information.

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









AAOMS podcasts aimed at members, patients

AOMS continues to publish new episodes to its two podcasts series - one for members and one for the public.

AAOMS On the Go

AAOMS On the Go is the member-facing podcast for OMSs and anyone interested in the specialty. Podcasts feature conversations on a variety of topics related to the specialty and Association initiatives. Members can access episodes at AAOMS.org/Podcast or on any of the popular platforms: Apple Podcasts, Podcast Mirror, iHeart, Spotify, TuneIn or Google Podcasts.

Currently available episodes include:

- Advocacy: At the Center of Everything OMSs Do
- · Work-related Pain and the Benefits of Ergonomics for **Oral and Maxillofacial Surgeons**
- Deciphering and Negotiating Insurance Network **Participation Contracts**
- The Importance of Volunteers to the Health of AAOMS and the Specialty
- Cybersecurity for OMS Practices
- JOMS Guide for Authors and Peer Reviewers
- ROAAOMS Supporting Residents in Their Development as Future Leaders of the Specialty
- What Does Board Certification Mean and Why is it Important?
- OMS Faculty Section: Education is the Foundation of Oral and Maxillofacial Surgery
- Transitioning from Private Practice to Academia
- OMS Research The Future of the Specialty Depends
- AAOMS Day on the Hill Why It's Important for the Specialty
- The Reality of Malpractice Risk for the Oral and Maxillofacial Surgeon
- Who Needs the OMS Foundation in this Day and Age? (Hint: You do)



Currently available episodes include:

- TMJ Disorder: Causes, Symptoms and Treatments
- Wisdom Teeth: Facts Every Parent Needs to Know
- Wisdom Teeth: How Should My Teen Prepare for Wisdom Teeth Surgery
- Wisdom Teeth FAQs
- What to Do When You Find a Bump in Your Mouth
- Preventing Facial Trauma Injuries with Mouth Guards
- Facial Trauma Injury: Electric Scooters and Adults
- Oral Cancer and the OMS

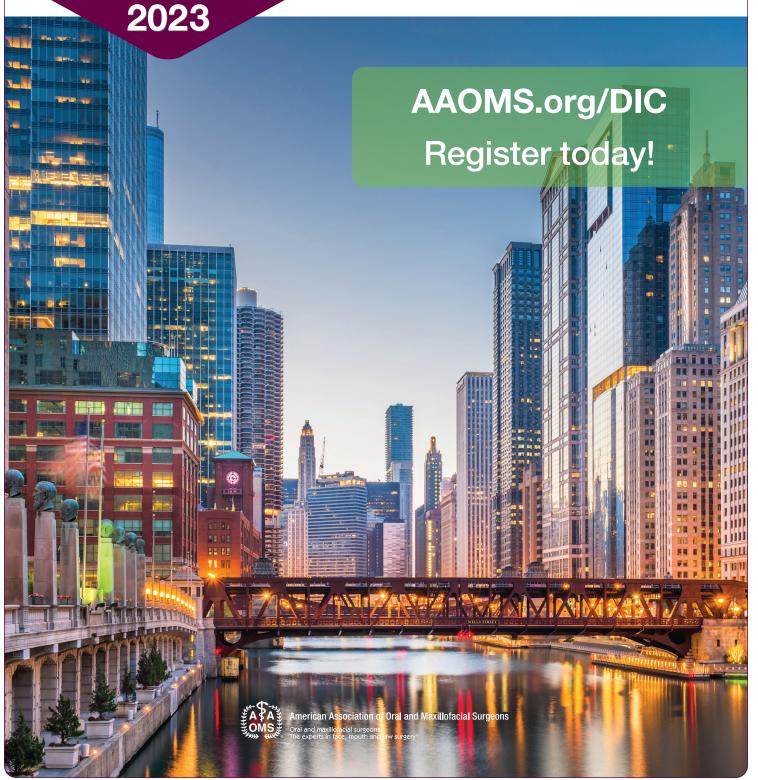
Members are encouraged to share links to the OMS Voices podcasts on their social media accounts or download/post them to their practice websites.



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

I thought readers might be interested in seeing many of the reactions.

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

Extramural corporatization:

had initially planned to move on to another topic after my three-part editorial on extramural corporatization. However, I received a surprising number of emailed responses after the first two parts had appeared (surprising, since I typically get little to no feedback to my columns).

I thought readers might be interested in seeing many of the reactions. (Note: Due to restrictions on length, I paraphrased or edited most of these responses.)

I learned some things from the feedback. You'll see one instance where an OMS is pleased with the decision to join a DSO. In another, the writer challenges my assertion that if the extramural group is led by an OMS, I am less concerned. He states that from personal experience, an OMS leader can implement worrisome corporate practices that I mention in my editorials.

So here is some of the input sent to me...

Let's not 'endanger our profession' again

"It seems that the battle vs. threat to scope of practice is no different in 2023 than it was in 1970. It took about a year for me to obtain privileges in oral and maxillofacial surgery at the local hospital, but my second operating room case – biopsy of a lesion at the posterior border of the soft palate – prompted a requested meeting with the chief of surgery. There I was told that I had best not continue to practice 'out of the oral cavity' in the future. Fortunately, I was able to expand my practice supported by the Society (ASOS).

"When I left private practice 27 years later to enter into teaching of the specialty, the full scope of my oral and maxillofacial surgery cases engendered only respect of the entire hospital staff. In these days of corporatization, we must be careful not to let complacency enter and once again endanger our profession. I applaud your article with fervor."

No 'loss of autonomy' or 'ethical problems'

"I read part two of your opinion piece in the latest AAOMS Today with great interest. I appreciate the well-thought-out concerns you have emphasized about our specialty. I would ask you consider the irony of your statements with the multiple advertisements in the newsletter from DSO companies looking to partner up with private practices.

"My partner and I decided to sell to a DSO late last year. I have not experienced loss of autonomy, nor do I feel any ethical



Responses from OMSs

problems arising from the care of my patients. In fact, it is quite the opposite. The clinical governance board is made up of wellrespected surgeons that I am sure you know personally from your time serving on various committees throughout our profession. I admire and respect these surgeons the same as I do you. The vision they have makes me feel comfortable that I am still doing what is best for my patients and not the company.

"I share your concerns in regard to the difficulties in finding surgeons that will work in an academic setting. Quite frankly, the only way forward, in my opinion, is to offer a prospective surgeon a very high salary at that institution such that the surgeon does not

have to focus on other competing offers. It is difficult to get established surgeons in private practice to go into academia full-time. This is why recruiting has to be focused during residency to find surgeons who have an interest in academics and not private practice.

"With respect to loss of advocacy, I feel that my colleagues and governance board will continue to support AAOMS and ABOMS. I do not know how other companies operate so I hope you may get a response from other surgeons besides this one surgeon from the DSO. Thank you for your continued support of our profession and your patients."

'Avoided their proposals'

"You are spot on, Dr. Hupp. I own a large group practice and have no PE/DSO backing and for the reasons you mentioned. I have avoided their proposals. I do agree it's heading in the direction like our medical colleagues, and that's not good. Thanks for being honest and writing this article."

'An existential threat'

"I have been reading with interest your editorials regarding the extramural corporatization of OMS practices as a threat to our specialty's future. I agree wholeheartedly that it is an existential threat.

"The irony of it is that it may cause a bifurcation of scope in OMS practice that many anti-'MDers' forecasted years ago. I was roundly criticized by more than a few OMSs years ago



for going the MD route because they saw it as a threat to the specialty. I did not see it that way. I saw it as an enhancement of a great dental specialty and indeed that is how it has turned out. The DSO movement may be what splits us into the office-based OMSs vs. the hospital-privileged OMSs both in training and in practice. I hope I am wrong."

Scope being 'gutted' for profitability

"This is an excellent article. I have shared your concerns for many years as I have watched the 'corporatization' of our medical colleagues. I felt our specialty would only soon follow them for 'greener grass,' but many of my medical friends have learned the hard way. I hate to see the scope of our profession gutted in the search for more profitability. This will be ground that is hard to regain over the years to come. I wish articles like yours will bring our colleagues to their senses and protect the future of OMS and our training programs."

Lecture to focus on this topic

"I have a (Sept. 21 in-person and live-stream) lecture at AAOMS's Annual Meeting titled 'OMS Practice Ownership: Pearls and Pitfalls.' I will discuss how to avoid the same mistakes I made and where I found value. I'll review a metrics comparison between traditional ownership and corporate buy-out. Yes, their NDA prevents me from 'exposing' their specific numbers, process and formulas, but there are no proprietary nuances here – those techniques are well-known in the private equity, merger and acquisition world.

continued on next page

FOR WHAT IT'S WORTH (continued)

"My lecture will summarize that practices have some level of distress (HR/personnel, high overhead, debt, dissent between partner roles and/or associates, imbalance in administrative responsibilities, etc.) that are ubiquitous and drive practices to private equity. You've hit on the philosophical marks I'm trying to exemplify."

