

AAOMS TODAY



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VOLUME 22, ISSUE 6

A publication of the
American Association of Oral and Maxillofacial Surgeons

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Advancing the specialty through
learning, building connections

Dedicating year to The Patients We Serve

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WHY AAOMS MEMBERSHIP MATTERS

LEARNING



AAOMS offers education to meet the needs of all OMSs and all professional staff – including the Annual Meeting, Dental Implant Conference (which together offer more than 100 CDE/CME credits) as well as live and on-demand webinars, standalone meetings, hands-on training, workshops and the subscription-based CE service.



CREDIBILITY



Patients have come to recognize OMSs as the experts in face, mouth and jaw surgery. Through the AAOMS Informational Campaign's digital ads, WebMD page, OMS Voices podcast, public service announcements and the popular MyOMS.org website, patients learn about the expertise of members in the full scope of practice and can search for an OMS in their area.



NETWORKING

Connect with colleagues – those valued relationships built through participation and volunteerism – at in-person meetings, education and service opportunities or through 13 peer-to-peer AAOMS Connect online clinical and special interest groups. Faculty- and resident-specific offerings provide additional networking opportunities. OMSs can become acquainted with their colleagues through the Member Spotlight, an online profile of a different AAOMS member each quarter.



RESOURCES

Keeping members informed about the specialty and the Association is a priority – from the peer-reviewed *Journal of Oral and Maxillofacial Surgery* and *AAOMS Today* magazine to the AAOMS On the Go podcast, AAOMS.org, e-newsletters, white papers, position papers and *Parameters of Care*. The AAOMS Store also offers a variety of clinical resources, practice compliance manuals, practice management guides and patient education materials.

COMMUNITY



AAOMS stands ready to engage with members on every level, answering inquiries and offering solutions in a timely manner with the best information available. With the well-being of members in mind, a new program – AAOMS Cares: Being Well Together – is a resource for members affected by substance use disorders. This private, confidential program by Parkdale Center for Professionals is committed to fostering a supportive and non-judgmental environment.

GIVING BACK



AAOMS provides many avenues to give back and support the specialty – from charitable donations and political fundraising to volunteering time and sharing knowledge.

- **OMS Foundation** encourages members to give back to the specialty as donors and advocates for its mission. Contributions support innovative research, education and enrichment opportunities and a strong academic sector. Dedicated volunteers make up the Foundation's Board, committees and outreach teams, directing its mission and sharing with members the impact of their generosity.
- **OMSPAC** – the only AAOMS-affiliated organization permitted to make political contributions – is nonpartisan and helps to elect federal candidates who support the OMS specialty.
- **Volunteer opportunities** on the national level include serving on one of AAOMS's 20-plus committees, special committees or task forces. State and regional OMS societies provide further opportunity for OMSs to engage in efforts locally.
- **Teaching and research** are critically important to the future of the specialty. AAOMS supports its members who devote their time and talents to teaching and research through programs including the CSIOMS conference, Clinical Trials Methods Course and the Faculty Educator Development Awards (FEDA).



ADVOCACY

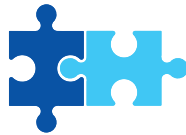
AAOMS continues to advance its efforts to serve members by advocating at the federal and state levels – whether it's advocating for higher reimbursement, protecting the OMS team model for delivery of anesthesia or appropriate third-party benefits for patients. AAOMS provides avenues for direct OMS input on key legislative and regulatory issues affecting their practices and patients by facilitating the annual Day on the Hill and the OMS Action Network grassroots initiative.



OMS ANESTHESIA TEAM MODEL

AAOMS supports its members' ability to perform safe and effective office-based anesthesia by facilitating the peer-reviewed Office Anesthesia Evaluation (OAE) program. Enhancements to the OAE program include reporting quarterly team mock drills, anesthesia survey data and airway management simulation training. AAOMS further supports the anesthesia team model through continuing education programs for OMSs and assistants. Offerings include the National Simulation Program and OBEAM module, Anesthesia Assistants Skills Lab, Anesthesia Assistants Review Course, On-Line Anesthesia Review for Dental Anesthesia Assistants, Advanced Protocols for Medical Emergencies in the OMS Office and the Dental Anesthesia Assistant National Certification Examination (DAANCE). Additionally, AAOMS has worked with other organizations to develop model rules and regulations that can be adapted by states.

PRACTICE SOLUTIONS



AAOMS offers OMSs and their staff coding and reimbursement guidance, information and education through in-person and online courses, publications, representation at coding committees and regulatory research. Practice management courses and resources for the entire team cover all aspects of OMS practice. Additionally, a suite of courses continues to be updated for anesthesia assistants – many culminating in the DAANCE.



STRATEGIC ALLIANCES

AAOMS's close collaboration with other dental/medical specialties and sister organizations is a benefit to its members. To advance and protect the interests of the OMS specialty, the AAOMS Board of Trustees meets frequently with and works alongside dozens of organizations, including AADB, AAP, AAPD, AAO, ABOMS, ACS, ADA, ADEA, ADSA, AGD, ASA, ASDA, OMS Foundation, OMSNIC, OMSPAC, Osteo Science Foundation and SAMBA.

SAVINGS



AAOMS partners with like-minded companies that share its vision of a technologically advanced specialty to ensure patient access to safe and effective care. These companies offer members the very best in services, technologies and products.

- **AAOMS Services Inc. (ASI)** – through its AAOMS Advantage program – has Partner relationships with companies that can provide high-quality, affordable products and services that benefit and offer value to AAOMS members.
- **OMSNIC** has been offering member-exclusive liability insurance for 35 years and is the only medical malpractice company owned by oral and maxillofacial surgeons. OMSNIC champions the specialty and protects OMS practices.
- **Treloar & Heisel** has offered AAOMS members disability protection, life insurance and long-term care since 1969.
- **Corporate supporters** show their commitment to AAOMS initiatives and members with annual giving levels ranging from Bronze to Diamond.
- **Exhibitors** are valued partners showcasing the latest products and services at major meetings.



THE FUTURE

AAOMS provides free membership to OMS residents enrolled in accredited training programs, with a subscription to *JOMS*, access to the Resident Surgical Log and SCORE for OMS, and offering resident-specific education, conferences, complimentary CE offerings, mentorship programs and career fairs / online job boards. The Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS) provides residents a forum to discuss issues and share common experiences with colleagues, and supports them in their development as future leaders of the specialty. New OMSs are supported with information and resources to assist them, along with graduated dues rates for the first three years post-residency.



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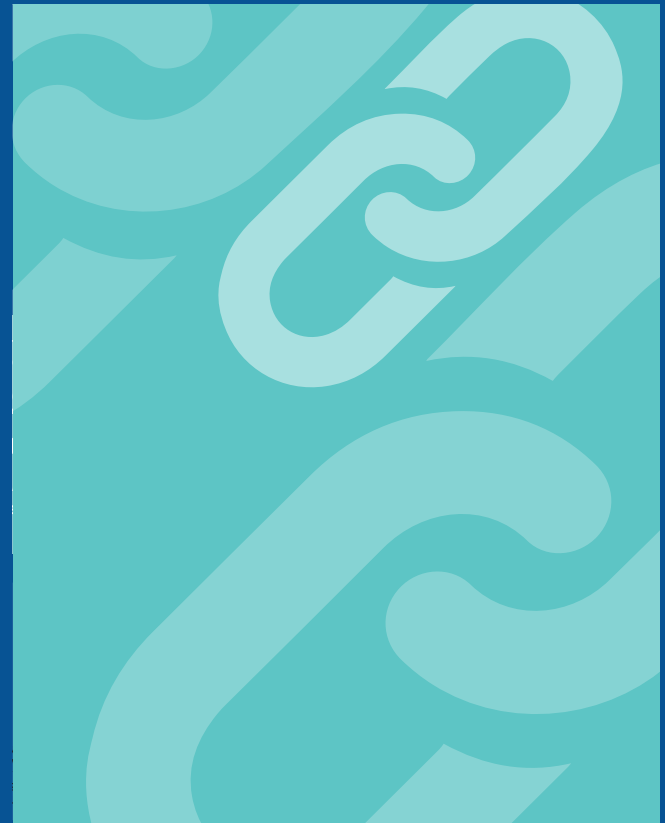
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COVER STORY

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'Stronger Together' at Annual Meeting

*Advancing the specialty through
learning, building connections*

*Through the blend of educational
sessions and collaborative networking
opportunities, oral and maxillofacial
surgeons connected at the Annual
Meeting to exchange knowledge,
insights and goals that will help shape
the future of our specialty.*

*– Dr. Mark A. Egbert
2023-24 AAOMS President*

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AAOMS Today: Award-winning AAOMS member magazine



2024: Grand Award winner for Magazine Writing
2023: Award of Excellence for Magazine
2021: Awards of Excellence for Writing
2019: Grand Award winner for Magazine

HealthcareADWARDS

2024: Gold Award
2023: Gold Award
2022: Gold Award
2021: Gold Award
2020: Merit Award
2019: Gold Award



2024: Gold 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



J. David Morrison, DMD
AAOMS President

“As we identify new challenges, we will work toward solutions in line with our mission, vision, core values and strategic priorities.”

