

AAOMS TODAY



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COVER STORY

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Reaching new heights

OMSs share stories
of mountaineering pursuits

I like getting to a point where you feel like you can't take another step, you can't take another breath, you are at your absolute physical limit. And mentally you find a way to reach through that to another level.

– Kimberly A. Silloway, DDS

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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

HealthcareADAWARDS

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



2023: Gold Award
2022: Gold Award
2020: Platinum Award
2019: Platinum Awards for Magazine/Writing



2023: Gold Awards for Association Magazine, Design and Feature Article
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



Mark A. Egbert, DDS, FACS
AAOMS President

“By actively engaging in advocacy, we can drive change, influence policies and shape the future of our specialty.”

IN MY VIEW

The power of advocacy:

I recently attended the AAOMS State Advocates Forum, the Association's annual lobbyist conference, which reminded me of the immense power we hold as OMSs. We are not just skilled practitioners of our art; we are advocates for our profession, our patients and the future of the oral and maxillofacial surgery specialty.

Our state lobbyists – many of whom I met with at the State Advocates Forum – play a pivotal role in advocating for the interests and concerns of OMSs so we can provide the highest quality care to our patients. They work tirelessly to shape healthcare policies, secure fair reimbursement rates and promote the advancement of OMS practices, safeguarding the profession's future and the well-being of those it serves. But our lobbyists also benefit significantly from the involvement of OMSs, as our expertise enhances the credibility and effectiveness of advocacy efforts. Advocacy, the act of championing a cause, is a responsibility we must shoulder, and it is our duty to ensure that the voice of our specialty is heard loud and clear.

Advocacy is a multifaceted endeavor that covers a broad spectrum of activities. It involves lobbying, education, collaboration and communication to influence decisions and policies affecting our profession and patients. Three specific areas where our advocacy as OMSs play a pivotal role are anesthesia regulations, insurance challenges and scope of practice.

Anesthesia regulations

Anesthesia is an integral part of our practice, directly impacting patient safety, quality of care and the scope of procedures we can perform. As OMSs, we undergo extensive training to safely administer anesthesia to provide our patients with the highest level of care. However, regulations surrounding anesthesia are constantly evolving, and it is our role to advocate for regulations that uphold patient safety and reflect the realities of our practice.

Our advocacy efforts have been instrumental in shaping the anesthesia landscape. We have worked closely with policymakers to establish evidence-based guidelines for anesthesia administration, ensuring that our patients receive the safest care possible. That also is why we partnered with the American Society of Dentist Anesthesiologists to develop model regulations that promote patient safety.



Shaping the future of the specialty

Advocating for responsible anesthesia regulations is not only about our profession but, more importantly, about safeguarding the well-being of our patients.

Insurance challenges

Navigating the complexities of insurance can be a daunting task for both patients and healthcare providers. As OMSs, we often face challenges in obtaining fair and appropriate insurance coverage for our procedures. Advocacy in this realm is about ensuring the care we provide is not hindered by insurance obstacles.

Through our collective efforts, we have been successful in advocating for better insurance coverage for OMS procedures. By educating policymakers and insurance providers about our specialty's unique and critical nature, we have made strides in reducing barriers to necessary treatments. This advocacy work helps our patients access the care they require without undue financial burdens, enhancing their overall well-being.

Scope of practice

Scope of practice is a fundamental issue for OMSs. Our unique blend of dental and medical expertise allows us to provide comprehensive patient care, including complex surgical procedures that bridge both disciplines. Advocating for a broad scope of practice is crucial for preserving the integrity of our specialty so we can continue to deliver the highest quality care.

Our advocacy efforts have been pivotal in expanding our scope of practice. By working closely with legislators and healthcare organizations, we have influenced regulations to allow for a broader range of procedures within our purview. Offering a larger selection of procedures not only benefits us as practitioners but allows our patients to receive the comprehensive care they deserve from experts who are specifically trained to provide it.

Advocacy activities

Engaging in advocacy activities is essential to making a difference for the specialty. Our collective voice is a powerful force, whether we are meeting with legislators, participating in grassroots campaigns or speaking at public forums.

By actively engaging in advocacy, we can drive change, influence policies and shape the future of our specialty. To be effective, we must:

- **Educate and inform** – It is imperative we thoroughly understand the issues at hand. We should stay informed about the latest developments and research in our field and be able to communicate effectively about issues to policymakers and the public.
- **Collaborate** – Joining forces with professional organizations and colleagues strengthens our advocacy efforts. When we work together, our message is more compelling, and we can pool resources and expertise to make a more significant impact.
- **Lobby and communicate** – Meeting with legislators, participating in public hearings and using various communication channels to convey our message are essential. Effective lobbying and clear communication allow our concerns to be heard and understood.
- **Stay persistent** – Advocacy often is a long-term effort. We must be committed to our cause, understanding that change may take time. Consistency and determination are key to achieving our advocacy goals.

Advocacy is not a secondary task but an integral part of our profession. Our commitment to advocating for anesthesia regulations, insurance fairness and our full scope of practice is vital in shaping and securing the future of our specialty and investing in the well-being of our patients.

I encourage every OMS to become an active advocate at all levels of government, whether through grassroots campaigns, engagement with professional organizations or direct contact with policymakers. Together, we can influence the decisions and policies that shape the landscape of oral and maxillofacial surgery.

Let us continue to be the advocates our specialty needs and deserves. Advocacy is not just a responsibility; it is an opportunity to make a difference. Let us seize that opportunity and shape a better future for our profession. We are stronger together! ■

Reaching new heights

*OMSs share stories
of mountaineering pursuits*



AAOMS members are hiking, climbing and skiing to the tops of mountains across the United States and the world.

Every mountain carries its own unique terrain and character, and *AAOMS Today* interviewed five OMSs who take different approaches to mountaineering – some for the love of fitness

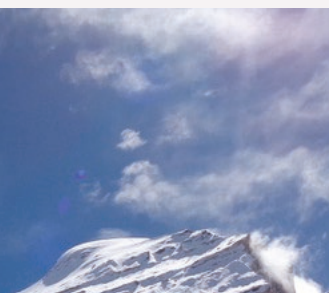
or others for the appeal of a death-defying challenge.

Know an OMS with an interesting hobby? Send an email to communications@aaoms.org.



Kimberly A. Silloway, DDS
Fairfax, Va.
AAOMS Retired Fellow

High-altitude mountain climber



Mount Everest done, K2 next

Kimberly Silloway, DDS, has climbed some of the world's most formidable peaks in the Himalayan mountains of Nepal, China and Pakistan. These mountains are known as Eight-Thousanders because they top 8,000 meters, or 26,247 feet.

Then on May 12, 2022, Dr. Silloway summited the ultimate elevation: Mount Everest in Nepal at 29,035 feet. Commercial airlines fly at 30,000 feet.

"Summit day starts at 9 p.m. in the South Col, Camp 4. Your hands are frozen, but you put on your climbing harness and crampons and climb following the small patch of light from your headlamp. You summit as the sun rises and see the top of

the world," Dr. Silloway said of her summit of Everest. "I spent 20 minutes of gratitude, spread my parents' ashes and started the descent, knowing the longest part of our 20-hour day was also the most dangerous part, descending to Camp 2."

Background and training

High-altitude mountaineering demands rigorous physical training due to the "death zone," which begins around 26,000 feet. In this zone, the body's oxygen levels rapidly decline, leading to fatigue, cognitive challenges, pulmonary edema, cerebral edema and stroke.

Because preparing to reach these heights is paramount, Dr. Silloway logged thousands of hours of Zone 2 endurance cardio training, strength training and technical rock climbing and ice climbing skill work. Although some training can be conducted off the mountains, many technical elements are best performed at high altitudes, requiring training in the Himalayas for several months out of the year.

"As much as you'd like to replicate training while at sea level, you really must get up in the mountains," said Dr. Silloway, who resides at 595 feet above sea level in Virginia. "Practicing your ice climbing and rock climbing is absolutely a must; it could save your life."

continued on next page



Dr. Silloway and her climbing team summited Mount Everest on May 12, 2022.

Left: Dr. Silloway with her climbing partner, Phunuru Sherpa. Right: Dr. Silloway practices rappelling in Pakistan.



What it's like

"At high altitude, you have a third of the oxygen you would at sea level. You have only 30 percent access to your VO2 max and you are functioning at full capacity," she said. "Every cell in your body is screaming for oxygen, temperatures can be -20 to -30 degrees Fahrenheit. You're usually sleep-deprived as you are often apneic while at rest and the muscles you worked so hard to make are melting away as they are being used for metabolic fuel."

"I routinely lose 20 to 25 pounds on these expeditions as you're expending 4,000 to 7,000 calories a day. Because your body is shunting blood away from the GI system, your appetite wanes. Your only respite is base camp at 17,500 feet. You learn to enjoy sleeping on a glacier; at least it's flat and you can have a hot meal."

A former college basketball player, Dr. Silloway found herself missing the competition and training aspect of her life when she started her professional career. Her journey into mountain climbing began with smaller peaks and gradually progressed to challenging mountains that required more technical skills. She sought formal training in crevasse rescue, avalanche safety and problem-solving from certified International Federation of Mountain Guides Associations professional guides.

Initially, Dr. Silloway began climbing while working full-time as an OMS. She would take two to three months off at a time to embark on climbing expeditions, grateful for her partners who were able to look after her patients during her absences.

"It was difficult to practice full-time, take call, train and be present for your family. You can't half-commit to any of these things; they all deserve the best you have to give," she said. "I realized that the difficulty of these mountains required full-time training."

And so, in 2019 she retired after 22 years of practice to prepare for her second phase of life as a high-altitude mountaineer.



Weather window

Climbing mountains like Everest often requires multiple attempts. In 2021, Dr. Silloway faced inclement weather conditions during her summit attempt and chose to turn back. She and her climbing partner got stuck between two cyclones. Her decision to prioritize safety and "to climb another day" paid off when she summited the mountain the following year.

"Climbing is a practice of being in the moment. You are focused on every step; you cannot make one single misstep. But there are moments, there are nanoseconds, where you look around and you just can't believe how privileged you are to be able to see the beauty of the Himalayan range, standing on the top of the world," Dr. Silloway said.

In 2023, Dr. Silloway attempted K2, the second tallest mountain in the world and considered the deadliest. About one person dies on the mountain for every four people who reach the summit. Only about 400 people have reached the top, compared to 7,000 who have ascended Everest.

Feeling strong, she and her team hiked 130 kilometers in Pakistan to reach the remote base of K2. "The reason why K2 is so challenging is it's very vertical, and an increased risk of avalanche and deadly rock fall. It is by far and away more technically demanding and difficult than Everest," she said.

Long expeditions require multiple trips up and down the mountain to acclimate the climber's body to the higher altitudes and to supply higher camps the team uses when ascending. After the climatizing treks on K2, Dr. Silloway and her team returned to base camp to wait for winds to



Top: Dr. Silloway (right) climbing K2 during her attempt in 2023. Bottom: Dr. Silloway and her team making the trek to the base of K2 in Pakistan.

die down to less than 30 to 40 miles per hour and for the precipitation to stop.

Unfortunately, this window of opportunity to summit doesn't open often and may last for only one week each year. Climbers must be prepared to seize the chance when it arises.

"Our weather window went from about three days to about three hours. We tried to position ourselves on the mountain for a summit in the event the weather changed but that meant fighting through high winds and poor visibility. And with the precipitation and snow and wind, it was just a brutal fight," Dr. Silloway said.

After hitting a series of three serious avalanches, she and nearly all the remaining international teams on the mountain decided to return. These safety-minded decisions to walk away from reaching the summits of K2 and Everest are some of her proudest moments as a high-altitude mountain climber.

"As a surgeon, you're always risk-averse. You want to control all the elements that you possibly can, and you're uncomfortable with the things that you can't control. On the mountain, I want to optimize the chances for success, but coming home alive means removing any sort of emotions or regret of sunk costs. You must make clear-headed decisions about whether to move down or turn around and come off the mountain," she said.

Pushing the limits

Dr. Silloway finds pleasure in breathtaking views of nature and the sense of achievement reaching a mountain's summit. She also appreciates the suffering that accompanies high-altitude climbing.

"I like getting to a point where you feel like you can't take another step, you can't take another breath, you are at your

absolute physical limit. And mentally you find a way to reach through that to another level," she said.

Her climbing adventures opened the door to unique cultural experiences, such as meeting residents of the Potala Palace in Tibet, the residence of the Dalai Lama, in 2019 before embarking on her ascent of Cho Oyu, the sixth tallest mountain in the world. She also has forged close relationships with the Sherpa people of Nepal who without their skill as mountaineers, the Himalayan mountains would not be available for the rest of the world to experience.

"The Sherpa of Nepal are the best mountaineers in the world. I have had the pleasure to climb with one of the best, Phunuru Sherpa of Phortse. He is an extraordinary person from whom I have learned much and one I am honored to call my friend and climbing partner," she said.

What's next

Dr. Silloway will return to K2 this June to complete her climb and, if fortunate enough to summit, become the fourth living American woman to have summited in 70 years, and the oldest American male or female.

"I am climbing Lhotse in Nepal, (the fourth tallest mountain in the world) in April and then will go back to Pakistan. I hope to give a good showing and proudly represent the United States," she said.

As with her other climbs, Dr. Silloway will bring the ashes of her parents on her ascent. "They played a large role in who I am, and I always feel like it's celebrating them as well, so that's always been really important to me," she said.

Mentors were limited for Dr. Silloway, both in oral and maxillofacial surgery and high-altitude mountain climbing. For some time, she was the only woman OMS in Virginia. Now, she would like to take on that role for women interested in both the profession and the sport.

"I would like to continue to mentor others, those interested in oral surgery and those interested in mastering the art of suffering in the mountains," she said, referencing a term coined by American mountaineer Ed Viesturs. ■





Elizabeth "Libby" A. Kutcipal, DDS
Seattle, Wash.
AAOMS Fellow

Ski tourer



Skiing to summits for charity, adventure

Elizabeth "Libby" Kutcipal, DDS, has been skiing since she was 2 years old. Growing up, she enjoyed ski racing, but she fell out of the hobby during her oral and maxillofacial surgery residency due to the time constraints and high costs of gear.

She rekindled her passion for skiing about six years ago through ski touring, a form of mountaineering that involves ascending a mountain on skis and then skiing back down. Dr. Kutcipal began taking ski touring and safety classes with Seattle-based nonprofit SheJumps, which supports women and girls in outdoor activities and sports.

Climbing Mount Baker

The first climb Dr. Kutcipal ventured on with the nonprofit was up Mount Baker, a 10,781-foot glacier-covered stratovolcano in Washington. Most of the 11-mile-plus hike was completed on skis, except for the last half-mile to the summit.

The group skied together and set up camp, where they stayed for a couple of days to wait out the unpredictable weather and a clear window to summit. Although it was May when the group made the trip, it still was snowing fairly hard on the mountain, Dr. Kutcipal said.

"Then we woke up one morning and it was clear, so that's when we made the summit. And you start almost in the dark because you have to start early because it takes long to get up to the top," she said.

Although the trip was cold and grueling, the summit was well worth it. "Being on the top of Mount Baker on a really pretty day in May was incredible. You could see so far," she said.

Ski touring presents unique challenges beyond downhill and cross-country skiing, such as the need to carry

specialized gear to ski uphill and to live at a base camp for several days.

While team members summited with light packs, they returned to camp to load their gear before descending the mountain with heavier packs. Doing all of this at the end of a long day was one of the harder parts of the trip, Dr. Kutcipal said.

Touring skis look like downhill skis. But when skiers walk up an incline, their heels lift like they would on a cross-country ski, thanks to special bindings. Climbing skins on the bottom of the skis grip the terrain and prevent sliding backward. When headed downhill, skiers remove the skins and lock their heels back in. Some hiking also is done off the skis with ropes used to connect the hikers to the guides.

"So, it's not like you're suspended or anything. It would be for if someone lost their footing and fell, the other climbers would be sort of their support," she said.

Attempting Mount Rainier

Following the Mount Baker climb, a friend asked Dr. Kutcipal to join the following year's fundraising climb of Mount Rainier, the tallest mountain in Washington and the Cascade Range.

In June, the eight women and a guide surpassed the halfway camp on Mount Rainier and planned to start for the summit around midnight.

"And that's when our guides identified that we couldn't keep going," Dr. Kutcipal said. "The weekend we were there, it happened to be very warm. So, there was like a lot of instability in some of the glacier features because things were melting."

Although the summit was unsuccessful, Dr. Kutcipal said she enjoys supporting an organization that enables more

girls and women to access outdoor adventures. As a female OMS, she said she has seen the need for women in underrepresented fields first-hand.

"I think it's really important for women to be involved in these things so that's part of why I liked doing those," she said.

Through the SheJumps events, Dr. Kutcipal met many women from across the country who are interested in outdoor activities like ski touring and has stayed in touch with several.

Training and connection to OMS

One of the appealing elements of ski touring to Dr. Kutcipal is the challenge it offers.

"I like being outside and I like being active and this sounds crazy, but maybe I like suffering a little bit to reach your goal," she said. "I like a good challenge."

