

# AAOMS TODAY



May/June 2024  
VOLUME 22, ISSUE 3

A publication of the  
American Association of Oral and Maxillofacial Surgeons

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for 2024 Annual Meeting



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## AAOMS TODAY

May / June 2024

Volume 22, Issue 3

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## 'Stronger Together'

Join AAOMS in Orlando, Fla.,  
for 2024 Annual Meeting

This year's Annual Meeting will celebrate our collective spirit as AAOMS recognizes that our strength lies in coming together. Through collaboration, we amplify our impact on the oral and maxillofacial surgery specialty.

– AAOMS President  
Dr. Mark A. Egbert



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**2023:** Award of Excellence for Magazine  
**2021:** Awards of Excellence for Writing  
**2019:** Grand Award winner in Magazine category  
**2018:** Most Improved Magazine

HealthcareAD<sup>AWARDS</sup>

**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



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Mark A. Egbert, DDS, FACS  
*AAOMS President*

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*“By bringing together practitioners with diverse backgrounds and skill sets, AAOMS creates and maintains a vibrant community where knowledge sharing, collaboration and mentorship thrive.”*

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## IN MY VIEW

# Stronger Together: Oral and

The strength of AAOMS lies in our members and our capacity to advocate for one another. Unity among OMSs within our organization is not merely a matter of convenience; it is a strategic imperative. By embracing our diverse membership, fostering collaboration and upholding shared values, AAOMS guarantees OMSs remain at the forefront of excellence in patient care, education and research.

When unified, professional specialties like ours wield significant influence over patient care, professional standards and the progression of medical knowledge. The current status of oral and maxillofacial surgery in the United States stands as a testament to the value that AAOMS, as a cohesive specialty, placed on intertwining the disciplines of dentistry and medicine to provide comprehensive care for our patients.

## Historical perspective

The roots of AAOMS's unity can be traced back to the early 20th century when oral surgery began to emerge as a distinct specialty within dentistry. Our organization was founded in 1918 by Dr. Meniffee Howard on the premise of creating a group that would benefit all in the specialty and serve a common good. Chartered as the American Society of Exodontists (ASE), the precursor to AAOMS was a collection of 29 dentists unified in the interest of extractions and the use of anesthesia.

Over the next hundred years, the specialty evolved and our organization changed its name to reflect the broader scope of services provided by members. ASE became the American Society of Oral Surgeons and Exodontists in 1921, the American Society of Oral Surgeons in 1943 and the American Association of Oral and Maxillofacial Surgeons in 1978.

From our inception, AAOMS has aimed to serve as the premier professional organization for oral surgeons, and later oral and maxillofacial surgeons, by promoting excellence in patient care, education and research. Despite the name changes, one fundamental principle has remained constant: our organization's unwavering unity and commitment to assisting all within the specialty. Whether through education, advocacy or professional support, AAOMS has consistently worked to advance the field of oral and maxillofacial surgery for the benefit of all our members and the patients we serve.

Throughout our history, AAOMS has embraced the background diversity of our membership. The inclusion of both single-degree (DDS and DMD) and dual-degree (DDS, MD or DMD, MD) oral



# maxillofacial specialty built on unity within AAOMS

and maxillofacial surgeons under one professional umbrella has been a hallmark of the success of AAOMS. This inclusive approach reflects the evolving nature of oral and maxillofacial surgery, which draws upon extensive training, education and surgical expertise. As mentioned in “American Board of Oral and Maxillofacial Surgery: A History,” the integration of medical training into OMS residency programs has enriched the field by elevating standards of patient care, educating and protecting the public and helping to expand the scope of practice.

## Importance of working as one

The unity of OMSs within AAOMS serves as a catalyst for professional advancement and synergy. By bringing together practitioners with diverse backgrounds and skill sets, AAOMS creates and maintains a vibrant community where knowledge sharing, collaboration and mentorship thrive. This interdisciplinary and collegial approach not only benefits individual members but also enhances the quality of care across the spectrum of oral and maxillofacial surgery to the ultimate benefit of the patients who are served.

Moreover, the unity of the specialty within AAOMS underscores our collective strength and influence within the broader healthcare landscape. As interdisciplinary collaboration becomes increasingly vital, AAOMS stands as a unifying voice advocating for the interests of OMSs and their patients. Whether addressing legislative issues, shaping healthcare policy or advancing research agendas, AAOMS leverages the collective expertise of our diverse membership to drive positive change.

An example is fellowship in the American College of Surgeons (ACS), which for years was extended solely to those with medical degrees and general surgery training. Only OMSs with an MD degree, successful completion of a general surgery program accredited by the Accreditation Council for Graduate Medical Education and a full and unrestricted medical license were allowed to apply.

Through advocacy and members uniting, AAOMS worked with ACS to validate the legitimacy of oral and maxillofacial surgery training programs in producing skilled surgeons. This collaboration resulted in ACS agreeing to waive the dual-degree requirement for single-degree OMSs, provided all other requirements for fellowship have been met.

I was one of the 58 inductees in the first cohort of single-degree OMSs to be inducted as Fellows in the American

College of Surgeons at the 2016 ACS Clinical Congress in Washington, D.C. Credit goes to the forward-thinking leaders willing to embrace change without hesitation or bias. (Note: Details on the application process for ACS fellowship for both dual-degree and single-degree OMSs can be found in the Member Center of the AAOMS website under ACS Fellowship.)

## Challenges and opportunities

Maintaining unity within AAOMS preserves the rich heritage and tradition of oral and maxillofacial surgery. As articulated in “A Historical Overview of the AAOMS,” the specialty has undergone significant transformations over the decades, yet its core values of professionalism, integrity and excellence remain steadfast. By upholding these values and fostering a sense of camaraderie among members, AAOMS ensures the continuity of our legacy for future generations of OMSs.

The healthcare landscape faces numerous challenges, characterized by rapid technological advancements, demographic shifts, changing practice models and the reshaping of healthcare policies – including the specter of a nationalized payment system. AAOMS must adapt to meet the ever-evolving needs of our membership. This involves embracing innovation, diversity and inclusivity to ensure all members – regardless of their background, training or professional goals – feel valued and supported within our organization and have a voice in our direction.

As oral and maxillofacial surgery continues to intersect with other dental and medical specialties, AAOMS has an opportunity to forge new partnerships and collaborations. By fostering interdisciplinary dialogue and cooperation, AAOMS can drive innovation, expand research opportunities and enhance patient outcomes. This can be accomplished through joint conferences, collaborative research projects or shared educational initiatives, and AAOMS can leverage our position as a unifying force within healthcare to effect proactive change.

As the healthcare landscape continues to evolve, AAOMS must stand as a beacon of unity, driving innovation and advancing the specialty for the betterment of our members and the patients we serve. “Stronger Together,” AAOMS embodies the collective strength and resilience of our unified membership, paving the way for continued success and leadership of the specialty of oral and maxillofacial surgery. ■



# 'Stronger Together'

*Annual Meeting to highlight  
AAOMS's collective strength*

# *The Annual Meeting – for 106 years – has been the ultimate venue for learning from experts, making new connections and exchanging ideas with peers.*

The 2024 AAOMS Annual Meeting will pay tribute to that power of unity by exploring the theme “Stronger Together” through numerous educational and networking opportunities.

“This year’s Annual Meeting will celebrate our collective spirit as AAOMS recognizes that our strength lies in coming together. Through collaboration, we amplify our impact on the oral and maxillofacial surgery specialty,” said AAOMS President Mark A. Egbert, DDS, FACS. “When we come together and combine our knowledge, expertise and ideas, we help shape a brighter future for our field. I hope this Annual Meeting inspires each member to forge connections, share insights and foster a sense of unity.”

The 106th AAOMS Annual Meeting, Scientific Sessions and Exhibition – being held Sept. 9 to 14 in Orlando, Fla. – will offer two registration options:

- **Orlando with online access** for those attending in-person with access to the full library of on-demand content and session recordings. On-demand content will be available Sept. 9. Select non-ticketed sessions will be available online Sept. 30 through Jan. 31.
- **Online-only access** including on-demand courses beginning Sept. 9 and recordings of select sessions Sept. 30 through Jan. 31.

“As always, the Annual Meeting will offer the latest insights and innovations in the specialty and provide something for everyone – from residents and new OMSs to seasoned veterans as well as coding staff and office managers,” said Dr. Egbert. “I encourage members to consider what being stronger together means to them – be it in their practice, department or community – and bring that to the Annual Meeting.”

## Explore clinical education offerings

The Annual Meeting brings together OMSs who wish to receive the highest caliber education from experts in the specialty, all in one convenient location. With a



**95%** of 2023 AAOMS Annual Meeting attendees agreed the event was a worthwhile investment of time, and **94%** indicated their educational needs were satisfied.

mix of clinical education offering the latest innovations and updates in all scopes of practice and Master Classes in a wide variety of topics, attendees will be able to find sessions that appeal to them while also obtaining continuing education credits.

“Learning from highly experienced professionals provides valuable lessons that can be directly applied to enhance my own practice, and the unique perspectives go beyond theoretical knowledge,” said Ashley Manlove, DMD, MD, Chair of the Clinical Interest Group (CIG) on Pediatric Surgery.

### ■ Clinical tracks

Clinical education again will be divided into eight tracks. Each track consists of a plenary and a Hot-off-the-Press and Abstract session. Each plenary includes several presentations on various topics within the clinical track and wraps up with a 20-minute roundtable case discussion and Q&A. The Hot-off-the-Press sessions allow attendees to hear about the latest research in short 10-minute presentations.

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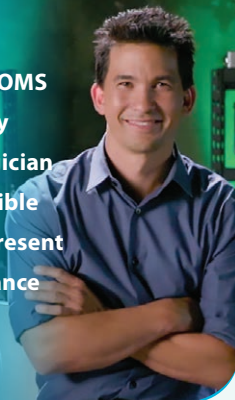


The eight clinical tracks and their highlights include:

- **Anesthesia** – Focusing on longer office-based cases, the plenary will look at pearls and pitfalls in the selection of patients for such cases, modification of anesthetic techniques and recommendations to prevent complications such as urinary retention and deep vein thrombosis.
- **Dental Implants** – Exploring lessons learned from failures and complications of dental implants, this track will cover management of peri-implant diseases and failing maxillary full-arch reconstructions.
- **Dentoalveolar and Nerve** – Addressing the lack of established guidelines for nerve injury following dentoalveolar surgery, the plenary will review current therapies and best practices for the diagnosis, documentation, referral and management of such cases.

## Keynote

The Keynote Lecture at the 2024 AAOMS Annual Meeting will be presented by Jason Latimer, world champion magician and the creator and host of “Impossible Science” on YouTube. Latimer will present Impossible Science LIVE, a performance of illusions to challenge attendees’ understanding of what is possible.



- **Orthognathic and OSA** – Examining the simultaneous treatment and management of coexisting dentofacial disharmonies and obstructive sleep apnea, presentations will address palatal expansion, alteration of the occlusal plane and diagnosis of OSA.
- **Pathology and Head and Neck** – Delving into current concepts regarding the diagnosis and management of singular pathologic entities in the oral and maxillofacial region, this track will discuss benign jaw tumors, metastatic lesions, major salivary gland tumors and unknown primary cancer of the neck.
- **Pediatrics** – Analyzing approaches to treatment of patients with Pierre Robin Sequence, presentations will explore surgical and non-surgical approaches, airway management, perinatal care and long-term outcomes.

- **Reconstruction** – Providing an update of contemporary surgical techniques associated with head and neck reconstruction, the plenary will cover resection and reconstruction of lip cancer, soft-tissue virtual surgery planning and free flaps in pediatrics.
- **Trauma and TMJ** – Investigating the clinical controversies in TMJ trauma management, this track will evaluate the scientific evidence on topics such as intracapsular fractures, pediatric condylar fractures and TMJ disc management after trauma.

### ■ Preconference sessions

Two preconference sessions will be held Sept. 11 for members who wish to expand their knowledge of facial cosmetic surgery or the latest in anesthesia.

- **Anesthesia Update: Office-Based Anesthesia: Building Bridges** – Reviewing controversies and concerns in addition to pharmacology updates and presentations on dexmedetomidine and propofol. Topics include the management of patients with diabetes, the effects of GLP-1 agonists on anesthesia, coordination of emergency services in medical crises and the role BMI plays in sedation.
- **Facial Cosmetic Surgery: Facial Enhancement Surgery and Facial Rejuvenation** – Covering the latest trends in multiple types of facial cosmetic surgery, including non-invasive, minimally invasive and alloplastic augmentation. Topics will include dermal fillers, energy-based skin rejuvenation, mandibular angle implants, blepharoplasty and neuromodulators.

This year’s Spotlight Sessions include:

- **How I Do It sessions** – Two How I Do It sessions will feature short presentations on topics such as neck dissection, optimizing patient recovery after orthognathic surgery, non-opioid pain management after third molar surgery and biological substitutes in oral mucosal reconstruction.
- **Global Health Café** – The Global Health Café session will focus on the international community’s view on the management of common cases in the OMS specialty and how management differs between regions.
- **OMSNIC Anesthesia Patient Safety Program** – A panel of practicing OMSs and an attorney will illustrate patient safety and risk management principles to help minimize adverse events related to the in-office administration of anesthesia.

- **Chalmers J. Lyons Lecture** – This year’s lecture, Perspectives on Vertical and Horizontal Augmentation taught by Istvan Urban, DMD, MD, PhD, will summarize the essential steps of ridge augmentation and explore how a clinician can learn to master these demanding procedures.

The Annual Meeting also will feature **55 Master Classes and four Team-Based Education sessions** covering topics such as:

- Antibiotic stewardship practices in dentistry
- Performing effective biopsies
- Combined TMJ and orthognathic surgery
- Reconstruction options for maxillary cancers
- Avoiding nerve injury in oral and maxillofacial surgery
- Management of gunshot wounds to the head and neck

The “Stronger Together” theme will be explored in sessions dedicated to topics such as teaching the next generation of dental students and advocating for women in oral and maxillofacial surgery.

## Immerse in hands-on learning

The Annual Meeting is the perfect place to learn from the best in the field, brush up on skills or learn a new technique – especially during hands-on sessions.

Learning new techniques and procedures “has given me confidence to be able to execute those procedures, because seeing these things being done by somebody else gives us the skill set and the confidence that we can do it also,” said Faisal Queresby, DDS, MD, FACS, Chair of the CIG on Cosmetic Surgery.

*continued on next page*



Members of the international OMS community share diagnostic and treatment approaches to cases in the Global Health Café.



## 106th AAOMS Annual Meeting, Scientific Sessions and Exhibition Stronger Together

**When:** Sept. 9 to 14

*Offered in-person and online*

**Where:** Orlando, Fla.

### Early-bird discounts available

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

- Register by July 1 to receive \$200 off general registration fee
- Register by July 31 to receive \$100 off general registration fee



AAOMS allied staff members and professional staff also are eligible for a discount:

- Register by July 1 to receive \$100 off general registration fee
- Register by July 31 to receive \$50 off general registration fee

Additional information and registration are available at [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting).

### Housing

Housing rates are available exclusively for AAOMS attendees. Reservations can be made by visiting [AAOMS.org/AMhousing](https://AAOMS.org/AMhousing). Group rates are available until Aug. 15 for Rosen hotels and Aug. 20 for the Hyatt Regency Orlando (headquarters hotel).

Note: Orchid Events is the only official housing agent for the AAOMS Annual Meeting. Beware of companies not authorized by AAOMS.

**[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)**



New at the 2024 Annual Meeting is the **Surgical Approaches to the Facial Skeleton Cadaver Course**. This full-day comprehensive head and neck dissection experience on Sept. 11 will cover a variety of topics including periorbital, transfacial and TMJ approaches, and salivary gland surgery.

"Attending a cadaver lab at the Annual Meeting allows members to maximize their educational experience with a combination of didactic and one-on-one hands-on experiences taught by experts in the specialty. Attendees will be able to refresh their surgical anatomy and operative technique," said Deepak Kademani, DMD, MD, FACS, one of the course presenters.

Other hands-on offerings include:

- **Advanced Full-Arch Implant Rehabilitation for the Atrophic Maxilla: Solving Serious Problems Using Zygomatic, Pterygoid and Patient-Specific Implants** – OMSs will learn from a comprehensive step-by-step guide covering the utilization of implants in the reconstruction of the severely resorbed maxilla. Presurgical planning, surgical procedure protocols and best techniques will be covered.
- **Digital Full-Arch Techniques for Predictable Implant Outcomes Workshop** – OMSs will learn how to restore full-arch hybrid implant cases using a completely digital workflow. Digital restorative protocols including intraoral scanning, photogrammetry, 3D printing of temporary teeth, staining and glazing will be covered.

*A variety of hands-on courses provide an opportunity to brush up on skills or learn a new technique.*



*Multiple courses at the 2024 Annual Meeting will focus on HIPAA compliance.*

- **Office-Based Emergency Airway Management (OBEAM) modules** – OMSs can choose from eight two-hour sessions that will be offered. OBEAM uses intensive, real-life experiences to allow participants to practice and master critical techniques for administering and monitoring office-based anesthesia.
- **Beyond the Basics Coding Workshop** – OMSs and their coding and billing staff will learn how to code more efficiently to improve billing and reimbursement. This intermediate-level workshop will cover CPT, CDT and ICD-10-CM coding for the full scope of oral and maxillofacial surgery, documentation guidelines and clinical case studies.
- **Anesthesia Assistants Skills Lab** – Anesthesia assistants will receive hands-on clinical training to aid with anesthesia administration. Participants will rotate through stations on airway management, intubation, venipuncture, defibrillation and preparation of emergency drugs and crash carts.
- **ACLS and PALS** – Assistants, OMSs and other staff can earn certification in the American Heart Association's Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) through these courses. Pre-course preparation is necessary.

### Learn new ways to improve a practice

OMSs and their practice staff can take advantage of 24 on-site and 13 on-demand practice management sessions that will address all aspects of running an OMS practice, including mock drills, cybersecurity, DSOs, employment law, staff well-being, OSHA and HIPAA guidelines, team-building and infection control. Several sessions tie directly into this year's "Stronger Together" theme, including:

## AAOMS President's Event

Friday, Sept. 13

7:30 - 11:30 p.m.