This column is based on Dr. Morrison's Inaugural Address at the 2024 AAOMS House of Delegates.

IN MY VIEW

The Patients We Serve:

I am deeply honored and profoundly humbled to serve as the next president of the American Association of Oral and Maxillofacial Surgeons.

I've been consistently impressed by the character and dedication of our members, who selflessly volunteer their time and efforts for our profession. I continue to admire the professionalism and teamwork of our AAOMS staff – led by Executive Director Karin Wittich – who enable AAOMS to operate at the highest level. I take the responsibility of advancing our specialty seriously and pledge to continue pursuing a path toward excellence for our Association, as so many before me have done.

When I joined the Board of Trustees, my goal was to be a representative voice for our members and a leader willing to express their concerns. As I considered becoming an officer, I began developing a theme and vision for what I wanted to accomplish. Reflecting on my journey – from my first Ohio Society meeting and House of Delegates session to AAOMS Trustee and Officer – my initial thought was always, emphatically, “Don’t mess this up!”

Subsequent conversations with my good friend Dr. J. David Johnson, however, helped me define what it’s all about: “The Patients We Serve.” I view this vision from three perspectives:

- **Why we serve our patients:** The concept of service to our patients sometimes gets lost in the busy shuffle of our daily routines and demands, but most of us can recall that specific seminal moment when we felt the call to our specialty. I hope this theme gives us pause for individual reflection and a renewed purpose for why we do what we do.
- **Patient-centered care:** This involves listening to and valuing the patient’s voice regarding their care. We need to ask ourselves: Are we hearing their concerns? Are we understanding the potential impact of a proposed surgery? Are we helping them make healthcare decisions that align with their priorities?
- **Mission statement:** Our Association’s mission statement is to advance, promote and preserve our specialty to ensure patient access to safe and effective care. AAOMS exists for the patients we serve.



Driving progress, protecting our specialty

Strategic planning

The AAOMS Board of Trustees has developed four strategic priorities in the new 2025-27 Strategic Plan to address the mission statement, advance our vision and reflect our core values. I intend to focus on the following goals and objectives in the coming year:

- **Preserving the OMS Anesthesia Team Model:** Dental office-based anesthesia faces challenges from state legislative bodies and regulatory boards. Surveys show the majority of our members prioritize this concern. Our commitment to protecting our anesthesia delivery model is unwavering.
- **Standardizing and Enhancing Anesthesia Education:** We will continue developing standards and tools for residency, provide support for state regulatory anesthesia challenges and strengthen the Office Anesthesia Evaluation by including emergency preparedness training with expanded state and regional offerings of the Office-Based Emergency Airway Management module. This is a requirement for membership effective Dec. 31, 2026. We are keenly aware of this timeline.
- **Increasing Member Value and Engagement:** We have identified a myriad of ways AAOMS supports and provides value to its members. I plan to continue the work of two Board Subcommittees initiated by Dr. Mark Egbert: one on major meetings and the other on committee structures. The Board Subcommittee on Major Meetings has reviewed the Dental Implant Conference and is considering several recommendations for future meetings. It also will examine our Annual Meeting for potential improvements. The Board Subcommittee on Committee Structure is reviewing every AAOMS committee and will soon make recommendations.
- **Advancing the Specialty Through Advocacy:** Advocacy remains a cornerstone of advancing our profession, especially when we unite as one voice. Advocacy benefits the entire profession. I am certain



Dr. J. David Morrison gives his inaugural address during the third session of the House of Delegates in Orlando, Fla., in September.

if you asked any OMS in North Carolina about the value of advocacy, you would get resounding support for its role in protecting and advancing our specialty. Without our collective voices, we are less effective. We need to encourage member involvement at the grassroots level and participation in a variety of advocacy efforts. I admit that as a young practitioner, I was not as involved in advocacy efforts until I saw firsthand the positive results. We can all make a difference.

- **Protecting the Integrity of Practice Through OMS-led Care:** Our specialty is experiencing a significant shift due to the increasing involvement of private equity. This marks a change from our traditional focus on private practice. Ten years ago, Dr. Eric Geist wrote about the “centralization” of our specialty and how this trend could impact a field historically dominated by private practices. At the time, he said although challenging, this trend offers opportunities we must be prepared to seize. I believe he is right. We need to support all modalities of practice while continuing to provide unparalleled support for the challenges our traditional private practice members face. We may someday see ripple effects in recruiting new faculty and residents transitioning into practice. Our message and our materials need to reach the young dental student considering a specialty career path, the resident interested in academics and the residency graduate looking at practice options.

continued on next page



Advancing the specialty

The strategic partnerships AAOMS has developed with affiliate organizations are another avenue for advancing our specialty. Our alliance with the OMS Foundation has been a resounding success, increasing funding for relevant research and the Faculty Educator Development Award (FEDA) program that supports young faculty members. Our bipartisan political action committee, OMSPAC, has yielded recent legislative successes. Our relationships with OMSNIC, the American Board of Oral and Maxillofacial Surgery and the OMS Foundation Alliance have provided significant cooperative initiatives toward common goals.

Another tool for advancing the specialty is the AAOMS Informational Campaign – an award-winning multi-channel effort that has produced amazing returns-on-investment for our members. The campaign is continuously evaluated to refine efforts and develop new initiatives. As a reminder, the campaign’s resources – including infographics, videos and podcasts – are offered to members at no cost to use on their social media or websites.

As we identify new challenges, we will work toward solutions in line with our mission, vision, core values and strategic priorities. Allocating our finite resources will be critically examined for member value.

In the end, it’s all about “The Patients We Serve.”

Gratitude

I would like to specifically thank some of the individuals who helped me succeed:

- My mother, Bettie Turner, who as a single mom, worked as a dental assistant raising two children. She was able to impress upon a hearing-impaired young man that through hard work anything was possible. I think she would be proud of me today if she were here.
- To the Parkland Hospital faculty, Drs. R.V. Walker, William Bell, Douglas Sinn, Edward Ellis, Richard Finn, Michael Zide, John Stella and Bruce Epker.
- To my long-time senior partner Dr. Dennis Perry, and to Drs. Glenn Waters and Yavuz Yildirim, my junior partners.
- Special thanks to the long-time staff of my private practice, office manager Becky Gardner, surgical assistant Jennifer Hendrix as well as Sara Miles and Lynda Hawk.
- To the previous AAOMS Presidents who encouraged me along my journey, I will be eternally grateful.
- To the current Board of Trustees, I cannot thank you enough for your wisdom and friendship. I look forward to what this next year brings.
- As to the other two of “three amigos,” Drs. Paul Schwartz and Mark Egbert, it has been a great ride. I will lean on your wisdom and counsel over the next year.
- Thank you to our Senior Management Team and entire AAOMS staff. You are amazing and I look forward to continuing our work together.
- A special thank you to Dr. Jimmie Harper, who started me on this journey by dragging me to my first Ohio Society meeting, and Dr. Richard Lee who encouraged me to become a Delegate and continue in AAOMS.
- Of course, to District IV for all your support – you are the best.
- My heartfelt gratitude to the faculty of my new work family at the University of Cincinnati who have been very supportive of me – Drs. Deepak Krishnan, James Phero, Hether Khosa, Andres Flores, Mi Young Kim and Alexa Gadomski. For the residents, I thank you for fueling my passion for our specialty.

To my family, I love you. My daughter Ashley and her spouse Megan and my grandkids Wyatt and Olivia; my son Michael and his spouse Caroline and granddaughters Eleanor and Felicity; my daughter Erin and her spouse Josh and granddaughter Isla and newest grandson Calvin, and my son Matthew. My children and grandchildren are the joys of my life and I treasure our memories together.

Those who know me know that I am only complete with my wife Jenny. We recently celebrated 40 years of marriage, and I have cherished every single moment together. I could not have imagined traveling along this road called life with anyone else. I adore you and love you dearly.

Looking ahead

No matter where life takes us after today, I hope it leads back to seeing everyone together again in Washington, D.C., at next year’s Annual Meeting. Together, we will endeavor to make this year about The Patients We Serve. ■



Dr. Cynthia Trentacosti Franck
Oral Surgery Associates of Chester County,
West Chester, PA & Kennett Square, PA

TRUSTED by OMS to protect their practice.

More than 85% of Oral & Maxillofacial Surgeons trust OMSNIC to protect their practice and their reputation. Practicing OMS oversee member claims, participate in risk management resource development, and guide corporate decisions. Every OMS insured by OMSNIC owns shares in the company, and the capital contribution you make upon joining entitles you to your share of profits upon retirement. In a world of faceless insurance companies, OMSNIC has faces you know and trust, those of your colleagues.



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'Stronger Together' at Annual Meeting

*Advancing the specialty through
learning, building connections*

AAOMS members this year embraced the challenge from 2023-24 President Mark A. Egbert, DDS, FACS, to gather to learn, strategize and support one another in pursuit of excellence.