Preparing for high-altitude ski touring demands rigorous training. In anticipation of the Mount Baker climb, Dr. Kutcipal began a regimen that included skiing, hiking and strength training to cope with the added weight of essential gear.

"I'd been doing a bunch of hiking and just even walking around town with a weighted vest on. The pack we had to carry was pretty heavy while on skis," she said.

Despite breaking her ankle last January, Dr. Kutcipal persevered with her training for the Mount Rainier trip, drawing parallels to her dedication in preparing for the oral and maxillofacial surgery specialty.

"I do think you have to be sort of goal-oriented and also kind of disciplined when you're training for stuff like that, which I think is probably a little bit of a crossover to surgery," she said.

She also found her surgery skills to be useful when rendering first aid on the mountain, which is especially important considering how remote skiing locations can be.

Once when skiing with a friend, Dr. Kutcipal stopped to help a family whose truck was stuck in the snow. Because she always travels with a shovel for safety, she and her friend helped dig them out. In a freak accident, the piece of wood the family lodged beneath the tires for traction shot out from the tire into her friend's leg.

While the situation was hectic, Dr. Kutcipal said she found it easy to stay calm and perform the necessary first aid.

"Everyone's like, 'Oh my god.' I'm like, 'OK, I got this,'" she said.



Dr. Kutcipal climbed Mount Baker with the group SheJumps on a fundraising trip. Most of the trek up the mountain was completed on skis.

Future goals

While Dr. Kutcipal has no ski touring trips scheduled, she does plan to ski in Norway with her brother in the near future. Skiing, in all its forms, serves as a means for her to unwind and pursue personal goals beyond her professional life.

"I think it's always good to have something outside the office to think about and maybe take away a little bit of stress – like an outlet. It's hard, though, being away from the office and being out of reach sometimes. But I also have an associate now who can help with some of that when I'm away," she said. "When I was alone, it was harder. I know I'm privileged to be able to do some of this stuff because not everybody can. I also think it's good to have a goal to stay in shape and kind of keep your eye on the prize." ■





Steven R. Nelson, DDS, MS
Denver, Colo.
AAOMS Fellow

Colorado fourteeners climber

Climbing 'fourteeners' across Colorado

A lifelong Colorado resident, Steven Nelson, DDS, MS, has dedicated much of his life conquering many of the state's 58 mountain peaks over 14,000 feet in elevation, the most of any in America. These impressive mountains span diverse climates and offer breathtaking vistas from the summits.

Dr. Nelson began climbing fourteeners – as these mountains are known – during his Boy Scout days. Then, he started taking his sons, Brandt, Cole and Max, along as a family activity, often leaving from the family's cabin that is close enough to many fourteeners for a day trip. His sons started climbing with him as early as five years old. Now that his sons are 29, 25 and 23, they try to return to Colorado each summer to ascend at least one peak together.

"I love the amazing natural beauty, and I love doing it with my boys because it's just me and my sons and nature. You have nothing else bothering you. And some of these places, even the cell phones don't have service so you are off the grid. It's a great time to be able to connect with my boys, and that's what I love the most," Dr. Nelson said.

Importance of being prepared

Dr. Nelson has hiked 15 of Colorado's 14,000-foot peaks, gaining valuable experience in the different situations that can arise while on the trail, something he considers a vital aspect of hiking.

Carrying enough food and water, or a means to get water from a stream, is crucial as mountain climbers often are trekking for more than 10 hours. Familiarity with weather patterns and potential encounters with wildlife, such as bears and mountain lions, are equally essential.

To prepare for the hikes, he relies on guidebooks and websites such as AllTrails, which provide resources about

the length and difficulty of the climb and current conditions on the peak. Choosing the right time of day also can mitigate risk.

"We'll leave at 3:30 in the morning to drive to a trailhead to start our hike. And usually you're starting it early in the morning before the sunrise because you want to summit usually before noon. After that is when weather can really change drastically up in the mountains, so you don't need to be caught up at the top of a fourteener when they're having the lightning storm," he said.

Dr. Nelson always tells his wife when he and his sons are leaving, when they should arrive and when they should return. With no cell service on the mountains, she would be able to give a timeline to the forest service or the sheriff's department if they do not arrive home on time.

Being prepared for the hikes is an important skill, something Dr. Nelson applies in his professional life. As an OMS, he runs a daily morning meeting with his staff to plan for upcoming cases.

"So, it's a great skill, but it also translates to life and being prepared in life as well. And you know to not take risks unnecessarily," he said.

Value of changing course

Even with the utmost preparation and risk management, things can still go awry – both in hiking and in the OMS practice.

Dr. Nelson remembers a specific climb he and his oldest son took up Grays and Torreys Peaks during early August. While they started the journey during a gorgeous morning, an hour into the hike they found themselves in the middle of a blizzard. They had brought winter gear in case of emergency.

"I thought, 'Oh, I'm a great Dad.' I patted myself on the back. I said, 'Brandt, I got the winter gear. Let's get in.' So, we suited up and it was miserable. The snow was so hard. It's pelting us in our faces. But in my mind, you know, Brandt really wants to do this, so we're going to summit this mountain," Dr. Nelson said.

After an hour of trekking through the blizzard, his son stopped and asked why they were continuing on through the weather when they could come back another time. He said he realized his son was right; the mountain wasn't going anywhere. They ended up going back down the mountain and having hot chocolate instead.

"You know, it's one of those things that you learn from your kids. I'm thinking that he wants to do this, but no, it's not very fun with this weather. We don't need to do this today. And we went back a month later, and we got it done," he said.

Knowing when to change course or alter plans is another lesson that Dr. Nelson can apply to both climbing fourteeners and his OMS practice.

"You have to be prepared for the unknown. You're getting up there, the weather might change, you may have to change your plan. It's the same thing with oral surgery for doing a procedure. It's not always what we expected, or it goes differently.

"You have to be able to be prepared to change and still complete that task, or know enough to say, 'You know what, this isn't right. We're not going to do this now, we're going to come back later and do it again, perhaps in a different manner,'" he said.

Favorites, goals and advice

One of Dr. Nelson's favorite peaks is Mount Sherman, as it is one of the easier climbs and where he took two of his sons for their first fourteener. The mountain is home to several abandoned mines, which his sons enjoyed exploring when they got bored on the trail when they were younger.

Now that his sons are older, they take on more of the planning role for the trips. His son Brandt, who lives in New York City, has a goal of climbing all 58 fourteeners and has invested in learning and training for the more technical



Clockwise from top left: Dr. Nelson treats a wound during a hiking trip; Quandary Peak with his sons Brandt (left) and Cole circa 2005; Dr. Nelson's sons, from left, Brandt (then 17) and Max (then 12) with Dr. Nelson at the summit of Mount Elbert, the tallest mountain in Colorado.

climbs. He plans to visit next summer and climb at least one fourteener with his family, putting his new expertise to use.

"So I'm excited for that because now it's changed from he's my young son and now he's my married son who is taking this on. He'll be the leader now of the trip," Dr. Nelson said.

His advice for those new to Colorado peaks? First, climbers should allow themselves to acclimate to the altitude before they start hiking, especially if they live somewhere closer to sea level, he said. And those who do not have much hiking experience should not begin with fourteeners.

Dr. Nelson, however, does recommend climbing mountains to anyone who enjoys hiking and getting out in nature.

"When you get to the summit, every one of them has just the most amazing views of the mountains around. It's just such a feeling of accomplishment being up at the top," he said. ■



Samuel E. Scroggins, DMD
Roanoke, Va.
AAOMS Fellow

Highpointer



Goal: 'Highpointing' in every U.S. state

For the last several years, Samuel Scroggins, DMD, and his wife have been actively pursuing the goal of reaching the highest peak in all 50 U.S. states, a pursuit commonly referred to as highpointing. The idea grew from a desire for a concrete goal during a time when life finally felt "somewhat stable."

"When you go into residency, you're focused on residency. And then you get out of residency and you're building a practice, and we'd done that. We got to a place where our practice was fairly stable, and we had just gone through the process of building a house. You get to a point where life is somewhat stable, so then we were kind of thinking, what now?" Dr. Scroggins said.

Dr. and Mrs. Verina Scroggins have a few rules to their highpointing challenge: they always kiss at the top and take a picture to commemorate the experience. A map they keep on a wall in their home displays their photos and serves as a record of the 36 states they have checked off their list.

Some peaks are high and require technical climbing knowledge. Others – in states near sea level or with flat terrain – are simple and straightforward.

They plan trips specifically to climb mountains in the 13,000- to 14,000-foot range. Some of the shorter hikes are more like stopovers on their way to other destinations. For example, the two made a detour to Rhode Island's tallest peak, Jerimoth Hill, during the 2019 AAOMS Annual Meeting in Boston, Mass.

The couple always climb together and occasionally bring a few or all of their eight children.

"One of the things I like about it is just you kind of feel like you're on top of the world, because you look around and you're the tallest thing as far as you can see much of the time," he said.

Climbing across 50 states

The tallest peak Dr. Scroggins has summited so far is California's Mount Whitney at 14,505 feet. The hike was a total of 22 miles, making it a solid day trip for even experienced mountaineers. Dr. Scroggins said he and his wife set out on the hike at 1 a.m., and it was the hardest single-day hike they've completed so far.

Each highpoint that is located on a mountain takes a different amount of time to summit, even ones that are in the same general height range.

"Some of the time it takes depends on altitude like elevation, some of it depends on difficulty. And some of it depends on access," he said.

Some peaks have parking right near their trailheads, but some trailheads are a several mile hike away from any sort of parking or road. For example, Boundary Peak in Nevada is located in a remote and desolate area south of Reno. Even staying in the closest town possible to the hike, Dr. and Mrs. Scroggins still had to drive an hour and a half, following directions down a dirt road out of a guidebook, to access the trailhead.

However, the remote nature of the climb helped make it one of their favorites.

"A lot of these mountains, because they're the highest points, and they have beautiful views and different things, they're pretty popular hikes. This one really wasn't. The only people who were doing this mountain, I think, were people who wanted to say they went to the highest point in the state," he said.

There were many other interesting features of Boundary Peak. Before the trailhead stood the entrance to an abandoned silver mine, still full of machinery. From the hike



Above: Dr. and Mrs. Scroggins keep a map of the United States and fill it with pictures as they complete each state's tallest climb. Right: Samuel and Verina Scroggins share a celebratory kiss at the top of Borah Peak in Idaho.

itself, Dr. Scroggins could see a herd of wild horses run in the valley below.

The hike also had a high degree of prominence, which is a measure of how much the peak rises from the surrounding area. Due to its prominence, hikers can look down at Death Valley in the distance.

"Most of these times you get to the top and it's really crowded; there's a lot of other people. But we got up there and we were the first people up there," Dr. Scroggins said.

Increasing difficulty and training

Another aspect that affects the total time of the hike is the difficulty of the trail and the altitude. For instance, Idaho's tallest peak, Borah Peak, is 12,000 feet tall, making it one of the West's shorter mountains. However, it was one of the

Scroggins' harder climbs due to its sections of exposed rock scrambling, which require hikers to navigate their way up fields of rocks and boulders to stay on trail.

"Actually, they call it 'Chicken Out Ridge,' I guess because people get to that point and decide they want to turn around. But that's the idea; that one wasn't as tall, but you've got a little more challenge there with the rock and the environment you're going over, while some of them may be taller but really, you're just hiking up," he said.

Mount Elbert in Colorado was one of the Scroggins' more difficult climbs, especially because they took all of their children (six at the time) on the hike with them. Not only was it one of the first higher-altitude climbs that they completed, but Dr. Scroggins was carrying their 3-year-old on his back. Eventually, one of his then-teenage sons

continued on next page

volunteered to take the children back down the trail so he and his wife could make the summit.

Another difficult climb was Humphreys Peak, the tallest point in Arizona, which is in the northern part of the state where it tends to snow. Despite traveling around Memorial Day, it was snowing on the mountain, and the trail was completely covered.

"We had all the kids, and it was an adventure because it took a lot more work when you're hiking in the snow," he said. "Even though the trail was kind of packed down somewhat, it's just a lot more work than just walking on a trail with dirt."

Dr. Scroggins and his wife have been working their way up in terms of difficulty; beginning with the easier and shorter climbs and making their way to the harder, higher-altitude climbs.

As the couple continues to work their way up to more difficult climbs, they will encounter more snow and ice climbing. They plan on climbing Mount Hood in Oregon next June. Mount Hood is considered a good introduction to ice climbing because it's not as tall as other Western peaks, but it is snow- and ice-covered year-round. Portions of the climb require the use of ice axes, cramp-ons and ropes.

Once they have the experience with Mount Hood under their belts, the Scroggins plan to climb Mount Rainier in Washington, which is generally considered to be the most difficult mountain in the lower 48 states as it includes some more difficult climbing and icy terrain.

The couple's ultimate goal is to climb Denali in Alaska, which is the tallest and most grueling of all 50 climbs. Most likely, they will save Denali for last, as it requires several months of training and a longer expedition, typically with a guide.

Seeking challenges

Dr. Scroggins enjoys taking on the challenge of highpointing, which also appeals to him as an OMS.

"It's like the idea of taking on a challenge and preparing for it and then working and accomplishing that. You know, whether that's a difficult case, something that you haven't done a lot of, embracing a new technology, building your practice, working to help something grow in the specialty



Dr. Scroggins and his family atop the peak of Mount Mansfield in Vermont.

or mentor someone, teach someone skills that you have," he said.

Most OMSs have taken on a case that they might not know everything about yet, Dr. Scroggins said. They consult with mentors and partners, do some research and look at radiographs to figure out how to proceed. He compares that process to climbing.

"You're trying to do something new and challenging. Like with these different states, sometimes it's really straightforward – like some things in your everyday practice – and sometimes it's something new that you've never done before, and you've got to figure it out and figure out the steps to make it successful. Then you move forward, and you are successfully able to execute it. And you have the sense of accomplishment in recognizing that you were able to do something that you weren't able to do before," he said.

Dr. Scroggins also has used mountain climbing to teach his children how to challenge themselves and persevere when the going gets tough. When they begin the climb, it might seem like an unattainable goal, but they're usually able to pull through and make it to the summit.

"You see the mountain from far away, you see it up there and you're like, 'It looks really tall,'" he said. "And then you get to the top and you're like, 'I made it, I'm here on the top, I conquered the mountain.' That's part of why I like it." ■



Scott E. Bulloch, DDS, MS
St. George, Utah
AAOMS Fellow

Rock climber

From Utah's natural beauty to indoor climbing

Living in Utah, Scott E. Bulloch, DDS, MS, always has been surrounded by natural beauty and rock formations. It wasn't until a neighbor invited him and his family to go rappelling outdoors that he got hooked on rock climbing.

With many of his 14 children now off at college or busy with families of their own, Dr. Bulloch traded family outings to the crag – a rock face or a cliff – for the challenge of indoor climbing as a way to stay in shape and burn off energy after work.

"Now I mostly gym climb because I get spoiled that way. It's fun to climb outside, but then you're dealing with it's too hot, it's too cold, it's too rainy. We've got a great climbing gym here in St. George and so I go there two or three times a week and do quite a bit of climbing. I still climb outside sometimes when there's family that wants to go," Dr. Bulloch said.

Indoor climbing gyms typically feature routes of varying difficulties. To reach the top, a climber follows colored handholds and footholds accompanying their skill level.

Dr. Bulloch works with a personal trainer to enhance his climbing technique. He also learns from his children who have taken climbing classes, and his daughter, who goes to the gym with him every week.

Background photo: Dr. Bulloch lead climbs a route at his local rock climbing gym.

"People think, 'Well, if you have strong arms and legs, you're going to be able to climb.' It's not that way at all. There's a lot about balance and weight placement, and there's a lot of technique to it. And that's another reason why it's kind of mentally captivating," Dr. Bulloch said.

The importance of a hobby

Before settling on indoor climbing, Dr. Bulloch tried running and strength training, but found they didn't offer him the true respite he needed from his work as an OMS.

"I get bored just sitting there lifting weights or whatever; then my mind goes to work or what I need to do at home, and it's not encompassing. But there's something about being on a tall wall, dangling off of a rope that holds your attention. And even though I know that I'm tied in, I'm safe; I'm not going to fall and hurt myself. It's just our natural reaction to the idea of falling.

"What I find is that I concentrate on the project, on the climb, and on each move, and it completely takes me away from thinking about what's happening at the office and what I need to do tomorrow and what I need to do at home and the yard work or whatever. And it's very physical, so it keeps me

continued on next page



Dr. Bulloch belaying – or working the ropes – for a climber on a family rock climbing outing in Utah.

in good physical shape. Also, I find it to be one of the most mentally beneficial activities that I've done," Dr. Bulloch said.

Inspiring a new generation

Dr. Bulloch recalls the times during his children's upbringing when he took scouting and youth groups rappelling and climbing. He said many kids were afraid to rappel down a cliff or climb a wall the first time and required a bit of coaching and encouragement before making an attempt. The vast majority, he said, faced their fears.

"It's pretty exhilarating. Generally, they're pretty afraid, and you kind of talk them through it.

"Those are always some of my favorite things, just being able to introduce it to young kids. There are those who are afraid and just won't do it, but most of them will work through it and then they're really excited after it's done because they've conquered a fear," Dr. Bulloch said.