Universal Orlando Resort

### President's Event at Universal Orlando Resort

Attendees and their families will not want to miss the 2024 President's Event on Sept. 13 hosted by AAOMS President Dr. Mark A. Egbert and his wife Dr. Lisa Egbert.



The night at Universal Orlando Resort will kick off at 7:30 p.m. with a dinner buffet along the promenade of Universal CityWalk, which will include entertainment and beverage service inside CityWalk venues and along the promenade. At 9:30 p.m., guests will move to Universal Islands of Adventure for dessert and exclusive access to ride attractions.

Tickets cost \$150 for adults (\$175 after July 31) and \$100 for children under 21 (\$125 after July 31). The price includes food, beverages, rides, entertainment and transportation to and from the venue.



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*The President's Event includes fun along the streets of Universal CityWalk.*

- **Enhance Your Culture and Practice: How to Create a DEI and Community Engagement Plan** – Learn how an OMS and business leader can work together to create and implement a diversity, equity and inclusion strategy combined with community engagement.
- **Cultivating Talent: Strategies for Attracting, Onboarding and Retaining Exceptional Candidates** – Take a deep dive into not only finding but keeping personnel by exploring key factors contributing to job satisfaction and long-term commitment.
- **Effective Communication From the Surgical Office to the Boardroom (and Everywhere in Between)** – Gain insight into making communication between OMSs, owners and staff as effective as possible.

### Collaborate with others and get inspired

Getting together with other OMSs is not just about networking; it is also about collaborating and exchanging ideas and information with peers.

"I prioritize attending the AAOMS Annual Meeting since it brings together the brightest minds in our field and allows the exchange of ideas in an excellent learning environment," said James C. Melville, DDS, FACS, Chair of the CIG on Neurologic Disorders.

Each year, the **Faculty Section** provides an opportunity for attendees to learn about the latest topics in education and how improved methods have been implemented in  
*continued on next page*

residency programs throughout the country. This year's two-hour session on Sept. 13 will focus on Stronger Together: Training Resilient OMS Residents.

"As I get more senior in my career, but also senior as a director, I find those sessions extremely valuable for me," said Dr. Quereshy on the Faculty Section meetings. "You think you're doing the best job in your own little world, and



### Access to online platform

Both in-person and online attendees will have access to learning through Jan. 31. The online platform contains a mix of on-demand sessions (available beginning Sept. 9) and recorded in-person sessions (available Sept. 30) from the meeting for attendees to return to later.

The online platform is popular with both in-person and online attendees.

"Utilizing the online platform to access on-demand lectures that I missed or want to review has transformed the way professionals are able to engage with educational content. It is convenient, and I can tailor my learning to fit my schedule. And, when sessions overlap at the meeting, I know I can view the other session on my own time, so I do not have to pick and choose what to attend," said Dr. Ashley Manlove.

"Last year, I ended up needing surgery unexpectedly, and the online platform was a great way to get the high-quality lectures. Sometimes, there are two lectures at the same time that I would like to see, and in these cases I go in person to one and attend the other virtually later," said Dr. Rachel Uppgaard.

you go and talk to other people from around the country and see there's a different way to do things."

Attendees can discuss the topics that interest them the most at **CIG and SIG meetings** during lunch breaks on Sept. 12 and 13. Each CIG and SIG has a forum on the AAOMS Connect community, meets once a year in person and contributes toward Annual Meeting track session planning. All AAOMS members are welcome to join a CIG/SIG and participate in the discussions, which will take place at:

- **Noon to 12:30 p.m. Sept. 12** – Dental Implants, Pediatric Surgery, Pathology and Reconstruction, Orthognathic Surgery and Sleep-Related Breathing Disorders, Cosmetic Surgery, Women in OMS
- **Noon to 12:30 p.m. Sept. 13** – Trauma, Temporomandibular Disorders, Neurology, Anesthesia, Global Surgery, Simulation, Predoctoral Education

Frequent attendee Rachel Uppgaard, DDS, FACS, said networking at the Annual Meeting led to her involvement with the SIG on Predoctoral Education, which has strengthened her skills as an educator.

"I now am on the leadership for this SIG and really enjoy connecting with other educators on the challenges and opportunities that we face in education. With the changes in generations, there will always be a need to examine how we educate students," said Dr. Uppgaard, now Chair of the SIG.

Jonathan Fillmore, DMD, MD, Chair of the CIG on Temporomandibular Disorders, said the Annual Meeting is a priority because he values the Faculty Section and participating in the TMJ CIG. "I relish the opportunity to connect and plan and compare notes with like-minded surgeons and learn from what is happening in other practices around the country and even around the world," he said.

The **International Expert Forum** (previously called GLOBE sessions) will bring together expert OMSs from Finland, Germany, Mexico, India and the United States to discuss My Worst Case and What I Learned. Attendees of this event – held in conjunction by AAOMS and IAOMS – will hear of global emerging trends and discuss the management of untoward surgical outcomes.



## Make new connections

The AAOMS Annual Meeting provides ample opportunities to catch up with colleagues and meet new peers. Interacting with peers from around the world has opened doors to other professional prospects, members said.

"The interactions among your colleagues are truly invaluable. The Annual Meeting allows for developing new friendships and strengthening old ones," said Dr. Melville.

"Networking with other attendees at the Annual Meeting has broadened my professional relationships with OMS faculty across the country, fostered collaboration on various book chapters and research projects and gained opportunities to travel on mission trips. The connections forged through networking have resulted in exciting opportunities such as traveling within the U.S. to observe surgeries as well as traveling overseas to provide care to the underserved," Dr. Manlove said.

Among the networking opportunities at the Annual Meeting are:

- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored on Sept. 11 for research, advocacy, education and other areas.
- **Welcome Reception** – All Annual Meeting attendees are invited to the annual complimentary kickoff event following the Opening Ceremony.
- **Happy Hour in the Hall** – Attendees are invited to eat, drink and mingle with exhibitors in the hall following the conclusion of sessions on Friday evening.
- **Breaks in the Exhibit Hall** – Scheduled breaks between sessions allow for time to mingle with colleagues and exhibitors.

## Explore the Exhibit Hall

Attendees will have access to the Exhibit Hall on Sept. 12, 13 and 14, during which they can learn about the latest technological advancements, innovations and products in the field from an expected 100-plus exhibitors.

Be sure to check out events in the Exhibit Hall, including:

- **Industry Symposiums** – Keep up-to-date on the latest developments in the field with exhibitor-hosted sessions.



*Top: Attendees can learn from industry leaders in Lunch and Learn sessions. Bottom: The Exhibit Hall will be open Sept. 12 to 14 for attendees to check out the latest products and technology.*

- **Eat, Drink and Be Industry-Educated sessions** – Join AAOMS supporters for Breakfast and Learn, Lunch and Learn as well as Snack and Learn events to learn about various topics and technologies.
- **AAOMSopoly** – Participants have a chance to win valuable prizes by answering multiple choice questions by scanning QR codes located at participating booths. Answer a question correctly for a chance to win one of many prizes available.
- **AAOMS Block Party** – A pavilion in the Exhibit Hall will offer attendees a space to have fun between sessions or at the end of the day. Packed with a selection of games, the pavilion will offer activities ranging from classic board games to Skee-Ball, basketball Pop-A-Shot and a golf simulator.
- **Happy Hour in the Hall** – Network and relax in the hall on Friday afternoon. ■

# 2024 AAOMS ANNUAL MEETING EDUCATION PROGRAM-AT-A-GLANCE



THURSDAY, SEPT. 12									
	Track	Track	Other Sessions						
7 a.m.			Industry Symposiums (GCF1, GCF2, GCF3 and GCF4)						
7:30 a.m.									
8 a.m.									
8:30 a.m.	Dental Implant Plenary: Lessons Learned: Failures and Complications (GP1a)	Pediatrics Plenary: Robin Sequence: From Infancy to Adulthood (GP2a)	Practice management sessions (PM01, PM02, PM03 and PM04)	Global Health Café (GS01)	Advanced Cardiovascular Life Support (ACLS) (XACLS)	Beginns 7:30 a.m.	Office-Based Emergency Airway Management (OBEAM) (XSIM1A)		Exhibit Hall open
9 a.m.									
9:30 a.m.									
10 a.m.									
10:30 a.m.	Networking break in Exhibit Hall								
11 a.m.	Dental Implant Track: Hot-off-the-Press and Abstract Session (GP1b)	Pediatrics Track: Hot-off-the-Press and Abstract Session (GP2b)	Practice management sessions (PM05, PM06, PM07 and PM08)	Advanced Full-Arch Implant Rehabilitation for the Atrophic Maxilla (XH02)		Beyond the Basics Coding Workshop: Day 2 (XCW02)	Office-Based Emergency Airway Management (OBEAM) (XSIM1B)	Breakfast & Learn (GPT1)	
11:30 a.m.									
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 340AB								
12:30 p.m.	Complimentary Attendee Lunch in the Exhibit Hall							Lunch & Learn (GPT2)	
1 p.m.									
1:30 p.m.	Pathology and Head & Neck Plenary: Current Concepts in the Management of Oral and Maxillofacial Pathology (GP1c)	Orthognathic and OSA Plenary: Considerations in the Management of Dentofacial Disharmonies and Coexisting Obstructive Sleep Apnea (GP2c)	Practice management sessions (PM09 and PM10)				Office-Based Emergency Airway Management (OBEAM) (XSIM1C)	OMSNIC Anesthesia Patient Safety Program (GS02)	
2 p.m.									
2:30 p.m.									
3 p.m.				Poster Session and Reception (GPS1)					
3:30 p.m.	Networking break in Exhibit Hall							Snack & Learn (GPT3)	
4 p.m.									
4:30 p.m.	Pathology and Head & Neck Track: Hot-off-the-Press and Abstract Session (GP1d)	Orthognathic and OSA Track: Hot-off-the-Press and Abstract Session (GP2d)							
5 p.m.									

FRIDAY, SEPT. 13									
	Track	Track	Other Sessions						
7 a.m.			Industry Symposiums (GCF5, GCF6, GCF7 and GCF8)						
7:30 a.m.									
8 a.m.									
8:30 a.m.	Trauma and TMJ Plenary: Clinical Controversies in TMJ Trauma Management (GP3a)	Dentoalveolar and Nerve Plenary: Nerve Injury in Dentoalveolar Surgery (GP4a)	Practice management sessions (PM11, PM12 and PM13)	ACS Update (SOF1)	Chalmers J. Lyons Lecture (GS03)		Office-Based Emergency Airway Management (OBEAM) (XSIM2A)	Research Open Forum (SOF2)	Exhibit Hall open
9 a.m.									
9:30 a.m.									
10 a.m.									
10:30 a.m.	Networking break in Exhibit Hall								
11 a.m.	Trauma and TMJ Track: Hot-off-the-Press and Abstract Session (GP3b)	Dentoalveolar and Nerve Track: Hot-off-the-Press and Abstract Session (GP4b)	Practice management sessions (PM14, PM15, PM16 and PM17)	Digital Full-Arch Techniques for Predictable Implant Outcomes Workshop (XH03)			Pediatric Advanced Life Support (PALS) (XPALS)	Office-Based Emergency Airway Management (OBEAM) (XSIM2B)	
11:30 a.m.									
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 340AB								
12:30 p.m.	Networking lunch break in Exhibit Hall								
1 p.m.									
1:30 p.m.	Anesthesia Plenary: Anesthesia for Longer Office-Based Cases: Pearls and Pitfalls (GP3c)	Reconstruction Plenary: Update in Head and Neck Reconstruction (GP4c)	Practice management sessions (PM18 and PM19)	Anesthesia Assistants Skills Lab (XASL01)		Faculty Lunch & Learn		Office-Based Emergency Airway Management (OBEAM) (XSIM2C)	
2 p.m.									
2:30 p.m.									
3 p.m.									
3:30 p.m.	Networking break in Exhibit Hall								
4 p.m.									
4:30 p.m.	Anesthesia Track: Hot-off-the-Press and Abstract Session (GP3d)	Reconstruction Track: Hot-off-the-Press and Abstract Session (GP4d)							
5 p.m.									
5:30 p.m.									
6 p.m.								Happy Hour in the Hall	

SATURDAY, SEPT. 14									
8 a.m.	Immunotherapy and Head and Neck Oncology (SS01)	Mgmt of Mandible Condyle Fractures: What Is the Best Evidence? (SS02)	Stronger Together: Advocating for Women in OMS (SS03)	How I Do It Session (SS04)	Practice management sessions (PM21 and PM22)	Anesthesia Assistants Skills Lab (XASL02)	Disasters From the Masters: Complications and Management in Anesthesia (SR1)	Office-Based Emergency Airway Management (OBEAM) (XSIM3A)	Exhibit Hall open
8:30 a.m.									
9 a.m.	Guidelines for Avascular vs. Microvascular Reconstruction (SS05)	Clinical Decision-Making in Sleep Surgery (SS06)	Comprehensive Face and Neck Rejuvenation (SS07)	How I Do It Session (SS08)					
9:30 a.m.									
10 a.m.	Networking break in Exhibit Hall					Practice management sessions (PM23 and PM24)			
10:30 a.m.									
11 a.m.	Women's Cardiovascular Health (SS09)	Avoiding Nerve Injury in Oral and Maxillofacial Surgery (SS10)	Third Molar Pain Management: What is Old and New? (SS11)	Maxillary Orthognathic Surgery Revisited (SS12)					
11:30 a.m.									
Noon	Office-Based Anesthesia: New Drugs, Complications & Patient Selection (SS13)	Parotid Pathology for the Oral Surgeon (SS14)	Update in Mgmt of TMJ Intraarticular Pain and Dysfunction (SS15)	Antibiotic Stewardship Practices in Dentistry: A Team Approach (SS16)					
12:30 p.m.									
1 p.m.									
ON-DEMAND SESSIONS (available Sept. 9 to Jan. 31)									
43 Master Classes			13 Practice management sessions			2 Team-based sessions			



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## Attendees advocate for AAOMS legislative

The 23rd Annual Day on the Hill brought nearly 90 AAOMS members from across the country to Washington, D.C., in March to educate members of Congress and their staff about the oral and maxillofacial surgery specialty and to advocate for the Association's federal legislative priorities.

Participants shared their perspectives on drug and supply shortages and support for student loan repayment reform and health insurance coverage for patients with congenital craniofacial anomalies. By the conclusion of the event, 66 OMSs and 21 residents – including 40 first-time attendees – from 32 states plus the District of Columbia had met with roughly 160 congressional offices.

In his 10th year of practice, Bradley Andrew Shessel, DMD, had not participated in Day on the Hill since his residency days. "I must confess, I had forgotten how meaningful and enjoyable this experience can be. Advocating for our specialty on Capitol Hill is a distinctive and highly rewarding opportunity. This participation has reignited my interest in our organization and the legislative process," he said.

### Prioritizing drug and supply shortages

Despite past legislative and regulatory efforts to prevent or mitigate drug shortages, providers – including OMSs – continue to face shortages of critical medications like

sedatives and emergency rescue drugs. During their congressional meetings, attendees shared their personal challenges of providing quality patient care in the wake of the temporary or long-term absence of critical drugs.

Attendees urged Congress to prioritize passing legislation to address drug and supply shortages, specifically encouraging support for the RAPID Reserve Act (S 2510/HR 6802). The RAPID Reserve Act would foster domestic production of critical medicines and incentivize manufacturers to increase their reserves and ramp up production to proactively prevent shortages.

### Supporting student debt relief

Attendees informed members of Congress about the significant student debt OMSs face and the impact it has on where and how they decide to practice. A recent student loan survey of AAOMS members who completed their residency within the last five years found that 75 percent had accumulated student debt of \$300,000 or more by the time they finished residency and 72 percent said their debt affected where and how they practice.

AAOMS advocates urged members of Congress to cosponsor the bipartisan Resident Education Deferred Interest (REDI) Act (S 704/HR 1202), which was reintroduced in the 118th Congress by Sens. Jacky Rosen (D-Nev.) and John Boozman



*OMS and resident attendees of Day on the Hill meet with a staffer from Sen. Ben Cardin's (D-Md.) office.*





# priorities during annual Day on the Hill

(R-Ark.) as well as U.S. Reps. Brian Babin, DDS (R-Texas), and Chrissy Houlahan (D-Pa.). The REDI Act – initiated by AAOMS and first introduced in 2019 – would allow borrowers to qualify for interest-free deferment on their federal student loans while serving in a medical or dental internship or residency program, saving thousands of dollars of additional interest over the course of the loans. As a result of his meeting with Dr. Mark Ryser during Day on the Hill, Sen. Mike Lee (R-Utah) signed on to cosponsor the REDI Act in late March.

## Advocating for patients

AAOMS has been working alongside a coalition composed of patients and medical and dental providers to seek reintroduction of the Ensuring Lasting Smiles Act (ELSA) in the 118th Congress. ELSA passed the House in 2022 during the 117th Congress, but did not advance in the Senate. First introduced in 2018, ELSA would close health benefit plan loopholes to ensure all group and individual health plans cover provider-directed medically necessary services – including dental procedures – as a result of a congenital craniofacial anomaly such as cleft lip and palate or hypodontia.

ELSA was reintroduced in 2021 in the 117th Congress by Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) as well as Reps. Drew Ferguson, DDS (R-Ga.), and Anna Eshoo (D-Calif.). During their meetings, Day on the Hill attendees communicated that the bill sponsors are working to finalize legislative language that incorporates feedback expressed during the last Congress to strengthen ELSA's language and expect to reintroduce a bill this spring. Congressional offices were urged to lend their support to the bill, and attendees promised to follow up to seek cosponsors once ELSA was officially reintroduced.

## Encouraging resident engagement

Twenty-one residents attended Day on the Hill, with two receiving the Dr. Gerald Gelfand Day on the Hill scholarships from OMSPAC to help cover their travel expenses. The scholarship program honors the late Dr. Gerald Gelfand of California, who passed away in 2013 and was a supporter of AAOMS resident advocacy causes throughout his career.

Scholarship recipient Trevor Liljenquist, DDS, said he found the experience enlightening and empowering. "Hearing



*Sen. Kevin Cramer (R-N.D.), left, accepts the 2024 AAOMS Outstanding Legislator of the Year Award from AAOMS President Dr. Mark Egbert.*

*Dr. Dana C. Jackson Sr., chair of the OMSPAC Board of Directors, thanks everyone for attending Day on the Hill.*

from incredible political thinkers and engaging in discussions surrounding key legislative issues impacting oral and maxillofacial surgery provided invaluable insights into the intersection of healthcare and policy. It reinforced my commitment to advocating for our specialty and highlighted the importance of active engagement in the political sphere," he said.