'One of greatest heists' in dentistry

"I run a firm dedicated to providing tax, accounting and financial planning services to private dental practice owners throughout the country. I want to tell you that you're spot on in your conclusion about OMSs selling their practices to private equity or corporate buyers!

"This trend is so bad for the doctors, the industry and the patients, now and in the future. How do I know this? I have personally reviewed and analyzed the purchase offer contracts for nearly 50 different doctors who were being pitched hard to sell their practices. I simply want to do what I can to stop one of the greatest heists in the history of American small business – dentists (of all specialties) selling to non-producing, non-doctor corporate owners."

As a graduating resident who early on ruled out DSO practice for many of the reasons you listed, it was reassuring to me to see others voicing the same concerns.

- Resident member

A resident's perspective

"Thank you for your editorial in the May/June AAOMS Today. As a graduating resident who early on ruled out DSO practice for many of the reasons you listed, it was reassuring to see others voicing the same concerns.

"As a resident, the big and small DSOs make the rounds and treat residents out to fancy dinners (which admittedly we all attend, even if we've signed contracts) because everyone knows residents will never say no to a steak dinner. At these dinners, they try to impress with big numbers and modest work-life balance. Usually at some point one resident asks, 'How can I incorporate hospital-based practice into this?' and the answer is almost always, 'We will support you to practice

however you choose, but, just so you know, these procedures never make money and in fact will cost you, etc. etc."

"True as that may be, they are quick to devalue the portion of full-scope practice many of us grow to love during residency and quickly redirect aspiring residents to the high reimbursement procedures in office. I've always shrugged this off as I know a recruiter or financial professional won't understand what it entails to perform these procedures and that some things are truly 'bigger than the money.'

"Unfortunately, I see more and more of my coresidents agreeing with the bookkeepers and shrugging off the idea of ever going back to the operating room. My main concern with the whole DSO movement is that even a well-thoughtout editorial such as the one you published is bookended before and after with full-page advertisements from DSO companies in the very magazine that is trying to raise awareness to the risk they may pose. It seems that although we all acknowledge the problems they pose, we are unable to segregate them from the magazines that advocate for surgeons and our responsibilities to the profession.

"For lack of better words, do you think it's possible to ever move away from DSOs while they've successfully embedded themselves into every magazine and conference and do more outreach to residents than any solo surgeon could manage

Still a place for 'traditional' practices

"I am writing to compliment your 'For What It's Worth' commentary in the latest issue of AAOMS Today. As a boardcertified AAOMS member, I retired from my group practice in 2013. Now serving as an oral and maxillofacial surgery faculty member at a university mentoring both the predoctoral students seeking to enter our specialty as well as our residents, I perceive the 'private practice' circumstances as do you.

"I agree with most all of your concerns and I know that our private practice model was a success without advertising, rather developing strong personal relationships with both our referring doctors and our patients. At the same time, the quality of our office management staff and our surgical assistants was invaluable. I understand what the DSOs are offering (or rather selling) and I perceive they make it sound in their marketing as a 'no-brainer.'

"I still believe there is a place for independent 'traditional' high-quality practices and commitment to the specialty by serving in our organizations and seeking our own quality



continuing education experiences. I 'walked the walk,' serving at the leadership levels in a number of professional organizations. I agree that the team concept for the individual or group practitioner of oral and maxillofacial surgery is still viable."

Sale 'fraught with many pitfalls'

"It was with great interest that I read your recent opinion piece on the extramural corporatization of our specialty of oral and maxillofacial surgery. I have an opinion and experience to share. I finished my OMS training in 1997 and after being an associate for a few years, I started a solo practice in 2002 from scratch, built it into a two-doctor, one-office practice and sold it with my partner at the end of 2021 to a DSO that is headed by an OMS and backed by private equity.

"We had spoken to two different OMS-only DSOs but chose the one we sold to because the CEO was an OMS and it seemed like he was one of us. I will be 55 in June and my former partner is about 10 years my junior. When a practice sale was being explored, I viewed it as a five- to seven-year exit plan for an amount of money that I could never receive if I were to have my former partner buy me out with the exit formula already in place in our partnership agreement.

"I cannot speak to the motivation that my former partner had to consider a sale, only that it must be tied to the potential long-term growth potential of the equity offered. It is certainly not the income level after sale because as an employee of the DSO, I made considerably less vs. ownership. This is definitely in contrast to what your colleagues told you when they said their income had not been negatively affected.

"I have since left the DSO after only 17 months, and I can honestly say being affiliated with a DSO – even one run by an OMS – is fraught with many pitfalls that former owners that become associate employees may not fully realize until they are already in the organization. I would caution any practice owner that is considering a sale to really think about the trade-off of being in full control of all decisions as an owner vs. having no real decision-making power as a W2 employee of a DSO.

"DSOs are legal entities set up for only one reason: to make money. There is no other reason for their existence. Any surgeon that thinks otherwise is fooling themselves. All decisions made are only based on making money. Your comment 'I am not concerned about situations in which a DSO is owned and operated by members of our specialty'

is false in my mind. The OMS CEO that headed up the DSO we joined is no longer an OMS in my mind; he is a businessman just like the PE firm executives and he is accountable to the board of directors of the PE firm, not to the OMS equity holders."

I would caution any practice owner that is considering a sale to really think about the trade-off of being in full control of all decisions as an owner vs. having no real decision-making power as a W2 employee of a DSO. - OMS who sold practice to DSO

Input from DSO leader

Finally, I was at a meeting where I was able to chat with one of the leaders of a corporation that buys and then runs OMS practices. His company has several OMSs in top leadership positions. He himself was in a very successful private OMS practice for many years. He wanted me to know that his company did not manage their OMS offices like was stated in my editorial.

He says the OMSs have the freedom to perform whatever procedures they choose, have a say in the hiring of staff and the equipment and supplies they use, have an equity stake in the corporation and are paid well. He did mention that OMS employees were expected to work hard and produce revenues that would help the corporation grow their bottom line.

Conclusion

I thank all individuals who sent me feedback and I hope your OMS colleagues will learn from your valuable comments. Our wonderful specialty will require those with opinions about its direction to speak up and share their thoughts and ideas for keeping oral and maxillofacial surgery vibrant, successful and able to continue to provide outstanding care across the full breath of our scope to the public we serve.

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

Collaborating to better the specialty

s I finish my term as OMS Foundation Chair, I find myself reflecting on a challenge I posed to the members of the 2022 AAOMS House of Delegates: to collaborate with the Foundation to leave our specialty in a better place than we found it. It's a standard I also have applied to myself in the five years I have served on this Board, and it has proven to be a useful metric.

Applying this standard in hindsight to our strategic alliance with AAOMS in 2018 validates that decision from nearly every angle. Streamlining our infrastructure and narrowing our focus to program development, fundraising, communications and donor stewardship has certainly brought the Foundation to a better place, and the specialty is stronger for it.

That partnership and the ambitious strategic plan that followed laid the groundwork for our Global Initiative for Volunteerism and Education (GIVE) initiative and a new two-year Clinical Research Support Grant. Both programs have flourished. We awarded our 25th GIVE stipend and our third two-year Clinical Research Grant in 2023, buoyed by an upswing in donor confidence that began with 2018's Centennial Tree campaign and continues today with tribute appeals honoring our specialty's heroes, a steadily growing OMSFIRE roster and a renewed interest in legacy giving.

In fact, despite a documented 3.4 percent decrease in giving in the U.S. in 2022, the Foundation posted a 7.2 percent increase in donations last year. How does that happen? It happens one donor at a time, with a first gift from a resident or newly graduated OMS in honor of a cherished mentor. It happens each time an academician or practicing OMS remembers that good fortune and generosity go hand-inhand and expresses their gratitude with a five-year OMSFIRE commitment. It happens when these same donors take the

time to construct a thoughtful legacy to help sustain the specialty after they are gone.

Dr. Brett Ferguson, who will succeed me as Foundation Chair next month, calls this the "some for now, some for later" giving plan, and it is a solid strategy for leaving the specialty in a better place.

It happens, too, when members of our specialty's corporate sector embrace support of the Foundation as a strategic opportunity to give back to the AAOMS community. Giftmatch challenges supported by OMSNIC and Treloar & Heisel in 2018 helped generate \$1.7 million in donations to the Foundation during AAOMS's centennial year. Following their example, OMS Partners, LLC, and USOSM stepped up in 2019 as gift-match challenge partners and OMSFIRE donors. In 2022, 13 corporate donors collectively contributed \$177,000 to support our mission. Large or small, these businesses are aligned in their commitment to leave the specialty in a better place. Their generosity attests to their confidence in the Foundation as a vital incubator for innovation and a driver of progress for our specialty. For our part, we are applying their generosity to effectively address the needs of our rapidly evolving specialty.