This spirit of unity and collaboration tied to Dr. Egbert's theme of Stronger Together and culminated at the 106th AAOMS Annual Meeting, Scientific Sessions and Exhibition in Orlando, Fla.

"It was truly amazing to witness the energy and engagement of our members. Through the blend of educational sessions and collaborative networking opportunities, oral and maxillofacial surgeons connected at the Annual Meeting to exchange knowledge, insights and goals that will help shape the future of our specialty," said Dr. Egbert.

More than 2,900 AAOMS members, residents, professional staff and guests converged on the Orange County Convention Center for the chance to listen to and interact with top educators, expand their skill sets and meet up with colleagues. Another 450-plus registered as online participants to immerse in the learning virtually.

Educational opportunities this year included eight clinical tracks covering 11 clinical topics: anesthesia, dental implants, dentoalveolar and nerve, orthognathic and obstructive sleep apnea, pathology and head and neck, pediatrics, reconstruction, and trauma and TMJ. Rounding out the schedule were more than 50 on-demand CE sessions, more than 35 practice management courses, a sold-out Surgical Approaches to the Facial Skeleton Cadaver Course and two preconference courses – the popular Anesthesia Update and a facial cosmetic surgery workshop.

State-of-the-art education

For Joseph A. Perrone, DMD, MD, of Milford, Conn., anesthesia education was the reason to attend. "I always enjoy the anesthesia sessions. It's good to stay up-to-date on what the latest advances are," Dr. Perrone said.

Spencer D. Armuth, DMD, MD, of Las Vegas, Nev., sought to augment his practice and took part in one of eight Office-Based Emergency Airway Management (OBEAM) modules offered through the AAOMS National Simulation Program at the Annual Meeting. "OBEAM was number one. I wanted to improve my skills and stay current with everything," he said.

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Left: Surgical Approaches to the Facial Skeleton Cadaver Course. Right: Beyond the Basics Coding Workshop.

“OBEAM was number one. I wanted to improve my skills and stay current with everything.”

– Dr. Spencer D. Armuth
Las Vegas, Nev.



While Dr. Armuth found great value in OBEAM, his favorite session was Management of Mandible Condyle Fractures: What Is the Best Evidence? presented by Raj Gutta, DDS, MS, FACS, and Daniel J. Meara, DMD, MD, MHCD, MS, FACS. The course provided an evidence-based approach to determine the best treatment – open or closed – and point out indications, contraindications, advantages and disadvantages for each approach.

“They presented two different perspectives and shared more than just research. They talked about their clinical experience, and it was a good discussion,” Dr. Armuth said.

Cutting-edge research and innovations in the OMS specialty are a cornerstone of the Annual Meeting, and this year’s sessions included a variety of subject matter:

■ **Artificial Intelligence in Oral and Maxillofacial Surgery** – Artificial intelligence (AI) is poised to revolutionize the field of oral and maxillofacial surgery. Speaker Leonel Perez Jr., DDS, MD, FACS, explored how AI is reshaping the orthognathic surgery workflow, from clinical evaluation to treatment planning. AI-generated simulation models enhance accuracy and efficiency, and AI-driven cephalometric tracing has proven as precise as manual tracing by trained residents and experts, according to Dr. Perez, Residency Director of the Walter Reed National Military Medical Center in Bethesda, Md.

■ **Emotional Intelligence (EI)** – Resident programs need to find candidates with high EI who can handle the high-stress environments, according to speaker Deepak G. Krishnan, DDS, BDS, FACS, Professor, Residency Program Director and Chief of Oral and Maxillofacial Surgery at the University of Cincinnati in Ohio. Addressing educators at the Faculty Section Educational Session, Dr. Krishnan said EI involves self-awareness, self-regulation, motivation and empathy.



“I would be very surprised to see a defect that I cannot treat from an intraoral approach today.”

– Dr. Istvan Urban
Chalmers J. Lyons Memorial Lecturer

These soft and social skills are crucial for effective leadership, team collaboration and patient care, he said. “We want them to be competent and good doctors at the end of the day,” said Dr. Krishnan.

■ **Chalmers J. Lyons Memorial Lecture** – Istvan Urban, DMD, MD, PhD, explained how he treats defects with intraoral particulate bone graft using vertical and horizontal augmentation. “I would be very surprised to see a defect that I cannot treat from an intraoral approach today,” said Dr. Urban, who is Director of the Urban Regeneration Institute in Budapest, Hungary. “I perform about 100 live

“Wonder changes the world. The right question changes everything... Our next cure and our next technology will come from a question.”

– Jason Latimer
Keynote Speaker



“Catching up is incredibly vital. I make connections all across the country and gain valuable perspectives on their journeys.”

– Dr. Jarred Abel
Chevy Chase, Md.



surgeries a year, apart from my private practice. There is a lot of demand for this type of procedure worldwide.” The Lyons Lecture has been featured at every Annual Meeting since 1952.

Collaborative learning

Camaraderie continued to be cited by attendees as a main reason for coming back each year.

Clinical Interest Groups (CIGs) and Special Interest Groups (SIGs) held their once-a-year, in-person meetings to contribute toward future track session planning. The CIGs and SIGs will continue their discussions through web-based meeting platforms throughout the year.

Each year, an international association is invited to present at the Annual Meeting. This year’s guest association for the International Expert Forum was the International Association of Oral and Maxillofacial Surgeons (IAOMS). OMSs from Finland, Germany, India and Mexico discussed lessons they learned from their most difficult cases.

In addressing his takeaway lesson, Alejandro Martínez-Garza, DDS, of Mexico and Immediate Past President of

“If you have not had or seen complications, it’s because you have not operated enough.”

– Dr. Alejandro
Martínez-Garza
Immediate Past
President of IAOMS



IAOMS, said when it comes to complications in orthognathic surgery, “no matter how exact the diagnosis and the treatment plan is or meticulous you are as a surgeon, (complications) will present. If you have not had or seen complications, it’s because you have not operated enough.”

In addition, international members met together to share case studies, best practices and solutions to common diagnoses and care in oral and maxillofacial surgery during the Global Health Café.

At the Keynote Lecture, world champion magician and science educator Jason Latimer involved the audience during his Impossible Science LIVE show. Moving between illusions, Mr. Latimer explained how “wonder changes the world. The right question changes everything... Our next cure and our next technology will come from a question.” He encouraged attendees to embrace curiosity and innovation.

continued on next page



The Dental Implant Plenary shed light on challenges that can arise with implants and equipped OMSs the knowledge to prevent and address these issues.

2024 AAOMS ANNUAL MEETING *(continued)*



Attendees took breaks to explore the Exhibit Hall throughout the Annual Meeting.

Making connections

Aside from the learning, “the Annual Meeting is as much about catching up with people and seeing what’s going on with friends and who’s doing what. It’s about reconnecting; it’s more of a network,” said Mae A. Hyre, DMD, MD, of Charleston, W.V.

Kicking off the Annual Meeting’s social gatherings was the Welcome Reception, where participants enjoyed food, music and fellowship and congratulated honorees from the Opening Ceremony, Awards Presentation and Meeting Dedication.

Networking breaks in the Exhibit Hall provided an opportunity to meet up with friends and colleagues. Attendees also had a chance to explore the most advanced equipment, products and services for the specialty at vendor booths; play AAOMSopoly at participating booths or visit the AAOMS Block Party Pavilion for Skee-Ball, a virtual reality golf simulator and other games.

Reconnecting with colleagues and friends and meeting new people drew Jarred Abel, DDS, MD, of Chevy Chase, Md., to the Annual Meeting.

“Catching up is incredibly vital,” he said. “I make connections all across the country and gain valuable perspectives on their journeys – where they came from, where they trained, how they got to where they are now and what they’re looking for tomorrow.”

Dr. Egbert said this year’s Annual Meeting delivered an exceptional educational experience. “Those registered for either the in-person or online-only meeting can still fully engage with the online platform and take advantage of the wealth of resources available,” he said. ■

Access Annual Meeting content online

All who registered for the Annual Meeting either in-person or online have access to in-person recorded sessions, a full library of on-demand courses and a virtual Exhibit Hall through **Jan. 31**. Participants will be able to explore all the online platform has to offer and earn continuing education credits from their devices.

For AAOMS members unable to attend or who have yet to sign up online, there’s still time to take advantage of what the Annual Meeting had to offer. Registration for online-only access to the meeting’s catalog of recorded and on-demand content as well as the Virtual Exhibit Hall remains open until Dec. 31.

The option includes access to recorded and on-demand clinical and practice management sessions, the International Expert Forum and the Virtual Exhibit Hall until Jan. 31. A separate registration fee is required for online access to the preconference session *Anesthesia Update: Office-Based Anesthesia: Building Bridges*. Visit AAOMS.org/AnnualMeeting for more information.

Annual Meeting photos available



Professional photographs from the 2024 AAOMS Annual Meeting are available for purchase on The Photo

Group’s website at ThePhotoGroup.com. The access code is gallery24. The gallery will be closed after Dec. 18.