Tyler Deitrick, DDS, another resident scholarship recipient, said he was grateful for the ability to connect with OMSs and residents from across the country and better understand how issues impact patients and patient care. "This opportunity taught me a lot about the process of policy reform and advocacy and that we do have a voice to make changes for the better," he said.



## Hearing first-hand from Congress

During the event, AAOMS President Mark A. Egbert, DDS, FACS, presented one of two 2024 AAOMS Outstanding Legislator of the Year Awards to Sen. Kevin Cramer (R-N.D.) for his leadership role in introducing the Dental and Optometric Care (DOC) Access Act in the Senate. The DOC

*continued on next page*



*Participants in the 23rd annual AAOMS Day on the Hill gather for breakfast before heading to Capitol Hill to cultivate relationships with key congressional contacts and advocate for the cosponsorship and support of the Association's 2024 federal legislative priorities.*

Access Act (S 1424/HR 1385) would prohibit ERISA plans from capping fees on services for which they do not cover. Cramer also has supported other Association priorities such as ELSA, antitrust reform and replacing the Medical Device Tax. Cramer thanked AAOMS for the recognition and lamented how it does not always appear that Congress works across the aisle even though it does so to try to accomplish important priorities.

The second winner of the Outstanding Legislator of the Year Award, Rep. Anna Eshoo (D-Calif.), was unable to attend.

Congressman Josh Gottheimer (D-N.J.), Co-Chair of the Problem Solvers Caucus and recipient of the 2022 AAOMS Outstanding Legislator of the Year Award, engaged in a Q&A session with Committee on Governmental Affairs Chair Erik D. Warren, DDS, MD. Gottheimer spoke about the role of the Problem Solvers Caucus in working to find bipartisan solutions to address issues ranging from tax reform to healthcare. Attendees also had the opportunity to hear and ask questions from AAOMS's Washington-based lobbyists from Polsinelli PC on AAOMS's legislative priority issues, including learning the best way to ask congressional offices for support on the specialty's issues.

Dr. Egbert told attendees that Day on the Hill ties directly to his presidential theme: Stronger Together. "Our combined voice holds the power to influence policy, as evidenced by past achievements like securing pay parity for OMSs in the military and repealing exemptions for health and dental insurers from the McCarran-Ferguson Act. Our advocacy efforts also recently prevented a major threat – a significant and poorly designed expansion of Medicare dental benefits. These victories didn't happen overnight but were the result of years of relationship-building and education, which often start at Day on the Hill.

"However, our work is not done," he said. "We need to keep showing up, building relationships with Congress members and their staff, to ensure the concerns of our patients and practices are not ignored. It's a continuous effort, but by staying engaged, we can protect our profession and advocate for its needs." ■



*U.S. Rep. Josh Gottheimer (D-N.J.), left, converses with AAOMS Committee on Governmental Affairs Chair Dr. Erik Warren during a Q&A session.*



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## MEET THE CANDIDATES



Robert S. Clark, DMD  
Candidate for  
President-Elect

*Dr. Clark is a private practitioner in a multi-doctor, multi-office oral and maxillofacial surgery practice in and around Lexington, Ky. He received his DMD from the University of Kentucky – graduating with high distinction. He received the Alpha Omega Award and was inducted into the Omicron Kappa Upsilon Honor Society. He completed his residency at UT Southwestern/Parkland Memorial Hospital.*

*An ABOMS Diplomate, he served on the ABOMS Oral Examination Committee for seven years. He has served in the AAOMS House of Delegates for over 25 years and has served on multiple House of Delegates and AAOMS committees.*

*He represented AAOMS on the ADA Code Maintenance Committee and Dental Quality Alliance. Dr. Clark served on the AAOMS Board of Trustees as District III Trustee for four years, served as Treasurer for AAOMS and the OMS Foundation for four years and is currently serving AAOMS as its Vice President.*

### STATEMENT

I appreciate the support you have shown me over the years, electing me as Treasurer and AAOMS Vice President. During my time as Vice President, I have had the privilege to serve as a liaison to several committees, including the Committee on Continuing Education and Professional Development, Committee on Education and Training and ROAAOMS. In addition, I have continued to work with the Board of Trustees and the officers of AAOMS to advance, promote and defend our specialty. I now ask for your support once again as I announce my candidacy for AAOMS President-Elect.

At the 2023 House of Delegates meeting in San Diego, Calif., I discussed what I called the “Five A’s of AAOMS.” Hopefully more of you will get the “Dodgeball” movie reference. My goals as an officer follow those Five A’s.

**Anesthesia** has been at the forefront of the BOT’s concerns throughout my tenure on the Board. We have long fought for our ability to provide safe, effective and affordable anesthesia care most of us deliver daily. We have been beset by opponents on both the medical and dental side. Over the past few years, we have enjoyed an excellent relationship with the American Society of Anesthesiologists (ASA) and have developed a good

working relationship with the American Society of Dentist Anesthesiologists (ASDA). The collaboration with the ASDA ultimately produced the ASDA/AAOMS model regulations that have now been endorsed by the American Academy of Periodontology (AAP).

We continue to engage with other dental specialties and groups as well as the ADA to speak with a unified voice on office-based anesthesia in dentistry. We were welcomed to the last ASA annual meeting and engaged with their officers and several committees. Dr. J. David Morrison also attended the Society for Ambulatory Anesthesia (SAMBA) meeting and developed contacts within that group. We will continue those relationships and work toward a greater acceptance of our anesthesia team model. FAIR Health has provided data that has been very useful in our advocacy efforts.

**Alliances** we have formed with the groups I have mentioned – such as the ASA, SAMBA, ASDA and AAP as well as our sister organizations ABOMS and the OMS Foundation in addition to our partnership with OMSNIC – will continue to be important and must be mutually beneficial. I look to improve our working relationships with the American Academy of Pediatric Dentistry (AAPD), Academy of General Dentistry (AGD), ADA and all other dental specialties. As Dr. Mark A. Egbert has said in his theme



for his presidential year, “We are stronger together.” We also need to continue to engage with our corporate partners to improve and strengthen our ties while giving our members access to the goods and services they need to advance their practices.

**Advocacy** has long been a strength of our organization, and the AAOMS team is the best in the business. I have seen firsthand the effectiveness of the tools and guidance our advocacy team provides. We must be eternally vigilant to defend any challenges to our practice model. We will continue to learn from the battles we wage and hone our tools to respond to all challenges. We must continue to engage at the national, state and local levels. I hope to improve attendance at the Day on the Hill, which is a wonderful event I wish many more OMSs would attend.

**Advanced education** provided by AAOMS will be a key component of my agenda. The Board is currently evaluating the AAOMS Annual Meeting and Dental Implant Conference. We continue to lag behind our pre-pandemic attendance and engagement. The Dental Implant Conference contract at the Sheraton Chicago Grand Riverwalk is up in 2026. How do we proceed? Should we stay in Chicago? Alternate with a warm weather site? Switch topics or add topics? Increase social opportunities and networking opportunities? How best can we serve our membership and give timely educational opportunities that are meaningful? I would love to hear your thoughts on these matters.

I also would like to re-engage Association members and their teams in proper coding. How many surgeons actually know how to code appropriately? Having served as an AAOMS representative on the ADA Code Maintenance Committee, which manages revisions to the CDT code set, I understand that coding is an important tool for appropriate reimbursement for the care we provide. We can all learn how to effectively code, or we will have the code set used against us. ICD-10 and CPT-4 are even more complex and fraught with pitfalls for the uninformed.

If you got the “Dodgeball” reference earlier, then you know my last A is **Anesthesia** once again. Anesthesia care is the beginning and the end of many activities of the BOT. We must continue to advance the training of ourselves and our teams via the DAANCE, mock drills and educational opportunities such as the Anesthesia Assistants Review Course, Anesthesia Assistants Skills Lab and simulation. We are taking the Office-Based Emergency Airway Management (OBEAM) module on the road to a location near you. We have had several successful

OBEAM offerings at state and regional society meetings with many more in the works. That work will continue as we head toward 2026 and the simulation mandate. We continue to work with our corporate partner Laerdal to provide options that will offer state-of-the-art simulation training to our members and their teams. No other group is doing what we are accomplishing with simulation; we need to continue to lead.

I appreciate the support you have given me in the past, and I respectfully ask for your support for my candidacy for AAOMS President-Elect. I hope to see you at a meeting soon, and I am always available if you would like to share your thoughts and concerns. ■



## MEET THE CANDIDATES



Charles A. Crago,  
DMD, MD, FACS  
Candidate for  
Vice President

*Dr. Crago is in private practice in Fargo, N.D., and is the managing partner of a seven-doctor, five-office oral and maxillofacial surgery practice that serves most of North Dakota. He received his DMD and MD from the University of Alabama at Birmingham, where he also completed residencies in oral pathology and oral and maxillofacial surgery. Prior to starting his private practice in North Dakota, he practiced privately in New Mexico and also held an academic appointment at the University of*

*New Mexico Health Sciences Center, primarily engaging in treating complex maxillofacial trauma while working with ENT and plastic surgery residents.*

*Dr. Crago has served as President of the New Mexico and North Dakota Societies of OMS, was President of the Southwest Society of Oral and Maxillofacial Surgeons and has been an ABOMS Diplomate since 1988.*

*He has served in the AAOMS House of Delegates for over 25 years, was District V Caucus Chair and has served on a variety of AAOMS committees. Dr. Crago is currently in his sixth year as District V Trustee.*

## STATEMENT

It is my honor to announce my candidacy for the office of Vice President of the American Association of Oral and Maxillofacial Surgeons. When I began practice nearly 40 years ago, I never would have dreamed I would be in this position. I have had extensive experience at all levels of our great specialty and am grateful for that privilege. I feel that being involved always benefits the individual commensurate with the effort expended and positively impacts one's professional and personal lives. Certainly, my personal and professional lives have been improved. I remain committed to AAOMS and promise I will be as well-informed as possible and represent you for the best of our Association.

We will always face challenges as a specialty, and anesthesia issues seem to be our version of the Hundred Years' War (i.e., we continue to win battles but there is no end in sight). It is our charge to be ever-vigilant and ready to aid state societies and individual OMSs in an efficient manner. The recent collaboration with the American Society of Dentist Anesthesiologists (ASDA) has allowed us to work together for the greater good of patient

care, and we must remain steadfast in preserving our practice models. I am firmly committed to preserving the office-based team anesthesia model that most of us employ.

I am proud to say that the joint AAOMS/ASDA/American Academy of Periodontology model regulations are available to all states and, when changes are necessary, it is my hope that the model regulations will be referenced and serve as a blueprint to those states. A long-term goal would be to have the ADA support these model regulations and utilize them moving forward when guidelines are reviewed and changes made in lieu of the American Academy of Pediatrics/American Academy of Pediatric Dentistry recommendations, and I believe that is attainable. In addition, while 36 states have at least one OMS on their dental board, there is only one state (North Dakota) that requires at least one OMS. I believe having an OMS on every state board is a worthy goal because of our anesthesia training and our unique positioning between dentistry and medicine.

Office-Based Emergency Airway Management (OBEAM) is the anesthesia simulation module our members can use to satisfy the simulation requirement that begins in 2026. OBEAM was offered at state and regional meetings in 2023 for the first



time. Less than 1,000 OMSs have taken the course to date, with that number expected to more than double in 2024. Thirteen state and regional societies, with the possibility of two more, are offering OBEAM this year. By current projections, we will fall far short of full participation by 2026 unless we can offer more or bigger courses. I will be fully attuned to this need. The training and utilization of anesthesia assistants is vital, and we must continue to not only offer educational opportunities but to advocate at the state level to ensure anesthesia assistant certification is more accessible.

We must strive to ensure academic positions are attractive to new graduates. Economic issues can be a roadblock to our young OMSs who are saddled with debt and perhaps cannot consider academics due to the disparities in remuneration between academics and private practice or DSOs. Faculty Educator Development Award (FEDA) grants offer some relief, but we must impress upon graduates the value an academic career can offer. One aspect of academic practice often overlooked is the retirement plan that is intrinsic to a career in academics. Your support of the OMS Foundation will allow new initiatives to be considered – including, for instance, a possible new FEDA grant perhaps offered to those in the twilight of their careers.

Although our financial standing remains strong, I am concerned with the declining attendance at our meetings. We must provide value with our offerings and at the same time emphasize the intangible benefits of attending meetings (e.g., networking, meeting someone you wouldn't know otherwise, gaining a different perspective on issues). We so often concentrate on the young folks, but I would like to connect with the 50-somethings who no longer attend our meetings, offer them incentives and make them feel integral to the success of our great specialty.

One of the ways we can offer opportunities to our members is to make more committee positions available. I am on the BOT Subcommittee on Committee Structures, and that is a primary issue for us. Instead of recycling individuals who are well-known, we must seek out those who would gladly serve but don't feel they are likely to be considered. In addition, we are reviewing the duties of the various committees to ensure no committee is overwhelmed or underutilized. Incidentally, if you are interested in a committee position or other volunteer opportunity, there is a Volunteer Application Form that can be found on the AAOMS website under the About AAOMS dropdown. I encourage you to consider placing your application if you are not currently engaged.

As an allied organization of ABOMS, OMSNIC and the OMS Foundation, it is critical we continue the close working relationships we have with these entities. It is important that we support each other.

I think every AAOMS Officer must have a mission. Mine will be advocacy, which in my mind is better described as participation. Of course, we have great participation if you look at the percentage of OMSs who pay dues to AAOMS. We are far ahead of the ADA, not to mention the AMA. However, I would like to see increased involvement in OMSPAC and the Foundation. I think a reasonable goal is to double the 17 percent OMSPAC participation and the 19 percent Foundation participation. How? It starts with 100 percent participation in the House of Delegates. It proceeds with each Delegate contacting 10 members/fellows who are not participating, and even more ambitiously asking the alternates to do the same. To accomplish that task would be difficult, but I have found having a definite goal can be very motivating. If we could double our participation, we would be elite compared to other healthcare associations.

Our advocacy at the state and federal levels must continue. Medicare coverage has been expanded to cover more medically necessary dental services. Increased and expanded facility fees for hospitals and ambulatory surgical centers (ASCs) for OMS and pediatric cases are in place because of advocacy efforts by AAOMS, the ADA and AAPD. It is vital that we encourage state Medicaid agencies to utilize the new fees. There also is a multi-specialty practice expense survey currently running that will provide updated OMS practice expense data to CMS. Contacted AAOMS members should participate as the information will affect reimbursement.

I humbly request your support for my candidacy. I am available at any time, whether I may be of assistance or if you have concerns to discuss. I look forward to seeing you at regional and national meetings and hearing your comments on how we may go forward together. Thanks to all for your support of AAOMS. ■



# OMSs bring unique perspective, influence to role

Serving in the ADA House of Delegates offers OMSs the chance to impact the OMS specialty and dentistry at large. ADA delegates vote on resolutions that can become the basis of federal and/or state regulation and affect advocacy.

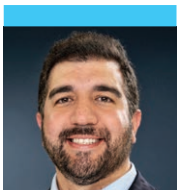
Once elected from the ADA's 53 constituent societies, five federal dental services and the American Student Dental Association, delegates attend the ADA House of Delegates meeting at SmileCon, the organization's annual meeting. To prepare, delegates must familiarize themselves with all pending resolutions and discuss them with their caucuses and reference committees.

Ten OMSs who volunteer as ADA delegates or alternates shared why they became involved and how others can, too.