Here's where you come in.

In a reprise of its 2018 star turn, OMSNIC has committed to match every gift to the Foundation's Annual Fund received from Sept. 15 to 30, up to a total of \$35,000. Coinciding with AAOMS's 105th Annual Meeting, the challenge celebrates OMSNIC's 35 years of service to the OMS specialty and honors the collaborative relationship that has advanced all three organizations. Please help us honor this milestone with a generous gift to the Foundation in September and add your support to our collective effort to leave the specialty in a better place. ■

CAPITOL CONNECTION



Access, insurance and CRNA bills introduced at

everal months into the 118th Congress, legislators at both the state and federal levels are working to address issues that affect OMSs and their patients. Congress reintroduced bills that aim to provide support to underserved communities, while states enacted reforms for CRNAs and dental insurance practices.

Federal level

After passing legislation earlier this year – that was then signed into law by President Joe Biden - to raise the nation's debt ceiling through 2024, Congress is working to address other must-pass priorities this fall such as a pandemic preparedness reauthorization bill and the 12 fiscal year 2024 appropriations bills.

Meanwhile, two AAOMS-supported access to oral healthcare bills recently have been introduced:

- U.S. Reps. Robin Kelly (D-III.) and Mike Simpson, DDS (R-Idaho) introduced legislation (HR 3843) to reauthorize the Action for Dental Health Act. The bill directs federal support to organizations that provide oral healthcare to underserved populations, especially seniors, children and those living in rural and urban communities. The bill was overwhelmingly approved by the House and signed into law in 2018 and is due for reauthorization this year. It already has passed out of committee and is awaiting action on the House floor.
- U.S. Sens. Ben Cardin (D-Md.) and Roger Wicker (R-Miss.) reintroduced the Dental Loan Repayment Assistance Act (\$ 2172), which would allow full-time educators participating in the Dental Faculty Loan Repayment Program to exclude the amount of loan forgiveness received from this program from their federal income taxes. AAOMS was asked by Sen. Cardin to endorse the bill, which it supported in previous

Congresses. AAOMS was listed among other organizations in a press release from the bill's sponsors.

On the regulatory side, following a U.S. Supreme Court ruling which struck down President Joe Biden's student loan forgiveness program, the Administration announced three debt relief proposals: a new debt forgiveness plan relying on the authority of the Higher Education Act, an income-driven repayment plan and a one-year "on-ramp" beginning Oct. 1 for borrowers to ease back into making monthly payments that had been suspended since March 2020. The new debt forgiveness plan also is expected to face legal challenges.

AAOMS has sent individual letters or signed onto several coalition letters to Congress or regulatory agencies in the last few months. These letters can be found on the Advocacy and Government Affairs section of AAOMS.org.

State level

States have taken decisive actions to improve dental care and insurance practices. From enhanced CRNA oversight to protecting healthcare providers from virtual credit card coercion, these actions will bring positive changes. State legislative actions include:

- Arizona Gov. Katie Hobbs (D) signed SB 1602, a bill addressing CRNAs in dental offices. The package featured an amendment negotiated by the Arizona Society of Oral and Maxillofacial Surgeons, which ensures dental board oversight and enhanced patient safety.
- Colorado SB 23-179, signed by Gov. Jared Polis (D), requires dental carriers to file dental loss ratios (DLRs) with the state by July 31, 2024, and then requires the Department of Insurance to take specified action.



federal, state levels

- **Delaware** Gov. John Carney (D) of Delaware has informed CMS of the state's decision to allow CRNAs to opt out of physician supervision in hospitals, critical access hospitals, rural emergency hospitals and ambulatory surgical centers. This development positions Delaware as the 25th state to embrace the "opt-out" policy, thereby enabling CRNAs to practice independently in the specified locations.
- Maine Gov. Janet Mills (D) signed LD 1267 into law - a bill addressing virtual credit card payments in the healthcare industry. The bill mandates that health insurance carriers provide healthcare providers with at least one claims payment method that does not impose additional fees or costs on the providers. This legislation aims to protect healthcare providers from being coerced into accepting virtual credit card payments by insurers.
- Nevada Gov. Joe Lombardo (R) signed SB 393, which requires insurers to file DLR information with the state but provides additional methods for the state to enforce its 75 percent DLR threshold.

OMSPAC

OMSPAC raised \$346,134 from 13.79 percent of the membership as of June 2023. Additionally, OMSPAC has contributed \$87,500 to 26 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. ■





- Provides election support to congressional candidates who value the specialty.
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HEALTH IT BYTES



- AI The AMA's House of Delegates voted to study augmented intelligence (AI) applications in healthcare and propose appropriate state and federal regulations. With the proliferation of AI platforms and the embrace by practitioners and the public alike, there is concern that while the programs may streamline operations, the unregulated nature of the technology may generate false or misleading information.
- by Epic reveals an alarming 8 percent increase in note bloat among healthcare providers. The study highlights the growing problem of lengthy, redundant and irrelevant documentation in EHRs. Note bloat not only hampers efficient care delivery but also poses potential risks to patient safety as much of this information was found to be copied and pasted often erroneously from other patient records. Addressing this issue is crucial to improving the quality and usability of EHR systems.
- Multi-factor authentication The HHS Office for Civil Rights (OCR) advises healthcare entities to implement multi-factor authentication (MFA), specifically phishing-resistant MFA. Such technologies include hardware tokens, biometric authentication, push notifications, security keys and time-based one-time passwords. By adopting MFA, healthcare organizations can bolster security, protect patient privacy and fortify the overall cybersecurity infrastructure within the healthcare sector. Additional information is available in the June 2023 OCR Cybersecurity Newsletter.

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



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 Stem cell banking from teeth

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Digital technology and the patient experience

odern dentistry is increasingly relying on digital technology to support quality dental care and optimize the patient's experience. Nima Massoomi, DMD, MD, of Bay Area Surgical Arts discusses the importance of digital technologies for the OMS practice.

What are the advantages of implementing digital technology in your practice?

A I think an electronic practice management system (PMS) is an important foundation for any practice. A modern PMS allows for data mining. I think that's probably the biggest advantage. If you're non-digital, you can't search for specific things. I make sure someone on my staff scans every physical document into our system so they can become searchable digital documents. It's as easy as adding a keyword and, boom, I can find all the right documents.

Secondly, implementing digital technology allows us to securely back up our data. When you use paper charts, there's no such thing as a redundant backup. In fact, I remember several offices in Napa Valley a few years ago that burned down and only had paper charts. All gone. Digital data offers a clear advantage.

Q How does technology influence patient convenience?

A Patient communication and patient information transfer, and the general ease of transferring information, are great. Patients come in nowadays and say, 'Can I get a copy of this or that?' With paper files, you must scan the physical file and then turn it into a digital document and send it. Now we literally push a button, and they have what they need.

The Gen Z age group is used to text and email. They say, 'You should be texting me or emailing me.' We have this happen all the time, at least on a weekly basis!



Telemedicine is another technology being embraced by younger patients. Everybody is using meeting platforms like Zoom. Most companies don't want to go back to in-person. All the schools give parents and their kids options to do things remotely. I mean, this was inevitable. Offering telemedicine allows us to keep up with the demand.

Q How can artificial intelligence (AI) advances support your practice?

A I think it's too early to tell what that impact is going to be, but I think there's a place for it – especially in the diagnostic process. They're already using AI this way in medicine. In pathology, pathologists review their slides on a microscope and have some natural biases. But AI seems to be catching things that the human eye can't.

There are new dental AI systems that take a radiograph and show you on an X-ray a specific location where a patient has a cavity. It has great potential for patient education. You can explain to a patient that they have a cavity in a specific spot, and as soon as they see the X-ray with it marked (by Al technology) in red, it speaks volumes. I don't want to be sitting there marking the X-ray with all these different things. I'd rather use my time to connect with the patient, talk to them, examine

Q Al technology provides advantages to both you as a provider as well as the patient. Do any other technologies make providing care easier?

A Yes, I have been using voice dictation for some time now. I remember the old system of dictation when I was a medical resident. The turnaround time was 24 hours, and you had to verify the dictation to ensure it was correct. Now I use a medical version of voice dictation software and there are very few times I need to make corrections, if any. That allows me to spend more time with patients or my family and less on charting.

This Practice Management Matters article is provided by OMSVision. OMSVision by Henry Schein One seeks to help oral and maxillofacial surgeons realize the benefits of effectively tracking referrals. To learn more, visit OMSVision.com/Referral.