President's Event packs a punch with music, food and rides

The President's Event, the highlight of the Annual Meeting's social calendar, celebrated Dr. Mark A. Egbert and his family in style at Universal Orlando Resort. Attendees danced along the promenade with a DJ, enjoyed live music and belted out karaoke tunes while sampling a wide

variety of buffet options in and around Universal CityWalk restaurants. The night continued with exclusive access to parts of Universal Islands of Adventure, where guests indulged in dessert, shopped and enjoyed multiple ride attractions.



Oral abstract, poster winners announced

During Hot-off-the-Press as well as three oral abstract sessions, authors presented their research before answering attendees' questions. This year's oral abstract winners are:

Maintaining Retained Primary Molars in Hypodontia Patients to Reduce Surgical Complexity of Dental Implant Surgery: An Observational Study

Presenter: Alex Orchard, BDS, MFDS, RCS, MSc, CertMedEd, DipSed, MOralSurg

What Patient, Surgical and Management Factors Influence Postoperative Inflammatory Complications in Sinus Lifts?

Presenter: John Button

Do Cannabis Users Require More Anesthesia During Third Molar Removal Under Intravenous General Anesthesia When Compared to Non-Users?

Presenter: Kanvar Panesar, DDS, MS, MD

Does Intraoperative Dexmedetomidine Administration During Orthognathic Surgery Influence Postoperative Opioid Consumption?

Presenter: Yu Jin Lee, DMD

Utilization of a Modified Residual Neural Network Model for Semi-Automated Volumetric Analysis of Alveolar Clefts

Presenter: Sayyed Ourmazd Mohseni, DDS

The Impact of Premature Fusion Intersphenoid Synchondrosis (ISS) in Costello Syndrome

Presenter: Susan Keefe, DDS

Prognostic Indicators in Pediatric Head and Neck Sarcoma: A 17-Year Review

Presenter: Tayla Moshal

Insights and a Retrospective Analysis from a Single Institution Using Pentoxifylline, Vitamin E and Sodium Clodronate in the Prevention and Management of ORN

Presenter: Krishantini Mahendran

The Effectiveness of Artificial Intelligence-Based Virtual Assistants in Addressing Frequently Encountered Inquiries from Patients in Oral Surgery Clinics

Presenters: Paul Nwokeji, DMD, MBS, and Pasquale Cannata, MS

How Do Orthognathic Surgical Movements Affect the Postoperative Upper Airway Volume and Maximum Constriction Area?

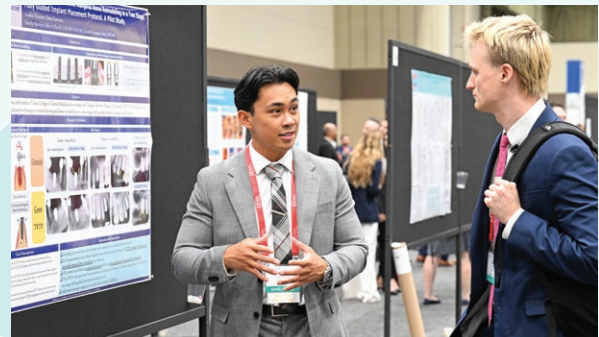
Presenter: Anthony Chen, DDS

Point-of-Care 3D Printing for Orthognathic Surgery: In-House vs. Out-Sourced Final Splints

Presenter: Talal Beidas, DDS

Acute Normovolemic Hemodilution in Head and Neck Reconstructive Surgery

Presenter: Keyur Naik, DDS, MD



Poster winners

In addition, scientific poster authors discussed their findings at a reception supported by the OMS Foundation on Sept. 12. The poster winners are:

Poster 16: A Comparison of Stability Between Conventional and Immediate Dental Implant Systems
Presenter: Mori Naftulin, DDS

Poster 32: Does Geographic Bias Exist in the Oral and Maxillofacial Surgery Residency Match Process?
Presenter: Joshua Weirich, DDS

Poster 38: Diversity in Oral and Maxillofacial Residency: A Racial and Gender Breakdown From 2016-2023
Presenter: Matthew Moore, DMD

Poster 46: Characterization of Tenosynovial Giant Cell Tumors in the Temporomandibular Joint: A Multidisciplinary Approach to Treatment
Presenter: Sydnee Vaughan, DMD

Poster 64: Does the Lateral Pterygoid Muscle Reattach After Autogenous Ramus-Condyle Unit Reconstruction in Temporomandibular Joint Ankylosis Patients?
Presenter: Ajoy Roychoudhury, MDS

A black and white photograph of two surgeons in an operating room. The surgeon on the left is wearing glasses and a surgical mask, looking down. The surgeon on the right is also wearing a mask and has a surgical light reflected in their eye. They are both wearing white scrubs. The text is overlaid in blue.

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PRACTICE

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Delegates hear year's highlights; vote on

The House of Delegates honored outgoing President Mark A. Egbert, DDS, FACS; welcomed incoming President J. David Morrison, DMD, and voted on several resolutions during three days of business sessions during the Annual Meeting.



2023-24 AAOMS President Dr. Mark A. Egbert gives his President's Address during the first session of the House of Delegates in Orlando, Fla.

In his President's Address, Dr. Egbert reflected on his theme of Stronger Together and provided a report on AAOMS activities of the previous year, including highlights of advocacy efforts, research publications and member benefits and communications.

"Working alongside dedicated volunteers, allied staff and sister organizations, we have pursued excellence and innovation to advance our specialty," said Dr. Egbert.

"As an Association, we hold ourselves to the highest

expectations, prioritizing commitment to others over self. We recognize both the opportunity and the obligation to positively influence our profession," said Dr. Egbert.

Among notable activities during his tenure:

- Joining the ADA and other organizations to ask the U.S. Supreme Court to review a circuit court decision that re-expanded the scope of the Employee Retirement Income Security Act (ERISA) preemption.
- Supporting patient safety and the OMS model of anesthesia delivery in North Carolina in conjunction with the North Carolina Society of Oral and Maxillofacial Surgeons.
- Alerting members after the FBI informed AAOMS that OMS practices were potential targets of cybersecurity attacks.
- Increasing access to Office-Based Emergency Airway Management (OBEAM) modules through partnerships with regional and state societies.
- Publishing the 7th edition of *Parameters of Care* with 12 clinical practice sections.

- Developing an evidence-based paper on "The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction."
- Hosting a Regional and State Leadership Conference that focused on wellness and destigmatization of those affected by substance use disorders.

"Thank you for your trust, your collaboration and your commitment to our shared mission," Dr. Egbert said. "All of what we've accomplished as an Association is evidence that we are indeed Stronger Together."

Members of the House commended Dr. Egbert on a successful year as President following his speech.

"Dr. Mark Egbert was a phenomenal AAOMS President," said David R. Cummings, DDS, of Mission Viejo, Calif., the District VI representative on the House of Delegates Reference Committee B. "I have known him for a number of years, going back to when he first started off as a District VI Trustee. He has always been a team player and a one-of-a-kind leader. I am so proud to contribute to his presidency and make AAOMS stronger for the better!"

In the third session of the House, Dr. Morrison was installed as the 2024-25 President and presented his Inaugural Address that explained his theme of The Patients We Serve.

"The concept of service to our patients sometimes gets lost in the busy shuffle of our daily routines and demands, but most of us can recall that specific seminal moment when we felt the call to our specialty. I hope this theme gives us pause for individual reflection and a renewed purpose for why we do what we do," Dr. Morrison said. "Our Association's mission statement is to advance, promote and



Delegates convened in September for their annual sessions.

resolutions during Orlando sessions

preserve our specialty to ensure patient access to safe and effective care. AAOMS *exists* for the patients we serve.”

Over the next year, Dr. Morrison said he intends on focusing on the goals and objectives of AAOMS’s 2025-27 Strategic Plan, including protecting the OMS anesthesia delivery model, expanding OBEAM course offerings, encouraging member involvement in advocacy efforts and supporting all modalities of practice.

The two Subcommittees of the Board will continue their work reviewing the Association’s major meetings, including the AAOMS Annual Meeting and Dental Implant Conference and examining overall committee structures.

“Since he was a young surgeon, Dr. Morrison’s lifelong commitment to our specialty has been truly inspiring,” said Robin Gallardi, DDS, MS, of Chicago, Ill. “His gift has been a strong devotion to patient care, and it reminds us all that it is and has always been about the patients we serve.”

Dr. Morrison previously served as AAOMS President-Elect, Vice President and District IV Trustee and Caucus Chair as well as a Delegate to the AAOMS House for more than 20 years.

House actions

Two resolutions from Reference Committee A to amend the Code of Professional Conduct were referred to the appropriate committee for evaluation with a report back to the 2025 House of Delegates:

- Section on “Use of Social Media and the Internet.”
- Language regarding itinerant surgery.

Resolutions from Reference Committee B were approved:

- Amendment to Bylaws covering the duties of the House of Delegates and a related section to approve (rather than elect) one ABOMS Director annually.
- Amendment to Bylaws in three sections to require Delegates and district caucus officers to disclose conflicts of interest.
- Amendment to an earlier House resolution to include language clarifying Dec. 31, 2026, as the date for members to complete an anesthesia simulation training requirement and then subsequently complete the training every five years or in accordance with the Office Anesthesia Evaluation program cycle.