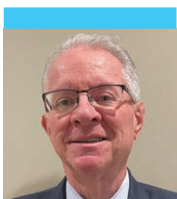
## Motivating factors

OMSs cited a variety of reasons for becoming ADA delegates. For many like Frederick A. Hartman, DMD, of Rhode Island, the decision involved getting "off the sidelines and into the game." Some OMSs are required as officers in their state dental societies to serve as ADA delegates. Other motivating factors for joining the ADA House of Delegates include:

*"I enjoyed the camaraderie with my fellow dentists. I also enjoy the national meetings because I get to meet like-minded professionals from other parts of the country."* – **Nazir H. Ahmad, DDS, North Carolina (Alternate)**



*"I wanted to be involved and knowledgeable at the national level and help make decisions that affect policy of the ADA, which ultimately affect our future dentists' ability to practice. It is also a chance to develop your leadership skills."* – **Guenter J. Jonke, DMD, MS, New York**



*"I became involved in organized dentistry 10 years ago as I went through the board and executive track for our Denver component and am now involved with our State Association as President-elect. It became very apparent that to get things done you can't only complain about what is wrong or right and needs to be changed, you need to be an active participant to effect change."* – **Kevin M. Patterson, DDS, MD, Colorado**



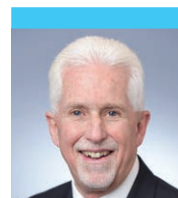
## Influence on OMS specialty

The ADA votes on and implements resolutions that impact modern dentistry and the OMS specialty. ADA discussions and resolutions that delegates said directly impacted OMSs include:

*"This year, there were resolutions that affected advocacy for important issues like Medicare billing, anesthesia and facility fee billing and dental licensure. In recent years, AAOMS has been actively advocating for our profession at the ADA with important issues like capnography for anesthesia and recognition of additional specialties of dentistry like dental anesthesia."* – **Vincent V. Benivegna, DDS, Michigan**



*"Some examples are the Medical Loss Ratio, the funding for oral health, Ensuring Lasting Smiles Act (ELSA) and strong advocacy for disabled general anesthesia in the hospital."* – **Gerald W. Bird, DDS, Florida**



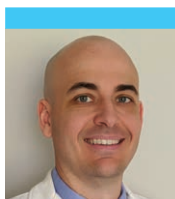
*"Just this year, I wrote a resolution to add PDMP [prescription drug monitoring program] connection modules for existing and new dental EMRs [electronic medical records]. This will not only help OMSs but all dentists who prescribe Schedule II drugs."* – **Dr. Patterson, Colorado**



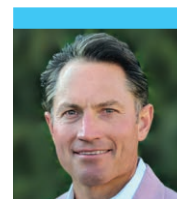
## as members of the ADA House of Delegates

*"When concerns about how we practice anesthesia arose, being a delegate allowed me to put our perspective into caucus meetings so that our dental colleagues understand how safe and effective our anesthesia model is.*

*Being a delegate also allowed us to fight for improved compensation for our federal dental services, which often lag behind the economy."* – **Christopher J. Smith, DDS, U.S. Air Force, Texas**



*"Our involvements with anesthesia, hospitals and medical coding probably differ greatly from our current ADA colleague dentists. Healthcare is evolving in the U.S., and the distinction between dental care and overall healthcare is shrinking."* – **Frederick A. Hartman, DMD, Rhode Island**

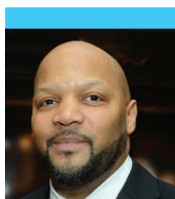


### Offering an OMS point of view

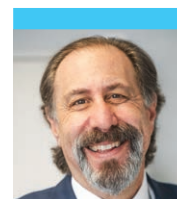
The ADA House of Delegates draws people from across the dental specialty, meaning OMSs must represent the specialty within the House. Reasons why OMSs offer a unique vantage point include:

*"OMSs have been fighting for scope of practice changes in New York against strong lobbies against that. We provide the perspective that our fight for full scope of practice changes in New York is normally a possible precursor to other fights around the country that could affect other specialties."*

– **Maurice L. Edwards, DMD, New York**



*"There are topics covered in discussions that OMSs have keen and specialized knowledge about. Whether it is Medicare, anesthesia, research or radiology, we have extensive knowledge in many areas that help our fellow dentists make educated and informed decisions."* – **Michael J. Safian, DDS, Connecticut**



### Suggestions for new ADA delegates

OMSs in the ADA House of Delegates recommend new alternates and delegates attend the OMS delegate meetings and get involved with other dentistry organizations. Other advice OMSs gave includes:

*"Networking is a necessary part of the duties of a delegate. Developing new relationships is not new to us. Continue this engagement with other delegates from other districts and components. It will serve you well."* – **Dr. Jonke, New York**

*continued on next page*



*Dr. Kevin Patterson, second from right, attends the ADA House of Delegates.*



*"Find a mentor within your state or district to guide you through the process. It all happens in the blink of an eye and if you don't understand the process, you can miss some important happenings, and like residency, you don't know what you don't know. That mentor can make or break your time as a delegate being a success or not."* –

**Dr. Safian, Connecticut**

*"Don't be afraid to jump into the discussions. Our backgrounds, knowledge and expertise are beyond compare. The ADA is a great organization, very welcoming and values our thoughts and opinions. The good that we can do as delegates for the OMS specialty and the dental community as a whole is immeasurable."* – **Dr. Smith, Texas**

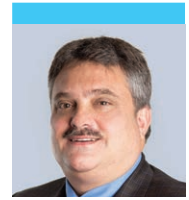
### Why become an ADA delegate?

OMSs who serve as delegates or alternates said they find the volunteer work fulfilling and vital for the specialty. When asked why they serve, OMSs responded:

*"An important reason [to get involved] is that state boards of dentistry often craft their dental rules and regulations in a way that mirrors ADA policy. ADA policy is crafted at the ADA House of Delegates, and if we want to have a seat at the table, we must be at the table. In addition to AAOMS, the ADA represents us federally, and we want to be part of that discussion and policymaking as well. The ADA must continually hear the OMS's perspective."* – **Dr. Benivegna, Michigan**

*"OMSs don't operate in a vacuum. A majority of the obstacles that confront dentistry will have an impact on how OMSs practice. It's important that OMSs serve in these positions so that we have not only a voice in a national dental organization, but also ears that can let our organization, AAOMS, become aware of possible conflicts that will affect our practice just as it might for all dentists."* – **Dr. Edwards, New York**

*"Participating as a leader is important to learn how the state dental associations and the ADA operate. There are many levels at which one can make a difference."* – **Daniel J. Gesek, DMD, Florida**

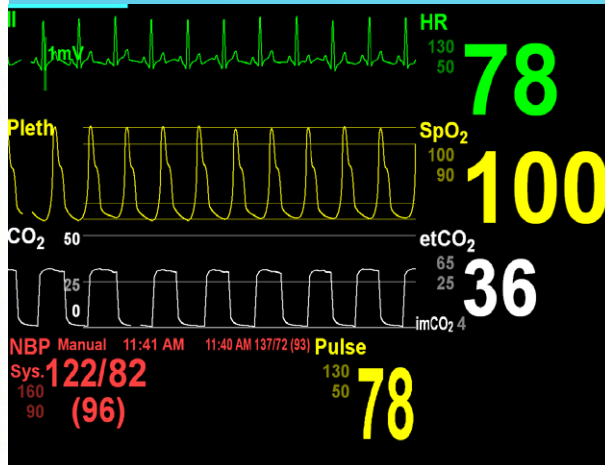


*"The success of oral and maxillofacial surgery is deeply intertwined with the success of our other dental colleagues and the ADA. We share many of the same challenges and use many of the same resources to improve our practices and help our patients. AAOMS members being engaged as policy unfolds and relationships are built keeps us not only in the discussion but shaping it."* – **Dr. Hartman, Rhode Island**

### Join OMS Liaison Committee

OMSs who serve as ADA delegates or alternate delegates are invited to participate on the AAOMS ADA OMS Liaison Committee. This committee meets to discuss issues before the ADA that affect the OMS specialty. If participating in the ADA House of Delegates in 2024, be sure to notify [governance@aaoms.org](mailto:governance@aaoms.org) to be added to communications in advance of this year's sessions.





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# Conference preps residents for next career phase



Jennifer M. Dolan, DDS,  
MD, MHSA, MPH  
2023-24 ROAAOMS  
President



**T**he Resident Transitions into Practice Conference: Preparing for Post-residency Life provided residents from 17 programs essential information for their move from residency to practice – whether they plan to pursue private practice, academics or are undecided. The two-day event offered residents a chance to engage and network with speakers, exhibitors and peers face-to-face.

Organized by the Resident Organization of AAOMS (ROAAOMS) Executive Committee, the conference covered topics that are critical for residents to know prior to graduation, such as financial tips for investments and managing student debt. OMS residents graduate with an average \$300,000 to \$350,000 in debt, so it is imperative we know how to manage this financial burden as we take this next step in our career path.

There are several other topics that are important for residents to explore, especially as we approach graduation. One of these topics is what type of practice model to pursue – solo private practice, larger group practice or academics. Several sessions at the conference allowed residents to hear first-hand from OMSs about their experiences in each of these practice models to help us determine what may be the best fit for us.

“I learned so much about various practice models at a point in residency that I’m still exploring what I’d like my post-residency practice to look like,” said Curtiz Herzog, DDS, MD, one of the 10 residents who received a travel scholarship from the OMS Foundation to attend the conference. “I left the program feeling inspired, knowing that no matter what path I choose, I can bring many things I learned into my future practice.”

While we train to become the best possible oral and maxillofacial surgeons in residency, we often don’t learn much about the business side of practice during our programs. Residents who wish to go into or join a private practice have a lot to learn about running a business, so sessions such as “Coding to Maximize Your Income” and “Strategies for Establishing a Successful Implant Practice” were must-attends. OMSNIC also

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



*The two-day Resident Transitions into Practice Conference: Preparing for Post-residency Life gave residents an opportunity to learn and network with speakers, exhibitors and peers.*



presented about the importance of insurance, yet another vital topic for OMSs that is seldom discussed during residency.

By offering this event to residents, AAOMS helps bridge the gap between residency and post-graduate practice. We walked away with insightful pearls, best practices and new connections that we will take with us throughout the upcoming years.

ROAAOMS thanks these supporters for their contributions to the conference: AAOMS, AAOMS Advantage Partners, Aspen Dental, Beacon Oral Specialists, Dental Care Alliance, KLS Martin Group, MAX Surgical Specialty Management, OMS Foundation, OMSNIC, OMS Partners, LLC, Specialty1 Partners, Treloar & Heisel and U.S. Oral Surgery Management.

Over 365 residents representing 78 training programs have participated since the inaugural Resident Transitions into Practice Conference in 2018. ■

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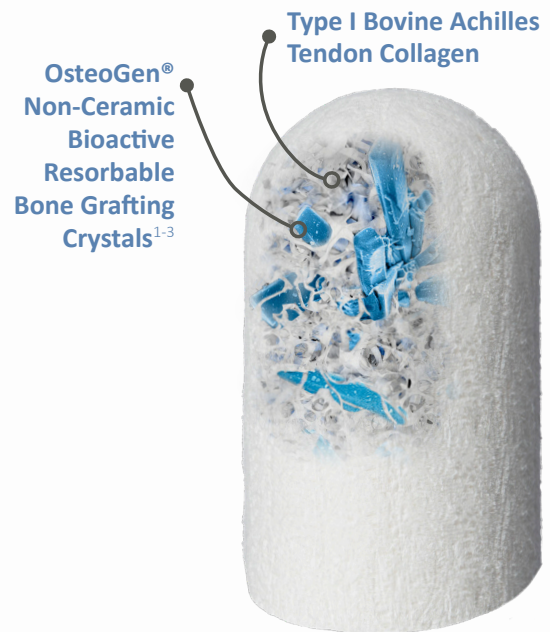
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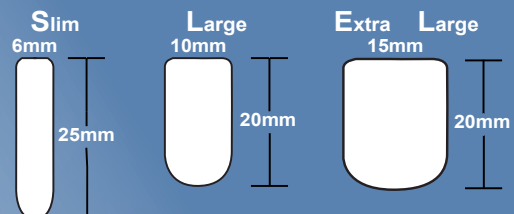
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James R. Hupp, DMD, MD, JD, MBA,  
FACS  
AAOMS Today Editor

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*“Business schools teach that organizations and businesses that aren’t open to undergoing regular changes are destined to stagnate and eventually die. This is true of any size organization, including ones the size of AAOMS and even small private OMS practices.”*

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

## FOR WHAT IT'S WORTH

### What we can learn from

**L**ike many OMSs, I was a science major in college, aspiring to be admitted to dental school. I'm not sure if at that time I thought there was any value in taking any more history classes than I was required to take in high school. So, I didn't sign up for any. Again, dental school (and later medical school) provided more science education, and that continued through my residencies. After training, I was oblivious to the value of learning more history during my early career. Plus, I was too busy trying to perfect my surgical skills while also teaching, doing research and helping to raise four kids.

It was only during law school that it was required that I learn more history – namely, the origins of laws and policies that help guide modern society. It was then that I realized learning history was not only expected of law students but actually was super interesting and fun. I began trying to use what little free time I had to begin to learn more about history, specifically the history of the United States.

Now that I no longer have daily career responsibilities, I have dived more deeply into American history. For the last six months, my reading has focused on the American Revolution and the brave individuals who helped win our independence and create our form of government through our Constitution. Those who participated in the writing of the document based much of the structure of government on the writings of ancient philosophers and political thinkers of the time. One such writer using those sources of inspiration was Thomas Jefferson, the third U.S. president and Founding Father who helped shape the American form of democracy.

So, where am I going with all of this?

A month ago, I was in Washington, D.C., and having visited all the many memorials, I went to the last one that I hadn't yet seen – the Jefferson Memorial. It is fairly impressive, although undergoing substantial reconstructive work. What caught my eye was a quote etched into the stone wall behind the bronze statue of Jefferson:

*“I am not an advocate for frequent changes in laws and Constitutions, but laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times. We might as well require a man to wear still the coat which fitted him when a boy as civilized society to remain ever under the regimen of their barbarous ancestors.”*





## a Founding Father's approach to change

This passage from Jefferson comes from an 1816 letter written to a younger colleague a few years after he left the presidency. Jefferson was counseling against unthinking reverence to institutions, such as the U.S. Constitution, and treating them like the Ark of the Covenant. He instead recommends individuals and institutions welcome change as civilization and societal mores evolve.

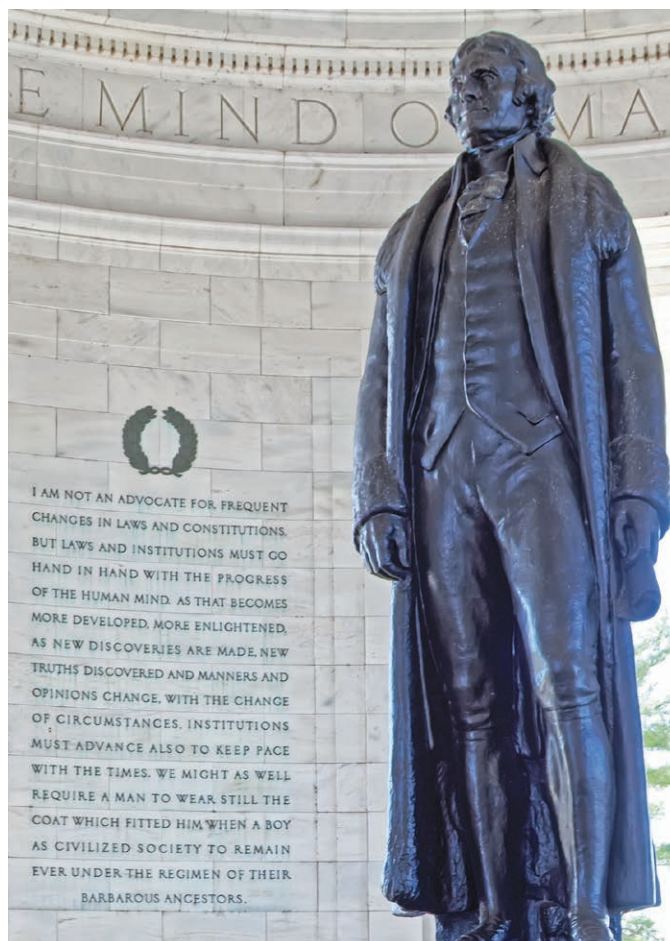
Please don't worry that I am now diving into a discussion of how the words of the Constitution should be interpreted. As much as I'd love to do that, this is not the proper forum. Instead, I see Jefferson's words as a call to consider "change" in a positive light and an opportunity to perhaps reconsider strongly held beliefs and practices of the past.

### Room for improvement

Business schools teach that organizations and businesses that aren't open to undergoing regular changes are destined to stagnate and eventually die. This is true of any size organization, including ones the size of AAOMS and even small private OMS practices.

What might be the impetus to change anything? Let's consider oral and maxillofacial surgeons for which there are a number of "customers for changes" (by customers for changes, I mean individuals and groups who are less than 100 percent satisfied with an organization or business that seeks to serve their needs). For AAOMS, those customers include society in general, as well as government and regulatory entities, Association members, those employed by the Association, vendors seeking help to market their wares, academic OMSs, allied organizations and others. While for OMS practices, the primary customers are perhaps more obvious: patients and their referring doctors.

However, for private practices, customers also include office staff and team members, junior associates and potential patients. For academic OMS departments, customers include administrative and clinical team members, trainees, deans and hospital leaders, research funding agencies, other academic departments, junior faculty and program alumni as well as patients and referring doctors. Granted, we all try to do our best to serve our customers, but do any of us think we have no room for improvement? Do we regularly reexamine how well we serve our customers?



In my next installment, I hope to explore the value of change in various types of organizations related to our specialty. This exploration will be followed by suggestions on determining what might need to change, how to plan change and how an organization might best implement change, including the associated opportunities and challenges.

Granted, entire books are available addressing institutional change. But don't worry, I am neither talented enough nor provided enough space to go to such lengths. Rather, I seek to focus on change as it specifically applies to our specialty. While I doubt there are many or any surgeons who are so threatened by change that they resist it at all costs, I do believe there may be missed opportunities to identify the need for certain changes, potentially leading to less-than-optimal service to our full array of customers. ■

A celebratory graphic for the 5, 10, and 20th anniversaries of AAOMS. It features the numbers 5, 10, and 20 in a large, bold, gold font, stacked vertically. The numbers are surrounded by gold streamers and confetti. A gold ribbon banner is positioned below the numbers.

5  
10  
20

***Congratulations!***

**In 2024, 551 AAOMS fellows and members are  
reaching milestone anniversaries...**

**143 – Celebrating 20 years**

**197 – Celebrating 10 years**

**211 – Celebrating 5 years**

*View the full list at [AAOMS.org/Anniversaries](https://AAOMS.org/Anniversaries)*

A close-up photograph of medical supplies, including a syringe with a green plunger and orange barrel, and several white, round, scored tablets.

## Complimentary MATE Act courses available

AAOMS has identified courses targeted toward the eight hours required for DEA-registered clinicians in accordance with the Medication Access and Training Expansion (MATE) Act.

To support the membership, these on-demand offerings have been made available at no cost for AAOMS members.

Courses include:

- Substance Use Disorders and Anesthesia Management (CDE/CME – 1.5 )
- Dentoalveolar Plenary: Postoperative Pain Control (CDE/CME – 2.0)
- Safety and Dignity Front and Center: The Opioid Epidemic in the Time of COVID-19 (CDE/CME – 1.5)
- The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction (CDE/CME – 1.0)
- The Heroin Epidemic: Prescription Drug Abuse and Your OMS Practice (CDE/CME – 1.0)
- IV Sedation of the Substance Abuse Patient (CDE/CME – 1.0)

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# AAOMS Academicians the OMS Foundation

*"It feels great to be part of a greater collective mission"*



"Research is the backbone of our specialty, and the Foundation's investments in clinically relevant research – think opiates and anesthesia models – benefit every AAOMS member. We stand on the shoulders of past icons whose research has given us validity and purpose, and I am proud to do my part to strengthen our specialty as an academician, a researcher and a donor to the Foundation."

– *Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS*  
*University of Washington*

2024  
Bronze Donor



"The future of oral and maxillofacial surgery relies heavily on our support of the academic OMSs who conduct a majority of the needed research and educate the specialty based on those research findings. As a beneficiary of Foundation funding, it simply makes sense to me to help sustain our specialty's legacy of sound translational and clinical research as a donor."

– *Gary F. Bouloux, DDS, MD, FRACS, FRCS, MDSc, FACS*  
*Emory University*

2024  
Bronze Donor



"The OMS Foundation's support of cutting-edge research is crucial to our ability to offer innovative, scientifically proven solutions to our patients. More broadly, our specialty's advancements also are expanding scientific knowledge in medicine and surgery. It feels great to be part of a greater collective mission."