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Gain Knowledge Through Progressive Analysis of OMS Clinical Cases from a Multidisciplinary Approach

FEATURED SPEAKERS

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

Steve Cummings, MD

Common Drug Treatments for Osteoporosis

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

George Muschler, MD

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

Vicki Rosen, PhD

Studying Skeletal Development to Enhance Bone Repair

OMS PANELISTS

Daniel B. Spagnoli, DDS, PhD Conference Chair

Richard E. Bauer, DMD, MD Alan S. Herford, DDS, MD Jay P. Malmquist, DMD Peter K. Moy, DMD

Neeraj H. Panchal, DDS, MD, MA

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

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Providing training, value for OMS practice team

By Mara Shorr

Practice Management Consultant

he past few years have seen incredible shifts in workplace culture on a number of issues such as the importance of paid parental leave, the value of virtual work, the benefits of a fair working wage and more.

But employee hiring and retention also is an important piece of workplace culture that can be challenging for businesses of all sizes for various reasons. Business owners may cite any of the following issues as reasons for struggling to find and retain talent for their teams: "There are not any people suited for the role in my area," "I don't know how to train them effectively," or even, "I would have liked more time to train them but didn't because I desperately needed an extra set of hands." These are not unique situations they are universal challenges.

A well-trained and engaged team is a critical component of any OMS practice. There's a great quote along the lines of, "What if I train them and they leave?" The follow-up to this question is even more important: "But what if you don't train them... and they stay?"

Value of training

As a best practice, begin training team members from the moment they start working in a practice. Create rolespecific checklists demonstrating how each new employee will spend their first two weeks. Training should occur before they begin to "do their real job" - whether that involves answering the phones, assisting with a procedure or charting a patient.

The first two weeks should prepare them from the ground up with the how, including how to answer the phone, how to respond to patients' frequently asked questions, how to chart a patient, how to scribe, how to answer questions on the practice's social media channels without violating HIPAA, how to coordinate patient care and even how to log into their email address. Even if the task is simple, new staff should be trained on it. Some practices record videos on how to do each of these things, which saves time down the road. This also benefits the practice team members by giving them an accessible resource should they ever need a refresher.

Once new team members have completed their first two weeks of employment at a practice, they should still be supervised closely and assigned a mentor. This helps the onboarding process by providing a trusted colleague to answer questions, preventing unnecessary mistakes and ensuring only one team member is taking on the time commitment of training.

Employee training should be ongoing. It is recommended to have a monthly all-team session focused on handling the most frequently experienced challenges in the practice, such as disgruntled patients bullying the practice team or running behind on appointments. This monthly session can provide training time for the team and also can be used

> to address any issues and brainstorm solutions that will benefit the entire practice and its patients.

Also be sure to schedule quarterly trainings with different vendors for the practice on everything from practice management software (updates may occur frequently and without notification) to equipment and other products used within daily operations.

Offering regular continuing education opportunities on company time is another valuable tool to help train staff. Clinical team members have

continued on next page



PRACTICE MANAGEMENT NOTES (continued)



different sets of skills and tasks they handle than that of the billing and coding department, for example. Educational opportunities such as webinars help employees remain engaged in their work. Consider an education stipend for each team member to provide access to paid training that would help them enhance their knowledge base or further their skills.

If a practice owner chooses to register the team for an inperson conference or educational event, set expectations and requirements ahead of the travel. In writing, let everyone know which sessions, events and meetings they are expected to attend to avoid an all-day pool lounging session from occurring on company time (and the company's dime). Some workplaces require their team members to be with them for a certain period of time (30 to 90 days, or even six months) prior to qualifying them to attend in-person meetings requiring travel and extra expense.

To this end, should a practice invest in the team's continuing education – whether it be conference attendance or a type of certification – work with the practice attorney to create a formal written policy noting who is eligible for paid educational opportunities. Include specifics on length of employment, type of educational offerings the employee may choose to attend, reimbursement or employee expense policy. This is not an all-inclusive list; work with the practice attorney to tailor the policy to the practice and its specific needs.

Providing additional value to your team

Beyond traditional training, there are other ways to support team members and provide value to them.

A decade ago, five days of paid time off after one year of employment may have been common; now, it's nearly

unheard of and employees may immediately begin accruing two weeks of PTO per year. If a practice does not have enough employees to be eligible for a group health insurance plan, consider a monthly health insurance stipend for each eligible team member (available up to a certain amount and paid with proof of their policy). Be sure to work with the practice attorney to comply with all local, state and federal requirements.

Additionally, put together a comprehensive benefits package demonstrating the financial value of each item. This may be done in an Excel spreadsheet, which can help make clear the value of each PTO day they earn, health insurance offered, 401k matches, tuition reimbursement and more.

Remember that the practice's benefits package must not only compete with other practices but other businesses in general. The front desk team, office managers and some assistants may opt to work in other industries if they feel the opportunities are more abundant elsewhere. This is very important to remember when managing a team. Lastly, treat the team with fairness and remember respect goes a long way when it comes to increasing employee retention.

Mara Shorr has spent nearly 15 years guiding practices toward operational, administrative and financial health. She has been honored with 2018, 2019 and 2021 Best Practice Management Company awards from The Aesthetic Guide as well as the 2017 to 2023 Top Aesthetic Service Provider/Top CEO Awards from Aesthetic Everything. She writes for numerous esthetic industry publications and is a speaker at esthetic industry conferences.



This is number 193 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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



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Coding changes coming to CPT, CDT and

hroughout the year, AAOMS actively participates in AMA, ADA and CDC coding committee meetings to monitor coding changes and enhancements affecting the oral and maxillofacial surgery specialty. Meeting outcomes include annual expansions, deletions and revisions to the CPT, CDT and ICD-10-CM codes sets. A summary of upcoming changes are as follows:

CPT guideline revisions

To provide consistency with CMS rules and reduce administrative burden, the CPT Editorial Panel approved revisions to coding guidelines in the Evaluation and Management (E/M) Chapter. The revisions address issues outlined in the CY 2023 Medicare Physician Fee Schedule and offer administrative simplification by aligning/revising specific areas of E/M. Guideline revisions will be effective Jan. 1.

Highlights include:

- Removing time ranges from office or other outpatient visit codes 99202-99205*, 99212-99215* to follow formatting of other E/M codes for times.
- Defining the substantive portion in which the physician may report split (or shared) visits.
- Establishing instructions for reporting Hospital Inpatient or Observation Care Services (including Admission and Discharge Services) codes 99234-99236* when the patient stay crosses over two calendar dates.

Other noteworthy revisions:

- Additional language was added to reflect reporting for extenuating circumstances, clarification when a Category I and Category III service may be bundled or unbundled and the restriction of modifiers that describe alteration of a service or procedure when an unlisted code is reported.
- When time is used as the component for determining an online digital E/M code, a separate code may be reported within seven days of the E/M (but not on the same date as the E/M).



CDT updates

At its yearly meeting, the ADA Code Maintenance Committee (CMC) addressed 31 action requests. Of these, the committee approved to accept 14 new codes, revise two existing codes and withdraw one submission. With the inclusion of surface scan codes for CDT 2023 and continued technology advancement, AAOMS submitted – and the CMC approved – two code proposals related to the digital workflow:

Dxxxx* 3D printing of a 3D dental surface scan 3D printing of a 3D dental surface scan to obtain a physical model.

Dxxxx* indexing for osteotomy using dynamic robotic assisted or dynamic navigation

A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.

Other new codes of interest to the specialty include:

- Excisional biopsy of minor salivary glands.
- Accessing and retorquing a loose implant screw.
- Four codes that reflect the ADA Policy on the role of dentistry in the treatment of sleep apnea procedures, such as screenings and home sleep apnea tests as well as fabrication, delivery and titration of oral appliance therapy services.

The CMC also approved a new code for immunization counseling describing the review of a patient's vaccine



ICD-10-CM of interest to OMSs

and medical history and the discussion of benefits and consequences of not obtaining the vaccine. Inclusion of these CDT updates will be effective Jan. 1.

ICD-10-CM expansions

CMS announced on June 16 the addition of 395 diagnosis codes which includes 13 revised code descriptors and 25 codes deemed invalid. Changes will be effective Oct. 1.

Codes of potential interest to OMSs include:

- 15 new codes to describe various classifications of craniosynostosis and other congenital deformities of the skull, face and jaw.
- Four new codes for foreign body sensation of the nose, throat, other site and unspecified.
- Four new codes under the neoplasm chapter to describe a desmoid tumor (e.g., D48.110 Desmoid tumor of head and neck).
- 21 new codes for ocular/extraocular muscle entrapment.
- 123 additional codes added to the external causes of morbidity chapter to capture accidents and injuries (e.g., W44.8XXA, other foreign body entering into or through a natural orifice, initial encounter).

AAOMS recommends purchasing new coding manuals annually to stay current with coding updates to ensure compliance, maximize reimbursement and avoid claim denials. Coding manuals are available through AAOMS Advantage Partner Optum. Visit Optumcoding.com/AAOMS and use promo code AAOMSMBR to receive a 20 percent discount.