Dr. Bulloch also fondly remembers the first time he rappelled "commando style" with his body facing the ground. The process of walking over the edge and gazing at the drop instead of away from it was an exhilarating experience, he said.

Mastering personal goals

Indoor climbing allows Dr. Bulloch to set personal goals and work toward achieving them. Because climbing routes are graded based on difficulty, he can advance to

more challenging ranges through practice. He sets his sights on new project climbs every few weeks, allowing him to work through the movements and improve.

Dr. Bulloch remembers when he first started, he could barely get through the 60-foot climbs in the gym because he was accustomed to climbing shorter walls outside. But with time and practice, he's been able to enhance his endurance, strength and technique.

"And now I go with my daughter, and we'll do 10 climbs or whatever, and just seeing significant measurable improvement in a fairly short amount of time was very exciting and gratifying," he said.

He successfully accomplished his goal of mastering lead climbing, a technique often used outdoors in which the climber carries the rope and hooks onto carabiners along the route. Lead climbing requires more skill from both the climber and the belayer, presenting increased risk as a slight misstep can result in the climber experiencing a brief fall before the rope catches. Lead climbing also allows climbers access to more difficult routes featuring roofs and overhangs.

Getting into gym climbing in his 50s, Dr. Bulloch thought he was too old to climb until he saw people, such as a man in his 70s, on the wall.

"One of the climbs that I had just struggled through, he did as an exercise three times, right in a row," Dr. Bulloch said. "I thought, that's impressive. And I can improve at this stage, I'm not past the point that I can do this. Now I can climb that level climb three times in a row."

Staying strong remains his biggest goal. With gyms frequently refreshing their wall routes, Dr. Bulloch also is setting new goals and projects to perfect. As he continues to improve and refine his technique, what once were projects can turn into warm-up climbs.

Above all else, climbing for Dr. Bulloch is a hobby to stay in shape and release the stress of the workday.

"We have one of the highest stress professions there is. There's a lot of pressure on us. And it's hard to find activities where those kinds of pressures don't kind of sit on our heads as we leave and think about the issues of running a practice.

"This is something that, in its own way, can compete with oral and maxillofacial surgery. In other words that the intensity of the climb will overpower the intensity of worrying about my practice and about the different challenges and my mind going back," Dr. Bulloch said. ■

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Dental Implant Conference benefits the entire

The Dental Implant Conference marked its 30th anniversary of providing collaboration, knowledge-sharing education and treatment advancements to foster the highest standard of care for patients.

The 2023 Dental Implant Conference – offered in person in Chicago and online – featured two days of general sessions exploring the latest techniques and practices, including topics on the biological aspects of dental implants, implants in the esthetic zone, incorporating digital workflows into an OMS practice, and managing and avoiding complications.

Attendee Daniel J. Traub, DDS, of Waterville, Maine, said the overall caliber of the event has improved consistently over the years.

“I was impressed by the quality of the presentations, and the clinicians themselves were superb,” said Dr. Traub, who has attended the Conference the last three years. He said the most impactful session was Pearls and Pitfalls of the Digital Workflow from a Prosthodontist’s Perspective presented by David J. Rusthoven, DMD, MS.

Since its inception, the Conference has offered educational sessions for OMSs and the professionals who work alongside and collaborate with them.

“One of the greatest strengths of the Dental Implant Conference is its ability to serve not only OMSs but the entire restorative dental team. OMSs, office staff and referring dentists all benefited from the same sessions and brought valuable knowledge back to their practices to elevate patient care,” said AAOMS President Mark A. Egbert, DDS, FACS.

Benefits of bringing the team

One OMS who brought his entire team was Matthew J. Weber, DDS, MD, from Kearney, Neb.

“I think it’s very important for education and staff unity just to bring everybody to enjoy the time together and learn and grow together,” said Dr. Weber, who presented Dec. 1 on Immediate Implants with Immediate Provisionalization during the session on Dental Implants in the Esthetic Zone.

Dr. Weber said he was honored by the opportunity to speak, and his staff wanted to watch the presentation in person. “That helps build a team around unity,” he said.

His effort was not lost on his office manager Nicole Tilley. She said the practice is performing “cool and unique things. We



Keynote speaker Dr. Paulo Malo answers questions virtually.

basically wanted to show the team how special it is what we’re doing in the industry because we’re in Nebraska.”

The Conference also offered a chance to build team cohesiveness, which she said is an important component of a thriving practice. “It is how you can function. If you don’t have that, you’re not going to function,” Ms. Tilley said.

Future of full-arch procedures

On the final day, keynote speaker Paulo Malo, DDS, PhD, virtually addressed the need for digital workflow and planning prior to surgery to create full-arch prosthodontics to rehabilitate edentulous patients.

Dr. Malo emphasized the importance of mapping out the plan ahead of time. Not only will patients feel comfortable knowing what to expect, but he also said in most cases the surgical procedure can last less than an hour, which additionally puts the patient at ease.

While the All-on-4 surgical protocol he helped develop marked its 25th anniversary this year, Dr. Malo said the products developed since then have improved the protocol. Going forward, he said it will continue to serve as a base on which new technology will be built.

One area currently being explored is the fabrication of the dental bridge. He said in the future bridges will not be handmade by technicians but built through computer-aided design and computer-aided manufacturing (CAD/CAM).

Early results so far have not proven sufficient, he said. “We are not yet at the at the satisfactory level in terms of esthetics and the mechanical resistance of these bridges,” Dr. Malo said.

restorative team



Clockwise from above: Dr. Guillermo Chacon speaks during a Lunch and Learn; Participants discuss the training offered in the Zygoma Implants workshop; Attendees check out a booth in the Exhibit Hall.



One-on-one time in hand-on workshops

Reading how to perform a procedure sometimes is not enough, which is why Jeffrey L. Wasielewski, DDS, MD, of Plymouth, Mich., said he joined the hands-on preconference workshop focused on zygoma implants. "You have to see it; you have to get it in your hands. That's the difference," he said.

Not only did presenter Michael Miloro, DMD, MD, FACS, describe what attendees were seeing on the screen, he took time to talk one-on-one with attendees. Dr. Miloro serves as a consultant on the Committee on Continuing Education and Professional Development, one of the groups that helped organize the Conference.

"To have him give you that personal touch for five or 10 minutes makes a huge difference in our learning experience," said Dr. Wasielewski. "And then working with other people, our learning experiences significantly improved. That makes this worthwhile."

Besides the zygoma session, the preconference programming featured two other informative hands-on workshops focusing on soft-tissue grafting and peri-implant plastic surgery with vestibular incision subperiosteal tunnel access (VISTA) along with two didactic sessions on posterior narrow ridge augmentation and dental implant complications.

"I do a lot of craniofacial surgeries. I wanted to see how you do these techniques," said Stone Rangarajan Thayer, DMD, MD, FACS, of North Sioux City, S.D., of the VISTA workshop. "You can adapt different things, different techniques to different

surgeries. You always want to see what others are teaching; it increases your knowledge."

Other educational opportunities

Participating in a preconference workshop as an attendee was a treat for Robert W. Emery, DDS, of McLean, Va., who was interested in VISTA. At the 2022 Dental Implant Conference, he gave a preconference presentation on the Dynamic Navigation: Immediate and Full Arch with Photogrammetry for Immediate Provisionalization.

He praised speaker Homa H. Zadeh, DDS, PhD. "He's obviously thought of a lot of things. It is a good course," Dr. Emery said.

Janet Sung, DMD, MD, MPH, of Oakland, Calif., said she enjoyed the soft-tissue grafting workshop taught by Patrick Palacci, DDS. "I didn't get to do much soft-tissue grafting during my residency training, so I was really eager to learn more about this topic. Dr. Palacci did a great job," she said.

In addition to the educational programming, 100 companies showed off their latest products and services in the Exhibit Hall (with a Virtual Exhibit Hall option available).

Two Industry Symposiums, a Lunch and Learn and the Anesthesia Assistants Review Course and the Anesthesia Assistants Skills Lab filled out the Conference's schedule. ■



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AARC: Fostering a culture of patient safety

O MSs understand the importance of fostering a culture centered around patient safety. The Anesthesia Assistants Review Course (AARC) – being held March 2 and 3 in Dallas, Texas – offers an opportunity to cultivate that culture of patient safety through advanced training and professional development.



“In the ever-changing and expanding specialty of oral and maxillofacial surgery anesthesia, having our anesthesia assistants be provided with up-to-date information will make practices safer, which is the No. 1 goal,” said Donald P. Lewis, DDS, who has taught the AARC for several years and is

a consultant on the AAOMS Committee on Anesthesia. “The information provided at the course will allow the anesthesia assistants to stay informed and updated with the evolving field of anesthesia in the OMS office.”

The two-day intensive review course provides OMS assistants an in-depth understanding of anesthesia pharmacology and pain management. The AARC’s curriculum, which is taught by OMSs, focuses on principles of anesthesia learned through structured training as well as discussion of the latest innovations and methods of anesthesia administration, monitoring and emergency management.

Topics covered in the review course include:

- Basic sciences, including respiratory, immune, digestive, renal, nervous, endocrine and cardiovascular systems
- Patient evaluation and preparation
- Anesthetic drugs and techniques
- Monitoring, including EKG interpretation
- Emergency procedures
- Pediatric and geriatric considerations

After completing the course, Dr. Lewis said OMS assistants are better prepared to assist in the administration of

Anesthesia Assistants Review Course (AARC)

When: March 2 and 3

Where: Dallas, Texas

Who: OMS assistants and dental assistants employed by dental professionals with valid anesthesia permits

Cost: \$475

Questions? Visit AAOMS.org/AARC.



Attendees learn at the Anesthesia Assistants Review Course held in conjunction with the Dental Implant Conference in 2023.

sedation and/or general anesthesia and patient monitoring in the office.

“Being at the forefront of the oral and maxillofacial surgery anesthesia field allows practicing OMSs to continue to add value to their patients and practices by the knowledge gained in the Anesthesia Assistants Review Course,” Dr. Lewis said.

“The value gained by the OMS and the rest of the practice lies in knowing that the information obtained in the Anesthesia Assistants Review Course will make the patients’ anesthesia experience safer,” Dr. Lewis said. ■



ACS welcomes 39 OMSs as Fellows

Thirty-nine OMSs – including 26 single-degree surgeons – were inducted as Fellows of the American College of Surgeons (ACS) at the 2023 ACS Convocation Ceremony held in conjunction with the ACS Clinical Congress in October. The number of ACS OMS Fellows now totals 645, of whom 152 are single-degree members of the specialty.

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

In 2018, the ACS approved the creation of the Advisory Council for Oral and Maxillofacial Surgery and a seat on the College's Board of Governors. The Council includes Chair Steven M. Roser, DMD, MD, FRCS, FACS; Specialty Society Governor G.E. Ghali, DDS, MD, FRCS(Ed), FACS; Specialty Society Representative B.D. Tiner, DDS, MD, FACS; resident member Steven Halepas, DMD, MD; and Young Fellow Representative Jonathan W. Shum, DDS, MD, FACS.

The Advisory Councils share information between their surgical societies and the ACS Board of Regents and offer recommendations on policy issues relating to their specialty. Councils also nominate ACS Fellows to serve on the organization's committees, specialty boards and specialty organizations; recruit new ACS members; and contribute ideas for specialty sessions and courses for the Clinical Congress.

The Board of Governors serves as the communication link between Fellows of the College and the Board of Regents. Throughout their terms, governors focus on educational, leadership and advocacy meetings as well as promoting Fellowship in the ACS while engaging new Fellows.

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

AAOMS assists single-degree OMSs in applying for Fellowships and reviews the case logs of double-degree OMSs. Additional information about AAOMS review is available at AAOMS.org/Member-Center/ACS-Fellowship. ■



AAOMS President Dr. Mark A. Egbert, second from left, congratulates some of the 39 OMSs who were inducted as Fellows of the American College of Surgeons.



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Educational Weekend in May to explore DSOs,

The 2024 AAOMS Educational Weekend, being held May 4 and 5 in Nashville, Tenn., presents an opportunity for the entire OMS office staff to elevate their professional capabilities. This annual event allows for attendees to dedicate time to learning the latest evolving industry standards for an OMS practice and ensure the entire practice staff – from OMSs to coding staff and surgical assistants – remain at the forefront of the field.

Spanning two days, this training event is designed to cover a diverse range of practice areas, providing comprehensive skill enhancement for all attendees.

“The AAOMS Educational Weekend not only offers a comprehensive program aimed at enhancing the skills and knowledge of oral and maxillofacial surgeons and their staff, but it also fosters an environment conducive to professional growth and workplace satisfaction,” said AAOMS President Mark A. Egbert, DDS, FACS.

The 2024 Educational Weekend is made up of three courses:

- Practice Priorities – Understanding Key Considerations: Exploring DSO and Private Practice Options
- Beyond the Basics Coding Workshop
- Advanced Protocols for Medical Emergencies (APME) in the OMS Office

“In our practices, we so often focus on the growth that we can quantify, such as production/collection, expense reduction, etc. These Educational Weekends allow us to focus on our teams and how we grow internally and develop the types of cultures that allow us to be the best we can be. Sometimes the best value is seen in the things that can’t be quantified,” said David E. Seago, DMD, Immediate Past Chair of the AAOMS Committee on Practice Management and Professional Staff Development.

Casey Gocel shares information about DSOs at the 2023 Annual Meeting.

Practice Priorities: DSO focus

Previously known as the Practice Management Stand-Alone, the Practice Priorities course will feature a new relevant topic each year related to building a proficient and strong OMS practice. This year’s course will focus on DSOs and other types of practice management.

Practice Priorities: Understanding Key Considerations: Exploring DSO and Private Practice Options is strategically tailored for OMSs who are considering the future landscape of their practice – whether they are approaching graduation, contemplating a career transition or nearing retirement.

This one-day comprehensive course – unbiased in nature and designed with immediacy and practical application in mind – will equip participants with knowledge from several subject-matter experts each sharing insights within their domain of expertise. The experts – an attorney, broker, practice management coach and financial adviser – not only will provide clarity and dispel common myths but also give a breakdown of DSOs, including their operational history, the services they provide and their business models.

The session will unfold in five distinct parts:

- **Overview of DSOs** – A general look at DSOs from Casey Gocel, JD, Partner and Co-Chair of the National Dental Law Group at Mandelbaum Barrett PC.
- **Selling to DSOs** – A collaborative exploration with industry professionals on preparing for sale, valuation and the intricacies of the deal process.





coding techniques and emergency protocols

- **Competing with DSOs** – Strategies for empowering private practice OMSs to grow, scale and potentially create their own DSOs to remain competitive.
- **Working for a DSO** – Insights into employment agreements and restrictive covenants, guiding OMSs on what to expect when working for a DSO.
- **Real-life OMS Stories** – A panel discussion featuring AAOMS members sharing diverse experiences from various practice models, allowing a personalized exploration of the topics presented.

“The goal is to illuminate the way that private practice OMSs can continue to flourish and maintain competitiveness in a market increasingly influenced by DSOs. Similarly, those contemplating a move to a DSO will learn the intricacies of selecting the DSO that aligns with their vision and values, preparing their practices for sale and negotiating acceptable terms,” said Dr. Egbert.

Whether ready to make a career move now or getting ready for the future, this course will empower attendees with the knowledge to make informed decisions when the time is right.

Beyond the Basics Coding Workshop

The Beyond the Basics Coding Workshop returns with an updated curriculum tailored for OMSs and their staff, focusing on the evolving landscape of oral and maxillofacial surgery coding. This two-day intermediate-level course expands on a foundational knowledge of CDT*, CPT^ and ICD-10-CM codes and delivers critical insights into the nuanced coding procedures that underpin successful medical and dental reimbursements that are necessary for an efficient practice.

“The workshop represents more than just a learning opportunity. It is a strategic investment in the financial health and operational efficiency of an OMS practice. It’s a proactive step toward mastering the full spectrum of coding responsibilities and securing the financial rewards of meticulous and informed billing practices,” said Steven A. Brown, DMD, who serves on the AAOMS Committee on Healthcare Policy, Coding and Reimbursement. “For any OMS professional aiming to stay ahead of the curve and ensure their practice thrives in an ever-changing healthcare landscape, this workshop is an event not to be missed.”

continued on next page

AAOMS Educational Weekend

May 4 – 5

AAOMS.org/EduWeekend

Nashville, Tenn.

Registration is open for AAOMS Educational Weekend courses. Fees for AAOMS members and AAOMS allied staff members are:

- Practice Priorities: \$375
- Beyond the Basics Coding Workshop: \$725
- Advanced Protocols for Medical Emergencies: \$475

Housing information

AAOMS has negotiated discounted rates at the Loews Vanderbilt Hotel in Nashville, Tenn. Group rates are available until April 12.

Nashville information

Explore VisitMusicCity.com to learn more about Nashville’s music, cuisine and outdoor activities.



Participants work on an exercise in a Beyond the Basics Coding Workshop at the 2023 Annual Meeting.



The course content will reflect annual revisions that directly affect the full scope of oral and maxillofacial surgery. An understanding of the latest codes, guideline amendments and nomenclature revisions are critical for accurate coding and ensuring that no aspect of reimbursement is left unclaimed.