– *Sharon Aronovich, DMD, FRCD(C), FACS*  
*University of Michigan*

2024  
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[OMSFoundation.org/Donate](https://OMSFoundation.org/Donate)





Brett L. Ferguson, DDS, FACS  
*OMS Foundation Chair*

## Contributions support a common mission

Our AAOMS community has no shortage of unsung heroes – colleagues who, with little fanfare, are making significant contributions to our specialty’s knowledge bank and helping to prepare the next generation of OMSs for the challenges of practice and research in the 21st century.

In the spirit of recognizing those whose efforts elevate all of us, let me introduce Sharon (Ron) Aronovich, DMD, FRCD(C), FACS, an academician whose research is helping to inform and validate our specialty’s evolving model for anesthesia emergency simulation training. It is difficult to overemphasize the importance of this work, and the Foundation is proud to support it.

Trained in the United States and Canada, Dr. Aronovich is the TMJ Surgery Fellowship Director at the University of Michigan and was the Associate Program Director of its OMS residency program from 2011 to 2023.

His experience as a Foundation grantee inspired him in 2023 to commit to an annual OMSFIRE gift – a way to give back to the specialty that has given him so much. When asked about the OMS Foundation’s impact on his career, his response left me proud to be the Chair of this great organization, and I felt compelled to share it:

“The opportunity to pursue my scientific curiosity with support and mentorship from some of our profession’s top academic surgeons at the University of Michigan has been a dream come true for me. My earliest mentors modeled great depth of knowledge and creative problem-solving as they cared for patients with complex maxillofacial conditions, opening the door for me to a challenging and rewarding career. In the process, my eyes were opened to the gaps in our knowledge of how to treat these complex cases,

and I came to understand how research can have a global impact on clinical practice. When I was asked to support the Foundation’s mission as an OMSFIRE donor, I immediately said yes.

“The OMS Foundation gave me and my team a shot at high-impact research, funding the development of a standardized anesthesia simulation training curriculum that integrates evidenced-based management of anesthetic emergencies with hands-on, in situ exercises on a high-fidelity manikin. The evolution from an informal course developed for resident training in our simulation center to a highly standardized and methodologically sound curriculum for trainees and private practitioners takes time, effort and creativity. The OMS Foundation grant enabled me to dedicate the necessary time and collaborate with experts in validation science and anesthesia simulation while working with a supportive team to provide our profession with a valuable educational tool.

“The significance of the Foundation’s role in advancing oral and maxillofacial surgery – and helping to advance the surgical sciences at large – cannot be overstated. Our future and the future of the patients who count on us to deliver care at the highest level depends on it. Contributing to the Foundation brings us together in support of a common mission, offering meaning and fulfillment that we can all feel good about.”

– Dr. Aronovich

I couldn’t have said it better myself, and I hope that you’ll be inspired to make a gift before June 30 to help the Foundation meet U.S. Oral Surgery Management’s \$35,000 gift-match challenge. ■



# Congress eases Medicare cuts as states revamp

Amid federal funding negotiations, Congress and state legislatures propel healthcare agendas forward, impacting Medicare cuts, dental health insurance and regulatory reforms on both national and state levels.

## Federal level

Congress finalized fiscal year 2024 funding in March before moving onto the fiscal year 2025 funding process. Congressional leaders are still hoping to pass several healthcare priorities this year such as price transparency, drug shortages and reauthorizing the expired pandemic and emergency preparedness law. However, passing these priorities will become increasingly challenging as the November elections get closer.

Congress has, however, taken recent action on the following issues of relevancy to the specialty:

- **Reversing Medicare cut** – Congress passed, and President Biden signed into law, legislation to fund six federal agencies that were set to lose fiscal year 2024 funding on March 8. The legislation included a partial reversal of the calendar year 2024 reimbursement cut that Medicare providers began incurring on Jan. 1. More specifically, the bill lowered the pay cut from 3.37 percent to 1.68 percent for March 9 through the remainder of the year. The spending package also increased funding for community health centers, extended funding through Dec. 31 for primary medicine and dental workforce programs as well as expanded access to substance misuse treatment.
- **Action for Dental Health Act** – The House on March 7 passed the Action for Dental Health Act of 2023 (HR 3843) by a 391-32 vote. This AAOMS-supported

legislation was introduced by Reps. Robin Kelly (D-III.) and Mike Simpson, DDS (R-Idaho). The bill would reauthorize funding through fiscal year 2028 for the Health Resources and Services Administration oral health workforce grant program, which provides grants to states to support workforce activities in areas that face a shortage of dental health providers. A companion bill was introduced in the Senate last year by Sens. Cory Booker (D-N.J.), Ted Budd (R-N.C.) and Mazie Hirono (D-Hawaii).

The Association also has commented either individually or as part of coalitions on several other issues. Those and other letters are available for viewing on [AAOMS.org](https://AAOMS.org).

## State level

AAOMS is monitoring hundreds of bills being introduced in state legislatures across the country that could impact the specialty. Of note, dental insurance reform legislation remains popular this year, with several state dental associations leading the charge on topics such as dental loss ratios, assignment of benefits and network leasing arrangements.

Key issues in select states include:

■ **Ohio** – After several years of development and negotiation, the Ohio State Dental Board issued final regulations amending the state's anesthesia and sedation provisions. The updated Ohio rules package outlines specific requirements for sedating patients under 8 years old. Notably, the regulations mandate that the general anesthesia provider, who also performs the procedure in such cases, must demonstrate a minimum of 20 cases per year or an aggregate of at least 40 cases over a two-year period in children under 8 years old. These new regulations went into effect in April.



## anesthesia provisions and dental loss ratios



■ **Utah** – The state finalized a revision to its anesthesia provisions with a goal of reducing regulatory burdens for dentists performing sedation procedures. The regulation seeks to reduce the requirements for moderate sedation by limiting requirements for monitoring patient oxygenation to the use of an oximeter and requiring only one individual to be in the operatory that is ACLS (or PALS) certified instead of two. For deep sedation or general anesthesia, the state requires only one individual to be in the operatory that is ACLS (or PALS) certified instead of two.

■ **Washington** – The state finalized a package of regulations updating the state's anesthesia provisions, including a new pediatric endorsement that takes effect Jan. 1, 2025, with pediatric defined as 12 and younger. The revised language also addresses specific drugs to be present in each required drug class, specifies CE anesthesia topics required based on the level of sedation permit held by the provider and clarifies the onsite inspection process, noting that the Washington

Society of Oral and Maxillofacial Surgeons is an approved onsite inspector for the state.

■ **Dental loss ratio** – The National Council of Insurance Legislators (NCOIL) approved a model bill on dental loss ratios (DLRs). The model bill does not establish a specific DLR requirement but rather mandates dental insurers report their DLR to their state departments of insurance. The measure also grants individual state departments of insurance the authority to address outliers through remedial measures. This decision follows an agreement between the ADA and the National Association of Dental Plans. Similarly, Virginia passed SB 257, aligning with the NCOIL model by mandating only DLR reporting to increase transparency.

■ **Licensure compact** – Virginia (HB 225/SB 22) and Wisconsin (SB 692) recently joined the Council on State Governments' (CSG) Dentist and Dental Hygienist Compact, becoming the fourth and fifth states to do so while Kansas (HB 2453) awaits the Governor's signature to become the sixth. The Compact allows dentists and dental hygienists who are licensed in a participating state to practice in other participating states through a compact privilege. A total of seven states are required to adopt the compact for it to take effect.

Visit [AAOMS.org/TrackingMap](https://AAOMS.org/TrackingMap) for a full list of legislation being followed by the Association. Stay connected with your state OMS society and dental association for any developments. ■





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## HEALTH IT BYTES



■ **Class-action lawsuit** – A class-action lawsuit filed on Feb. 16 in the U.S. District Court for the Northern District of Illinois alleges Aspen Dental violated the Electronic Communications Privacy Act. The plaintiffs in the suit claim Aspen Dental installed tracking software on its website and shared private healthcare data with third parties, including Facebook, Google, Bing and Salesforce. The lawsuit follows related action and concern with similar tracking activities on websites of hospitals in the United States.

■ **Executive order** – President Joe Biden signed an executive order (EO 14117) to safeguard sensitive information including genomic, biometric, personal health and financial data from being sold to “countries of concern.” The order tasks the U.S. Justice Department to regulate data transfers and enhance protection of government-related data.

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From left: Jacob Mendenhall, DDS, FACS; Peter Carlson, DDS; Alan Miyake, DDS, MD; Andrew McGarry, DDS (not pictured: Bryce Lamer, DDS)

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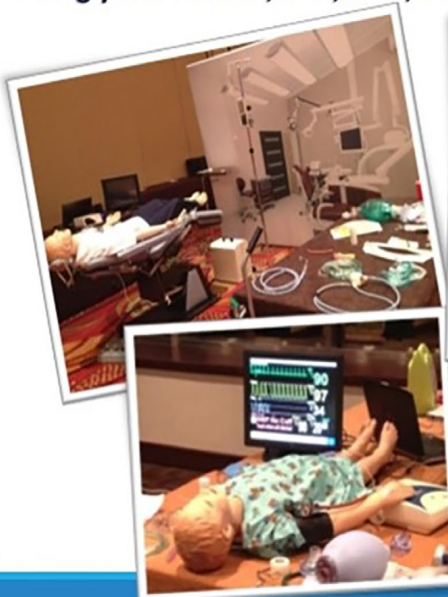


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## How to prevent miscommunication with patients

**H**ave you ever had a conversation with someone, only to later find they have a quite different memory of the conversation than you? The same thing can happen with patients who don't follow your instructions because they misremember or misheard what you originally said.

Dr. Michael Rothkopf, co-founder and CEO of AAOMS Advantage Partner MedXCom, explains why these differences in memory happen, what can be done to prevent these situations and how to protect OMS practices if they do occur. He also offers relevant considerations when contemplating using electronic communications with patients.

### **Q Is it true that people remember things differently, or are they just not paying attention?**

**A** It is totally true; we remember things in different ways. Over time, the very act of re-remembering something solidifies that new memory as fact. Those facts can be altered each time we remember them. Do you recall the telephone game we used to play as children? A 2012 study from Northwestern University found memory works in the same way. The study showed every time you remember an event from the past, your brain networks change in ways that can alter the later recall of the event. The next time you remember it, you might recall not the original event but what you remembered the previous time.

### **Q When I am trying to remember something, I might be changing the original memory into a new one?**

**A** Exactly. An interesting article in *Psychology Today* pointed out how as the years go by, memories from your past become more and more integrated into your sense of self and become part of the retelling of your life story – the way you want to remember it.

### **Q How can we try to be sure a patient's memory is consistent with what we are saying?**

**A** Ensuring patients are engaged in their treatment is critical. Really listen, so they will really listen to you. Maintain eye contact, nod and provide verbal cues such as "I understand" or "Tell me more." Active listening not only encourages patients to communicate but also helps you grasp if they are following what you are saying. Listen carefully to their concerns and address any misconceptions. Document everything! As the saying goes, "If it isn't documented, it didn't happen."

### **Q It is relatively easy to document when the patient is in the office, but what about after hours when the patient is in pain or distress and might not be clearly focusing on what you are saying?**

**A** That's when you need to make sure your incoming and outgoing calls are being recorded, and those recordings are captured in a way that is HIPAA-compliant and easily accessible for many years to come. If someone decides to sue you down the road, you then will have a recording of your conversation available for your defense.

### **Q What considerations should a practice keep in mind when contemplating the use of electronic communications with patients?**

**A** Healthcare providers and health plans using electronic communications technologies – Voice over Internet Protocol (VoIP) and mobile technologies that use electronic media such as the internet, intra- and extranets, cellular and Wi-Fi – to transmit electronic protected health information (ePHI) need to ensure compliance with the HIPAA Privacy Rule and apply HIPAA Security Rule safeguards to those technologies.

When using such technologies, potential risks and vulnerabilities to the confidentiality, integrity and availability of ePHI need to be identified, assessed and addressed as part of the practice's risk analysis and risk management process – required under the HIPAA Security Rule. Considerations also should include whether:

- There is a risk the transmission could be intercepted by an unauthorized third party.
- The remote communication technology (e.g., mobile device, app) supports encrypted transmissions.
- There is a risk ePHI created or stored as a result of a telehealth session (e.g., session recordings or transcripts) could be accessed by an unauthorized third party.
- Encryption is available to secure recordings or transcripts of created or stored telehealth sessions.
- Authentication is required to access the device or app where telehealth session ePHI may be stored.
- The device or app automatically terminates the session or locks after a period of inactivity.

For guidance and resources related to the HIPAA Security Rule, visit [HHS.gov/hipaa/for-professionals/security/guidance](https://www.hhs.gov/hipaa/for-professionals/security/guidance). ■

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# Strategies for addressing teen overdose trends

Information for this article was provided by NIDAMED.

NIDAMED is an outreach initiative from the National Institute on Drug Abuse (NIDA). NIDAMED's mission is to develop science-based resources for health professionals and those in training about screening, addressing and treating addiction.

Part 1 of 2: This article discusses how implementing pain management guidelines can help stem the rising number of teen opioid overdose deaths in the United States. Part 2 will explore how screening for substance use can improve patient care.

In 2021, the United States reached an unthinkable milestone: The drug overdose crisis claimed more than 100,000 lives, the highest number of drug overdose deaths in U.S. history. Recent data also suggest that beginning in 2020, there has been a greater relative increase in overdose mortality in adolescents than in the overall population, attributable in large part to illicitly manufactured fentanyl.<sup>1</sup> Fifty to 100 times more potent than morphine,<sup>2</sup> fentanyl was identified as being involved in approximately 77 percent of adolescent overdose deaths in 2021.<sup>1</sup>

Some people with addiction to opioids use fentanyl intentionally, but many others are exposed to it without their knowledge when using other drugs. Fentanyl is being used to make counterfeit pills that resemble prescription opioids, benzodiazepines and other medications.<sup>1</sup> Because fentanyl is colorless and odorless, and counterfeits often look indistinguishable from real pharmaceuticals, adolescents seeking pills are not likely to recognize that what they are taking could contain a drug that can cause an overdose even in small amounts.

This uncertain landscape is rapidly changing, but oral health and substance use have long been closely connected, and oral and maxillofacial surgeons have unique opportunities to help patients avoid using opioids in the first place.

Patients with substance use disorders often experience direct physical effects on their oral health related to the substances they use. For example, alcohol consumption increases risk of cancers of the oral cavity,<sup>3</sup> and long-term tobacco smoking can cause decreased salivary flow, xerostomia and other oral health issues.<sup>4</sup> Further, people with substance use disorders have an increased chance of

poor dental health outcomes related both to challenges with diet and oral hygiene.<sup>5</sup>

## Pain management discussions

AAOMS stresses that practitioners should have the judgment to individualize pain management with a "careful assessment of the level of risk to – and condition of – the patient."<sup>6</sup> The Association recommends OMSs use non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen (if NSAIDs are contraindicated) as the first-line treatment for oral pain and avoid starting treatment with long-acting or extended-release opioid analgesics.<sup>6</sup> Other options to limit postoperative discomfort include a perioperative corticosteroid (dexamethasone), which may limit swelling

after third-molar extractions, or a long-acting local anesthetic (e.g., bupivacaine, etidocaine, liposomal bupivacaine), which may delay the onset and severity of pain after oral surgery.<sup>6</sup>

When discussing pain management with patients, explain the research on opioids and over-the-counter (OTC) pain medications. Let the patient know research shows that NSAIDs and acetaminophen provide maximum pain relief when compared with other medications and that AAOMS and the ADA recommend the use of non-opioid medications over opioids.<sup>7</sup>

For patients who currently use or have used substances, provide compassionate pain management. Stress, anxiety and pain itself may be triggers that can lead to increased substance use or a return to it. Help patients manage these feelings by explaining how you will help them address their pain without increasing risks related to substance use. Reiterate that OTC medications taken as directed are effective, and non-opioid treatment options that offer comparable analgesic effects are available (e.g., NSAIDs and acetaminophen taken simultaneously).<sup>6</sup>

Also, stay up-to-date on news and training opportunities. Guidance, training and resources are available through:

- **AAOMS** – Members receive complimentary access to eight hours of coursework on management of patients with substance use disorders to help satisfy requirements of the Medication Access and Training

*continued on next page*





Expansion (MATE) Act, which went into effect in 2023. Visit [CEonline.AAOMS.org/MATEact](https://ceonline.aaoms.org/MATEact).

- **ADA** – Guidelines and continuing education on opioid use disorder and other substance use disorders are available at [ADA.org/advocacy/opioid-crisis](https://ada.org/advocacy/opioid-crisis).
- **CDC** – Resources for clinicians prescribing opioids for pain are offered at [CDC.gov/opioids/healthcare-professionals/prescribing/guideline](https://cdc.gov/opioids/healthcare-professionals/prescribing/guideline).
- **NIDAMED** – Resources on screening, addressing and treating addiction are provided at [NIDA.NIH.gov/NIDAMED-medical-health-professionals](https://nida.nih.gov/NIDAMED-medical-health-professionals).

If prescribing opioids is necessary:

- Check your state's prescription drug monitoring program (PDMP). The PDMP is useful for understanding a patient's history with prescription opioids to help prevent overdose. Find out more at [CDC.gov/opioids/healthcare-professionals](https://cdc.gov/opioids/healthcare-professionals).
- Counsel that patients should let you know if they are experiencing pain after their prescription is finished. Explain that they should only take prescribed medications as directed, including avoiding non-prescribed opioids to cope with long-term pain or other issues.
- Provide guidance to patients on proper disposal of unused medications to avoid drug diversion. Visit the FDA's page for resources to share with patients on this topic at [FDA.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines](https://fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines).

For additional considerations and recommendations for the management of acute and postoperative pain, read AAOMS's "Opioid Prescribing: Acute and Postoperative Pain Management" white paper.

OMSs can contribute to reversing the trend of overdose mortality among adolescents by using alternative methods for pain management. A substantial number of adolescents are exposed to opioids through prescriptions from dental clinicians, and a portion of them (6.8 percent) go on to persistently use opioids.<sup>8</sup> OMSs have key opportunities to keep opioid-naïve patients from starting opioids to manage their pain, educate them about taking medications as directed and prevent opioid misuse and opioid use disorder. ■

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This is number 197 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at [AAOMS.org](https://aaoms.org).