*Final CDT codes were not available at time of print. Final codes can be found in the 2024 CDT coding manual and purchased through ADA.org.

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, consult professional advisers. *CPT* copyright 2023 American Medical Association. All rights reserved. ^Current Dental Terminology* (CDT) copyright 2023 American Dental Association. All rights reserved.

Coding alert for bone grafts

A West Coast Medicare Administrative Contractor recently reported that a claims audit conducted in 2021 detected inappropriate medical claims submitted by participating providers, including dentists and oral and maxillofacial surgeons, for bone grafts (CPT® codes 21210* or 21215*) when associated with implants and extractions that are typically excluded by Medicare.

CPT® codes 21210* and 21215* should not be utilized to report socket preservation or simple bone grafts. In such cases, the CDT® code itself would be more appropriate to report to both dental and medical carriers. Additionally, CPT® codes 21210* and 21215* would be more appropriate crosswalks for CDT® code D7955^, as they are reported for instances involving reconstruction of the jaws due to trauma or surgical correction of the congenital defects rather than in the case of prosthetic restoration.

Resources for coding bone grafts can be found in the AAOMS Coding and Billing Paper "Coding Bone Grafts" on AAOMS.org along with the 2022 March/April AAOMS Today Coding Corner available at AAOMS.org.

Additional information is available in a new online CE course Coding for Implants and Bone Grafts, designed for OMSs and their staff to implement correct coding initiatives for these services. Visit AAOMS.org/CodingBilling for more information.

How to bill for separate anesthesia provider:

n certain cases, an OMS may choose to utilize another clinician – such as a physician anesthesiologist or certified registered nurse anesthetist (CRNA) – to administer anesthesia services in an office setting. To ensure the appropriate billing of services furnished by a separate anesthesia provider, OMSs and professional billers must consider several factors, including the distinction between rendering and billing entities, employment status of the anesthesia provider and credentialing requirements.



According to the National Uniform Claim Committee's (NUCC) claim form instruction manual, the rendering provider is the individual who furnished the services being reported while the billing provider is the entity submitting the claim for payment and to whom reimbursement should be sent.

When an OMS performs both a surgical procedure and administers general anesthesia, all services are typically reported to the payer on one claim, identifying the OMS as the rendering (or treating) provider. However, when separate providers furnish distinct aspects of the same patient encounter – such as a CRNA administering anesthesia for the removal of third molars – this is not the case.

Each provider's services must be reported on a separate claim that accurately identifies the name, individual National Provider Identifier (NPI) and taxonomy or specialty classification of the provider who personally performed the services as well as the name, NPI and Tax ID of the billing entity, group practice or corporation. The NUCC and the ADA both maintain detailed claim form instruction manuals, offering step-by-step guidance for providers and their staff. Complete and accurate claim form submission is integral to the claims adjudication process and helps to ensure proper provider reimbursement.

It is important to note that by submitting a claim to a third-party payer, the OMS is attesting to the accuracy of the information included on the claim form. As such, it is not appropriate to bill under another provider's name and NPI. It may be considered fraudulent billing practice to report misrepresented information – such as the treating provider – to an insurance carrier as healthcare claims are considered legal, binding documents. Doing so also may violate commercial payer contracts.



Employment status

Whether the OMS files the claim as the billing provider for the services furnished by a separate anesthesia provider may depend on who employs the anesthesia professional and whether the anesthesia professional is an employee or an independent contractor.

For example, the anesthesiologist or CRNA may be employed by the OMS practice and, therefore, the individual's NPI should be associated with the practice's group NPI and Tax ID for purposes of treatment, billing and payment. When this is the case, the practice may file the claim as the billing provider for services furnished by the anesthesia professional. In other words, the anesthesiologist or CRNA would be noted on the claim as the provider of service, including both name and NPI, while the practice would be identified as the billing entity for the anesthesia services.

On the other hand, the anesthesia provider may be an independent contractor and, therefore, able to bill for his or her own services as both the rendering and billing provider on the claim form.

In some cases, there may be a contractual agreement between the independent contractor and the OMS practice that may outline and determine the reporting and billing protocols for the services rendered by the anesthesia provider. A practice attorney or practice consultant may provide additional insight into such determinations.

Credentialing requirements

For the services rendered by a separate anesthesia provider to be reported and considered for payment by an insurance carrier, the anesthesia professional must be credentialed with



Nuances, examples

the payer. Credentialing involves the assessment of academic training and clinical practice history of healthcare professionals to ensure they are qualified to render patient care within the scope of their state licensure. This attestation must meet the applicable requirements of state, federal and private accreditation bodies and should be appropriately maintained. The credentialing process may be facilitated by the employing entity or, in the case of an independent contractor, by the provider themselves.

Regardless of whether anesthesia providers are billing for their services under the OMS/group practice or under their own name/NPI/Tax ID, they must be credentialed with the insurance carrier and the claim form must accurately identify the anesthesia professional as the rendering provider.

Arrangements between an OMS practice and an individual anesthesia provider can be complex. Factors such as malpractice liability, state regulations and scope of practice limitations as well as provider contracting also may need to be considered. For example, if the OMS is a participating provider with certain insurance plans but the visiting anesthesia professional is not, this may necessitate review of existing office policy and/or managed care contracts. To ensure compliance, OMSs are encouraged to consult a practice attorney for guidance on such arrangements. ■

AAOMS member resources on appropriate coding for anesthesia services are available at AAOMS.org/ CodingReimbursement. In addition, AAOMS will host a webinar on Oct. 4 to discuss the impact of federal and state laws on current payer policies and tips for OMS practices to navigate credentialing and billing processes for separate anesthesia providers. For more information or to register, visit AAOMS.org/CEonline.





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How to complete Certification Maintenance

s a Diplomate of ABOMS, it is important to understand the annual Certification Maintenance (CM) process.

What is Certification Maintenance?

Certification Maintenance requires Diplomates to fulfill specific requirements in certain years throughout a 10-year cycle by way of their online Diplomate profile. Depending on the year, Diplomates may have to complete some or all of these steps:

- Question-and-answer modules
- Clinical case questions
- Prove 20 CF hours
- Attest to quality improvement initiatives and office anesthesia evaluations
- Pay fees (\$300)

Each year, a random selection of Diplomates are chosen for an audit. Diplomates selected in the audit are notified by ABOMS staff. Some requirements are determined by where a Diplomate is in a 10-year cycle, but CM must be completed every year at a certain time. Fees and CE attestation are due at the end of March on a Diplomate's annual registration. Diplomates have until December to complete question-and-answer modules and attestations to quality improvement and office anesthesia, if applicable.

Why Certification Maintenance?

CM promotes public trust for ABOMS board-certified Diplomates. This certification provides assurance to the public that ABOMS members continue to uphold the highest standards of oral and maxillofacial surgery practice in four categories: professional standing, lifelong learning and self-assessment, cognitive expertise and performance in practice.

Fulfillment of the CM requirements quantifies a Diplomate's ability to apply both their knowledge and experience. Successful fulfillment of the CM requirements maintains one's status as board-certified. ■

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- AAOMS Centennial Tree match
- PEER







OMSNIC

To honor its 35th anniversary, OMSNIC will match every gift to the Annual Fund received Sept. 15-30 (up to \$35,000).



OMSFoundation.org/Donate





Robert S. Clark, DMD Treasurer

The Board's policy to maintain sufficient funds in the operating reserve fund to withstand dips in the economy is more important than ever.

AAOMS receives clean audit

The Finance and Audit Committee of the AAOMS Board of Trustees meets with the Association's outside auditors each spring to review the audited financial statements for the preceding year.

Once again, AAOMS received a clean audit opinion regarding its financial statements and accompanying notes.

Consolidated assets in total decreased during 2022 to \$38.7 million. Cash and investments, the largest asset category, dropped from \$35.1 million at the end of 2021 to \$32.3 million at the end of 2022. Property and equipment declined \$422,000 during 2022 due to depreciation on the Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill.

Liabilities decreased 5 percent during 2022 to a total of \$12.3 million at year-end. The change was largely due to accounts payable, which decreased \$394,000 as billing by vendors was timelier in 2022 resulting in more payments being made prior to year-end. Deferred income, the largest liability category, totaled \$7.1 million at the end of 2022. This category includes 2023 membership dues collected in the fourth quarter of 2022.

Consolidated net assets also dropped during 2022, totaling \$26.4 million at the end of the year.

Consolidated revenues were \$2.1 million less than expenses in 2022. The loss was driven by market fluctuations of investments as the unrealized loss on investments was \$3.66 million. Ignoring unrealized losses on investments, AAOMS operations produced positive financial results, as revenues exceeded expenses by \$1.38 million and after-tax results for AAOMS Services, Inc. (ASI) contributed another \$188,000 to the bottom line. In addition, ASI issued a \$125,000 dividend to the Association.