While open to OMS residents, insurance coordinators and coding professionals, the workshop is particularly beneficial to OMSs who bear full responsibility for coding decisions.

Participants learn to apply coding principles in real time by working through actual OMS cases with presenter Dawn Jackson, a certified coding specialist who has trained doctors and their staff for more than 30 years and presented for AAOMS for over 25 years.

Her hands-on approach ensures the knowledge gained from the workshop can be directly translated into practical skills, empowering participants to navigate the complexities of their billing systems with greater confidence and precision.

Participants also will take away:

- An understanding of common obstacles faced by OMS practices, which helps OMSs and their staff overcome the hurdles that could lead to inefficient coding, audits and suboptimal reimbursement.
- OMS coding specific to anesthesia, bone grafting, fractures, extractions and implants as well as dentoalveolar procedures such as surgical exposure and uprighting, tissue transfer, cleft palate/lip procedures, trauma, debridement and wound repairs.
- Tools for avoiding common coding errors that may trigger audits or poor reimbursement through lack of documentation, misuse of modifiers and/or incorrect coding.

A basic understanding of CDT, CPT and ICD-10-CM coding is required for this intermediate-level course. Completion of AAOMS's Basic Coding for OMS and ICD-10-CM for OMS online courses is recommended.

Advanced Protocols for Medical Emergencies

The well-being of patients during surgical procedures is paramount to any OMS practice. Emergencies can occur without warning, and the difference between a favorable and poor outcome often hinges on the immediate response of the attending team.

The two-day APME course works to ensure staff trained in advanced anesthesia protocols are equipped to recognize early signs of distress, administer life-saving interventions promptly and stabilize patients until further care is available. This readiness can significantly decrease the likelihood of complications, fostering a safer clinical environment and enhancing patient trust in the practice. APME was curated for assistants who have previously taken part in either the Anesthesia Assistants Review Course (AARC) or Dental Anesthesia Assistant National Certification Examination (DAANCE), though completion of these programs is not a prerequisite.

"APME is designed as a basic review of anatomy and physiology of the body," said Larry E. Stigall, DDS, a consultant to the AAOMS Committee on Anesthesia. "An understanding of organ systems and their functions is the foundation for recognizing and treating office emergencies as they are specifically related to safe and efficient patient management."

Dr. Stigall said anatomical knowledge is essential, whether in initial patient consultation and evaluation or preoperative and intraoperative management. It also is important in the recognition and treatment of office emergencies, he added. While OMSs work to prevent a medical crisis during the administration of office-based anesthesia, emergencies can arise and the staff needs to be accordingly prepared.

The first day of the course will focus on loss of consciousness, respiratory distress, chest pain and cardiac dysrhythmias. The second day will cover allergic reactions and drug toxicity, altered sensation, blood pressure abnormalities, the organization and maintenance of the crash cart and emergency preparedness program, and other emergencies such as hemorrhages, venipuncture complications, air embolisms, intraarterial injection, emesis and aspiration and malignant hyperthermia.

"Any staff member involved in these areas will benefit from the material presented in the course," Dr. Stigall said.

"There is always something for every member of the team," said Dr. Seago, "whether it is the benefits of the didactic portions of the weekend, the fellowship of spending time out of the office or the appreciation of the investment made by the OMS to the team. It's a win for all who attend, and it benefits the entire team and most importantly the patients we treat." ■

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Collection of OMS Experts videos expands

More than 60 new OMS Experts videos have been added to the national AAOMS Informational Campaign library, bringing the total to more than 140. Accessible to members at no cost, these short videos featuring AAOMS members explore topics relevant to patients – such as wisdom tooth maintenance, dental implants, obstructive sleep apnea and facial cosmetic surgery – and offer a concise introduction to the scope of the OMS practice.

“The OMS Experts videos are an amazing resource for both individual OMS practices and AAOMS as a whole,” said AAOMS President Mark A. Egbert, DDS, FACS. “They add a personal touch to marketing efforts that helps our doctors connect with patients on a deeper level at no additional cost, as well as drive organic traffic to MyOMS.org, where patients are guided through the process of finding an OMS in their area.”

The new additions spotlight a variety of topics related to the OMS specialty in the following categories:

- **Cleft lip/palate and craniofacial surgery**
- **Dental implants**
- **Extractions and dentoalveolar surgery**
- **Facial cosmetic surgery**
- **Obstructive sleep apnea (OSA)**
- **Oral, head and neck pathology**
- **TMJ and facial pain**
- **What is an OMS?**
- **Wisdom teeth management**

Members are encouraged to use these resources and other free AAOMS-produced videos to enhance their practice websites or social media. To download, visit AAOMS.org/InfoCampaign.

How OMS Experts videos benefit a practice

Associating with and sharing content from a reputable national organization such as AAOMS can function as an endorsement, thereby enhancing an OMS's reputation. These new videos have the ability to strengthen a practice by:

- **Educating current and prospective patients** – OMSs can answer patient questions and build trust by ensuring patients clearly understand procedures, benefits and outcomes.

- **Boosting engagement** – Videos hold visitors' attention longer on web pages and social media, leading to better website metrics and higher visibility on search engines.
- **Building credibility** – Showcasing expert-produced videos demonstrates an OMS is aligned with a professional association, emphasizing the OMS's commitment to staying updated with the latest information and best practices.
- **Connecting with patients** – Videos add a personal touch, helping OMSs reach patients at a deeper level. A visual and auditory presentation can resonate more effectively than written content alone.
- **Increasing page views** – Hosting the videos and embedding them on a practice's website can drive more organic traffic, especially if the videos are optimized for search engines. Directing traffic to MyOMS.org also can indirectly benefit individual practitioners by emphasizing the level of expertise within the OMS community.
- **Amplifying social media** – Sharing these videos on social media platforms can expand reach, generate discussions and increase shares. Engaging content tends to perform better on platforms such as Facebook and Instagram.
- **Addressing a broader range of patient concerns** – These videos feature a diversity of topics, allowing OMSs to showcase the breadth of their expertise from facial cosmetic surgery and OSA to dental implants and wisdom teeth.
- **Targeting multilingual patients** – With videos available in Spanish, OMSs also can reach non-English speakers and showcase a practice's inclusivity.

Additionally, since they are complimentary, the videos enhance an OMS practice's marketing strategy by offering high-quality content without the associated production expenses.

OMS Experts videos can be used in addition to linking to AAOMS's public-facing social media accounts. In combination, these resources help to spread knowledge on the extensive training OMSs receive to grow the necessary skills and expertise required to provide the highest level of patient care. AAOMS has a strong presence on social media platforms such as Facebook, X (formerly Twitter) and Instagram. Follow AAOMS at [Facebook.com/MyOMS](https://www.facebook.com/MyOMS) and @AAOMS on both X and Instagram. ■



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

“In essence, the program will promote and provide guidance for OMS practices on having their doctor/staff teams conduct regular mock emergency drills.”

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

FOR WHAT IT'S WORTH

New joint endeavor to

One of the events I try to attend at AAOMS Annual Meetings are the House of Delegates District Caucus sessions. They can be interesting, especially when there is a controversial issue being considered or when, as was true this year, there is more than one candidate running for an officer position. The Caucuses also provide a chance for Delegates and Alternates, as well as other attendees, to hear from AAOMS leaders.

One of the presentations that caught my attention in San Diego was an eloquent and compelling talk by Dr. Louis K. Rafetto, outgoing Chair of the OMS Foundation (and notable golfer). He shared his thoughts on a new initiative involving a partnership between AAOMS and the OMS Foundation.

The collaborative endeavor will be called Mock Drills for the OMS Anesthesia Team: Strategies for Conducting Effective Practice (MDOAT, my made-up acronym). In essence, the program will promote and provide guidance for OMS practices on having their doctor/staff teams conduct regular mock emergency drills.

This struck me as a fabulous way to promote patient safety and boost team spirit within the office setting. The undertaking fits well with the Foundation's key mission of improving oral and maxillofacial patient care by supporting research and education, while utilizing the expertise of AAOMS members and staff to develop the educational content and messaging. This cooperative effort well illustrates AAOMS President Dr. Mark A. Egbert's theme for this year, "Stronger Together."

Dr. Rafetto's description of the rationale for launching this venture makes a huge amount of sense to me. Like many things in clinical practice, we all are, in his words, "vulnerable to... perceived competence." That is, thinking we are capable of performing a certain procedure even if we rarely do it, operating under a false sense of security as occurs in all other medical disciplines.

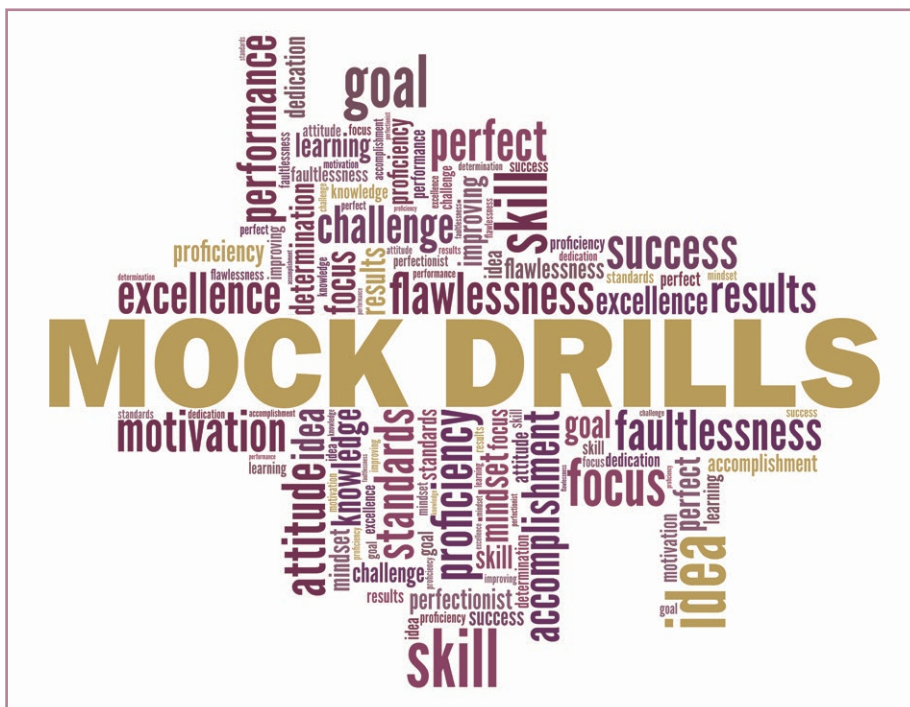
Overpreparing to be successful

Dr. Rafetto went on to explain how, in a stressful emergency situation, our performance can suffer. I know this has happened to me during Advanced Cardiac Life Support courses. I think I've prepared well to run a mock code. Yet, once in the mock



This is the logic behind the planned MDOAT program; the team must overprepare. That means running drills, that are well-designed on a regular basis, followed by honest debriefings and possibly supplemented by critiquing videotapes of the team in action during a drill. The use of an expert third party to help review how the exercise goes can be useful. The MDOAT program also will encourage the use of scrimmaging, in which the office team is put through their protocols without advanced notice of the nature of the emergency or where in the office the emergency event occurs.

Although the MDOAT program will not be required, my hope is that like the OBEAM courses, members of our specialty will embrace the concept fully and launch MDOAT in their practice settings with their anesthesia teams and even include other staff members able to help in emergency situations. Having such a program in place and conducting drills on a regular schedule will build a form of “muscle memory” into the



Although practice makes perfect, the only real path to perfection is to perfect what one is practicing.

I've only touched on a few key aspects of the planned program; more details are forthcoming from those leading this valuable effort. My hat goes off to them, to AAOMS and to the QMS Foundation for this collaborative undertaking. ■

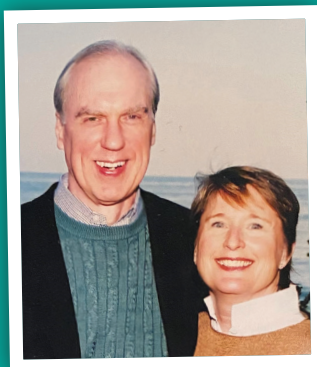
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R.V. Walker Society donors are sustaining the OMS Foundation's future



“Oral and maxillofacial surgery is the best profession in the world, and we must do everything in our power to protect, promote and advance our specialty. We were proud to contribute to REAP and the Centennial Tree, and gladly continue our support as OMS-FIRE and GIVE donors. In tribute to Dr. Walker and the Foundation, we chose to join the R.V. Walker Society with a legacy gift in our estate plan.”

– Drs. Steven R. Nelson and
Helen Kechriotis Nelson



“We all know how fortunate we are to be part of this specialty. Dr. Walker’s enduring legacy continues to inspire us to support the good work accomplished by the Foundation through the Society that bears his name.”

– Dr. David A. and Mrs. Julie Whiston



“We feel so fortunate to be part of the OMS community and have been looking for opportunities to give back to the field that has provided us with such personal and professional enrichment. Supporting the Foundation seemed like a great place to start. We look forward to being able to give more in the years to come.”

– Drs. Dean Tiboris and Mary Ballard



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Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Collaborations fortify AAOMS, Foundation

As a fellow academician, I could not have been prouder to see Dr. Mark A. Egbert sworn in as our AAOMS President in San Diego, Calif., and to hear his plans for strengthening our specialty in the year ahead. And I'm a big fan of "Stronger Together," the theme for his presidential year. The OMS Foundation and AAOMS embraced that concept in 2017 with our Strategic Alliance, and it has been a principal driver of our success ever since.

As a small Foundation with big aspirations, we understand strategic collaborations are essential, and I'm especially excited about a new partnership with AAOMS that promises tangible benefits to every OMS.

With funding from the Foundation, AAOMS is working to strengthen our emergency management skills with "Mock Drills for the OMS Anesthesia Team: Strategies for Conducting Effective Practice." The program addresses a problem identified by former Foundation Chair Dr. Louis K. Rafetto as "perceived competence," the illusion that we are capable of delivering peak performance on tasks we seldom perform. With the added stress of unexpected complications, a favorable outcome in a life-or-death emergency is far from assured.

The solution is practice, of course, but enhanced with the addition of unexpected variables in location, available staff and equipment failures. By preparing our teams – via guided video drills – to manage the unexpected, we can replace dangerous "perceived competence" with real competence and deliver on our commitment to provide the highest level of care to our patients in every circumstance.

This endeavor – and all that will follow – is further strengthened by the appointment of Ms. Mary Allaire-Schnitzer as Chief Operations Officer of the Foundation, a role she has fulfilled as a consultant for the past year.

Ms. Schnitzer's affinity for governance and extensive knowledge and experience in the AAOMS education arena will enhance our capacity to serve the specialty, and we are grateful to AAOMS for sharing her expertise with us.

She joins our OMS Foundation Executive Director Karin Wittich, Chief Financial Officer Kim Molley and Development Director Mary DiCarlo – and the entire AAOMS Senior Management Team – in active support of the Foundation's mission. We are, without question, strengthened by their leadership.

Productive collaborations in 2023 included gift-match partnerships with U.S. Oral Surgery Management, OMS Partners, LLC, and OMSNIC. These corporate partners and supporters maximize the impact of their support by incentivizing generosity from our donors. With their help, our programs portfolio continues to evolve to meet the needs of our evolving specialty with clinical research, new programs for OMS faculty and our most recent support of the development and implementation of Mock Drills for the OMS Anesthesia Team.

The cornerstone of our strategic partnership, though, is with you, our donors. We rely on your generosity to underwrite the innovative research, education and enrichment opportunities and sustain our specialty's growth in the year ahead. Help us kickstart the year strong with a generous gift – perhaps in honor of someone who had a positive impact on your career – and affirm my conviction (and Dr. Egbert's) that we are indeed stronger together. ■



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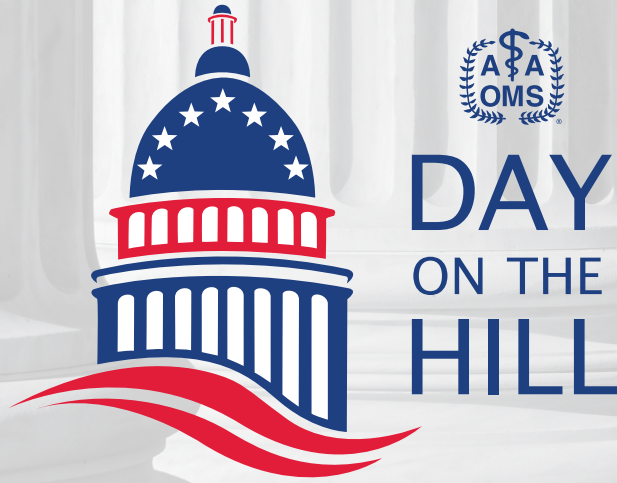


■ **Data blocking rule** – HHS is proposing a rule to discourage information blocking by healthcare providers. The rule seeks to penalize providers for limiting electronic health information access and exchange, except as required by law or covered by a regulatory exception. Initially focused on specific providers, the proposed rule would establish disincentives within CMS programs, impacting hospitals, clinicians and accountable care organizations. Clinicians, for instance, could receive zero scores in Medicare's Merit-based Incentive Payment System if the HHS Office of the Inspector General determines they have committed information blocking. The rule emphasizes transparency, requiring public disclosure of information blocking determinations and penalties. AAOMS is assessing the regulation's impact on the specialty.