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# Common mistakes: Navigating the complexities

Improper coding can lead to missed reimbursement opportunities and, in more severe cases, result in payer audits, fines or penalties if fraudulent or inappropriate billing practices are detected. By correcting such coding errors, healthcare providers can prevent claim denials and ensure appropriate reimbursement.

Additionally, preventing such mistakes reduces the risk of scrutiny from payers. To ensure practice compliance, OMSs must prioritize accurate and ethical billing, adhere to guidelines and avoid any practices that may be construed as inappropriate.

The following are common challenges in OMS medical and dental coding:

■ **Unbundling** refers to reporting two procedures that can be described by a single comprehensive code during the same encounter, either due to a misunderstanding of the intent of the codes and/or coding edits or intentionally in an effort to increase payment. Checking National Correct Coding Initiative (NCCI) edits and reading code descriptors are crucial when reporting multiple CPT\* codes. NCCI edits identify code pairs that, when billed together, may represent an unbundling of services that may be billable with one code.

*Example: When performing an arthroplasty (21240), condylectomy (21050) and meniscectomy (21060) during the same surgical session, coders sometimes report each individual code to account for all three services. Reporting two or all three of these codes together may be considered unbundling since the code descriptors for both 21050 and 21060 include “separate procedure,” which indicates these codes may be carried out as a part of a larger, more global service. CPT codes designated as a “separate procedure” are considered incidental and bundled with any related comprehensive/major procedure when performed during the same session, through the same incision and/or at the same anatomic site. A separate procedure may be reported only if:*

1. It is the only procedure performed, or
2. It is unrelated to or distinct from other procedures performed during the same operative session.



*If deemed appropriate, modifiers are available to allow specific code pairs to override a NCCI edit and report the service separately if the parameters above are followed.*

■ **Appending inappropriate modifiers** may lead to claim denials, delayed payments and may result in an inaccurate representation of the services provided. Modifier usage in medical coding is essential for accurately reflecting the specific circumstances of a medical service or procedure. Modifiers are alphanumeric codes that provide additional information to explain variations or special circumstances that may affect the way a service is reported. Using modifiers can help distinguish between similar procedures, indicate multiple procedures performed during the same session and/or identify unique situations that affect coding and payer adjudication.

*Example: When reporting CPT codes 21470 and 21453 for a bilateral fracture when only one set of arch bars is applied, appending modifier –52 (Reduced Services) to CPT code 21453 may be required, given that both codes include internal and/or interdental fixation in their code descriptors. In addition, CPT code 21470 is a more extensive procedure that may include the services described by 21453; therefore, a NCCI edit prevents the two codes from being reported together. In this case, a modifier would be required to indicate to the payer these services were two separately identifiable, distinct and medically necessary procedures.*





## of billing and coding for an OMS practice

*When reporting these two codes during the same encounter, appending modifier –59 (Distinct Procedural Service) to CPT code 21453 may be necessary to bypass the NCCI edit and allow both services to be considered for payment, providing the documentation is supported by medical necessity. In cases where both modifiers are reported, modifier –59 should be appended in the first position so as to potentially override or bypass the NCCI edit and allow for claims adjudication. Modifier –52 would be appended second to indicate interdental fixation was only performed once.*

■ **Upcoding** refers to the practice of assigning a diagnostic or procedural code that reflects a more severe or complex condition or service than what was actually performed or documented. Upcoding may be considered a violation of the False Claims Act and lead to exclusions from federal healthcare programs and increase the potential for commercial plan audits. It is important for healthcare providers to accurately document and code for the services they provide to ensure proper billing and reimbursement.

*Example: When selecting dental extraction codes, it is important to read the code nomenclature and descriptor carefully. Each CDT<sup>^</sup> extraction code provides a description of the technique used to remove the tooth. Reporting D7210 instead of D7140 may be considered upcoding if documentation does not mention removal of bone and/or sectioning of the tooth. Keep in mind that not all tooth extractions should be considered surgical. Code selection should be based on the clinical discretion and professional judgment of the provider as well as capturing the services rendered to the patient as accurately as possible.*

■ **Improper crosswalking** in medical/dental coding refers to the incorrect or inappropriate translation of codes between different coding systems. This error occurs when procedure codes are translated or crosswalked between coding systems in a way that does not accurately reflect the equivalent procedure or service. “Crosswalking” is the mapping of equivalent information across two or more distinct data sets. Oral and maxillofacial surgery is unique in that OMSs routinely provide services that are both dental and medical in nature. However, there is not always an appropriate crosswalk between CDT and CPT coding. This makes coding when working with two different code sets especially challenging.

From a coding perspective, if an equivalency (or crosswalk) does not exist, it may be more appropriate to report

the CDT code to the medical carrier. Furthermore, code selection should be based on the clinical discretion of the OMS in conjunction with fulfilling the parameters set in the nomenclature and/or code descriptor, rather than by the patient’s coverage (or lack of) for a given procedure.

*Example: When reporting bone grafts, it is not appropriate to crosswalk CDT code D7950 (which describes ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge) or D7953 (for ridge preservation) to CPT codes 21210 and 21215. These codes are commonly performed in concert with autogenous bone harvest from the anterior or posterior iliac crest and should not be utilized to report socket preservation or simple bone grafts, as these procedures are based on the intensity of the procedure and degree of reconstruction and are more extensive in nature. In such cases, the CDT code itself would be more appropriate to report to both dental and medical carriers. Additionally, CPT codes 21210 and 21215 would be more appropriate crosswalks for CDT D7955, as these codes would be reported for instances involving reconstruction of the jaws due to trauma or surgical correction of the congenital defects rather than in the case of prosthetic restoration. ■*

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# AI applications and emerging trends in healthcare

Artificial intelligence (AI) enables computers or computer-controlled programs to perform tasks typically associated with human intelligence. These tasks often require learning, reasoning, problem-solving and language comprehension. In other words, AI is a technology that equips machines with the ability to learn from experience, adapt to new inputs and carry out tasks in a manner similar to humans.

AI systems are designed to mimic human cognitive functions and can vary from basic, rule-based algorithms to advanced neural networks that evolve and adapt over time.

An algorithmic process is a systematic method or set of rules used in calculations or problem-solving operations, often in computing. Algorithms process data, perform calculations and enable automated reasoning tasks. For instance, a search engine's algorithm sifts through millions of web pages, identifying the most relevant ones based on entered keywords. The "intelligence" of AI comes from its ability to learn from data and improve over time, while the efficiency stems from the systematic approach of algorithmic processes.

As technology continues to evolve, there is potential for insurance payers to utilize AI and algorithmic processes in various areas. AI could potentially be used in claims review and adjudication as well as the streamlining of utilization management processes, such as prior authorization and the analysis of claims data to identify billing patterns and cost trends.

## Claims processing and adjudication

AI algorithms are capable of handling large volumes of claims data and analyzing them for accuracy and completeness. These systems are generally designed to extract relevant information from claim forms and supporting documents. Relevant information can include patient information, treatment details, billing codes and dates of service. AI-driven technologies such as optical character recognition and natural language processing (NLP) may be used, allowing the system to "read" and "understand" the information from a variety of document formats.

AI systems also can be trained to identify discrepancies in healthcare claims. For example, a claim may be flagged if the treatment codes listed do not match the diagnosis, or if there are unusual billing patterns that deviate from the norm. Payers also may use AI to assist in categorizing claims for processing, such as distinguishing between claims that are suitable for auto-adjudication and those requiring consultant review.

## Prior authorization

Prior authorization is a utilization management process in which insurance providers validate whether a certain service or procedure is covered under a patient's policy. This process, often required by some payers for specific types of procedures, aims to ensure the proposed treatment is medically necessary and falls within the scope of the patient's insurance coverage.

Insurance carriers may use AI systems as a tool to automate aspects of the prior authorization process, such as the review of straightforward treatment requests.

Additionally, AI can be trained to review clinical documentation against predefined criteria like medical necessity guidelines, payer policies and regulatory standards. AI utilizes techniques such as NLP and machine learning to analyze clinical documents and determine if the procedure or service aligns with the specified criteria.





## claims processing

### Fraud and abuse detection

AI also may be used by insurance carriers to identify and analyze billing and cost patterns, flagging anomalies that could suggest fraudulent billing and coding practices, such as upcoding or unbundling.

Upcoding involves charging for a higher level of service than what was actually performed. Unbundling is the practice of separately billing for individual components of a procedure that are typically combined under a single comprehensive code, potentially leading to a higher overall charge. Should an AI algorithm identify a specific provider consistently billing for procedures more complex or extensive than those of their peers in similar cases, or frequently unbundling services commonly billed together, the payer could be prompted to initiate an audit of the provider's claims.

Predictive modeling can proactively identify potentially fraudulent billing practices, allowing payers to investigate and address these issues before claims are paid. AI can be trained to use historical data to build models that predict the likelihood of a claim being fraudulent. Claims that score high may be flagged for further review before payment.

The integration of AI and algorithms into dental and medical insurance processes reflects an evolving trend in the industry. AI technologies are being explored for various applications, from assisting in claims processing to contributing to fraud detection efforts. As the development and adoption of AI tools progress, they are expected to impact the landscape of insurance administration and claims processing, potentially influencing future practices and methodologies. ■

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## Board certification process: From QE to OCE

Patients prefer an OMS who is an expert in the specialty and dedicated to safety. Board certification can be considered a sign of trust for them, which is why ABOMS holds its Diplomates to the highest standards in the field. The certification process is designed to elevate the OMS's practice and ensure OMSs meet the evolving demands of healthcare and patient needs.

OMSs certified by ABOMS successfully complete a rigorous peer evaluation process, which includes:

- The Qualifying Examination (QE) that tests an applicant's knowledge of the OMS specialty and must be passed to continue pursuing certification. This computer-based examination contains 300 questions covering 10 subject areas. After registering for the QE, applicants receive information on the complimentary Examination Preparatory Portal, an online tool that can help them prepare for the upcoming examination. Successful completion of the QE makes a Candidate eligible to apply for the Oral Certifying Examination (OCE).
- The OCE tests clinical application, knowledge and judgment in the field of oral and maxillofacial surgery. This oral examination comprises three sections, each with four

12-minute cases, for a total of 144 minutes. Successful completion of the OCE results in being formally recognized as a Diplomate of ABOMS. The OCE must be passed within three years of successfully completing the QE.

Once certified, Diplomates must maintain certification through the Board's Certification Maintenance (CM) program. CM demonstrates professional standing, lifelong learning, cognitive expertise and performance in practice annually.

### Applying as a senior resident

First-time applicants of the QE must be graduates of a CODA-accredited OMS program. However, the Board offers a fast-track application process for senior residents.

The ABOMS Fast-Track for Senior Residents allows individuals in their final year of residency to take the QE prior to graduating from their OMS program. Doing so helps expedite the certification process so OMSs can become Diplomates earlier in their careers. For more information, review the Qualifying Examination Fast-Track Handbook on the ABOMS website.

Learn more about Board certification by visiting [ABOMS.org](http://ABOMS.org). ■



## AAOMS National Simulation Program

### Office-Based Emergency Airway Management (OBEAM) Module

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

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

Encounter  
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Visit [AAOMS.org/OBEAM](http://AAOMS.org/OBEAM) to view the schedule and register

# AAOMS Advantage Partners

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

*\*Royalty payments vary based on AAOMS member usage of each of the AAOMS Advantage Partners.*



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## FEATURED PARTNERS

## AAOMS Advantage Partners have the answer for supplies, medications and specialty services in an OMS practice

### Supplies/Repairs



**ACE SOUTHERN** – OMS specialty items including regenerative products, pharmaceuticals, surgical supplies and equipment  
With over 50 years of industry experience, ACE SOUTHERN provides your practice with a powerful and trusted partner for your dental surgical needs. ACE SOUTHERN offers streamlined ordering, best-in-class support and product expertise, and the ASAP loyalty program that rewards both you and the AAOMS organization. Once enrolled in the loyalty program, all AAOMS members who purchase from ACE SOUTHERN will receive a 5% upfront discount on their supplies and pharmaceuticals. In addition, a portion of each purchase your practice makes from ACE SOUTHERN is paid to AAOMS to invest in programs that provide added member benefits. Enroll in the ACE SOUTHERN Alliance Program (ASAP) today and see how you can save even more for your loyalty! For more information, call **800-624-5926** or visit [ACESOUTHERN.com](http://ACESOUTHERN.com)



**Nuell, Inc.** – Repair of powered dental instruments  
Nuell, Inc., specializes in the repair of pneumatic and electrical drills as well as the accessories that are used in conjunction with them (i.e., cords, bur guards and foot pedals). AAOMS members receive a 10 percent discount off all repairs along with other special benefits throughout the year. Contact Nuell customer service for more information at **800-829-7694**. If you have not yet enrolled in the AAOMS Advantage Partner Program, you will need your AAOMS ID number when calling to enroll.



**ODP Business Solutions** – Office supplies and custom print services  
AAOMS members (U.S. only) enrolled in this Advantage Partner Program receive discounts off list prices for office supplies and other services. AAOMS member discounts apply to online ordering. Email [aaomsadvantage@aaoms.org](mailto:aaomsadvantage@aaoms.org) to review your enrollment status with ODP Business Solutions. Be sure to have your AAOMS ID number handy.

### Specialty Services



**PD-Rx Pharmaceuticals, Inc.\*** – Prepackaged medication for in-office dispensing  
PD-Rx offers over 6,000 prepackaged medications for in-office dispensing needs with a specially priced formulary for OMS practices. Its no-cost, easy-to-use, web-based software enhances the dispensing experience, from managing your medication inventory and facilitating online ordering to ensuring state regulatory compliance with PDMP programs. Visit [PDRx.com](http://PDRx.com) or contact PD-Rx sales or customer service representatives at **800-299-7379** for more details.



**Practice Quotient, Inc.** – PPO analysis and negotiation  
Practice Quotient, Inc., a national dental network contract analysis firm, increases your bottom-line revenue by negotiating higher reimbursements from PPO fee schedules. It will evaluate the merits of being a participating provider for the various insurance companies in your practice's region based on provider compensation and your specific patient acquisition strategy. The objective is to increase the profitability of your practice year over year and protect the overall business value in the long term. As an AAOMS Advantage Partner, Practice Quotient has agreed to a special consultation fee of \$150 for AAOMS members (normally \$395). Visit [PracticeQuotient.com/who-we-serve/oralsurgeons](http://PracticeQuotient.com/who-we-serve/oralsurgeons) or call **470-592-1680** to schedule a consultation.



**Scientific Metals\*** – Refine old crowns and bridges  
This approved refining program assays your scrap metals for an accurate value. Learn more about this AAOMS Advantage Partner that includes FREE pickup of metals by visiting [ScientificMetals.com/AAOMS](http://ScientificMetals.com/AAOMS) or calling **888-949-0008** and identifying yourself as an AAOMS member.



**StemSave, Inc.\*** – Stem cell banking from teeth  
Enhance your practice and expand your care by providing stem cell banking services to your patients. AAOMS members enrolled in the program earn an administration fee for their assistance with each successful tooth collection. Visit [StemSave.com](http://StemSave.com) or call **877-783-6728** for more information. Mention you are an AAOMS member for other practice benefits.

*\*These Partners offer residual income.*



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To check out all AAOMS Advantage Partners, visit

**AAOMSAdvantage.org**



A sailboat is visible on the ocean, with the sun setting in the background, creating a silhouette effect and a reflection on the water.

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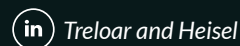
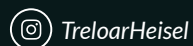
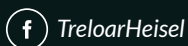
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TH-24-001

## MEMBERSHIP



## Participate in Member Spotlight series on AAOMS.org

AAOMS members are invited to share their knowledge and life experiences by participating in the Member Spotlight. This digital profile on AAOMS.org highlights the diverse talents and accomplishments of AAOMS members both inside and outside the practice.

Visit [AAOMS.org/MemberSpotlight](https://AAOMS.org/MemberSpotlight) to view current and previous participants and download the application. Forward the completed application and a photo to [membership@aaoms.org](mailto:membership@aaoms.org).



## COMMUNICATIONS



## Subscribe to receive AAOMS emails

Members who do not receive AAOMS emails may have removed themselves from the email distribution list. To receive AAOMS emails, which detail the latest news and alerts affecting the Association and the specialty, these members must re-subscribe. Visit [AAOMS.org/Subscribe](https://AAOMS.org/Subscribe) and select "All communications" or choose among individual topics:

- President's e-newsletters
- Important member alerts
- Educational offerings
- OMS advocacy and government affairs
- Member benefits and opportunities
- Other regular newsletters (e.g., faculty e-news, resident e-news)
- AAOMS Advantage

## ONLINE CE



## Store all CE credits in one place

The new transcript feature in the CE Online Dashboard can be used to store outside continuing education credits. This transcript feature not only stores all AAOMS CE Online courses automatically but also allows users to import external credits, so all CE credits can be kept in one place. Visit [CEonline.AAOMS.org/my-dashboard](https://CEonline.AAOMS.org/my-dashboard) to learn more.

## ONLINE CE



## Access MATE Act courses

AAOMS is offering complimentary courses targeted toward the eight hours required by the Medication Access and Training Expansion (MATE) Act for members until the end of 2025. More information on the MATE Act requirements and eligible webinars can be found at [CEonline.AAOMS.org/MATEAct](https://CEonline.AAOMS.org/MATEAct).





## Download and share episodes of OMS Voices public-facing 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](http://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:

- **What to Know About Cleft Lip and Palate** – Dr. Austin Gaal breaks down what parents need to know about cleft lip and palate.
- **OMS Contributions Through Military Service** – Dr. Dan Hammer tells his story of becoming an OMS and serving in the Navy.
- **Obstructive Sleep Apnea (OSA) in Children** – Dr. Rania Habib discusses how OSA presents in children and the role OMSs play in treatment.
- **Is It Just Snoring? Obstructive Sleep Apnea (OSA)** – Dr. Brian Farrell explains what OSA is and details surgical and nonsurgical treatments.

## AAOMS CARES



### Confidential resources available for substance use disorders

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, 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](http://AAOMS.org/AAOMS-Cares) for more information.