Offsets to the positive financial results included a depreciation expense on fixed assets of \$519,000.

AAOMS's original operating budget for 2022 anticipated revenues to exceed expenses by \$18,000. The actual results underperformed the original budget by \$1.99 million.

Significant budget variances included:

- Operating reserve net investment losses totaling \$2.66
 million in 2022 were \$2.77 million worse than the budget
 expectations; after significant volatility, the year ended with
 poor performance in the equity and fixed income markets.
- Headquarters expenses were \$403,000 less than budget, as temporary vacancies and a lower-than-anticipated increase



opinion once again

in employee medical costs resulted in significant savings in salaries, wages and employee benefits.

- The COVID-19 pandemic continued to result in reduced travel and cancellation of many in-person meetings early in the year while some meetings remained virtual for cost savings. As a result, programmatic expenses were \$338,000 less than budget.
- The Annual Meeting exceeded budget by \$250,000; while exhibition booth sales and in-person attendance was lower than anticipated, savings in costs due to location and reduced attendance more than offset the variance.

Net investment revenues are unpredictable from year to year. Through June, AAOMS experienced a \$1.5 million increase in investment value as the market rebounded partially from a drop in 2022. Volatility remains high, responding to various factors including inflation and recession worries.

The Board's policy to maintain sufficient funds in the operating reserve fund to withstand dips in the economy is more important than ever. Increasing costs due to inflation and other factors will certainly affect the financial results in 2023 and beyond. The Board and staff will work to control costs where possible and are committed to making fiscally prudent financial decisions for AAOMS while supporting the membership.

As this is my last column as your Treasurer, I want to take the opportunity to thank the AAOMS Board of Trustees, the members of the Finance and Audit Committee and the staff for the support they have given me during these last four years. It has been an honor to serve as your Treasurer, and I am pleased to hand over the finances to your incoming Treasurer in a strong position to ensure the financial stability of your Association.



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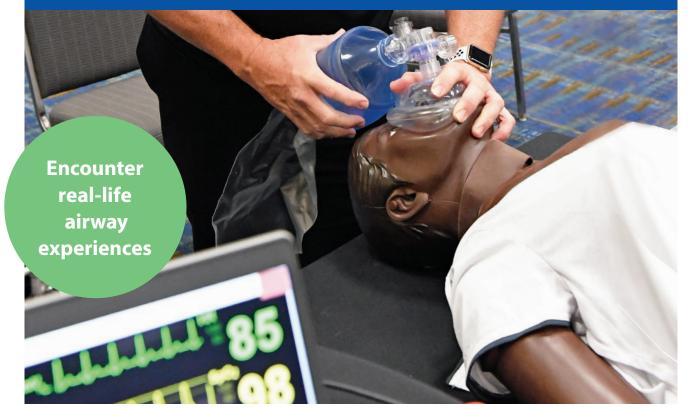


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This program is held at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill.

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



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ADVANCED EDUCATION



DAANCE Advisory Council seeks applications for new members

The Dental Anesthesia Assistant National Certification Examination (DAANCE) Advisory Council is seeking additional DAANCE-certified anesthesia assistants to join its Advisory Council.

DAANCE was developed to enhance the relationship between OMS anesthesia assistants and oral and maxillofacial surgeons as they work together to establish the anesthesia assistant's ability to aid in the management of moderate, deep and/or general anesthesia administration in an office setting.

The Advisory Council's tasks involve overseeing the policies and administration of the exam, along with continuously evaluating and amending the exam to reflect current standards of care. The Council typically meets twice per year.

New Council members must have a current DAANCE certification. Those interested in joining the Advisory Council should email jscofield@aaoms.org.

For general DAANCE questions or inquiries, email daanceinquiries@aaoms.org.

MEMBERSHIP



Affiliate memberships available

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

CONTINUING EDUCATION



Seeking webinar speakers

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



Update Find a Surgeon profiles to help recruit new 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 quickly match 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.

MEMBERSHIP



Volunteer with AAOMS, network or take part in Spotlight series

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

- **Volunteer** AAOMS encourages members to engage in short-term, long-term or project-specific volunteer opportunities that may be in-person, remote or hybrid. Visit AAOMS.org/Volunteer to learn more and download the volunteer application. Questions? Email governance@aaoms.org.
- **AAOMS Connect** AAOMS Connect features a discussion forum, private messaging and an opportunity to become involved in Clinical and Special Interest Groups

(CIGs and SIGs). 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. Additional information, including an Online Communities Training Guide, is available at AAOMS.org/Communities.

Member Spotlight – Participate in the new Member Spotlight series – an opportunity to share knowledge and interests with AAOMS members. To participate, visit AAOMS.org/MemberSpotlight and download the application.

Questions? Email membership@aaoms.org.

COMMUNICATIONS



Seeking story subjects

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

- Sports team doctors Looking for OMSs who served as sports team doctors.
- 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 brainrelated activities.

MEMBERSHIP



View updated 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.

ADVANCED EDUCATION



Register for resident conference

The 2024 Resident Transitions into Practice Conference: Preparing for Post-residency Life will be held Feb. 24 to 25 at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, III.

This residents-only event will provide essential nonclinical information to support the move from residency to a solo or group practice or academics. Topics will include:

- Leadership, practice models and early-career prep
- Incorporating full-scope oral and maxillofacial surgery into a practice
- Financial strategies for personal life and practice life
- Understanding contract negotiations
- Coding and billing

For more information, visit AAOMS.org/Transitions.

PRACTICE MANAGEMENT



Register for upcoming practice management webinars

Practice management webinars are scheduled for Oct. 18 and Nov. 1.

2023 Threat Landscape: Violence Prevention in Healthcare Settings will be held at 1 p.m. CDT Oct. 18. Attendees will identify the types and sources of workplace violence and learn strategies and techniques for mitigating this risk to their employees and their patients.

Seeing Around Corners: Emerging Trends to Attract and Retain Employees will be held at 1 p.m. CDT Nov. 1. This webinar will focus on the various stages of hiring new employees, including recruitment, performance, compensation and training and development, all viewed through the lens of diversity, equity and inclusion.

For more information, visit AAOMS.org/CEonline.

CONTINUING EDUCATION



On-demand CE available 24/7

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.



ANNUAL MEETING



2024 Presenters: Apply by Oct. 1

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 on the Annual Meeting theme, Stronger Together. To apply, visit AAOMS.org/Speakers. Late submissions will not be accepted.

Questions? Contact shannonm@aaoms.org.

CODING



Access online coding courses

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; and OMS Billing.

CONTINUING EDUCATION



Dental implant webinar series set

Register for the clinical webinar series on dental implants scheduled for Oct. 18 and 25. Topics include:

- Merging soft-tissue grafting with hard-tissue grafting to achieve ideal anterior esthetic results.
- Treatment planning algorithms and how to efficiently use the same evaluation process for all implant-related patients.

For more information, visit AAOMS.org/CEonline.



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, III.

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, III.

AAOMS.org/OMSstaff

2024

Feb. 10, May 18 and Oct. 26

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation AAOMS Headquarters in Rosemont, III.

AAOMS.org/OBEAM

March 2-3

Anesthesia Assistants Review Course (AARC)

Dallas, Texas

Sept. 9-14

106th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Orlando, Fla., and online AAOMS.org/AnnualMeeting

Dec. 5-7

Dental Implant Conference

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

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

Oct. 20-22

Florida Society of OMS Fall Meeting

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

Nov. 8

Mid-Atlantic Society of OMS Fall Meeting

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



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Dr. Cuomo named President of NYSDA



Dr. Cuomo

Anthony Cuomo, DDS, has been elected President of the New York State Dental Association (NYSDA). He previously served on NYSDA's Governmental Affairs Committee as a liaison to the Association's Board of Trustees as well

as a member and Chair of the NYSDA Strategic Planning Committee. Dr. Cuomo practiced in Carmel, N.Y. and Danbury, Conn., and was Chair of Danbury Hospital's dental department and section chief of its oral and maxillofacial section.

Dr. Edwards inducted as NYSDA VP



Dr. Edwards

Maurice Edwards,
DMD, has been elected
Vice President of the
New York State Dental
Association (NYSDA).
Dr. Edwards previously
worked with the dental
identification unit at
the Office of the Chief
Medical Examiner of
New York City in the

aftermath of the Sept. 11, 2001, attacks, helping to identify about 60 percent of all remains recovered. Dr. Edwards has been in private practice in Manhattan for more than 20 years.