■ **Artificial intelligence** – President Biden's executive order on Oct. 30 outlined a comprehensive approach to artificial intelligence (AI), aiming to set standards and regulations. Addressing issues such as algorithmic housing discrimination and cybersecurity, the executive order also directs federal agencies to deploy AI responsibly, mandates safety guidelines for large AI models and instructs HHS to lead a task force on responsible AI use with a focus on generative AI used to produce content such as text, imagery, audio and synthetic data. The order emphasizes evaluating AI's impact on drug/device safety and public health, detecting errors and promoting AI advancement in healthcare through grants and public-private partnerships. Visit AI.gov for more information.

■ **Interoperability and Transparency** – The Office of the National Coordinator for Health IT (ONC) finalized in December its Health Data, Technology and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) rule. The new regulation addresses algorithm transparency for AI, adopts the United States Core Data for Interoperability (USCDI) Version 3 as the new baseline standard, revises information blocking definitions and establishes new interoperability-focused reporting metrics for certified health IT. The final rule is available at HealthIT.gov/HTI-1.

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March 6 – 7

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(formerly the Renaissance)**

Washington, D.C.

Day on the Hill allows the specialty to make its mark with federal lawmakers. Join fellow OMSs as they head to Capitol Hill to meet with members of Congress during this premier advocacy event.

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Congress, state legislatures kick off new year

The U.S. House and Senate began the second session of the 118th Congress this month, facing the task of making headway on legislation during a busy presidential election year.

Federal level

Congress was unable to get through much of its to-do list last fall as it narrowly averted a government shutdown. The House also came to a standstill for three weeks while it worked to elect a new speaker. Of particular note, Congress ran out of time to pass legislation to cancel the 3.37 percent payment cut that Medicare providers, including OMSs, began incurring Jan. 1. AAOMS and other provider groups are urging Congress to include legislation to prevent these cuts in the Fiscal Year 2024 appropriations package Congress needs to pass this January. Outstanding healthcare issues Congress hopes to address in the new year include passage of hospital and health insurer price transparency legislation, workforce initiatives and additional efforts to prevent ongoing drug shortages.

■ **New Director of NIH** – Dr. Monica M. Bertagnolli was confirmed by the Senate in November as the 17th director of the National Institutes of Health. As a surgical oncologist, she is the first surgeon and second woman to hold the position. She previously served as director of the National Cancer Institute. Dr. Bertagnolli replaces Dr. Lawrence Tabak, who had served as acting director of NIH since the retirement of long-time director Dr. Francis Collins in December 2021.

State level

With 46 state governments slated to convene legislative sessions at various points in 2024, more than 40 states are looking at legislation related to insurance and

reimbursement, and more than two dozen are reviewing rules for auxiliary personnel.

OMSs can remain informed about the challenges affecting practices in their state by exploring details on the interactive State Legislative Tracking map at AAOMS.org/TrackingMap. Another way is to stay connected with state OMS societies and dental associations for any developments or new legislation affecting OMSs.

OMSPAC update

OMSPAC, the bipartisan political action committee of AAOMS, raised \$418,874 from 16 percent of the membership as of September 2023. Additionally, OMSPAC has contributed \$117,500 to 36 federal candidates and three party committees so far during the 2023-24 election cycle.

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

Listen to the AAOMS On the Go podcast episode, Amplifying OMS Voices: Grassroots Advocacy in Action with guest Elizabeth Kutcipal, DDS. She talks about the importance of advocating for the specialty and different ways to get involved in grassroots efforts, such as through the OMS Action Network or Day on the Hill. Visit AAOMS.org/Podcast or listen on popular platforms such as Apple Podcasts, Google Podcasts, iHeart, Pandora, Podcast Mirror, Spotify and TuneIn.





Voice concerns with leaders at Day on the Hill

OMs are invited to join colleagues in Washington, D.C., to advocate on behalf of the OMS specialty, practices and patients at the 23rd annual AAOMS Day on the Hill.

The Association's primary advocacy event on March 6 and 7 will provide members with the opportunity to learn about healthcare policy, experience the federal legislative process firsthand and build relationships with members of Congress, their staff and AAOMS leaders.

"Day on the Hill provides a wonderful opportunity to get directly involved in shaping healthcare policies that affect our specialty as a whole," said Nira Dwivedi, DDS, who participated in the 2023 Day on the Hill. "I was able to meet with congressional offices and voice my concerns over matters that are important to me as a private practitioner and oral and maxillofacial surgeon. I encourage everyone to participate, as this small commitment significantly impacts the growth and future of our specialty."

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

Attendees will visit their constituent congressional offices on Capitol Hill on March 7, following a morning discussion of federal priority issues impacting the specialty.

On March 6, all are invited to attend a session on Tips for Conducting Congressional Visits, followed by a reception and dinner with keynote speaker Sarah Isgur, a political commentator and former spokesperson at the U.S. Department of Justice.

Visit AAOMS.org/DayontheHill, or scan the QR code to register. ■



2024 Day on the Hill

What: Advocate to members of Congress

When: March 6 and 7

Where: Westin Washington, DC Downtown Hotel

Who: Open to AAOMS fellows, members and residents practicing in the United States

Questions? Call 800-822-6637, ext. 4392, or email pkantas@aaoms.org.

Complimentary flight, lodging available

Complimentary roundtrip airfare and one-night hotel accommodations to attend the 2024 Day on the Hill will be offered on a first-come, first-served basis to a limited number of AAOMS fellows and members who have not attended an in-person Day on the Hill within the past five years.

For information, visit AAOMS.org/DayontheHill.

Additionally, residents are invited to apply for one of six OMSPAC-sponsored travel scholarships. Visit AAOMS.org/Scholarships for more information.

Mitigating cyberattacks through training and

The Cybersecurity and Infrastructure Security Agency (CISA) and the National Cybersecurity Alliance (NCA) strive to raise cybersecurity awareness nationally and internationally by providing an array of resources, tools, assessments and training to help identify risks and potential threats. It is vital for oral and maxillofacial surgery practices to train staff in cybersecurity measures and make a contingency plan in case of a cyberattack.

Q What is Cybersecurity Workforce Training and where can I find resources on how to implement training for my staff?

A Cybersecurity Workforce Training includes efforts to instruct staff on common and pertinent cyber threats. Staff members are the first line of defense when it comes to cyberattacks, and they must learn to recognize and identify potential threats to ensure the safety and security of patients and the practice. Cybersecurity training should include:

- Teaching staff to recognize email phishing techniques with the assistance of phishing simulation tools.
- Educating staff on the risks of insider threats. If you see something, say something.
- Providing staff with constant and relevant training with actionable steps that apply to current threats.
- Instilling the importance of password protection procedures, such as never sharing or writing down passwords.

Check out detailed resources at 405d.HHS.gov and CISA.gov/resources-tools/cyber-security-workforce-training-guide.

Q What is ransomware and how can I protect my practice and patients?

A Ransomware is an ever-evolving form of malware designed to encrypt files on a device and render them unusable. Malicious actors then demand ransom in exchange for decryption of the files.

To prepare the practice and keep patients safe in the event of an attack, HHS recommends following these industry-tested best practices:

- **Prepare** – Be sure to understand the organization's incident response plan, identify the IT/cybersecurity

point of contact, and practice paper and pen operations in case of an attack.

- **React** – If an attack occurs, implement the practice's protocol for incident handling.
- **Recover** – After an attack, take steps not to reinfect unaffected/clean systems. Document any lessons learned and adjust policies and response plans accordingly.

Practices should work with their IT and cybersecurity vendors to establish policies and procedures and implement appropriate protections. For additional resources, visit CISA.gov.

Q If a cyber-related security incident occurs, what immediate steps should be taken?

A In the event an entity experiences a cyber-related security incident or ransomware attack, the HHS Office for Civil Rights (OCR) provides a quick-response checklist outlining the necessary steps to take. The checklist can be accessed at hhs.gov/sites/default/files/cyber-attack-checklist-06-2017.pdf. As a HIPAA-covered entity, the practice should complete the following in the event a cyberattack or similar emergency occurs:

- **Execute any response and mitigation procedures and contingency plans.** This includes fixing any technical problems to stop the incident and taking steps





planning

to mitigate impermissible disclosure of protected health information (PHI).

- **Report the crime to law enforcement agencies.** The practice should notify agencies such as state or local law enforcement and the FBI.
- **Report all cyber-threat indicators to federal and information-sharing and analysis organizations (ISAOs).** This includes the Department of Homeland Security, the HHS Assistant Secretary for Preparedness and Response and private-sector cyber-threat ISAOs.
- **Report the breach to OCR.** For breaches affecting 500 or more individuals, OCR must be notified no later than 60 days after the discovery, along with affected individuals and the media – unless law enforcement has requested a delay. For breaches affecting fewer than 500 individuals, affected individuals must be notified no later than 60 days after the discovery, and the OCR must be notified within 60 days after the end of the calendar year.

Note: Entities must adhere to the HIPAA Privacy Rule when reporting cyber-related security incidents and should not include PHI. More information is available at HHS.gov. ■

For additional staff training, visit the AAOMS CE Online Library to access the on-demand recording, "Cybersecurity – What's the Cost of Doing Nothing?"



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Evolving OMS market: DSOs and other options

By Joseph W. Gallagher, JD, LL.M.
Consultant, The Health Care Group, Inc.

Part 1 of 2: This article details the ins and outs of DSOs and what OMSs should consider when applying and interviewing for positions with such organizations. Part 2 will explore private equity-affiliated practices.

The topic of whether to join a DSO practice or independent private practice remains pertinent today – with evolving options, challenges and market conditions. There are many factors relevant to new OMSs entering the field and young providers who recently joined a practice but have not yet become partners.

Each OMS's circumstances vary, with differing personal and professional priorities. However, they all contemplate key factors when searching for a job and building a career. These factors encompass practice location; the total compensation package; the compatibility with practice owners, associates and personnel; and the potential for co-ownership and increased earnings within the practice.

Traditionally, the two most common approaches to beginning a career in oral and maxillofacial surgery were joining an established practice as an associate and purchasing an existing practice from an OMS who is retiring or transitioning to partial retirement.

OMSs now have two other career avenues: participating in practices sponsored and supported by a DSO or affiliating with a private equity organization.

Working in a multispecialty DSO setting

The multispecialty DSO models come in a variety of formats that range from larger, corporate entities with multistate operations to smaller, more localized organizations. A multispecialty or DSO model is a structure in which the OMS becomes the organization's OMS specialty division – or part of the division, if other OMSs work with the DSO. Both multispecialty and DSO organizations appeal to OMSs and other providers by freeing them from the administrative and operational duties that come with running a business.

The DSO model is implemented by a contractual arrangement in which the clinical practice entity pays

the DSO's management services organization (MSO) a percentage of practice collections in exchange for administrative and operational duties. Functionally, the MSO is responsible for employing the non-clinical staff, billing/collections, payroll and benefits, insurance, facility management/maintenance, etc.

The multispecialty DSO offers specialists a captive patient referral base. For example, an orthodontist might refer a patient to an OMS who works within the same DSO. Sharing teams and facility overhead can help lower overall costs, which can in turn help drive up profits. DSOs also advertise themselves to patients as "one-stop shops," so they are inclined to recruit more specialists to increase their offerings, such as pediatric dentistry, cosmetic dentistry, endodontics, orthodontics and oral and maxillofacial surgery.

Pros: Reasons to join a DSO

The upside to joining a DSO includes:

- **Fewer administrative duties** – For most OMSs in a private practice setting, after the daily clinical work is completed, it's time to be a manager and take on things like collections, accounts payable and personnel tasks. Joining a DSO permits OMSs to primarily focus on their clinical functions, relieving them of the burden of financial, operational and human resources management, therefore improving work-life balance and lessening the frustrations that often lead to exhaustion and burnout.
- **Financial backing** – Compared to typical small private practice offers, new OMSs often discover that the base pay, sign-on bonuses and expense allowances are more lucrative with DSOs. Additionally, DSOs provide financial resources and support, including a marketing budget and investments in additional equipment, to enhance the OMS's practice expansion opportunities.
- **Student debt assistance** – Help from a DSO paying down student loans can be attractive in a compensation offer.
- **Ownership distributions** – The opportunity to become partners by acquiring equity in the sponsoring organization affiliated with the DSO may be an option for OMSs. This can mean increasing an OMS's income

continued on next page



with cash distributions from shared profits and the possibility of buy-out if the DSO is subsequently sold.

- **Availability of enhanced training and clinical expansion** – DSOs, on balance, tend to have greater budgetary reserves to support the expansion of an OMS's clinical skills by subsidizing special training in surgical procedures as well as continuing education programs. This support tends to contribute to professional growth, skill enhancement and staying at the forefront of industry trends.
- **Referrals and mentors** – Employees of multispecialty organizations may benefit from built-in referral sources. If there are multiple OMSs already on board, the DSO also may have a mentoring source (not unlike a single specialty private practice arrangement), enhancing opportunities for collaboration and knowledge-sharing.

Cons: Reasons to avoid a DSO

There are factors that may deter some OMSs from partnering with a DSO. These include:

- **Less independence (clinical and non-clinical)** – Typically, an OMS working for a DSO will have little autonomy over the business side of the practice, such as scheduling, support personnel, equipment and instrument selections, supply vendors and the like. Compared to a private practice setting, these types of choices are practically non-existent. Pursuant to the legal rules against the "corporate practice of dentistry," there is, on paper, a clear distinction between the non-clinical authority of the DSO managers and their influence on the OMS's clinical decision-making; however, larger organizations inherently affect how an OMS manages procedures and patients indirectly.
- **Reliability of the DSO's personnel systems and controls** – Due to their corporate nature and typical

multi-office structure, DSOs are susceptible to the managerial pitfalls of de-centralization when it comes to leading, organizing and controlling support staff. Turnover tends to be higher in DSOs, resulting in understaffing in important positions. This results in having to reset relationships with support workers from time to time, losing valuable synergies previously established. High turnover can be chaotic, especially in the areas of surgical assistance and patient scheduling.

OMSs who join a DSO also must be prepared to encounter potential variations of personnel systems and controls happening within the DSO's multiple office locations. Although the DSO will strive to streamline and present itself as having a unified set of policies and procedures from office to office, that often is not the reality due in part to the legacy of how the individual practices conducted themselves before becoming a member of the larger organization.

- **Less flexible contracts** – The initial employment (or in some cases, independent contractor) agreements presented by private practices tend to be less restrictive on new OMSs compared to those offered by DSOs. It is common for DSO legal counsel to encourage the DSO to develop rigid contract provisions with streamlined wording and little, if any, wiggle room for exceptions that private practice contracts tend to permit. Areas such as schedule flexibility, criteria to qualify for bonuses, permission for outside activity (moonlighting) or outside business ventures, time-off policies and non-compete clauses can be very difficult to negotiate with a DSO.
- **Access to financial information** – OMSs who join DSOs likely will be limited in terms of the amount of financial data they receive from the DSO pursuant to their contracts. Largely, the data shared will be what are necessary for the OMS to verify the accuracy of their salary and bonus payments. Contrasted with a private practice setting where top-line revenues and overhead costs usually are known to the associate surgeons, DSOs may not provide complete financial transparency, including information that could prove vital to the OMS's financial plans. Similarly, the associate providers have little, if any, information or input on future decision-making, developments leading to more practice acquisitions by the DSO, or the possibility of the sale of the DSO to a larger entity.



Analyzing multispecialty and DSO models

To make an informed decision about joining a DSO, new OMSs must conduct thorough due diligence, which involves researching and comparing this option to others like becoming an associate or buying an existing practice.

One of the most demanding aspects of due diligence for OMSs is evaluating the market conditions for OMS services in the DSO's service area.

Learning about the general dentistry and specialty services market offered in an area can be accomplished in a variety of ways, including asking questions during interviews, speaking with other providers or individuals in the area, and researching demographic data on the internet.

Furthermore, during the interview process with potential employers, OMSs should seek information about each practice's financial health and the earnings/profits generated for its owners.

Other questions to contemplate

When analyzing how the DSO offer compares to other options, the OMS also should consider the following factors:

- **Compensation package** – Guaranteed annual base or day rate, signing bonus, incentive production bonuses, moving expenses, student debt assistance, expense allowances, benefits and time off.
- **Scope of services** – Opportunity to handle preferred case types.
- **Clinical autonomy and independence** – Confronting or dealing with practice protocols or procedures imposed by non-specialist providers.
- **Availability of mentoring** – Willingness to work with no mentor if there is only one OMS in the DSO.
- **Facilities, equipment and support personnel** – Desirable location, modern office and equipment, and knowledgeable, tenured staff personnel (both administrative and surgical).

- **Financial support** – DSO-subsidized functions at the organizational level as well as a personal annual allowance for entertainment, educational functions and the like.
- **Opportunity for ownership** – Criteria for ownership, timing, pricing and profit projections/expectations. ■

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Information in this article is intended to provide accurate and timely guidance. However, it should neither be construed as client-specific advice nor used alone to resolve specific legal or practice management problems. Consult your personal attorney or consultant for specific legal or business advice.