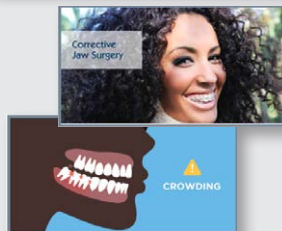
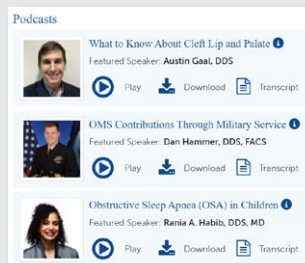
## INFORMATIONAL CAMPAIGN



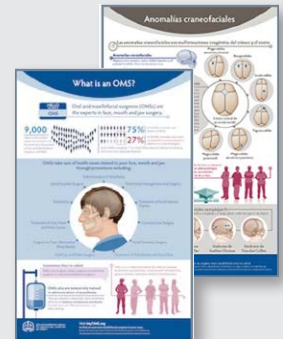
## Utilize free materials from expansive Informational Campaign library

Members have access to over 300 complimentary promotional materials as part of the national AAOMS Informational Campaign. The award-winning campaign features a wide range of resources, including:

- **Podcasts** – The public-facing podcast OMS Voices regularly releases episodes on topics such as dental implants, MRONJ, jaw surgery and bone grafts. OMSs can download these episodes and embed them on their websites to help patients understand the procedures they might need.
- **Videos** – The Informational Campaign features an expansive library of AAOMS-produced videos that members can download and use on their websites and social media at no cost. These videos include patient testimonial videos, animated explainer videos, promotional videos, PSAs, educational videos and OMS Experts videos.



- **Infographics** – Covering the entire OMS scope of practice, this series of 24 infographics offer a way to communicate statistics and information visually. Members can download the PDFs to use on their websites and social media. Eighteen graphics are available in Spanish.



- **Ads and fliers** – The ads and fliers designed as part of the Informational Campaign can help members promote their practice to other dental professionals and potential patients.
- **MyOMS.org Find a Surgeon Search** – The Find a Surgeon Search tool on MyOMS.org helps connect potential patients to providers. Keeping profile information current allows patients to easily find an OMS. Visit [AAOMS.org/Login](http://AAOMS.org/Login) and click MyOMS.org Directory Profile to update information.

Visit [AAOMS.org/InfoCampaign](http://AAOMS.org/InfoCampaign) to learn more and access these complimentary resources.

## ANESTHESIA



## OAE recertification due July 31 to avoid discontinuation of membership

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](mailto:jscofield@aaoms.org) for scheduling assistance.

Members who are eligible for exemption from OAE must reconfirm every five years by completing a waiver available on [AAOMS.org/images/uploads/pdfs/waiver.pdf](http://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 at 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](mailto:membership@aaoms.org) or call 800-822-6637.

## PUBLICATIONS



### Listen to latest 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](https://AAOMS.org/Podcast) or on any of the popular listening platforms: Apple Podcasts, Google Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

Among the new episodes are:

- Tips for Hosting a Legislator in Your Office with Dr. John Rydlewicz
- Navigating the State Capitols: OMS Lobbyists Share Their Stories with Josh Carpenter, JD, and Edie Busam, RN
- Understanding the Insurance Game with Dr. Travis Campbell

## ONLINE CE



### Advance coding knowledge online

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance. Courses can be accessed immediately through [AAOMS.org/CEonline](https://AAOMS.org/CEonline). Offerings include:

- Basic Coding for OMS
- Beyond the Basics Coding
- Coding for Implants and Bone Grafts
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing

## AAOMS GOVERNANCE



### Review Board actions online

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

## ONLINE CE



### Save on coding, billing webinars

AAOMS offers some of its most popular coding and billing webinars in bundles priced at \$495 each, providing an opportunity to learn while saving more than 35 percent over buying them individually. Each bundle includes three webinars:

- **Common OMS Coding Questions Answered** – Learn about anesthesia coding, mastering modifiers and CDT, CPT and ICD-10-CM coding insights specific to the OMS practice.
- **Master OMS Reimbursements** – Gain an understanding of the OMS operative report, medical and dental coordination of benefits and non-covered services, denial codes and effective appeal writing.

Visit [AAOMS.org/CEonline](https://AAOMS.org/CEonline) to learn more.

## OMS RESIDENTS



## Chief residents: Apply before July 1 to keep membership active

AAOMS encourages chief residents to become candidates for active membership because resident membership expires on July 1 after program completion. For those who apply, membership dues are waived through 2025 and a graduated dues discount is offered 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.

Apply at [AAOMS.org/Apply](https://AAOMS.org/Apply). Questions? Email [membership@aaoms.org](mailto:membership@aaoms.org) or call 800-822-6637.

## PUBLICATIONS



## Looking for story subjects

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

- **Families of OMSs** – Looking for families with multiple generations of OMSs.
- **Pilot OMSs** – Looking for OMSs who fly patients to medical treatments with charitable organizations such as Angel Flight.
- **Careers before residency** – Looking for OMS residents who had non-healthcare careers (e.g., teacher, engineer, skilled laborer) before entering residency.
- **Interesting hobbies** – Looking for OMSs who enjoy unusual or creative pastimes.
- **Unique patient stories** – Looking for impactful stories about ground-breaking procedures and life-changing surgeries.

## ONLINE CE



## CE available 24/7 with subscription

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](https://AAOMS.org/CEsubscription).

## ONLINE CE



## Register for May/June webinars

Register for one of two upcoming clinical webinars:

- **Pain Management in Oral and Maxillofacial Surgery** – 6 p.m. CDT May 23 with Mehran Mehrabi, DMD, MD
- **Current Controversies in the Management of MRONJ** – 6 p.m. CDT June 20 with Tara Aghaloo, DDS, MD, PhD, and Brent Ward, DDS, MD, FACS.

Visit [AAOMS.org/CEonline](https://AAOMS.org/CEonline) to learn more and register.



## 2025 ANNUAL MEETING

### Apply to speak at Annual Meeting

Speaker applications for the 2025 Annual Meeting – which will be held Sept. 15 to 20 in Washington, D.C. – will open July 1. Applications are welcomed on various clinical and practice management topics. The application will be available at [AAOMS.org/Speakers](http://AAOMS.org/Speakers).

## OMS RESIDENTS



### SCORE for OMS available

The Surgical Council on Resident Education (SCORE) for OMS is a learning management system for residency programs, offering a standardized, peer-reviewed curriculum.

Developed by the AAOMS Committee on Education and Training, a SCORE Subcommittee and the OMS Faculty Section, OMS-specific content includes about 90 modules and over 210 self-assessment questions.

Text resources, videos and self-assessment quizzes are included in each module. To learn more about subscription options, visit [SurgicalCore.org](http://SurgicalCore.org).

## ONLINE CE



### Bundle practice management items

Save \$300 when purchasing any three practice management recordings from AAOMS's library of on-demand webinars. For \$495, gain access to any three webinars covering a wide range of valuable topics that are essential for the growth and efficiency of an OMS practice, such as employee retention, cybersecurity and infection control.

To learn more, visit [AAOMS.org/CEonline](http://AAOMS.org/CEonline). Use the code PMBUNDLE24 at checkout.



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University of Florida College of Medicine Jacksonville  
Department of Oral & Maxillofacial Surgery

The Department of Oral & Maxillofacial Surgery at the University of Florida College of Medicine – Jacksonville, is seeking a full-time, board eligible oral and maxillofacial surgeon (DDS, DMD, and/or DDS/MD, DMD/MD). This will be a non-tenure accruing position (Clinical Track) at the level of assistant and/or associate professor, starting on July 1, 2024, or sooner. Fellowship-training is not required. This position offers the ability to earn a competitive income with excellent benefits, including 403(b) retirement plan, paid holidays and vacation, as well as the ability to practice the full scope of contemporary oral and maxillofacial surgery, educate and train oral and maxillofacial residents, and enjoy all the benefits of living in Northeast Florida. Candidates must be eligible for board certification through the American Board of Oral & Maxillofacial Surgery.

Please contact Debbie McAlister at  
[Debbie.McAlister@jax.ufl.edu](mailto:Debbie.McAlister@jax.ufl.edu) or call 904.244.3216.

[omfs.med.jax.ufl.edu](http://omfs.med.jax.ufl.edu)

## CALENDAR



### AAOMS Opportunities

#### 2024

##### May 18, Oct. 26 and Dec. 5

###### Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation  
AAOMS Headquarters in Rosemont, Ill.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

##### Sept. 9–14

###### 106th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Orlando, Fla., and online  
[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)

##### Dec. 5–7

###### Dental Implant Conference

Chicago, Ill., and online  
[AAOMS.org/DIC](https://AAOMS.org/DIC)

### AAOMS Summer Caucuses

*2024 Annual Meeting Delegates and Alternates are asked to attend their District Summer Caucus. Fellows and members from their respective Districts also are invited to witness Caucuses on a space-available basis and should contact the Caucus Chair to participate. Chair email addresses are provided.*

##### Aug. 3

###### AAOMS District II Caucus

Pier 5 Hotel in Baltimore, Md.  
[Imgorzelnik@gmail.com](mailto:Imgorzelnik@gmail.com)

###### AAOMS District VI Caucus

Location TBD  
[libbyk@seattleoralsurgeon.com](mailto:libbyk@seattleoralsurgeon.com)

##### Aug. 10

###### AAOMS District III Caucus

Venue TBD in Atlanta, Ga.  
[lgrenevicki@yahoo.com](mailto:lgrenevicki@yahoo.com)

##### Aug. 10–11

###### AAOMS District V Caucus

InterContinental Minneapolis –  
St. Paul Airport in Minneapolis, Minn.  
[julia.plevnia@aspensurgicalarts.com](mailto:julia.plevnia@aspensurgicalarts.com)

##### Aug. 17

###### AAOMS District I Caucus

Hilton Garden Inn in Windsor, Conn.  
[gdonnarumma@northtownsoralsurgery.com](mailto:gdonnarumma@northtownsoralsurgery.com)

###### AAOMS District IV Caucus

AAOMS Headquarters in  
Rosemont, Ill.  
[malou.sabino@gmail.com](mailto:malou.sabino@gmail.com)

### Regional & State Society Meetings

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

##### July 12–14

###### Florida Society of OMS Summer Meeting

The Breakers Palm Beach in Palm Beach, Fla.  
[FSOMS.org](https://FSOMS.org)

##### Aug. 24

###### Tennessee Society of OMS Summer Meeting

Franklin Marriott Cool Springs in Franklin, Tenn.  
[TSOMS.org](https://TSOMS.org)

##### Aug. 2–4

###### Georgia Society of OMS Summer Meeting

The Ritz-Carlton Reynolds in Lake Oconee, Ga.  
[GA-OMS.org](https://GA-OMS.org)



## Dr. Tan appointed to board of Tampa Bay Thrives



*Dr. Tan*

Peter Tan, DDS, MSHS, was appointed to the board of Tampa Bay Thrives, a group of 30 community leaders working to address mental health and substance abuse challenges in the region around Tampa, Fla. Dr. Tan chairs the Board of

Trustees at HCA Florida Oak Hill Hospital and is president and CEO of the consulting firm TANARM, LLC. Additionally, Dr. Tan, who retired from the U.S. Army, serves as a Civilian Aide to the Secretary of the Army.

## Dr. Kalenderian appointed to task force



*Dr. Kalenderian*

Elsbeth Kalenderian, DDS, PhD, MPH, was appointed to the Governor's Task Force on the Healthcare Workforce by Wisconsin Gov. Tony Evers. Dr. Kalenderian is the Dean of the Marquette University School of Dentistry in Milwaukee,

Wis. The 25-member task force is charged with studying the workforce challenges facing Wisconsin's healthcare system and proposing solutions. Previously, Dr. Kalenderian served as Dean of the faculty at the Academic Centre for Dentistry Amsterdam, Professor and Chair of Preventative and Restorative Dental Sciences at the University of California, San Francisco and Clinic Dean and Chair at the Harvard School of Dental Medicine.

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*To submit member news, email [communications@aaoms.org](mailto:communications@aaoms.org).*

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## Faculty Positions

### 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](mailto:pmehra@bu.edu).

### Nebraska

The University of Nebraska Medical Center (UNMC) College of Dentistry seeks applications for a full-time position at the Assistant/Associate Professor level. Responsibilities include training and supervision of undergraduate dental students and postgraduate residents in local anesthesia, surgery, sedation and medical emergencies. Qualified candidates must have a DDS or DMD degree from an ADA-accredited college or school of dentistry, be eligible for a Nebraska dental and moderate sedation license and be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates with international dental degrees with OMS specialty training from an ADA-accredited school also are eligible. One-day-a-week intramural or outside college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before July 1, 2024. Inquiries regarding the position may be sent to [jbavitz@unmc.edu](mailto:jbavitz@unmc.edu). Please note that to be considered for this position, applicants must submit an application and supporting documentation via UNMC's online employment website, [unmc.peopleadmin.com/postings/84454](http://unmc.peopleadmin.com/postings/84454).

### New York

General OMS faculty at the State University of New York at Buffalo: The University at Buffalo is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. This position is clinical and academic, and the candidate should have an interest in major oral and maxillofacial surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must be ABOMS-eligible or qualified. Fellowship training is encouraged and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants is preferred. Applications are currently accepted online at: [posting F230236 Clinical-Track. ubjobs. buffalo.edu/postings/45539](http://posting F230236 Clinical-Track. ubjobs. buffalo.edu/postings/45539). Posting F230235

Tenure-Track. [ubjobs.buffalo.edu/postings/45538](http://ubjobs.buffalo.edu/postings/45538). Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: [mrm25@buffalo.edu](mailto:mrm25@buffalo.edu). The University at Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

### New York

OMS – Head and Neck Surgery Faculty at the State University of New York at Buffalo: The University at Buffalo invites applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. This position is both clinical and academic, and the candidate should have an interest in building and fostering a practice and conducting research in head and neck oncologic and microvascular reconstructive surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidate must have fellowship training in head and neck oncologic and microvascular reconstructive surgery. Candidates must be ABOMS-eligible or qualified. Applications are currently accepted online at: [Posting F230233 Clinical-Track. ubjobs. buffalo.edu/postings/45536](http://Posting F230233 Clinical-Track. ubjobs. buffalo.edu/postings/45536). Posting F230234 Tenure-Track. [ubjobs.buffalo.edu/postings/45537](http://ubjobs.buffalo.edu/postings/45537). Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: [mrm25@buffalo.edu](mailto:mrm25@buffalo.edu). The University at Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

### South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited

U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for a South Carolina dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources – [musccareer-pages.com/jobs/univ-open-rank-department-of-oral-and-maxillofacial-surgery-charleston-south-carolina-united-states](http://musccareer-pages.com/jobs/univ-open-rank-department-of-oral-and-maxillofacial-surgery-charleston-south-carolina-united-states).

### Texas

The University of Texas Health Science Center at Houston School of Dentistry invites applicants for one full-time (1.0 FTE) funded, non-tenure, Assistant/Associate Professor position in the Department of Oral and Maxillofacial Surgery. The individual hired will be assigned primarily to our Houston Memorial Hermann service. Responsibilities will include supervision of students and residents in both clinic and hospital settings. Participation in the department's intramural practice and pursuit of scholarly activities is strongly encouraged. The applicant must have a dental degree recognized by the Commission on Dental Education of American Dental Association, or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. A current license to practice dentistry or the opportunity to secure a Texas faculty license for dentistry prior to employment will be required. Board certification or board eligibility in oral and maxillofacial surgery is also required. Academic rank and salary are commensurate with qualifications and experience. The University of Texas Health Science Center at Houston is an Equal Opportunity Employer, M/F/V/D and non-smoking environment. Women, minorities, veterans and disabled are encouraged to apply. This is a security sensitive position and thereby subject to Texas Education Code #51.21.5. A background check will be required for the final candidate. [careers.uth.tmc.edu/us/en/faculty](http://careers.uth.tmc.edu/us/en/faculty). Requisition #230003NL.



## 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 Joginpally (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.

## 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.

## Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2026-27: Sponsored by the Oral Facial Surgery Institute (ofsinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy,

a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinstitute.com or visit our website at ofsinstitute.com.

## 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 head-neck.com. Please email us at chenga@head-neck.com.

## Available Positions

### Alabama/Georgia

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, four-surgeon, four-location practice across central Alabama into west Georgia. Emphasis on dentoalveolar, dental implants, bone grafting, pathology and some orthognathic. Limited trauma call. CV to joshua.everts@gmail.com.

### Arizona

Looking for an excellent opportunity to join a unique, long-standing, successful and respected, busy oral surgery practice with a focus on wisdom teeth and implants but with the potential for whatever is desired? Experienced and dependable staff. A partner wishing to matriculate to ownership is desired. Seeking a motivated, full-time and personable, BC/BE candidate. Actively growing area of Northwest Phoenix. Wonderful area to practice and raise a family. Competitive salary/benefits. Send inquiries to mdallard2017@gmail.com.

## California

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

## California

Practice in Northern California looking for associate leading to partnership. Dentoalveolar, implants, pathology and pediatrics are the primary focus. Looking for great interpersonal skills with patients, staff and referral base. Busy practice so be ready to work. Send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-121823.

## California

Rare opportunity! Bay Area, Marin County, respected solo practitioner looking for a board-certified or board-eligible oral and maxillofacial surgeon for a full-time position, unless part-time at this point is preferred. This arrangement will lead to a partner position and potential buyout situation. All traditional aspects of oral surgery are currently being performed. This is a two-site practice, with each office located in a conveniently desirable area of Marin County. This practice enjoys a committed loyal referral base. Please email hicklesurg@comcast.net.

## Colorado

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

## Available Positions

*continued from previous page*

### Connecticut

Full-scope OMS and cosmetic surgery center looking for FT or PT associate or partner to join upscale, modern, downtown practice. Located in safe, friendly, affluent waterfront community <20 miles from NYC. Dedicated, pleasant staff. Send CV to [facialsurgery777@yahoo.com](mailto:facialsurgery777@yahoo.com).

### Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have 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](http://cforalsurgery.com). Email CV to Tom Meena, Practice Manager, at [tmeena@cforalsurgery.com](mailto:tmeena@cforalsurgery.com) or call 407-843-2261.

### Florida

Excellent opportunity to join an established, growing oral surgery practice in North Central Florida. We are seeking a board-certified or board-eligible OMS associate with an opportunity for partnership. This area is rapidly growing, and our associate will have a full schedule in a short time. Competitive pay with base salary as well as production compensation. Robust benefit package which includes professional licensures, health and malpractice insurance. Send resume, CV or inquiries to AAOMS Classified Box A-122123.

### Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in Tampa Bay area. We provide close contact with our robust referral base and regularly provide CE courses as part of our study club. State-of-the-art offices with CBCT, digital impression scanner, operating rooms and full anesthesia equipment and

other state-of-the-art technology. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries, full-arch teeth-in-a-day implant-supported fixed prosthesis treatment, zygomatic and pterygoid implants, soft- and hard-tissue grafting, reconstructive and orthognathic surgeries, facial plastic and cosmetic surgeries (willing to teach), office-based IV sedation and general anesthesia. Searching for a motivated, hardworking and personable OMS for associate position leading to partnership. Very competitive salary and bonus structure plus a comprehensive benefit package. We are in a nice area for raising a family and at the same time the associate will have a lucrative practice. Please send CV to [facial97@gmail.com](mailto:facial97@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 [athensoms.com](http://athensoms.com) for more information and should send an introductory email with CV to Miranda Cross at [office@athensoms.com](mailto:office@athensoms.com).

### Georgia

Coastal Oral Surgery is looking for a board-eligible/-certified oral surgeon to join its 25-year established practice! Position available immediately and open to graduating residents. Two practice locations, St. Simons Island and St. Marys. Both are fee for service and offer state-of-the-art technology equipped with ICAT cone beam and digital scanners. Coastal Georgia is a hidden treasure, located right between Savannah, Ga., and Jacksonville, Fla. When people talk about work-life balance, this is the definition! If you have an interest, it can be found here (water, land, air). The local airport is serviced by Delta Airlines, so travel is easy. Need the big city? With Jacksonville and Savannah an hour away, your needs are met! This position offers competitive compensation of base salary plus production, relocation package and sign-on bonus! Benefits include health insurance/retirement plan, dues for GDA/AAOMS membership and CE reimbursement. Visit our website at [capesoralsurgery.com](http://capesoralsurgery.com) and email CV to Carly Tristao, Clinical Recruiter at [carly.tristao@affordablecare.com](mailto:carly.tristao@affordablecare.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](mailto: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](mailto: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](mailto: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](mailto:classifieds@aaoms.org) attention AAOMS Classified Box A-110922.

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## 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).

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## Illinois

Associateship leading to equal partnership for a hardworking, board-certified/-eligible oral surgeon with strong interpersonal skills. Primarily fee-for-service and privately owned practice with a long-term, dedicated staff and well-established referral base. Competitive salary with an incentive bonus based on production, malpractice and medical insurance. Please reply to [oralsurgery@750almar.com](mailto:oralsurgery@750almar.com) or fax 815-939-9820.

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## Kentucky

Immediate associateship opportunity in a one-surgeon, two-location practice in Louisville, Ky. Large referral base of active duty and retired military veterans. Seasoned surgeon looking to mentor or expand practice with another. CV to [jtoney@oms360.com](mailto:jtoney@oms360.com).

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## 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](mailto:chris@odisurgery.com).

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## 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](mailto:manager@mvoralsurgeons.com) attention Sandra.

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## 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](mailto:jeff@nbofs.com) or 781-323-4345.

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## 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](mailto:dwilson@kaloms.com).

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## 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 two semi-active surgeons. 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 [admin@mosaicimplant.com](mailto:admin@mosaicimplant.com).

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## 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](mailto:curtinosa@gmail.com).

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## 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@mofsnny.com](mailto:robert.bodey@mofsnny.com) or contact Robert Bodey at 347-590-9910.

## Available Positions

*continued from previous page*

### New York (Long Island)

Seeking full- or part-time oral surgeon (one to three days a week could be full and/or half days). Busy private fee-for-service/insurance-based OMS practice one hour east of New York City. Must be experienced. Paid on high percent of collection. Contact [omfs327@gmail.com](mailto: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](mailto:classifieds@aaoms.org) attention AAOMS Classified 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](mailto:ddampman@nycoms.com).

### New York (Catskills)

I am seeking a quality person to help me serve our community. The location: Located in beautiful, upstate New York, two-college town, yet rural (can still purchase hilltop acreage), three hours to NYC, great place to raise a family, 30 minutes to Cooperstown. The patients: Salt of the earth people, pleasant and appreciative. The practice: 100 percent fee for service (no insurance), no call, no IV sedations (done in hospital), a 10-month waiting list (no other surgeons in our area), large, stand-alone building with excellent accessibility, CBCT, awesome staff. Bottom line: This is a rare opportunity to be a partner in a modern practice without the headaches of insurance or competition. Reply to [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Classified Box A-030124.

### North Carolina

The Atrium Health Department of Oral and Maxillofacial Surgery is seeking an oral and maxillofacial surgeon to join their growing practice of two full-time oral and maxillofacial surgeons and three full-time oral and maxillofacial surgery interns. The Oral and Maxillofacial Surgery department primarily provides dentoalveolar, facial trauma, pathology, orthognathic and TMJ surgical services in outpatient and inpatient settings. Charlotte's rapidly expanding population combined with committed institutional support has created a unique opportunity to develop a robust surgical practice amongst supportive colleagues. Atrium Health OMS Department also falls within the Department of Otolaryngology/Head and Neck Surgery at Wake Forest University School of Medicine with clinical academic appointments. To learn more contact Laneisha Faggart at [laneisha.faggart@atriumhealth.org](mailto:laneisha.faggart@atriumhealth.org) or visit [careers.atriumhealth.org/jobs/8336032-oral-and-maxillofacial-surgeon](https://careers.atriumhealth.org/jobs/8336032-oral-and-maxillofacial-surgeon).

### 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](mailto:liberty@tboms.com) or call her at 513-755-3500 for more information.

### Ohio

Outstanding opportunity to join a growing and productive private practice on the west side of Cleveland. We are searching for an associate who is board-certified or board-eligible to join our practice. 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 or can maintain associate status. All 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 on Lake Erie and take advantage of all the Metroparks have to offer. Please visit our website at [CLEOMS.com](http://CLEOMS.com) or email [jeffrey@cleoms.com](mailto:jeffrey@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](mailto:omfsptbo@gmail.com) for more information.

### Pennsylvania

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

### Pennsylvania

Oral and maxillofacial surgeon – Geisinger Pennsylvania. The Department of Oral and Maxillofacial Surgery at Geisinger, a national leader in quality, innovation, research and education, is seeking a BC/BE oral and maxillofacial surgeon to join their team at the Geisinger Medical Center in Danville, Pa. A successful candidate will join a full-scope academic CODA-accredited training OMFS practice that takes a multi-disciplinary approach to patient care, working in collaboration with multiple departments within the health system. The practice has a special emphasis on maxillofacial trauma, dentoalveolar and implant surgery with in-office sedation, corrective jaw surgery, cleft palate, TMJ and reconstructive surgery. Position details: competitive straight salary model linked to quality and value instead of productivity measures, three weeks of annual CME time and an annual CME fund allowance, four weeks of annual PTO, relocation assistance and opportunities to participate in teaching, research and optimizing access for patients. The role also offers support and leadership from a full range of dedicated, experienced specialists and subspecialists, professional opportunities for mentorship, growth and advancement, an excellent benefits package that includes 401(k), 403(b) and 457(b) plans, life insurance, AD&D and disability coverage, malpractice and tail coverage for Geisinger employment, a fully integrated electronic health record system (EPIC), and forgivable recruitment loan/medical school loan repayment for residents or fellows may be available upon signing. For more information, please contact Oral Medicine Dept., Surgery Institute Geisinger – Sarah Lipka, Geisinger Provider Recruiter at [slipka1@geisinger.edu](mailto:slipka1@geisinger.edu).



## Pennsylvania

Leading Edge Oral Surgery – Offering high-end, comprehensive oral surgery across the northeast. Now hiring in Pennsylvania! Offering competitive compensation, benefits and tuition support. Please send your resume directly to Dr. Joshua Gish, President, at: [jgish@leadingedgeos.com](mailto:jgish@leadingedgeos.com). Learn more at [leadingedgeoralsurgery.com](http://leadingedgeoralsurgery.com).

## Tennessee

Booming practice in beautiful east Tennessee! Locally owned and operated, high-end implant and dentoalveolar practice seeks full- or part-time OMS. We have resisted private equity overtures. Currently three state-of-the-art locations with a new office on the horizon. Maryville, Knoxville, Lenoir City and Sevier County, Tenn. High growth, mostly private insurance and self-pay. Great opportunity for new resident or seasoned surgeon. Email [jules@tnvalleyos.com](mailto:jules@tnvalleyos.com) or phone 865-300-7135.

## 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](mailto:vcavaretta@gmail.com) with your CV.

## 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 45 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](mailto:dkotsios@nwoms.net).

## Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be board-certified/-eligible. Seeking applicants who are dedicated to maintaining the strong referral network across central Virginia. Excellent work-life balance with majority dentoalveolar surgery and minimal hospital call. Candidate to start as soon as possible. For more information, please email resume to [ldelbridge@cvofs.com](mailto:ldelbridge@cvofs.com).

## Virginia

Coastal Virginia/Virginia Beach practice seeking full-time surgeon. 3.5 hours to D.C., 1.5 hours to Richmond, six hours to NYC. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding oral surgery business, contact [drg@myoralsurgeon.com](mailto:drg@myoralsurgeon.com).

## 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](mailto:bryan@libertysurgerycenter.com).

## West Virginia

The Charleston Area Medical Center, Inc. (CAMC), located in Charleston, W.V., is seeking an oral and maxillofacial surgeon to join our dynamic team of healthcare professionals. The position is an excellent opportunity to grow a full-scope hospital-based practice in a supportive environment. This established seven-surgeon group practice blends the benefits of academics and private practice. There are additional opportunities to conduct research or participate in leadership if desired. Requirements: a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree from an accredited dental school, completion of an accredited residency program in oral and maxillofacial surgery, board certification or eligibility for board certification in oral and maxillofacial surgery, active licensure to practice dentistry in the state of West Virginia, excellent clinical skills and proficiency in performing a wide range of oral and maxillofacial surgical procedures, strong communication and interpersonal skills, with the ability to effectively interact with patients, families and colleagues, a commitment to providing compassionate, patient-

centered care and maintaining the highest standards of professionalism and ethical conduct and a desire to help develop an academic surgical program. Benefits: join an established group of seven OMSs with decades of experience and broad scope of practice, enjoying the balance of group practice and academic teaching with the income level of a private practice, a supportive work environment with focus on collaboration and teamwork, a vibrant community, a superb family environment with outstanding school systems, unsurpassed year-round recreational activities, a comprehensive benefit package, a generous sign-on bonus, occurrence-based malpractice insurance and a highly regarded established practice with immediate positive benefits. The Facial Surgery Center is an ambulatory surgical center affiliated with CAMC that specializes in a broad scope of facial surgery procedures. The center has locations at CAMC's General and Women and Children's hospitals. The center's physicians are board certified by the American Board of Oral and Maxillofacial Surgeons and serve as the primary resource team for cleft, craniomaxillofacial surgery, trauma as well as providing services in head and neck surgical oncology, microvascular reconstructive surgery, dentoalveolar and cosmetics for CAMC and southern West Virginia. To apply, send CV to [carol.wamsley@vandaliahealth.org](mailto:carol.wamsley@vandaliahealth.org).

## 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](mailto:markjridenour@gmail.com).

## Miscellaneous

### New York

Licensed and board-certified OMS looking to purchase a practice in New York State. Ideally: transition of ownership of practice and building combined. Plan is to maintain and grow practice for many years into the future. Will respect confidentiality during process. Please contact by emailing [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Classified Box M-010724.



## Practices for Sale

### California

Established OMS practice for sale in Sonora (Northern California). Very desirable area. Please respond to [nfantovrn@aol.com](mailto:nfantovrn@aol.com) for inquiries.

### 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. 2023 collections totaled \$1.2 million. The 5,000-square-foot 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 [mattk@mcgillhillgroup.com](mailto:mattk@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 [admin@mosaicimplant.com](mailto:admin@mosaicimplant.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](mailto:bailey@professionaltransition.com), REF #NE32223.

### Nevada

Established OMS 32 years of practice in prime Las Vegas location ready to retire. Flexible transition options. Practicing full-scope OMS working 20 hours per week, EHR WinOMS and Carestream CBCT. Excellent opportunity for new graduate entrepreneur. Contact [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Classified Box S-122703.

### New Jersey

Solo OMS practice in Central New Jersey focused on profitable dentoalveolar, implant, bone grafting, pathology and general anesthesia procedures. Surgeon owns 2,900-square-foot 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](mailto: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](mailto:classifieds@aaoms.org) attention AAOMS Classified Box S-0321.

### New York (Western)

Elevate your career and lifestyle with a highly profitable oral maxillofacial surgery practice in upstate New York's tranquil countryside. Boasting low competition and a high volume of implant procedures, this solo practitioner office promises not just success, but a life enriched with outdoor adventures –boating, fishing, hiking, skiing right at your doorstep. Operating with a stellar \$2.8 million in production over 4.5 days weekly, it offers an unparalleled balance of work and play. Transition seamlessly, available immediately up to two years. Don't miss this rare chance to own not just a practice but a dream lifestyle. Act now! Visit [westernnyoms.com](http://westernnyoms.com) for more details. Your future awaits!

### New York

Respected OMS practice on Long Island with 60+ years of community presence. Specializing in extractions, implants, bone grafts, oral pathology, TMJ and anesthesia. Established referral base. Owner willing to facilitate smooth transition post-sale. Reply to AAOMS Classified Box S-030524.

### 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](mailto: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](mailto:tluna79@gmail.com) for more information.

### Ohio

Are you tired of working for a corporate or group practice and want to own your own practice? This is a great opportunity to purchase a 30-year-old practice in Northeast Ohio. Average collections have been \$1.6 million on a 34-hour work week. A well-trained staff with 10 to 25 years of experience will help to keep the practice flourishing. The current owner is looking to retire but is willing to stay for up to six months to ensure a smooth transition. Contact [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Classified Box S-022924.

### 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](mailto:rjloms@live.com).

### Oregon

Portland – Recently renovated, strong OMS practice with six surgery suites. Collects \$2.4 million. Gorgeous office in central location and tenured staff. Surgeon possibly able to stay on as a part-time associate. Contact [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or 866-348-3800.

### 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](mailto:classified@aaoms.org) – Attention AAOMS Classified 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](mailto:bailey@professionaltransition.com), REF #PA122622.

### Rhode Island

Well-established, profitable practice with experienced staff offering a unique opportunity for practice ownership. Solo practitioner looking to transition into retirement. Willing to work with interested parties to allow for a smooth transition. If you would like to learn more about this opportunity, please reply to AAOMS Classified Box S-011024.

### South Carolina (Low Country)

Fantastic opportunity to purchase a well-established Low Country oral Surgery office in South Carolina. Located in a highly desirable area close to Charleston and Myrtle Beach. Over 3,000 sq. ft. and six rooms with new CBCT (room to expand). The practice collected over \$1.6 million in 2023 and TTM. Current doctor works approximately 25 hours weekly and has a part-time associate working a few days monthly. Tremendous growth possible for motivated doctor with opportunity to lease/purchase the real estate. To learn more about this practice, contact Doug Yanders, Xite Healthcare practice sales, at 407-969-6589 or [dyandersxiteco.com](mailto:dyandersxiteco.com).

### Texas

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

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July/Aug 2024 issue: May 10, 2024

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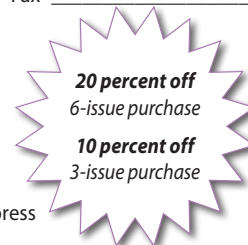
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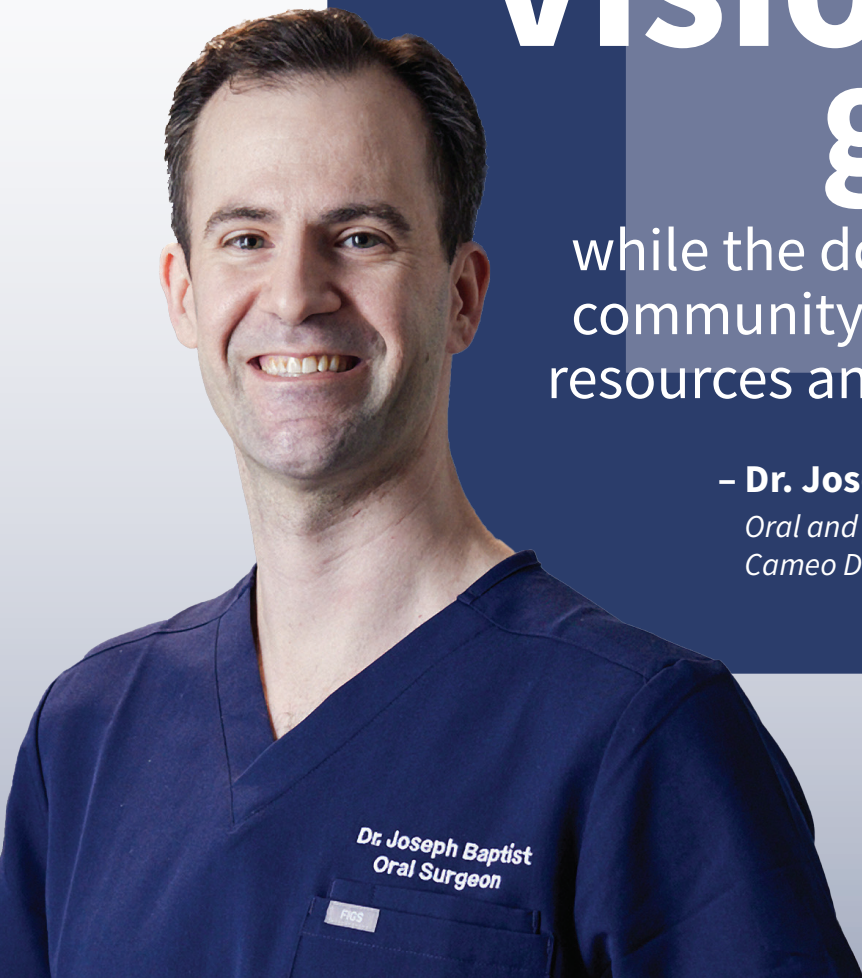
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