Dr. Kalenderian named dean at Marquette



Dr. Kalenderian

Elsbeth Kalenderian, DDS, PhD, MPH, has been chosen as Dean of the Marquette University School of Dentistry. She previously served as Dean of the Faculty at the American Center for Dentistry Amsterdam; as a Professor in the Oral and Maxillofacial Surgery Department at the Amsterdam University Medical Center; as Professor and Chair of Preventative and Restorative Dental Sciences at the University of California, San Francisco; and as Clinic Dean and Chair at Harvard School of Dental Medicine.

Dr. Feeney honored with Columbia Alumni Award



Dr. Feeney

John Feeney, DDS, was recognized at the Columbia University College of Dental Medicine Reunion Day 2023 when he was presented with the Distinguished Alumni Award for Notable Achievement in the Profession. Dr. Feeney

retired after an almost 40-year career as an OMS at the New Jersey Shore University Medical Center. He previously served as the President of the New Jersey Society of Oral and Maxillofacial Surgeons, the NJ Dental Society of Anesthesiology and the New Jersey Foundation of Dentistry for the Disabled. He is also a previous recipient of AAOMS's Humanitarian Award for Fellows and Members.

Dr. Steed named James B. Edwards Endowed Chair



Dr. Steed

Martin Steed, DDS, was named as the James B. Edwards Endowed Chair in Oral and Maxillofacial Surgery, the Medical University of South Carolina's College of Dental Medicine's first endowed chair. The endowed chair position is the most prestigious

honor that a faculty member can receive. Dr. Steed is also the Chairman of the Department of Oral and Maxillofacial Surgery in the College of Dental Medicine. He was formerly a faculty member of the Emory University School of Dentistry.

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







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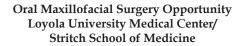
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Loyola University Chicago Stritch School of Medicine's, Division of Oral & Maxillofacial Surgery is recruiting a full-time oral maxillofacial surgeon. This position involves participation in an active full scope oral & maxillofacial surgery practice. Responsibilities include clinical practice, didactic and clinical training at the resident level and may include involvement with community organizations. This position will also include administrative duties and clinically based research. The Department has a general practice residency as well as the oral and maxillofacial surgery residency

Candidates must have a DDS/DMD degree and be Board certified or a candidate for Board certification in Oral and Maxillofacial surgery. Credentials and experience should be consistent with an academic appointment at the rank of Assistant, Associate or

Loyola University Medical Center Medical is a level one trauma center located in Maywood Illinois, Approximately 10 miles from downtown Chicago and all the cultural and sporting opportunities this world class city has to offer. It has easy access to major airport and travel links. For more information, visit <u>loyolamedicine.org</u>. You can also follow Loyola Medicine on LinkedIn, Facebook or Twitter.

Questions about the position may be addressed to Dr Stephen MacLeod, Division Director Oral & Maxillofacial Surgery and Dental Medicine at smacleod@lumc.edu. Interested candidates should email a cover letter and CV to Danica Denning, Physician Recruitment Office, at danica.denning@luhs.org as well as apply online at www.careers.luc.edu.

All qualified applicants will receive consideration for employment without regard to race, color, religion (except where religion is a bona fide occupational qualification for the job), national origin, sex, age, marital status, sexual orientation, gender identity, or protected veteran status and will not be discriminated against on the basis of disability.

The Department of Oral and Maxillofacial Surgery at Northwell Health provides the very best in comprehensive oral maxillofacial service in the NY metropolitan area. Our services include: reconstruction of the head, neck, jaw and face due to cancers, trauma, and craniofacial anomalies.

We are searching for two dynamic and visionary leaders for our freestanding departments at both Lenox Hill Hospital and Huntington Hospital to ensure its vital placement at the forefront of exceptional care. Completion of Residency in Oral Maxillofacial Surgery with Board Certification is required along with previous division, department, or residency program leadership and demonstrated research expertise.

To apply, email Lindsay Appelman, LAppelman@northwell.edu



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 boardcertified or board-eligible in oral and maxillofacial surgery. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwaits@uab.edu or 205-934-5334.

Georgia

Emory University School of Medicine in Atlanta is seeking applications for a full-time faculty position in the Division of Oral and Maxillofacial Surgery at the Assistant or Associate Professor level. Responsibilities include patient care, didactic education and clinical teaching of residents and research. The position includes responsibilities at Grady Memorial Hospital, The Emory Clinic, Emory University Hospital, Emory University Hospital Midtown and Children's Healthcare of Atlanta. The candidate should have an interest in major oral and maxillofacial surgery with a particular interest in trauma management and is expected to actively participate in clinical and research activities. The individual will be expected to participate in the Emory oral and maxillofacial surgery faculty practice. Collaborative opportunities are available with area colleges and universities and public health agencies. The position requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school and completion of a CODA-approved oral and maxillofacial surgery residency program. The candidate should be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates also must be eligible for an unrestricted Georgia dental or medical license. Salary and academic rank are commensurate with experience and qualifications. Emory University is an equal opportunity/affirmative action employer. Applicants should submit their curriculum vitae to: Dr. Gary Bouloux, Chief, Oral and Maxillofacial Surgery, The Emory Clinic, 1365 Clifton Rd., Suite B-2300, Atlanta, GA 30322, email: gfboulo@emory.edu.

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 healthcare 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 healthcare 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: http://apply.interfolio.com/11807. 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 as teaching and clinical coverage for the predoctoral 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, socio-economic 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.

continued on next page

CLASSIFIEDS | September/October 2023

Faculty Positions continued from previous page

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.

Ohio

The University of Cincinnati, College of Medicine, Department of Surgery is seeking a full-time nontenure clinical track position to join an active faculty group with an emphasis on leading the residency training program in Oral and Maxillofacial Surgery as its Director. Responsibilities include clinical/surgical patient care, research and teaching activities of the residents. Program Director duties include evaluation of resident progress, direction of training curriculum and ensuring the program demonstrates compliance and meets accreditation standards. Candidates must have a DDS or DMD, be eligible for Ohio licensure, completed CODA-accredited residency program and be ABOMS-certified. Competitive salary range based on experience. UC is an AA/EOE/Minority/Female/Disability/Veteran. Inquiries may be sent to hawkinye@ucmail.uc.edu.

Oklahoma

The University of Oklahoma College of Dentistry seeks to welcome an Assistant/Associate Professor to serve as Director of Oral and Maxillofacial Surgery Predoctoral Education. The director will facilitate all academic, patient care, research and administrative functions of the program, consistent with applicable rules, regulations and guidelines of the College of Dentistry, the University of Oklahoma and the American Dental Association Council on Accreditation. Applicants must possess a DDS/DMD and a certificate in Oral and Maxillofacial Surgery from a CODA-accredited residency program/ foreign equivalent, board-certified/-eligible status, experience in dental education and electronic medical records. Interested? Apply at apply. interfolio.com/125740. The University of Oklahoma is an Equal Opportunity Institution. For more information, please visit OU.edu/EOO.

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-daya-week intramural or outside-the-college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before 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 at 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 at 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 CODAaccredited advanced education program in oral and maxillofacial surgery and be board-certified by the American Board of Oral and Maxillofacial Surgery (ABOMS). Experience in broad scope oral and maxillofacial surgery is mandatory. Fellowship training in sleep surgery, microvascular, craniofacial or cosmetic surgery is beneficial. Candidates must be U.S. citizens or permanent residents. Applicants also are required to have an MD and DDS/DMD and be licensed to practice dentistry and medicine in a state, territory or commonwealth of the United States or District of Columbia. For successful fulfillment of the duties of the position, in accordance with the Department's Mission Statement, the candidate must demonstrate excellence in pre- and post-doctoral clinical and didactic teaching, clinical or basic science research and service in oral and maxillofacial surgery. Send CV to uyenmai.dang@pennmedicine.upenn.edu.

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 an 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 at the assistant/associate professor level. Patient care responsibilities cover 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 include instruction and mentoring of oral and maxillofacial surgery residents. The practice schedule consists of four clinical and one non-clinical days a week. 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 Joginpally (sujitj@uw.edu). For questions, please contact Dr. Dodson, Professor and Chair, (tbdodson@uw.edu). The University is an equal opportunity employer.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in tumor board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Fellowships Non-CODA

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 flans, pedicled and other flans; 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 interviewing applicants 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. 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 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.

Fellowships Non-CODA Accredited continued from previous page

Massachusetts

Massachusetts General Hospital Department of Oral and Maxillofacial Surgery, Minimally Invasive Endoscopic Oral and Maxillofacial Surgery Fellowship: Acquire the skills of endoscopic surgery of the maxillofacial region, including temporomandibular joint (arthroscopy), salivary gland sialoendoscopy, trauma, orthognathic and total joint reconstruction. During the Fellowship, education on translational research, clinical trials, prospective and retrospective studies will be available. Fellow will function as Junior Attending for level 1 trauma, elective OMS and resident case coverage. Massachusetts dental license is required. MassGeneral.org/omfs/education-andtraining/fellowships/temporomandibular-jointfellowship. Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain. DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit St., Warren 1201, Boston, MA 02114 or by emailing jmccain@mgh.harvard.edu.