Course to explore practice models

To learn more about DSOs, check out Practice Priorities: Understanding Key Considerations: Exploring DSO and Private Practice Options. This in-person course, to be presented May 4 at the Educational Weekend in Nashville, Tenn., will offer a deep-dive into all aspects of DSOs and how private practices can compete with them. To register, visit AAOMS.org/EduWeekend or email pminquiries@aaoms.org with questions.

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This is number 195 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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New CDT codes for digital workflow, obstructive

The ADA has expanded the CDT[®] code set to accommodate surface scans, continued technology advancements within the digital workflow and the essential role OMSs play in treatment for obstructive sleep apnea (OSA).

The following codes took effect Jan. 1:

D0396 3D printing of a 3D dental surface scan

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

D7939 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.

Coding tip: CDT code D7939 is used to report the use of dynamic robotic-assisted or navigation to allow the virtual guidance of the implant osteotomy using a prefabricated guide that is attached to teeth or bone. Code D6190 relates more to a conventional or static guide, such as where the implant osteotomy is performed through the guide. Neither code includes the placement of the implant; therefore, implant placement may be reported separately.

Note the difference between the two new codes:

- Implant and radiographic/surgical guide – D6010 and D6190
- Implant and robotic/navigation – D6010 and D7939

To support its policy on the role of dentistry in the treatment of obstructive sleep apnea (OSA), the ADA created a new Sleep Apnea Services category that includes four new codes and four current codes (D9947, D9948, D9949 and D9953) previously found in the Adjunctive General Services category. According to the ADA, the rationale for the additional category is “to acknowledge dentists’ growing involvement in identifying patients for referral to their personal physicians for testing and diagnosis of OSA and for providing treatments for patients diagnosed with OSA.”

The following new OSA codes took effect Jan. 1:

D9954 fabrication and delivery of oral appliance therapy (OAT) morning repositioning device

Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusion changes.

D9955 oral appliance therapy (OAT) titration visit

Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient’s response to treatment, integrity of the device, and management of side effects.

D9956 administration of home sleep apnea test

Sleep apnea test, for patients who are at risk for sleep-related breathing disorders and appropriate candidates, as followed by applicable laws. Also used to help the dentist in defining the optimal position of the mandible

D9957 screening for sleep-related breathing disorders

Screening activities performed alone or in conjunction with another evaluation to identify signs and symptoms of sleep-related breathing disorders.

Coding Tip: Certain dental insurance plans might classify procedures such as repair, titration and adjustment as secondary or supplementary to the primary, more





sleep apnea

extensive treatment (e.g., denture reline). Consequently, they may not be eligible for separate reimbursement. However, submitting a claim that itemizes the individual codes for all services is appropriate, regardless of reimbursement outcomes or the presence of exclusions or restrictions associated with the insurance coverage.

To learn more about how to correctly apply coding principles and guidelines for diagnostic and procedure coding as they relate to OSA procedures, visit AAOMS.org/CEonline to register for the previously recorded webinar, Coding for Orthognathic Surgery and Obstructive Sleep Apnea. ■

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2024 WEBINARS CALENDAR



The following practice management, coding and billing, pharmacology, office and personnel administration, and financial management webinars have been scheduled for 2024:

- Professional Courtesy and Discounts: What Every OMS Office Should Know
Feb. 14
- Eye Safety in the OMS Setting: Best Practices to Reduce Ocular Exposures and Injuries
March 13
- Pharmacology for Anesthesia Assistants
April 10
- Unlocking Claim Confusion: The Key is Proper Documentation – What Works and What Doesn't
April 17
- Defusing Angry Patients at the Front Desk
May 15
- Understanding CCI Edits and Avoiding Claim Denials
Oct. 9
- OMS Practice Valuation Methodologies and Uses
Oct. 16
- Navigating the Contracting and Credentialing Process
Nov. 13

Other 2024 webinars that have yet to be scheduled include:

- Managing Acute and Chronic Pain for the Oral and Maxillofacial Surgery Patient
- Techniques and Strategies for Safe Pediatric Anesthesia
- Current Controversies in the Management of MRONJ
- Bonding and Bracketing for Impacted Teeth: Current Materials, Methods and Placement
- Update on Antibiotic Therapy for Oral and Maxillofacial Infections
- Limited Vertical Bone in the Posterior Maxilla

Note that these webinars and their topics and titles are subject to change. Visit AAOMS.org/Webinars for more information.

CMS updates include expansion of Medicare-

CMS published two final rules in November that updated physician and healthcare facility payment rates for Medicare-covered services for 2024, including dental services.

In 2023, CMS expanded Medicare coverage and payment for certain dental services necessary to diagnose and treat an oral or dental infection prior to, or during, the following Medicare-covered surgeries:

- Organ transplant, including hematopoietic stem cell and bone marrow transplant
- Cardiac valve replacement
- Valvuloplasty procedures

For 2024, CMS expanded coverage for additional dental services necessary to diagnose and treat an oral or dental infection prior to, or during, the following Medicare-covered cancer treatments:

- Chemotherapy (any cancer)
- Chimeric antigen receptor (CAR) T-cell therapy (any cancer)
- Antiresorptive drug therapy, in limited circumstances (e.g., IV bisphosphonate therapy to treat multiple myeloma and metastatic bone cancer)
- Medicare-covered treatments for head and neck cancer, including surgery, chemotherapy, radiation or any combination of these

Other CMS coverage and payment changes

CMS also expanded coverage and payment for dental care necessary to address oral or dental complications following the direct treatment for head and neck cancer.

According to CMS, dental services that meet the thresholds above – including linked ancillary services (e.g., X-rays, administration of anesthesia, use of an operating room) – may be payable in either the inpatient or outpatient setting when all Medicare coverage and payment criteria are met.

As of the date of publication, CMS has not set a timeframe during which dental services connected to the treatment of head and neck cancer – specifically post-cancer treatment – are eligible for Medicare coverage. Additional guidance is anticipated from CMS and local Medicare contractors.

To be eligible to bill and receive payment for covered dental services, OMSs must be enrolled in the Medicare program and meet all other requirements for billing under the Medicare

Physician Fee Schedule. However, note that CMS's dental policy update does not apply broadly to all dental procedures.

Medicare coverage and payment for dental services generally are limited to dental services considered medically necessary and "inextricably linked" to certain covered medical procedures. In other words, dental services must be an integral part of a specific treatment of a Medicare beneficiary's covered medical condition to be covered.

Several Medicare contractors have published articles outlining the requirements for billing dental services, including guidance on the documentation that may be necessary to support Medicare coverage determinations. Further direction from CMS and Medicare contractors is anticipated in relation to the dental policy changes finalized for 2024.

OMSs are encouraged to monitor their contractor's website for additional information and resources on coding, billing and payment for Medicare-covered dental services.

Additionally, the final rule:

- Reduces the conversion factor to \$32.74 for 2024, a decrease of nearly 3.4 percent from 2023.
- Extends key Medicare telehealth flexibilities, including waiving originating site requirements and continued coverage of certain audio-only services through the end of 2024.
- Maintains CMS's current definition of direct supervision to permit the presence and "immediate availability" of the supervising practitioner through live audio and visual interactive communication through Dec. 31, 2024.
- Reinstates add-on office visit complexity code G2211 as a separately payable service, contributing significantly to the decreased conversion factor due to budget neutrality.
- Aligns the definition of "substantive portion" with CPT[®] guidelines for split or shared visits.
- Indefinitely pauses the Appropriate Use Criteria program.
- Establishes a new Healthcare Common Procedure Coding System (HCPCS) code (G0136) to identify and value the work involved in documenting and assessing a patient's social risk factors.
- Maintains the Merit-based Incentive Payment System (MIPS) performance threshold of 75 points for 2024 and adds five new MIPS Value Pathways related to certain select specialties or medical conditions.



covered dental services, facility payments

Billing for facility costs

The Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System rule updates payment rates and regulations affecting Medicare services furnished in hospital outpatient and ASC settings. For 2024, CMS finalized several provisions that allow hospitals and ASCs to bill for facility costs and resources (e.g., surgical equipment and supplies, clinical staff, use of the operating room) associated with certain Medicare-covered dental procedures.

Previously, OPPS payment rates were assigned to a limited number of dental procedure codes, such as G0330 and codes for extraction services. For 2024, CMS assigned facility payment rates to more than 240 additional dental procedure codes, including those for vestibuloplasty, intraoral and extraoral I&Ds, removal of benign odontogenic and nonodontogenic cysts and excision of malignant lesions and tumors.

As of Jan. 1, Medicare payment may be permitted for the facility charges associated with these dental services when rendered in the hospital outpatient setting when all Medicare coverage and payment requirements are met.

Payment rates under the OPPS are determined based on the clinical characteristics and resource costs associated with each procedure. Each dental service, depending on its complexity and the resources required to perform it, is assigned a unique payment rate.

For most covered dental services, the average rate hospitals may receive in 2024 ranges from approximately \$839 to over \$3,000. Consistent with comments AAOMS submitted to CMS, CMS reassigned G0330 to an ENT Level 4 APC rate, increasing the facility reimbursement for G0330 in a hospital setting to \$3,070.81.

The expanded list of dental codes with specific payment rates may allow hospitals to bill for a wider range of dental procedures, potentially increasing total Medicare reimbursements and improving patient access to facility-based dental services.

Changes for ASC

Under the ASC payment system, CMS added nearly 30 dental surgical procedures to the Covered Procedures List (CPL), a list of services deemed safe and eligible for Medicare payment when performed in the ASC setting. This includes dental codes

for extraction services, intraoral and extraoral I&Ds and, as requested by AAOMS, dental rehabilitative services described by G0330. Like the OPPS, this means Medicare payment may be allowed for facility fees associated with certain Medicare-covered dental procedures performed in an ASC as of Jan. 1. CMS also added 11 CPT codes to the ASC CPL, including two codes that describe mandibular reconstructive procedures.

For 2024, CMS has set an ASC payment rate of approximately \$456 for many – but not all – dental surgical procedures. For example, G0330 carries a 2024 facility payment rate of approximately \$1,300 when billed by an ASC for a Medicare-covered dental rehabilitative service.

Additionally, CMS expanded the list of ancillary services covered in an ASC by nearly 80 dental procedures, allowing them to be provided alongside other covered surgeries in the ASC. However, these services are generally bundled with the primary surgical procedure, therefore separate Medicare payment may not be made.

CMS specifies that G0330 can only be billed in an ASC setting alongside a covered ancillary service for which separate payment is not permitted. For instance, an ASC may report a dental exam under anesthesia using the appropriate dental code and G0330. If it meets Medicare criteria, the ASC receives a single payment for G0330, covering the resources for a dental exam requiring anesthesia in a facility setting.

As a reminder, the HCPCS code G0330 is not permitted for use by providers to report professional services rendered in a facility setting. Providers, including OMSs, should continue to report the CDT* or CPT code that most accurately identifies the service furnished to the patient, regardless of place of service. HCPCS code G0330 is used by the facility, not the provider.

The assignment of an individual payment rate under the OPPS or ASC payment system does not guarantee the facility will be reimbursed for any given dental procedure. A facility fee is payable only if the procedure itself meets all Medicare coverage criteria. OMSs and professional coding and billing staff are encouraged to review the current Medicare dental coverage guidelines available at [CMS.gov/Medicare/Coverage/MedicareDentalCoverage](https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage) as well as check their local Medicare contractor's website for guidance on billing dental services. ■

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Status change necessary for retired Diplomates

A status change is needed when a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS) retires. ABOMS defines retirement as when a Diplomate no longer practices any aspect of oral and maxillofacial surgery, even in volunteer work.

Because a Diplomate works hard for ABOMS credentials, it is important to change one's account status to "Retired" rather than allowing the status to default to "Inactive" or "Suspended." When retiring, consider these next steps:

- **Alert ABOMS:** Diplomates can switch their membership status from "Active" to "Retired" by calling 312-642-0070 during business hours or emailing ABOMS at info@aboms.org.
- **Update all written communications or professional and marketing materials:** Retired Diplomates must identify themselves as a "Retired Diplomate of the

American Board of Oral and Maxillofacial Surgery" in all professional materials and communications where board certification is mentioned.

A benefit of changing status is that retired Diplomates do not have to participate in the annual registration or complete the Certification Maintenance process. Retirees still will receive important communications ABOMS sends via email, such as its newsletter and other information related to oral and maxillofacial surgery.

Should practice circumstances change, the Diplomate should contact the ABOMS administrative office at 312-642-0070 or info@aboms.org. ■



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Jeffrey H. Wallen, DDS
Treasurer

“In light of the ongoing high inflation and evolving revenue sources, both the Board and staff remain committed to fiscal responsibility by maintaining a vigilant approach, regularly reviewing expenses to identify potential savings wherever feasible.”

TREASURER'S ACCOUNT

Financial results for 2023

Market volatility and inflationary cost increases continued in 2023, posing challenges for AAOMS. Despite the volatility, the organization's financial reserves rebounded after a dip in 2022, showing positive returns as of press time.

The 2023 AAOMS Annual Meeting held in San Diego, Calif., again offered both in-person and online-only options. In-person attendance was about 11 percent lower than pre-pandemic levels, but online users helped offset the registration revenue differential.

Although final numbers are still being calculated, it appears Annual Meeting revenues will fall short of budget by \$109,000, mainly due to lower exhibition revenues and reduced corporate support. While more companies exhibited, those companies purchased smaller booths as inflation continued to spur expense cutting across industries. Overall, 192 companies participated in the exhibition, and we extend our gratitude to them for their ongoing support of AAOMS.

On a positive note, high attendance at the Anesthesia Update and Office-Based Emergency Airway Management (OBEAM) courses partially offset the shortfall in Annual Meeting registrations.

Even without final figures available at press time, we anticipate financials will exceed original budget expectations. Strong investment returns and employee benefits savings were significant contributors to the positive variance.

In November, the Board's Finance and Audit Committee met with auditors to discuss the 2023 audit plan. The audit fieldwork will take place in late March, and we will provide an update on the results in a future issue.

AAOMS's activities in the new year are guided by the 2024 operating budget the House of Delegates approved at the 2023 Annual Meeting. This year's budget includes revenues of \$24.43 million and expenses of \$24.42 million, resulting in a surplus of \$6,000.

Membership dues continue to be the single largest revenue source. With a budget of slightly less than \$8.6 million, dues comprise approximately 35 percent of total revenue for 2024. Dues were increased by \$35 in 2024 using the dues escalator approved in 2022.

Other significant revenue generators include:

- Annual Meeting – \$4.8 million
- Royalties – \$1.6 million (including OMSNIC royalties of \$600,000)



expected to surpass budget expectations

- JOMS – \$1.4 million
- Dental Implant Conference – \$1.4 million
- Assistant programs – \$1.03 million
- Building operations – \$923,000
- Coding workshops – \$489,000
- Sales of publications and electronic products in the AAOMS Store – \$435,000

On the expense side, \$4.1 million is budgeted to support the programs offered at the 2024 AAOMS Annual Meeting in Orlando, Fla. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – \$1.3 million
- Building operations – \$1.2 million
- Assistant programs – \$526,000
- JOMS – \$398,000
- Production and fulfillment costs of items sold in the AAOMS Store – \$349,000
- Coding workshops – \$244,000

Budgeted expenses also include \$5.2 million (representing 21 percent of total budgeted expenses) for program-related activities. Funding for these activities includes:

- \$1.05 million for the Informational Campaign.
- \$871,000 to support residency programs, including \$273,000 to fund Faculty Educator Development Awards (FEDA).
- \$855,000 for anesthesia programs including the simulation program.
- \$498,000 for communications and the Association's website.
- \$488,000 for representation at allied meetings (state, regional and international as well as affiliate organizations).
- \$462,000 for support of AAOMS advocacy activities in Washington, D.C., and at the state level
- \$271,000 for coding and reimbursement initiatives.
- \$230,000 for continuing education and professional development activities, including practice

management and the Daniel M. Laskin Institute for OMS Education and Innovation.

- \$175,000 for ADA representation activities.
- \$135,000 for grants and awards.
- \$117,000 for research and professional affairs activities.

A \$250,000 contingency fund was included in the approved operating expense budget enabling AAOMS to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The Board of Trustees is confident the 2024 budget will serve as a strong foundation to advance our agenda in support of the Strategic Plan.

In light of the ongoing high inflation and evolving revenue sources, both the Board and staff remain committed to fiscal responsibility by maintaining a vigilant approach, regularly reviewing expenses to identify potential savings wherever feasible.

The members of the Board of Trustees eagerly await the next Annual Meeting scheduled Sept. 9 to 14. We extend our invitation to you, your staff and guests to join us in Orlando and look forward to your participation. ■



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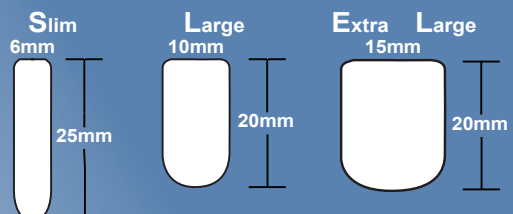
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AAOMS CARES



AAOMS Cares well-being program a confidential resource for OMSs

AAOMS has launched a program called AAOMS Cares: Being Well Together to serve as a resource for members of the oral and maxillofacial surgery specialty affected by substance use disorders.