- Approval of the 2025 AAOMS operating budget of \$24.7 million.
- Extension of the maximum term of the immediate past chair of the Committee on Practice Management and Professional Staff Development to two years to match the term of the Chair and, accordingly, amend the composition of the committee to include up to 11 voting members.
- Amendments to AAOMS Policies, including:
 - Changing the ABOMS Director election process to an approval process.
 - Increasing the frequency of joint AAOMS/ABOMS meetings to twice a year.
 - Changing the definition of year-end target for AAOMS Operating Reserves.
 - Recognizing those pursuing fellowships recognized by CODA, AACMFS or AACS as residents exempt from paying Annual Meeting registration fees.
 - Allowing House of Delegates Alternates to save 50 percent off Annual Meeting registration fees, in line with the Delegates’ discount.

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2024-25 AAOMS President Dr. J. David Morrison delivers his Inaugural Address during the third session of the House of Delegates.



Delegates vote on resolutions during the House of Delegates sessions.

- Allowing up to two recipients of the Committee Person of the Year Award.

In new business put forth on the House floor, Delegates voted to have the Board evaluate the need to re-establish the Committee for Hospital and Interprofessional Affairs (CHIA) as an AAOMS standing committee with a report back to the 2025 House of Delegates, saying hospital staff privileges and access for OMSs has once again become an issue for many surgeons across the country.

During the three business sessions, the Delegates also:

- Memorialized fellows and members who passed away during the last year.
- Elected Robert S. Clark, DMD, President-Elect; Charles A. Crago, DMD, MD, FACS, Vice President; and Steven R. Nelson, DDS, MS, Speaker of the House of Delegates.
- Elected District V Trustee Julia R. Plevnia, DDS, FACS.
- Re-elected Martin E. Eichner, DDS, of District II; and Trustee Gregory M. Ness, DDS, FACS, of District IV, to two-year terms.

- Recognized the contributions of Immediate Past President Paul J. Schwartz, DMD.
- Honored the 25th anniversary of the California Association of Oral and Maxillofacial Surgeons and the 75th anniversary of the Southeastern Society of Oral and Maxillofacial Surgeons.
- Elected Paul M. Ciuci, DMD, MD, FACS, as a Director of ABOMS.

OMSPAC Challenge

The OMSPAC Board of Directors hosted its third annual House of Delegates Challenge, which was won by District IV with the highest per capita contribution. Four districts – I, IV, V and VI – had 100 percent participation among Delegates and Alternates. Overall, the challenge garnered OMSPAC support from 97 percent of all Delegates and Alternates and helped OMSPAC reach its fundraising goal for the year. ■

AAOMS Officers, Trustees elected at Annual Meeting

The following Officers and Trustees were installed during the third session of the House of Delegates on Sept. 11:

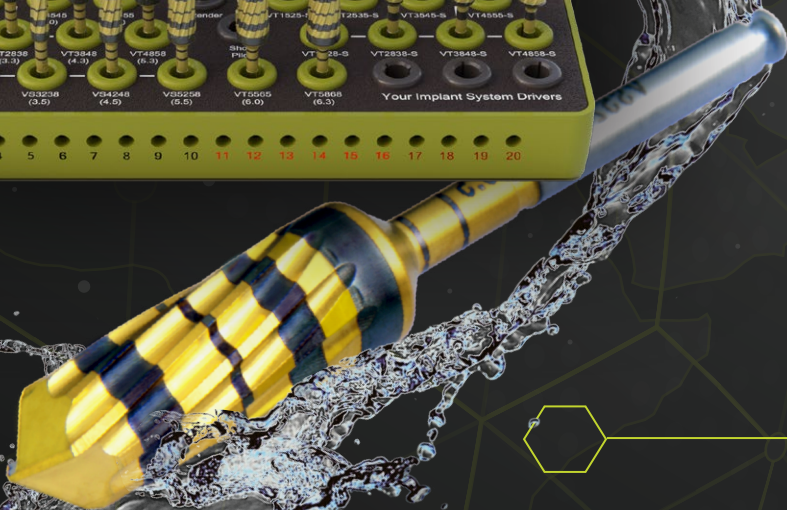
- President J. David Morrison, DMD
- President-Elect Robert S. Clark, DMD
- Vice President Charles A. Crago, DMD, MD, FACS
- Trustee District V Julia R. Plevnia, DDS, FACS



Front row, from left: Steven R. Nelson, DDS, MS, Speaker of the House of Delegates; Jeffrey H. Wallen, DDS, Treasurer; Charles A. Crago, DMD, MD, FACS, Vice President; J. David Morrison, DMD, President; Robert S. Clark, DMD, President-Elect; Mark A. Egbert, DDS, FACS, Immediate Past President; Karin Wittich, CAE, Secretary/Executive Director; Back row, from left: Debra M. Sacco, DMD, MD, District III Trustee; Edward J. Miller Jr., DMD, District I Trustee; Gregory M. Ness, DDS, FACS, District IV Trustee; Martin E. Eichner, DDS, District II Trustee; Julia R. Plevnia, DDS, FACS, District V Trustee; W. Frederick Stephens, DDS, District VI Trustee.



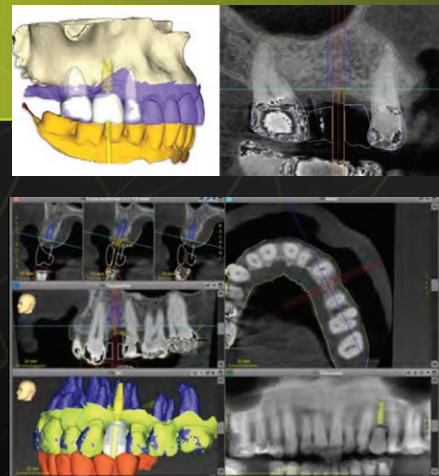
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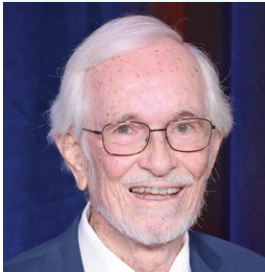
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2024 award winners honored for volunteerism,

During the Opening Ceremony, Awards Presentation and Meeting Dedication at the 2024 Annual Meeting, members, fellows, faculty and residents – as well as legislators and other supporters of the specialty – were honored for their achievements in volunteerism, research, education and leadership.

R.V. Walker Distinguished Service Award

This award – named in honor of AAOMS past President and *Journal of Oral and Maxillofacial Surgery* Associate Editor Robert V. Walker, DDS – honors those who have made a significant contribution to the OMS specialty.



Dr. Kent

John (Jack) N. Kent II, DDS, served as the Head of Oral and Maxillofacial Surgery at Louisiana State University and Chief of OMS at Charity Hospital in New Orleans for over 30 years. He earned the James Peltier Endowed Chair, LSU's first \$1 million chair, and in 2009 established the Jack Kent Oral and Maxillofacial Surgery Foundation with Eric Geist, DDS, FACS, to support LSU OMS residents. Previously, he served as the President of ABOMS and the Southeastern Society of OMS. Prior to his tenure at LSU, he served three years in the U.S. Public Health Service and was a Fullbright Scholar in Ecuador.



Dr. Lieblich

Presidential Achievement Award

This award recognizes members for important long-standing contributions to the OMS specialty through clinical, academic, research or public service activities.

Dr. Lisabeth Shlansky and family accepted the Presidential Achievement

Award on behalf of **Stuart E. Lieblich, DMD**, who passed away in February 2024. Dr. Lieblich made significant contributions to the AAOMS *Parameters of Care*, notably as Chair of the Dentoalveolar Section since the second edition. For the sixth and most recent seventh edition, he also was Assistant to the Chair of the ParCare Special Committee. In addition to his work in private practice, Dr. Lieblich served

as a part-time Clinical Professor at the University of Connecticut. Committed to global health and making an impact beyond his clinical practice, he took annual medical missions to Haiti. He also served as Director and President of the American Dental Society of Anesthesiology and President of ABOMS.



Dr. Lieblich's wife, Dr. Shlansky

AAOMS Honorary Fellowship

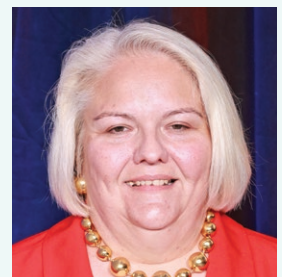
This honor recognizes non-members who have made distinguished contributions to the OMS specialty.

Mark Adams, JD, served as AAOMS's legal counsel for 18 years before his retirement in summer 2024. In his role, he provided essential legal support to the AAOMS Board of Trustees, committees and councils. He was instrumental in developing litigation strategies, managing contractual issues and offering legal analysis in addition to guiding Scope of Practice activities for AAOMS through his work on the Commission on Professional Conduct.