Massachusetts

The Department of Plastic and Oral Surgery at Boston Children's Hospital is pleased to offer a one-year fellowship in pediatric craniomaxillofacial surgery available July 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 2025-26: Sponsored by the Oral Facial Surgery Institute (of sinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/ or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas Rd., 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.

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 petern739@gmail.com.

California

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

California

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. Fifty 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.

Connecticut

Associate OMS position available in 60-year-old busy private practice. Centrally located in Fairfield County, Conn., with Norwalk Hospital affiliation. Pathway to partnership available. Contact Alan R. Rissolo, DMD at Oral Surgeons Associates, PC at info@norwalkdentalimplant. For more information, visit NorwalkDentalImplant.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 Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online greenbergdental.com.

Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have two doctors dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport and multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a population of over 1 million. Florida has no state income tax, and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at cforalsurgery.com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

Florida

An excellent opportunity exists to join Pensacola, Fla.'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 boardcertified/board-eligible OMS. Military veterans and drilling reservists are highly desired. Please send CV to classifieds@aaoms.org attention AAOMS Box A-0810

Florida

Extraordinary opportunity for a board-eligible/ board-certified oral surgeon to join a wellestablished 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 evergrowing coastal community for over 40 years, providing exceptional oral surgery to the area. Our modern practice provides a full scope of oral and maxillofacial surgery with the largest focus on $\ensuremath{\mathsf{IV}}$ 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 10 as one of the best places to live and also the region is top 10 in population growth. You determine your success. We offer a highly competitive salary and benefits package. Please send resumes to jaredckaufman@gmail.com.

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@floridaoralfacial.com.

Florida

Well-respected, busy and established oral surgery practice in search of a board-certified or boardeligible, hardworking and efficient oral surgeon. We offer a full-time associate position to the right candidate with a clear path to partnership. Office focus is dentoalveolar and implant surgery at our state-of-the-art facility. Incoming surgeon will practice in various of our current locations. Our practice is highly respected for its service to both the local community as well as the profession. Competitive salary with bonus incentives, benefits package includes health insurance, CE allotment, 401(k), malpractice insurance and license reimbursement. If interested, send CV/Inquiries to omsasf@gmail.com. Requirements: DDS/DMD from an accredited university, active state dental board license and oral maxillofacial surgery residency certificate from an accredited program.

Available Positions continued from previous page

Georgia

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

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

Illinois

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 Indiana. 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 Mike Cvengros, COO of Endodontic & Periodontic Associates directly at 708-922-1165 or email at mcvengros@endoperio.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-ofthe-art facilities with two CBCT, EMR, an intraoral scanner and software for virtual guided implant placement. This position is full-time, four days per week and includes health insurance, a profit-sharing plan, bonus opportunities and car allowance. Salaries starting for associates are \$340,000, with an integrated buy in over five 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 ${\sf CV}/$ 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 semiactive 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 welltrained 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 boardcertified/-eligible oral and maxillofacial surgeon. Competitive salary and benefits. Perfect opportunity for family or individual to live and work near metro Boston and the Seacoast. The practice has excellent opportunity for growth and flexibility. For more information about this opportunity email curtinosa@gmail.com.

New Jersey

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 dentoalyeolar 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

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 a new state of the art facility in Elizabeth, N.J., 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. Benefits include: sign-on bonus, health insurance, 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 in 2017 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 growthoriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The

metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is officebased, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsny.com or contact Robert Bodey at 347-590-9910.

New York (Long Island)

Our well-respected, multi-office, boutique practice is seeking a motivated, charismatic surgeon for an associate position leading to a long-term partnership. The practice is well-established and practices the full scope of office- and hospital-based oral and maxillofacial surgery. We have five modern office locations, four board-certified surgeons and are on staff at local hospitals where we bring a wide variety of cases, cover trauma call and teach in the associated residency programs. Our high-tech offices are fully equipped with electronic medical records, digital radiographs, cone beam scanners and guided surgery software. Benefits include but are not limited to - high compensation, full medical benefits, malpractice coverage, 401(k), paid vacation, board preparation course and travel. Send CV to classifieds@aaoms.org attention AAOMS Box 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 feefor-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, multidoctor practice. Association leading to partnership for motivated, personable and ethical OMS. Our group is office-/hospital-based and provides a full scope of oral and maxillofacial surgery, including cosmetic procedures. A full-time esthetician also provides nonsurgical cosmetic services in our medical spa. We offer an excellent salary, plus a comprehensive benefit package that includes malpractice, health, life insurance, 401(k) and profitsharing. Reply to classifieds@aaoms.org attention box A-4442.

Available Positions

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.

New York (Buffalo)

Our group practice is seeking a full-time oral surgeon to join Oral and Maxillofacial Surgery Associates of WNY in the Buffalo, NY area. We are seeking a board-eligible/board-certified oral surgeon to join our team of four experienced oral surgeons. This is a terrific opportunity to join a full scope oral surgery practice with a busy patient base, excellent referral network and mentorship available. We offer a highly competitive compensation package, retention bonuses, full health benefits, 401(k) and PTO. If you're interested in learning more, please contact Tiffany Karl at karlt@oralsurgeryofwny.com or 716-675-9777.

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 three-doctor, three-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

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, patientfocused, personable, board-certified/-eligible oral and maxillofacial surgeon to join our busy, wellestablished 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, singlelocation practice. Candidate will direct their own practice scope, hospital involvement and anesthesia modalities. Will have direct involvement in planning and construction of a new office space. Offering a generous base and bonus salary along with a comprehensive benefits package and fast track to partnership. Please send CV to pghomfs@gmail.com.

Pennsylvania

Progressive, growing, energetic oral and maxillofacial practice located in central Pennsylvania seeking a full-time associate leading to partnership. This position allows the candidate to pursue areas of surgical interest unencumbered

by corporate constraints. The cornerstones of our practice are community service, team orientation, technology and education. In this environment, one can advance leadership skills, develop and improve communications and perfect surgical skills through technology and advanced education. These opportunities are coupled with an amicable and supportive enterprising staff. The backdrop of central Pennsylvania allows for a wonderful family environment with highly ranked schools and multiple activities to suit varied interests. If this opportunity for challenges and growth intrigues you, please contact us at 717-530-1120 to explore this offer in detail.

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.

Pennsylvania

Seeking a board-certified/-eligible oral and maxillofacial surgeon to join a long-standing practice in the suburban Philadelphia area. Associateship leading to full partnership. Email CV to oms.applicants1@gmail.com.

Texas (North Houston)

Opportunity with an established and wellrespected, doctor-owned oral surgery group practice located north of Houston, Texas. We are seeking a board-certified/-eligible or recent graduate candidate. The practice consists of seven board-certified oral surgeons who practice the full scope of OMS in six offices. Serving the area for over 40 years, the practice has successfully grown by maintaining long-standing referral relationships and providing excellent care to the patients in our communities. The city and suburbs are experiencing incredible growth and are great places to live and raise a family. We offer a competitive base compensation and bonus package, 401(k), family medical insurance, malpractice insurance, CE allowance and generous paid vacation with a pathway to partnership. Contact our Practice Administrator, Donna Kotsios, at dkotsios@nwoms.net.

Texas

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-ofthe-art conference room, well-trained staff and top-notch office operations manager and our oral surgeons' credentials include former board examiner, President and officers of local and state OMS societies, AAOMS officer, state board reviewer, etc. The Houston oral surgeon practice has two offices located in central and west Houston. We are looking for a candidate who does full-scope oral and maxillofacial surgery, has excellent people skills and is well-rounded in all facets. Board-eligible or boardcertified is a must. Excellent compensation and benefits with potential for equity in the practice. Contact steve28093@gmail.com.

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.

Available Positions continued from previous page

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

Colorado

Meticulously appointed and equipped OMS Practice in Boulder County, Colo. (CO 2128). Collections \$861K, four operatories with room to expand, 1,865 sq. ft., sales price \$399K. Established GP referral base, less money than a startup. Contact ADS Precise Transitions at 303-759-8425 or jed@adsprecise.com.

Georgia (Augusta)

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

Illinois

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

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, Mo. The community has excellent schools, low cost-of-living and something for everyone. Send CV to HR Manager mistystrode@yahoo.com.

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.

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 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

Solo OMS practice in Central N.J. focused on profitable dentoalveolar, implant, bone grafting, pathology and general anesthesia procedures. Surgeon owns 2,900 sq. ft. office in professional center. Excellent exposure/signage facing main road. 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, WinOMS CS. Please send inquiries to classifieds@aaoms.org, attention AAOMS Classified Box S-0701.

New York (Lower Hudson Valley)

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



New York

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

Ohio

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.

Virginia

This is a 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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