AAOMS has partnered with Parkdale Center for Professionals, an independent treatment facility with a proven track record in treating professionals across the United States struggling with substance use disorders in highly accountable industries to offer innovative programs and solutions to meet the needs of oral and maxillofacial surgeons.

Privacy, confidentiality and anonymity are of the utmost importance to the team at Parkdale and to AAOMS. All aspects of treatment, private discussions and information

shared with Parkdale will be held with the strictest confidence to protect the privacy and dignity of all participants. AAOMS is only facilitating access to the experts at Parkdale;

the Association will not receive identifiable information regarding individual inquiries or subsequent treatment.

Members who are struggling, or know someone who is, are encouraged to take advantage of this confidential well-being program by calling 888-462-2706. Visit AAOMS.org/AAOMS-Cares for more information.



ANNUAL MEETING



Submit an oral abstract or poster for the 2024 Annual Meeting

Apply to present an oral abstract or poster at the 2024 Annual Meeting in Orlando, Fla., Sept. 9 to 14. The application is available at AAOMS.org/Speakers and is due March 24 at 11:59 p.m. CDT. Late submissions will not be accepted. Applications can be submitted on a variety of clinical topics but are encouraged to focus on the 2024 theme, Stronger Together.

OMS residents submitting oral abstracts also are eligible to apply for the Resident Scientific Award, which is selected

based on scientific manuscript quality. To apply, interested residents should select the Oral Abstract and Resident Research Award option within the online application at AAOMS.org/Speakers. The deadline for the Resident Scientific Award also is March 24.

Questions? Contact shannonm@aaoms.org.

DENTAL IMPLANT CONFERENCE



Online access ends soon

Dental Implant Conference attendees have access to all online content until 11:59 p.m. CST Feb. 1. Log in on the meeting website with the registration email and the eight-digit membership/registration ID.

Be sure to evaluate sessions and claim CE credit by March 3. Visit AAOMS.org/MyCE to obtain credit.

CONTINUING EDUCATION



MATE Act course access extended

AAOMS is providing all virtual courses geared toward satisfaction of the MATE (Medication Access and Training Expansion) Act to oral and maxillofacial surgeon members free of charge through 2025. Courses cover topics such as treating patients with substance use disorder and safe pharmacological pain management. Visit AAOMS.org/CEonline to register for free webinars.

ANESTHESIA

ASA guidance: Weight loss drugs may interfere with anesthesia

The American Society of Anesthesiologists (ASA) recently issued guidance advising that patients withhold the use of glucagon-like-peptide-1 (GLP-1) receptor agonists used for the treatment of type 2 diabetes and weight loss (e.g., Ozempic, Trulicity, Wegovy, Saxenda) prior to undergoing elective surgical procedures.

The guidance comes as a response to emerging concerns about potential adverse effects and complications associated with these medications during surgery and advises patients on daily dosing to consider holding GLP-1 agonists the day of the procedure and patients on weekly dosing to hold a week prior to the procedure/surgery.

While GLP-1 receptor agonists have shown promising results in managing chronic conditions and aiding weight loss efforts, their interactions with anesthesia and other medications

used during surgery remain largely unexplored. There is a possibility that some of these drugs may interfere with anesthesia, blood clotting or other crucial elements of the surgical process, leading to unforeseen complications.

View the guidance at [ASAhq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative](https://asa.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative).

In September, the AAOMS House of Delegates approved a resolution calling for AAOMS's Committee on Anesthesia in conjunction with the ASA to evaluate the current usage guidelines and provide any updates and recommendations to improve anesthesia safety in the delivery of oral and maxillofacial surgical care.

MEMBERSHIP

**Award nominations due Jan. 31**

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarianism and other areas.

Members are encouraged to consider nominating colleagues for these accolades. The deadline is Jan. 31.

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

MEMBERSHIP

**Stay up-to-date on Board activity**

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

CODING

**Explore online 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 for OMS
- Coding for Implants and Bone Grafts
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing

ADVANCED EDUCATION



Attend Resident Transitions into Practice Conference

The 2024 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the move from residency into practice.

The residents-only event will be held Feb. 24 and 25 at AAOMS headquarters in Rosemont, Ill. Topics will include

leadership, practice models, early-career prep and incorporating full-scope OMS into a practice.

Attendees also will receive special presentations from OMSNIC, ABOMS and Treloar & Heisel. Visit AAOMS.org/Transitions for more information.

COMMUNICATIONS



Listen to new episodes of AAOMS On the Go member podcast

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 listening platforms: Apple Podcasts, Google Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

Among new episodes:

- **Do OMSs Really Need Antibiotics for What They Do?** – Dr. Jasjit Dillon discusses the role antibiotics play in oral and maxillofacial surgery and whether they are necessary to prescribe.
- **Deciphering the 2022 MRONJ Position Paper: Take-home Messages and Debates** – Drs. Tara Aghaloo and Sal Ruggiero discuss the updated AAOMS position paper on MRONJ.
- **OAE Insights: Understanding Reporting Changes** – Dr. Gregory Ness discusses recent enhancements to the AAOMS Office Anesthesia Evaluation (OAE) program.
- **Membership Matters: Exploring AAOMS Benefits** – Dr. Martin Eichner discusses the value and benefits of membership in the Association.
- **JOMS Forum: Pain Levels Did Not Differ Following Uncomplicated Third Molar Extractions Utilizing Liposomal Bupivacaine Versus Standard Bupivacaine** – Drs. Jeffrey James and Elle Ferneini discuss the recent *JOMS* article comparing pain levels after third molar extractions to determine if liposomal bupivacaine infiltration would significantly reduce postoperative pain.

CONTINUING EDUCATION



Access on-demand CE

AAOMS offers a Clinical CE Subscription service allowing OMS members access to all clinical on-demand courses 24/7, 365 days a year. This includes over 100 hours of content, and at least 20 new courses are added annually. The Clinical CE Subscription is \$249 per year and does not automatically renew. Details can be found at AAOMS.org/CEsubscription.



COMMUNICATIONS



Connect with patients: Share episodes of OMS Voices podcast

OMS Voices: An AAOMS Podcast is the Association's public-facing podcast that helps educate patients about the expertise of OMSs and their scope of practice. The podcasts feature conversations on a variety of topics related to the specialty, such as third molar removal and oral cancer. Members answer questions from the public in an easily digestible and accessible format.

Members are encouraged to share links to the OMS Voices podcasts on their social media accounts or download/post them to their practice websites. Visit MyOMS.org/Podcast to listen and learn more, or listen on any of the popular listening platforms: Apple Podcasts, Google Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

New episodes include:

- **Nerve Repair: Non-Surgical and Surgical Treatments** – Dr. Michael Miloro discusses different surgical approaches to nerve damage.
- **OMS Expertise Through Training to Safely Administer Anesthesia** – Dr. Deepak Krishnan discusses the OMS anesthesia team model and the training OMSs and their assistants complete to properly administer anesthesia.
- **Do I Need A Bone Graft?** – Dr. Julia Plevnia discusses when a patient needs a bone graft and what they can expect from the process.
- **Dental Implants: The Team Approach** – Dr. Bach Le discusses the process patients can expect when getting dental implants.
- **Factors to Consider with Fillers** – Dr. Manolis Manolakis discusses what patients should consider before they decide to undergo cosmetic filler procedures.

MEMBERSHIP



Chief residents can save by joining AAOMS prior to graduation

AAOMS encourages chief residents to become candidates for active membership. Resident membership expires on the July 1 after program completion, so apply for an active membership at AAOMS.org/Apply.

When chief residents apply for AAOMS candidate membership by July 1, membership dues are waived through 2024. Then AAOMS allows a graduated dues discount for the

next two years. Chief residents entering fellowship programs are encouraged to apply for candidacy early to receive an extended graduated dues discount through the duration of the fellowship program.

Questions? Email membership@aaoms.org or call 800-822-6637.

MEMBERSHIP



Office Anesthesia Evaluation recertification deadline is July 31

Office Anesthesia Evaluation (OAE) recertification is due for current members and fellows who last completed an OAE or exemption form in 2018 (or 2017 if practicing in Delaware or New Jersey).

Those grandfathered from OMS state society membership, and whom the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs at jscofield@aaoms.org for scheduling assistance.

Members who are eligible for exemption from OAE must reconfirm exemption every five years by completing a waiver form available on [AAOMS.org/images/uploads/pdfs/waiver.pdf](https://aaoms.org/images/uploads/pdfs/waiver.pdf).

OMS state societies should provide confirmations of successful completion of the re-evaluation to AAOMS Membership Services no later than July 31. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership effective the 2024 AAOMS Annual Meeting.

Notify AAOMS of any scheduled evaluation dates, difficulties experienced in scheduling a re-evaluation or changes in practice status. Questions? Email membership@aaoms.org or call 800-822-6637.

MEMBERSHIP



Update member directory profiles

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

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

COMMUNICATIONS



Requesting stories for magazine

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.

- **Meditation** – Looking for OMSs who take part in transcendental meditation or other similar brain-related activities.
- **Careers before residency** – Looking for residents who had careers not related to the specialty before entering residency.
- **Interesting hobbies** – Looking for OMSs who enjoy unusual or creative pastimes.



AAOMS Opportunities

2024

Various dates

Office-Based Emergency Airway Management (OBEAM) module

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

Feb. 24–25

Resident Transitions into Practice Conference: Preparing for Post-residency Life

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

March 2–3

Anesthesia Assistants Review Course (AARC)

Dallas, Texas
AAOMS.org/OMSstaff

March 6–7

Day on the Hill

Washington, D.C.
AAOMS.org/DayontheHill

May 4–5

Educational Weekend

Nashville, Tenn.

- Advanced Protocols for Medical Emergencies in the OMS Office
- Beyond the Basics Coding Workshop
- Practice Priorities: Understanding Key Considerations: Exploring DSO and Private Practice Options

AAOMS.org/EduWeekend

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.

2024

Feb. 23–25

Virginia Society of OMS Annual Meeting

Hilton Richmond Hotel & Spa/Short Pump in Richmond, Va.
VSOMS.org

April 4–6

Combined Annual Meeting of the Southwest Society of Oral and Maxillofacial Surgeons, Texas Society of Oral and Maxillofacial Surgeons and Midwestern OMS Chapter

The Greenbrier in White Sulphur Springs, W.V.
SWSOMS.com

April 12–13

Ohio Society of OMS Annual Meeting

The Renaissance Columbus Westerville-Polaris Hotel in Westerville, Ohio
OH-OMS.org

May 1–5

Southeastern Society of OMS 2024 Annual Meeting

The Cloister at Sea Island in Sea Island, Ga.
SSOMS.org

May 4–5

CALAOMS 24th Annual Meeting

The Westin Long Beach in Long Beach, Calif.
CALAOMS.org

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A Proven Platform Focused On Patient Care

We offer a unique opportunity for oral surgeons to partner, collaborate, and grow their practices together, while retaining control of their clinical decision making. We're here to support you in your long-term goals, not eliminate your company brand and legacy you've already built. Our proven partnership model allows you secure your future and combine forces with a network of partners focused on patient care and success.

- A network of over 250 partner surgeons across 26 states focused on shared financial success
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Find out how you can join our proven platform for success.

For partnership opportunities, visit [usosm.com/contact](https://www.usosm.com/contact) or email us at partnership@usosm.com.

Looking for a new practice opportunity?

Our practices are expanding and adding associates.

Visit <https://www.usosm.com/surgeon-opportunities/> or email surgeonrecruiting@usosm.com.



**U.S. Oral Surgery
Management**

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Dr. del Valle-Sepulveda elected ADA Second Vice President



Dr. del Valle-Sepulveda

Edwin A. del Valle-Sepulveda, DMD, JD, of San Juan, Puerto Rico, was elected Second Vice President of the ADA in October. Dr. del Valle-Sepulveda is a former President of the College of Dental Surgeons of Puerto Rico, a former President and

Treasurer of the Hispanic Dental Association and a two-time former President of the Puerto Rico Society of OMS. A fellow of AAOMS, he has previously served as the Chair and Vice Chair of the AAOMS Clinical Interest Group on Cosmetic Surgery.

Dr. Rake returns as President of Minnesota Board of Dentistry



Dr. Rake

P. Angela (Angie) Rake, DDS, will serve as 2024 President of the Minnesota Board of Dentistry, a role she previously held in 2020 and 2021. Dr. Rake is an OMS with Dakota Valley Oral and Maxillofacial Surgery of Minneapolis and is active as an

Adjunct Associate Professor in the Division of Oral and Maxillofacial Surgery at the University of Minnesota School of Dentistry. A fellow of AAOMS, she is a past President of the Minnesota Society of Oral and Maxillofacial Surgeons.

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

Dr. Miller named Associate Dean for Hospital Affairs



Dr. Miller

Mark A. Miller, DMD, MD, FACS, was named Associate Dean for Hospital Affairs, Oral and Maxillofacial Surgery Residency Program Director and Associate Professor in the Department of Advanced Specialty Sciences by the Medical

University of South Carolina James B. Edwards College of Dental Medicine. A fellow of AAOMS, Dr. Miller holds secondary appointments in the MUSC College of Medicine's Departments of Neurosurgery and Pediatrics.



**AAOMS National
Simulation Program**

Office-Based Emergency Airway Management (OBEAM) Module



**Encounter
real-life
airway
experiences**

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



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AAOMS/resumes](http://HealtheCareers.com/AAOMS/resumes)



Faculty Positions

Alabama

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

California

The Herman Ostrow School of Dentistry of USC welcomes applications from all qualified individuals for a full-time position as an Assistant Professor of Clinical Dentistry for the Division of Oral & Maxillofacial Surgery. Responsibilities will include didactic and clinical education of students and residents and direct patient care. Proficiency in the digital realm is preferred. Minimum requirements include DDS or DMD degree, valid active California dental license, certificate of completion from CODA-accredited residency training program in oral and maxillofacial surgery. Candidates should be Diplomates of ABOMS or in active pursuit of board certification. Compensation is competitive and commensurate with experience. When extending an offer of employment, the University of Southern California considers factors such as (but not limited to) the scope and responsibilities of the position, the candidate's work experience, education/training, key skills, internal peer equity, federal, state and local laws, contractual stipulations, grant funding, as well as external market and organizational considerations. USC is an equal opportunity, affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, disability or any other characteristic protected by law or USC policy. To apply for this position, please email a cover letter and CV addressed to Dr. Mark Urata c/o George Rosado at grosado@ostrow.usc.edu.

California

The Division of Sleep Surgery in the Department of Otolaryngology – Head & Neck Surgery at Stanford University seeks a board-certified or board-eligible otolaryngologist or oral and maxillofacial surgeon to join the Division as Assistant Professor or Associate Professor in the Clinician Educator Line or the University Medical Line. We are particularly interested in candidates who have a fellowship or equivalent experience in sleep medicine or sleep surgery. Academic rank and line will be determined by the qualifications and experience of the successful candidate. The successful applicant should have prior training and/or experience in surgical care of patients with obstructive sleep apnea (OSA). We expect the successful candidate to be skilled in facial skeletal procedures such as maxillo-mandibular advancement in order to help meet strong and growing clinical demand. The candidate would spend approximately 75 percent of her/his time in clinical activities, 20 percent in research and 5 percent in administration and teaching. For more information about the position, including required qualifications and application materials, go to: facultypositions.stanford.edu/en-us/job/493522/asst-professor-assoc-professor-or-full-professor-of-sleep-surgery. For questions, please contact Lori Abrahamsohn, Faculty Affairs Administrator, at lori4@stanford.edu. Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status or any other characteristic protected by law. Stanford also welcomes applications from others who would bring additional dimensions to the University's research, teaching and clinical missions.

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.

Georgia

The Oral and Maxillofacial Surgery Advanced education program at the Dental College of Georgia at Augusta University is seeking candidates for the position of the Program Director. Both tenure and nontenure options are available, although tenure track is preferred. The primary responsibilities of this position are resident education, research and service. This position entails supervision of residents in a busy outpatient clinic located at the DCG and the DCG-AU Surgical Center, the Augusta Medical Prison, on call responsibilities, direct patient care as part of the faculty practice group, participation in research programs and other collaborative activities within the DCG, the AU Medical Center, Augusta University and the community at large. We are seeking an individual with strong commitment to academia, teaching, research, scholarly activity and service to the community. Salary will be commensurate with the candidate's qualifications, experience and credentials. The candidate must have a DDS or DMD degree from a CODA-accredited dental school and be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the State of New York. We invite all interested candidates to send their curriculum vitae and letter of interest to: Dr. Antonia Kolokythas, Chair, Department of Oral and Maxillofacial Surgery via mail at the Dental College of Georgia, Augusta University at 1120 15th Street, GC 1057, Augusta, GA 30912 or via email at akolokythas@augusta.edu. Diversity is fundamental to the Dental College of Georgia. We believe that equity and inclusion are essential to the core of our culture. Our aim is to celebrate our differences and foster an environment of understanding and empowerment. We commit to continuously learn, improve and evolve to ensure everyone feels accepted, respected and valued. The Dental College of Georgia (DCG) at Augusta University (AU) believes a diverse faculty, staff and student body enhances educational opportunities for all students, treatment opportunities for all patients and professional and career development for all employees. An inclusive academic and clinical environment is beneficial to the dental profession, the DCG and the State of Georgia. Augusta University and the DCG are equal opportunity educational institutions that prohibit discrimination on the basis of age, disability, gender, national origin, race, religion, sexual orientation or status as a Vietnam era veteran. Women, minorities, individuals with disabilities and veterans are encouraged to apply.