Mr. Adams

Kimberly Molley, CPA, MBA, currently serves as AAOMS Chief Financial Officer and Associate Executive Director of Operations and Business. Over her 25 years at the Association, she has driven key initiatives such as the Daniel M. Laskin Institute for OMS Education and Innovation. She also oversees the financial operations of the OMS Foundation and ASI, the Association's for-profit subsidiary. She works to develop budgets and strategic plans, evaluate and implement cost-saving measures and ensure a smooth audit process.



Ms. Molley

research, education and leadership efforts

Annual Meeting Dedication

Considered the organization's most prestigious award, the AAOMS Annual Meeting Dedication honors respected colleagues or groups who have made significant contributions to the Association and the specialty. The 2024 Annual Meeting was dedicated to **James Q. Swift, DDS, FACS**, for his longstanding commitment to education, research and the business of OMS.

Dr. Swift is currently a Professor at the University of Minnesota, where he served as Director of the Division of OMS for 25 years and is the namesake of a Professorship Endowment founded in 2016. His prolific and significant contributions to the academic canon include over 100 manuscripts, articles, abstracts and book chapters. Additionally, he has served as the Principal Investigator on NIH and NIDCR-funded projects. Outside the world of academia, Dr. Swift has contributed over 20 years as a member of the OMSNIC Claims Committee and has been Chair of the OMSNIC Board since 2016. He also sits on the Board of the Gorlin Syndrome Alliance, where he chairs the Medical and Scientific Advisory Committee. His other past leadership roles are numerous and include President and Director of ABOMS, President of the American Dental Educational Association, Director of the OMS Foundation and Chair and Officer of the AAOMS Faculty Section.



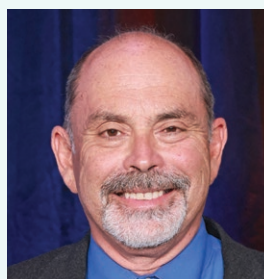
Dr. Swift



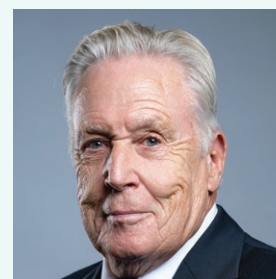
Rep. Eshoo



Sen. Cramer



Dr. Candelaria



Dr. Startzell

Outstanding Legislator of the Year Award

This award recognizes legislators from the state and federal levels for contributions to legislation that positively affects the OMS specialty. AAOMS presented the two legislators with their awards during the 2024 Day on the Hill.

Rep. Anna Eshoo represents California's 16th District in the U.S. House and helped introduce the Ensuring Lasting Smiles Act in 2021. She also has supported provider-friendly legislation that would provide an inflationary update for Medicare reimbursement. Additionally, she has played a pivotal role in other healthcare issues such as drug and supply shortages and modernizing the FDA approval process for medical devices.

Sen. Kevin Cramer represents North Dakota in the U.S. Senate and has been a key leader on the Dental and

Optometric Care Access Act while supporting several other AAOMS priorities. In 2023, he reintroduced the DOC Access Act, which would prohibit ERISA plans from capping fees on uncovered services. Sen. Cramer also has supported ELSA, antitrust reform and appealing the Medical Device Tax.

Committee Persons of the Year

This award recognizes members of a standing or special committee who have provided outstanding service to AAOMS in the year preceding the Annual meeting.

Lionel M. Candelaria, DDS, FACS, and **James M. Startzell, DMD, MS**, served over 16 years side-by-side on both the AAOMS Committee on Healthcare Policy, Coding and Reimbursement and on the AMA RVS Update Committee

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(RUC). On the RUC, they monitored activities and assessed their impact on oral and maxillofacial surgery and dentistry, providing expertise that helped the RUC make recommendations to the federal government on Medicare reimbursement. Through their tenure as the longest-serving representatives to the RUC, they also became the AAOMS and Committee experts on Medicare policy, advising the membership on correct, effective and ethical coding and contributing to AAOMS courses and content.

Dr. Startzell is a veteran of the U.S. Air Force and Army and is the former Director of Residency Training and Pre-Doctoral OMS Education at the University of Texas Health Science Center at San Antonio. He was the first recipient of the university's James E. Bauerle Professorship.

Dr. Candelaria is a member of the Cleft Palate and Craniofacial Team at the University of New Mexico Hospital and also works in private practice. He has served as a Delegate or Alternate to the AAOMS House of Delegates at various times since 1999. He is a veteran of the U.S. Navy.

Distinguished Service Award for Non-OMSs

This award recognizes non-OMSs who have made a significant contribution to the OMS specialty or community.



Ms. Jackson

Dawn Jackson, DrPH, RHIA, CCS-P, has used her expertise in healthcare reimbursement to contribute to the AAOMS Insurance and Reimbursement Manual, AAOMS webinars and AAOMS coding courses. She has taught coding workshops in addition to instructing practice management courses at AAOMS Annual Meetings for over 25 years. Additionally, she holds the title of Faculty Emeritus of the Health Services Administration program at Eastern Kentucky University, where she earned her master's degree.



Ms. Brady

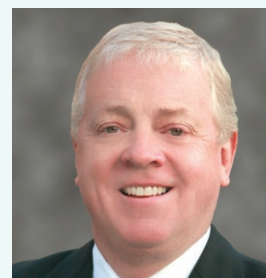
Jennifer Brady, MHA, has been a dedicated member of the AAOMS Allied Staff category since its inception and has helped recruit other allied staff. In addition to serving on the AAOMS Committee on Practice Management and Professional Staff Development for seven years, she also was an initial member of the Dental Anesthesia

Assistant National Certification Examination Advisory Committee. She frequently lectures on various topics and facilitates the Anesthesia Assistants Skills Lab.

AAOMS Humanitarian Awards for Fellows and Members

This award recognizes fellows and members who have donated substantial time and effort within their local community or on a global basis, resulting in an improvement in the quality of life for the public.

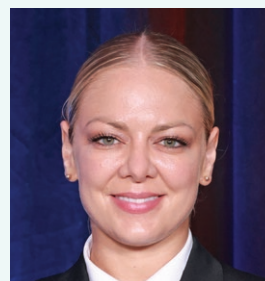
Mrs. Diane Paxton accepted the award on behalf of her husband **Mark C. Paxton, DDS**, who passed in 2018. Dr. Paxton took an annual trip to Central and South America with Hearts In Motion for 28 years, helping thousands of patients. He also took many of the surgical residents, dental students and Washington State University undergraduates he mentored on these trips. Dr. Paxton founded the Northwest Foundation for Maxillofacial Research and Education, a nonprofit that provides scholarships and continuing education in Spokane, Wash., where he also operated a private practice. He also played a key role in establishing a clinic to treat underserved populations in Spokane and was a veteran of the U.S. Air Force.



Dr. Paxton

AAOMS Humanitarian Award for Residents

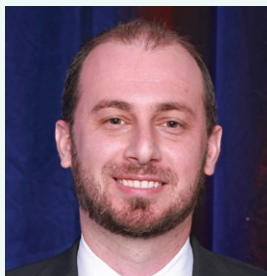
This award recognizes residents who have donated substantial time and effort within their local community or on a global basis, resulting in an improvement in the quality of life for the public.



Dr. Curtis

Shelby Curtis, DMD, a lieutenant commander in the U.S. Navy, traveled with Smiling Surgeons, a nonprofit that serves underserved communities, on the first OMS-led humanitarian healthcare trip to the African nation Malawi. During this inaugural mission, Dr. Curtis

and the other lead surgeons provided support to Dr. James Mchenga, the nation's sole OMS.



Dr. Hadaya

Danny Hadaya, DDS, MD, PhD, a fifth-year OMS resident at UCLA, has volunteered with the Thousand Miles Foundation in Ensenada, Mexico, for the last nine years. He organized a team of volunteers at UCLA and has taken more than 25 trips with the team throughout residency and dental school,

and recently received a GIVE Scholarship from the OMS Foundation.

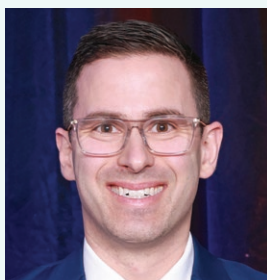


Dr. Jones

Emily L. Jones, DMD, MS, a third-year resident at the University of Kentucky, spent three years working with the National Health Service Corps, focusing on exodontia and caries. Currently, she works with Kentucky's underserved population and active-duty military through the White House Clinics and the Reserve Health Readiness Program.

John F. Freihaut Political Activist Award

This award recognizes AAOMS members, state OMS societies, state dental associations or groups of individuals for their grassroots efforts and support of legislative issues at the state and federal levels that benefit oral and maxillofacial surgery.



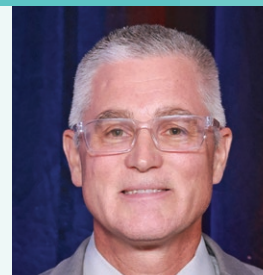
Dr. Burk

Thomas F. Burk, DMD, MD, serves as the President of the New Hampshire Society of OMS and works alongside AAOMS to advocate for OMSs and communicate with the state dental board and state legislators. Dr. Burk is an active attendee of Day on the Hill and was awarded the

AAOMS Advocacy Challenge Coin in 2022. He also was the President of ROAAOMS in 2019, during which he worked closely with OMSPAC and the Committee on Government Affairs.

Donald B. Osbon Award for an Outstanding Educator

This award recognizes an outstanding faculty member of an OMS residency program who has exemplified the higher ideals of an educator.



Dr. Herford

Alan S. Herford, DDS, MD, is a Professor, Chair and Program Director of the Department of Oral and Maxillofacial Surgery at Loma Linda University School of Dentistry. He is the author of numerous peer-reviewed scientific publications and most recently authored book chapters on the treatment of mandibular fractures, facial flaps and treatment of soft-tissue injuries. Dr. Herford works to improve residency and continuing education, having served on the AAOMS Committee on Education and Training and the CODA OMS Residency Review Committee.

Daniel M. Laskin Award for an Outstanding Predoctoral Educator

This award recognizes predoctoral educators in the specialty.



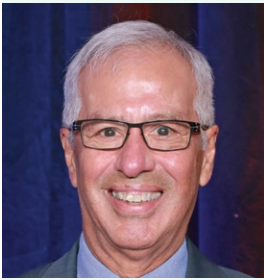
Dr. Alberto

Pamela L. Alberto, DMD, served for 20 years as the Predoctoral Director of Oral and Maxillofacial Surgery at Rutgers Dental School, where she developed a predoctoral OMS curriculum adopted by other dental schools. In addition to collaborating with dental students and residents to promote posters at Rutgers Dental School Research Day and AAOMS Annual Meetings, she led Rutgers dental students on annual missions to Haiti to provide dental services for 20 years. She currently serves on the Board of the Cheerful Heart Mission, aiding the underprivileged population on the border of Haiti and the Dominican Republic.

Clinical Research Award

This award recognizes members who are engaged in clinical research that fosters innovations or new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery.

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Dr. Zuniga

John R. Zuniga, DMD, PhD, MS, has made over 180 scholarly contributions to areas such as TMJ, neurosensory disorders, the neuroscience of the trigeminal nerve, acute and chronic orofacial pain and taste function. He won the 2019 Stephen B. Milam Award as Co-Principal Investigator for a study on magnetic resonance neurography of trigeminal nerve injuries, and has previously earned funding from the NIH, American Fund for Dental Health, AAOMS and the OMS Foundation. Dr. Zuniga serves as a Professor in the Department of Surgery at UT Southwestern Medical Center, where he holds the Robert V. Walker DDS Chair in Oral and Maxillofacial Surgery.

AAOMS/OMS Foundation Faculty Educator Development Award (FEDA)

Recipients commit to serving in a full-time faculty position for six years after they are selected for this award, which encourages OMSs to continue their careers in academia. The 2024 recipients are:

- **Marcus Couey, DDS, MD** – *Boston University*
- **Paul Covello, DDS, MD, FACS** – *Geisinger Health System*
- **Pooja Gangwani, DDS, MPH** – *Temple University*
- **James Gates, DMD, MD, FACS** – *University of Pennsylvania*



Dr. Couey



Dr. Covello



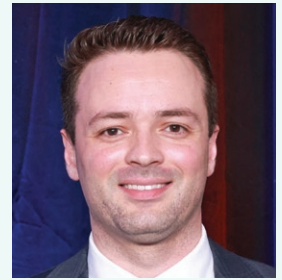
Dr. Gangwani



Dr. Gates



Dr. Choi



Dr. Neal

Resident Scientific Award

This award recognizes OMS residents for the scientific quality of manuscripts submitted for judging. The 2024 winners are **Kyu J. Choi, DMD**, of the Naval Medical Center San Diego and **Timothy W. Neal, DDS, MD**, of Parkland Memorial Hospital.

Special Honorary Fellowship

This honor recognizes OMSs from other countries who serve as ambassadors and leaders of their organizations with a one-year honorary fellowship. The three honorees this year are:

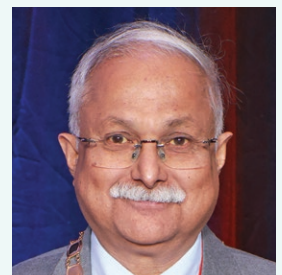
- **Daisy Chemaly, DMD, MDent, FRCDC**, President of the Canadian Association of Oral and Maxillofacial Surgeons
- **Dr. Kathleen Fan, PhD, BDS, MBBS, FDSRCS, FRCSEd, FRCS (OMFS)**, President of the British Association of Oral and Maxillofacial Surgeons
- **Dr. Sanjiv C. Nair, BDS, MDS, FFDRCS**, President of the International Society of Oral and Maxillofacial Surgeons



Dr. Chemaly



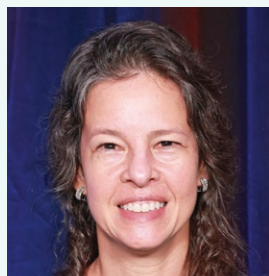
Dr. Fan



Dr. Nair

William J. Gies Foundation Award in Oral and Maxillofacial Surgery

This award from the William J. Gies Foundation recognizes the distinguished achievements of educators in the OMS specialty.

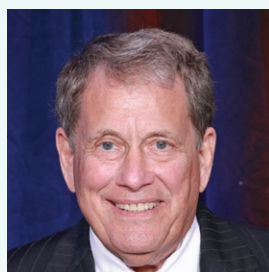


Dr. Abramowicz

Shelly Abramowicz, DMD, MPH, FACS, is the Section Chief of Oral and Maxillofacial Surgery at Children's Healthcare of Atlanta, where she educates both residents and dental students and serves as a mentor to young faculty. An author of over 100 manuscripts and 30 book

chapters, Dr. Abramowicz serves on the Editorial Board of *JOMS* and *Oral and Maxillofacial Surgery Cases*. She is a past recipient of a FEDA and is a leader in surgical and nonsurgical treatment options for children with juvenile idiopathic arthritis.

OMS Foundation Gerald E. Hanson Outstanding Service Award



Dr. Tucker

This award recognizes advocates whose support for the Foundation demonstrates extraordinary stewardship.

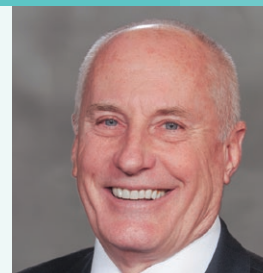
W. Mark Tucker, DDS, was an OMS Foundation Director from 2008 to 2010, during which he served as an Ambassador and a member of every committee. He led an

effort in 2021 that resulted in the Florida and Southeastern Societies of OMS contributing more than \$50,000 to the Foundation in honor of Dr. James and Judy Davis. Dr. Tucker served as AAOMS President in 2007, is a past President of the Florida Society of OMS and is a member of the R.V. Walker Society.

OMS Foundation Torch Award

The OMS Foundation's most prestigious award recognizes individuals who have made significant contributions and/or provided exemplary service in fostering the purposes of the OMS Foundation.

Louis K. Rafetto, DMD, was Chair of the Foundation Board from 2021 to 2023, prior to which he served as a board member. He helped to develop and implement the Foundation's Strategic Alliance with AAOMS that was enacted in 2018 following his term as AAOMS President in 2016. He has played a key role in developing the GIVE Program and continues to serve on the OMS Foundation Committee on Humanitarian Programs.

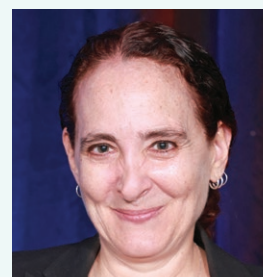


Dr. Rafetto

OMS Foundation Research Recognition Award

This award recognizes those who have developed significant scientific contributions that have led to a better understanding of basic disease processes and improvement of care related to disorders of the maxillofacial region.

Tara Aghaloo, DDS, MD, PhD, has received funding for her work in oral and maxillofacial surgery from the OMS Foundation several times throughout the years, including six Research Support Grants, the Stephen B. Milam Award and Daniel M. Laskin Award. She serves as the Associate Editor of *JOMS* and has previously served as the President of the Academy of Osseointegration. Additionally, she directs the Foundation's Student Research Support Grant Program and serves on the Foundation's Committee on Research.



Dr. Aghaloo

OMS Foundation Dr. David Stanton Resident Research Award

This award recognizes the author(s) of the most outstanding resident research paper published in the *Journal of Oral and Maxillofacial Surgery* during the previous year.

The *Journal* Editorial Board selected "Comparative Efficacy of Obstructive Sleep Apnea Patients Undergoing Multilevel Surgery Followed by Upper Airway Stimulation Versus Isolated Upper Airway Stimulation" by **Corissa P. Chang, DDS**, a current resident at the University of Pennsylvania.
continued on next page



Dr. Chang

OMS Foundation

Daniel M. Laskin Award

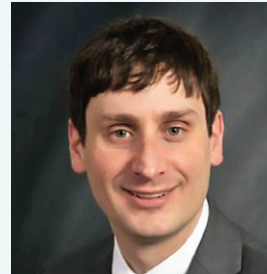
This award recognizes the authors of the most outstanding article published in the *Journal of Oral and Maxillofacial Surgery* during the previous year.