Massachusetts

Boston University OMS invites applications for a full-time position starting July 2024. Applicants must be eligible for licensure in Massachusetts. Responsibilities include resident education and participation in the faculty practice. Interested candidates should contact Dr. Pushkar Mehra at pmehra@bu.edu.

North Carolina

Duke University's craniomaxillofacial trauma and reconstructive surgery fellowship is a one- to two-year program focusing on utilizing advanced surgical techniques including intraoperative computer navigation, patient-specific implant fabrication and complex facial reconstruction post-trauma or pathologic resection. Currently accepting applications for 2025-2026. Visit surgery.duke.edu/education-and-training/fellowship-programs/craniomaxillofacial-trauma-and-reconstructive-surgery-fellowship.

Washington

University of Washington's Department of OMS seeks full-time faculty to engage in the tripartite academic mission and a focus on microvascular reconstruction. Submit a personal statement and CV to Dr. Sujit Joginipally (sujitj@uw.edu). We are an equal opportunity employer.

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.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now interviewing candidates for the July 1, 2025 position. We are also accepting applications for the July 1, 2026 position. Fellows will receive comprehensive training in pediatric OMS, cleft and craniofacial surgery while living in beautiful Tampa, Fla. For information about Dr. Ricalde and the Florida Craniofacial Institute, visit FLcranio.com. Please email CV and letter of intent to jay@flcranio.com.

Georgia

The Division of Oral & Maxillofacial Surgery at Emory University is offering a one-year fellowship in the diagnosis and surgical management of temporomandibular joint disorders. Annual surgical volume exceeds 300 surgical cases including advanced level II arthroscopy, arthroplasty and total joint replacement. The candidate will share trauma call with Emory faculty and have the opportunity to participate in the faculty practice, additional surgeries as desired and complete clinical research in temporomandibular disorders and treatment. Must be eligible for a Georgia dental license or medical license. Please submit a letter of interest, CV and three letters of recommendation to Gary Bouloux, DDS, MD, Interim Division Chief, Division of OMFS, 1365B Clifton Rd. NE, Atlanta, GA 30322 or email at gfboulou@emory.edu.

Illinois

The Oral Cancer Institute (OralCancer.com) is offering a 24-month fellowship in head and neck oncologic and microvascular reconstructive surgery. Fellows will obtain broad exposure in the management of malignant head and neck pathology, including neck dissections, SNLB, glossectomies, mandibulectomies, maxillectomies and management of salivary gland tumors. Fellows will be trained in reconstructive surgery including microvascular free tissue transfer. Email fellowship director at mohammed.qaisi@aah.org.

Mississippi

Aligned Oral and Facial Surgery is offering a unique one-year fellowship in orthognathic and facial cosmetic surgery. This is a high-volume orthognathic surgery practice that treats adolescents and adults, offering simultaneous cosmetic procedures including facial implants, rhinoplasty and liposuction. The goal is to enhance facial balance, function and esthetics. Fellows will learn how to provide orthognathic surgery in a safe, efficient and financially feasible manner. Care is provided in an office-based surgery center in addition to the hospital. A competitive stipend is offered along with a continuing education allowance. The fellowship is from July 2024 to June 2025. To apply, please contact Ron Caloss at rcaloss@alignedsurgery.com. For more information on the practice, visit alignedsurgery.com.

Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2025-26: Sponsored by the Oral Facial Surgery Institute (ofsinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed

an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas 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.

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 associateships 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.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area. Our

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Available Positions

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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.oral surgery@gmail.com.

Colorado

Full scope OMS practice located in Boulder in search of a full-time associate, with a matriculation to partnership. Seeking energetic, personable, highly motivated, team-oriented, board-certified/-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.

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 one doctor 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

Practice with excellent reputation in the Ponte Vedra Beach area, a beautiful place to call home. Current surgeon seeking full partner to increase new patient contacts and expand office into a larger facility. Emphasis on dental implants and dentoalveolar surgeries. Searching for a board-

certified/board-eligible OMS. Military veterans and drilling reservists are highly desired. Please send CV to classifieds@aaoms.org attention AAOMS Box A-0810.

Florida

Extraordinary opportunity for a board-eligible/board-certified oral surgeon to join a well-established two-doctor oral surgery practice in the Sarasota/Venice area. This is a two-location practice, operating five days a week, with the offices located within 18 miles of each other. The Oral Surgery Center has been serving this ever-growing coastal community for over 40 years, providing exceptional oral surgery to the area. Our modern practice provides a full scope of oral and maxillofacial surgery with the largest focus on IV sedation, extractions, implants and PRP grafting. The opportunity for trauma and reconstructive also presents itself if desired. The beautiful Sarasota area has been named in the top 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.

Georgia

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

Idaho

We are looking for a surgeon to take over the Coeur d'Alene practice to start in 2024. \$50,000 sign-on bonus and full benefits package! Implants Northwest is a well-established practice looking for an associate oral surgeon to join the practice. We have offices located in beautiful downtown Coeur d'Alene and Sandpoint, Idaho. At Implants Northwest, we specialize in wisdom teeth removal, dental implants, extractions and other oral and maxillofacial treatments. We have a full well-trained and willing staff ready to assist the new surgeon. The schedule is four days per week, 7:30 a.m. to 5:30 p.m. Interested? Email calli.norris@sdbmail.com.

Illinois

Full-scope private OMS in Lake County seeking a board-certified/eligible OMS associate leading to partnership. Excellent compensation and benefits. Paid Level 1 hospital call and opportunity for FACS. Third molars, implants, orthognathic surgery and full facial trauma. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0311.

Illinois

Looking for energetic, personable OMS to join established, highly respected, productive practice. Associateship leading to early partnership position available immediately. Mostly FFS contracting with PPOs but no HMOs. Technology includes CBCT, laser, intraoral scanner, Piezosurgery, PRF and X-Nav. Located in northern Illinois with easy interstate access to Chicago, Madison and Milwaukee. Guaranteed salary with bonus, medical insurance stipend, three weeks paid vacation, pension plan, malpractice insurance, continuing education allowance and relocation assistance. Please send CV and cover letter to os1161732@aol.com.

Illinois

Cameo Dental Specialists is seeking an oral and maxillofacial surgeon to join our rapidly growing practice in the Chicago area. We are a multispecialty practice with five locations equipped with state-of-the-art technology, complemented by a bespoke office aesthetic. We are proud of our robust referral base coupled with a comprehensive marketing strategy that allows doctors to focus on patient care. Our practice emphasizes dentoalveolar, implant and orthognathic surgeries focused on exceptional patient care and an outstanding referring dentist experience. Competitive compensation is offered with a comprehensive benefits package including malpractice and health insurance, retirement program and CME. Board-certified oral surgeons, active candidates and residents are invited to apply. Please send resume to Sean Collins, Human Resources Advisor, scollins@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 total compensation package worth over \$400,000/year, 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 and lifestyles 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 [mccvengros@endoperio.com](mailto:mvcvengros@endoperio.com).

Kansas

Practice for sale or associate, consistent collections greater than \$2.3 million since 2019, currently \$3 million. Strong referral base, 6 (six) surgical rooms, renovated and new equipment. Mainly dentoalveolar and implants (~400 per year). 4 (four) day work week. Growing family friendly community in Garden City. Close to Colorado mountains with low cost of living. Willing to sell to a new graduate for \$400,000 for a great private practice career opportunity. If interested contact southwestoralsurgeryks@gmail.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 and growing two-office OMS practice in Greater Boston area seeking skilled and personable oral surgeons. Candidates must be BE/BC and provide excellent surgical skills, bedside manner and be interested in growing the practice. Our employment package includes 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.

Massachusetts

Long-established two location practice outside of greater Boston seeking motivated, personable BE/BC oral surgeon. Competitive employment package with partnership track. Practice with emphasis on dentoalveolar surgery/ implants with opportunity to expand scope. Send CV to Jessica at jmaggio@concordlexington.com.

Massachusetts

Extremely successful, well-established, multi-location private group practice providing high-quality care to the residents of the North Coast of Massachusetts. We are seeking a qualified oral and maxillofacial surgeon to join our team. This is a wonderful opportunity to enjoy a desirable quality of life while living and working in a beautiful region of Massachusetts. Opportunity highlights: established oral surgery practice with a quick ramp-up period, full-scope OMS, option to pick up trauma call, state-of-the-art facilities and imaging equipment, fast partnership track opportunity with potential to earn \$1 million+ as a partner, ability to live and work close to Boston, base salary \$500,000 with signing bonus. Contact jeff@nbofs.com or 781-323-4345.

Michigan

A well-respected OMS practice in southwest Michigan searching for a board-certified/-eligible oral surgeon for a full-time position. Our practice was established over 40 years ago and has grown to be the premier oral surgery practice in Southwest Michigan. We are a full scope practice, which allows you to guide how you want to practice oral and maxillofacial surgery. We have four surgeons, two offices and a strong referral base. Southwest Michigan is known for its beautiful inland lakes, ski slopes, walking/hiking/biking trails, hunting and fishing. Each season has something to offer the outdoor enthusiast! We are about a 40-minute drive from Lake Michigan beaches including South Haven and St. Joseph. Academics are important to this location as well. Kalamazoo is home to Western Michigan University and the distinguished Kalamazoo College, a private liberal arts university with an outstanding reputation for academics. We are also home to the Stryker Corporation, Pfizer, Bronson Health Group and Borgess Hospital. The

most impressive thing about Southwest Michigan is our community. It offers a great family atmosphere and a wonderful place to raise a family. Kalamazoo is a smaller community which offers a lower cost of living, affordable housing and ease of travel from home to the office and the hospital. This is a great location to perfect your career in oral and maxillofacial surgery. For additional information please email at dwilson@kaloms.com.

Missouri (St. Louis)

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

New Hampshire

Busy and well established two-location practice in southern New Hampshire. Seeking a board-certified/-eligible oral and maxillofacial surgeon. Competitive salary and benefits. Perfect opportunity for family or individual to live and work near metro Boston and the Seacoast. The practice has excellent opportunity for growth and flexibility. For more information about this opportunity email curtinosa@gmail.com.

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsnyc.com or contact Robert Bodey at 347-590-9910.

Available Positions

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New York (Long Island)

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

New York

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

New York

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

North Carolina

Multi-doctor, well-established, privately owned and operated practice in the Piedmont Triad of North Carolina. One year associateship with clear terms for partnership. Seeking a well-rounded, charismatic, ethical surgeon who is board-certified/-eligible. Position is offered as full-time with exceptional benefits including high compensation, full medical benefits, board preparation course and travel, 401(k). Our practice maintains an excellent work life balance, there are no trauma-call requirements, but available if desired. Send CV to kbarker@highpointoms.com.

Ohio

Excellent opportunity in Cincinnati, Ohio, for a motivated surgeon. We are a two-doctor, three-office practice concentrating on dentoalveolar and implant surgery. A full-scope practice is available if desired. The applicant must be a BE/BC OMS with a strong work ethic and excellent patient skills. We are offering a full-time associateship leading to an early partnership in a highly profitable suburban practice. Signing bonus is available for the right candidate. Please email Tammy at liberty@tboms.com or call her at 513-755-3500 for more information.

Ohio

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.

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

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

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

Texas (North Houston)

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



Texas

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 (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.

Washington/Idaho

Liberty Oral Surgery is a two-doctor, two-location practice in the beautiful, growing Inland Northwest with offices in Spokane, Wash. and Post Falls, Idaho. We are a full-scope practice that does routine oral surgery with over 600 dental implants per year as well as jaw surgery cases. With one doctor relocating in early 2024, we have a fantastic opportunity to work as an associate with a partnership opportunity (preferred). Interested candidates, please email Dr. Bryan McLelland at bryan@libertysurgerycenter.com.

Wisconsin

Our multi-location, multi-doctor practice with up-to-date amenities and a reliable referral base offers a competitive salary and benefit package for the right candidate looking for an associateship with opportunity for equal partnership. Trauma call is minimal at area hospitals. The practice locations are set in friendly, safe environments with excellent schools, multiple possibilities of outdoor activities, professional and college sporting events and performing arts venues. Larger cities are located within an easy, short drive for weekend adventures. The area provides a low cost of living and opportunity for an exceptional quality of life. Interested candidates please apply with a CV or resume to: markjridenour@gmail.com.

Practices for Sale

California

Established OMS practice for sale in Northern California. Very desirable area. Please respond to nfantovrn@aol.com for inquiries.

Colorado

OMS practice for sale in Denver, Colo. Net income of ~\$500,000. High-producing office with a great reputation and high visibility office. For more information, please inquire with CTC Associates at info@ctc-associates.com or 303-795-8800.

Georgia

Efficient OMS practice for sale located in the northwestern region of Georgia, just a stone's throw away from a vibrant town known for its rich history and charm. 2022 collections totaled \$1.1M and 2023 collections are on pace to reach \$1.2M. The 5,000 sq. ft. facility is available for sale or lease and boasts four surgical suites, two consult rooms and two treatment rooms. CBCT Panoramic 9600 unit. Diode Laser. Selling doctor looking towards retirement. Contact matt.kosciewicz@mcgillhillgroup.com for more information.

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.

Nebraska (Omaha)

Established, thriving oral surgery practice for sale in Omaha, Neb. State-of-the-art facility with five operatories, room for expansion and a growing patient base. Partnership opportunity with the experienced oral surgeon. Contact bailey@professionaltransition.com, REF #NE32223.

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

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.

North Carolina (Outer Banks)

Thriving FFS oral surgery practice for sale in picturesque Outer Banks, N.C. Two locations, six operatories, over 100 new patients monthly, with expansion potential. Open to various transition options. A rare opportunity in a growing, desirable area. Contact: bailey@professionaltransition.com, REF# NC71421.

Ohio

Wonderful opportunity in Northwest Ohio. No upfront investment. Lease to own. Two office locations with room to expand practice included in the sale, four surgical operatories in the main office, two operatories in the satellite office. Owned by a solo practitioner. Collections \$1.4 million working four office days. Thriving community, great schools and highly motivated trained staff. Practice emphasis is on in-office anesthesia, dentoalveolar surgery, dental implants and reconstructive surgery. Only one other oral surgeon in the area. Please contact tluna79@gmail.com for more information.

Oklahoma

OMS with 49 years private practice ready to retire. Have practiced full scope, but dentoalveolar and implants only with three days per week. Excellent opportunity for expanding back to full scope or "low key" or satellite. Very flexible seller. Contact RJLOMS@live.com.

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.



Practices for Sale

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Pennsylvania

Southeastern Pennsylvania – well established, busy solo practice for sale – owner retiring. Two fully equipped surgical rooms available to be re-opened. Four open bay recovery chairs. WinOMS practice management – paperless, CBCT, intra-oral scanner. Local Hospital/Level 1 Trauma Center with on-call stipend as additional income – excellent outpatient Surgicenter. Suitable for solo or two surgeon practice – potential as satellite office for a larger practice looking to expand. Excellent schools, low cost of living, easy access to Philadelphia, NYC, Baltimore and D.C. Please email classified@aaoms.org. Attention AAOMS Box S-0925.

Pennsylvania (Lancaster)

Prime opportunity to own a well-established oral surgery practice in Greater Philadelphia, Southern Pennsylvania. Features 55 to 60 new patients monthly, five operatories and significant earnings. Real estate available. All offers considered. Contact: bailey@professionaltransition.com, REF #PA122622.

Texas

Thriving Austin oral surgery practice, three operatories, consult room, 615+ patients, robust FFS model. Contact Bailey: bailey@professionaltransition.com, call 719-694-8320, REF #TX92823. Don't miss out!

Practice Transitions

OMS Exclusively Premier Transition Specialists for Oral Surgeons

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May/June 2024 issue: March 8, 2024

July/Aug 2024 issue: May 3, 2024

Sept/Oct 2024 issue: July 9, 2024

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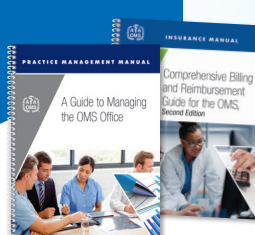
Increase
Patient
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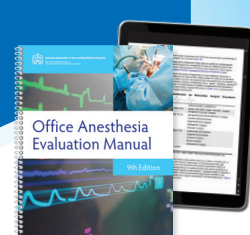
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Faculty Ad Costs: **1-40 words: \$0 41-80 words: \$300 81-120 words: \$600 121-160 words: \$900**
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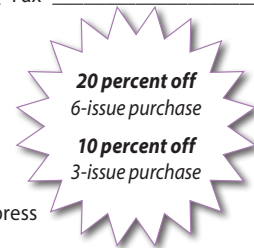
Every 40 words thereafter: additional \$300

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