The *Journal* Editorial Board selected "Is Recreational Marijuana Use Associated With Changes in the Vital Signs or Anesthetic Requirements During Intravenous Sedation?" The authors are:

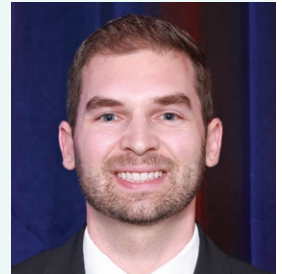
- **Pooja Gangwani, DDS, MPH**
- **David Lillian, DDS**
- **Joshua Dobbins, DMD**
- **Changyong Feng, PhD**
- **John Vorrasi, DDS**
- **Antonia Kolokythas, DDS, MSc, MSed, FACS**



Dr. Gangwani



Dr. Lillian



Dr. Dobbins



Dr. Feng



Dr. Vorrasi



Dr. Kolokythas

Osteo Science Foundation award winners recognized

The 2024 Osteo Science Foundation award winners and program participants were recognized at the Annual Meeting Awards Ceremony:

Peter Geistlich Research Award

- **Michael S. Detamore, PhD** – *Colorado State University*

Philip J. Boyne Research Award

- **Genevieve Romanowicz, PhD** – *University of Oregon*

Clinical Observership Program Participants

Tapan Dalal, DMD; Edwin Eshaghzadeh, DDS, MD; Rebecca Fisher, DMD; Alexander M. Flynn, DDS; Sebastian Graca, DMD; Steven Halepas, DMD, MD; Felix Hong, DMD, MD; Tzvi M. Krupka, DDS; Steven Licht, DMD; John Lindberg, DMD; Tarek N. Metwally, DDS, MD; Jason Middleton, DMD; Matthew Moore, DMD; Joseph Noory, DMD; Benjamin Palla, DMD, MD; Alex Romash, DDS, MD; Sarah Wicheta, DMD, MD

Association award nominations due in January

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarian and other areas. Members are encouraged to consider nominating colleagues for these accolades.

The deadline for nominations each year is Jan. 31. The AAOMS Advisory Committee on Awards Nominations reviews nominations for Association fellows and members.

For more information on submitting a nomination, visit AAOMS.org/Awards.



Sheraton Grand Chicago Riverwalk
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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
real-life
airway
experiences

Upcoming sessions:

- Dec. 5: 8 a.m., 11 a.m. and 2 p.m.
- March 15: 8 a.m., 11 a.m. and 2 p.m.
- May 17: 8 a.m., 11 a.m. and 2 p.m.

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



OMS job seekers connect with employers face-to-face

The first in-person AAOMS Career Fair, held during the Annual Meeting, attracted 120 job seekers eager to explore opportunities with a diverse range of 26 employers, including private practices, group practices, academic institutions and dental support organizations. The fair was offered by AAOMS CareerLine in cooperation with Health eCareers.

Each business was provided with a dedicated table in a section of the Exhibit Hall, creating an informal setting where employers and job seekers could discuss potential opportunities. Candidates asked questions about roles and company cultures, while employers assessed whether a candidate might be the right fit for their practice or organization.

I appreciated the face-to-face interactions with potential employers and the mix of private and corporate practices.

– Dr. Hazem Shuaeib

Mari-Alina Timoshchuk, DDS, MD, of New Orleans, La., who will complete her residency in 2025, found the event valuable for job seekers. “The Career Fair was a great and casual way to meet people from various practices that are actively looking for candidates,” she said.

Four job hunters from the Geisinger residency program in Pennsylvania had varying goals in mind. First-year

resident Mohamed Dhaif, DMD, used the event to explore career paths nationwide while Emily Ladnier, DMD, a 2027 graduate, saw it as preparation for the future. “I am just seeing what’s available out there,” Dr. Ladnier said.

In his third year of residency, Arjun Kumar, DMD, viewed the fair as an occasion to gauge the current job market. “It was important just to have the opportunity to explore,” he said. For the soon-to-graduate Hazem Shuaeib, DDS, the Career Fair was more of a serious endeavor. “I appreciated the face-to-face interactions with potential employers and the mix of private and corporate practices,” he said.

Recruiting top talent

On the employer side, Nicholas P. Theberge, DDS, of Keene, N.H., was searching for a candidate to join Connecticut Valley Oral Surgery Associates, a four-office practice in New Hampshire and Massachusetts. “Today I’m just trying to get people excited about New England,” he said.

Similarly, recruiters Kelly Covely and Emily Gibson of Jefferson Health Oral and Maxillofacial Surgery in Philadelphia, Pa., were on the lookout for two attending surgeons who are passionate about teaching. Ms. Gibson said the Annual Meeting was the perfect venue to connect with OMS candidates for such positions.

Monica Lopez, representing Southeastern Dental Specialists in Fayetteville, N.C., appreciated the inclusive nature of the Career Fair. “It was a great opportunity to recruit alongside larger corporate organizations. It puts everyone on an even playing field,” she said.

Elizabeth Gustafson, regional recruiter of the Willamette Dental Group in the Northwest, attended the Annual Meeting specifically for the Career Fair to find three oral



at AAOMS Career Fair

and maxillofacial surgeons: one for a practice in Washington and two for a practice in Oregon. "We've attended before and have seen how wonderful the talent is. Now that there's the Career Fair, we thought it would be an even better opportunity for us," she said.

Andrea Oparnica, Vice President of Operations for Beacon Oral Specialists, praised the fair's ability to connect employers with candidates. "It's great to collaborate with everyone who's looking for a position," she said, adding that many of the booth's visitors were 2025 graduates.

Help for employers, job seekers

Because of the success of the in-person Career Fair, the goal is to offer the opportunity again at the 2025 Annual Meeting.

Members don't need to wait for the next Career Fair. They also can post openings or search for jobs using AAOMS CareerLine at AAOMS.org/CareerLine.

For employers, the AAOMS CareerLine offers exposure to hundreds of qualified OMS candidates, including access to a resume database. Personal customer support is offered to help organize job posts and hiring strategies.

For job seekers, CareerLine offers access to job listings from top OMS employers, featuring enhanced profiles to learn more about employers before applying. Job alerts can be set up to notify about new postings that match search criteria.

Job postings also are listed in *AAOMS Today*. For more information, visit AAOMS.org/Classifieds. ■



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Elevating patient care through collaboration,

The role of collaborative strategies and interdisciplinary coordination in dental implant rehabilitation will be the focus of the 2024 Dental Implant Conference – being held in-person Dec. 5 to 7 at the Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online.

The theme of the conference – Synergizing Expertise: Collaborative Strategies for Optimal Dental Implant Reconstruction – aims to equip participants with the knowledge and skills necessary to implement a collaborative team approach in their own practices and raise the standard of care for dental implant patients.

Bach T. Le, DDS, MD, a member of the AAOMS Subcommittee on Dental Implant Education, said by inviting colleagues such as prosthodontists, periodontists and restorative dentists, OMSs can facilitate interdisciplinary discussions, exchange expertise and ultimately provide more comprehensive care to their implant patients.

“Collaboration among dental professionals fosters a multidisciplinary approach to patient care, leading to better treatment planning, execution and outcomes,” Dr. Le said. “Additionally, networking with other professionals can lead to potential referrals and practice growth opportunities.”

The general sessions and the two preconference didactic sessions will be available to both in-person attendees and those registered online via livestream. All registrants will have access to general sessions as archived recordings. The recordings will be posted by Dec. 9 and available through Feb. 7.

Preconference

Five preconference sessions will be offered, including a new didactic session and two new hands-on courses. The didactic sessions include:

The Office-Based Emergency Airway Management (OBEAM) module, part of AAOMS’s National Simulation Program, will be offered Dec. 5 exclusively to members of the Association off-site at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill. OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. Visit AAOMS.org/OBEAM to learn more.



- **Restorative: Accelerated Implant Loading Protocols and the Untapped Implant Market** – This new session will give clinicians the tools to treat patients who desire implant prosthetics, often on the same day, with an emphasis on practical applications of biomechanical principles to ensure long-term, successful and esthetic restorations. Discussions will include patient selection, workflows, computer-generated guides and final zirconia restorations.

- **Full-Arch Digital Workflow: Planning to Restoration, Photogrammetry** – The multidisciplinary aspects of full-arch rehabilitation will be reviewed, including prosthetic solutions, implantology, surgical techniques, digital dentistry and patient management.

The three in-person, hands-on courses – open only to OMS members of the Association – will focus on:

- **Immediate Placement and Provisionalization With Connective Grafts of Single Maxillary Tooth** – This new session will target the esthetic zone, including single-tooth immediate implant placement, soft-tissue graft harvest from the lateral palate and scarf connective-tissue graft placement.
- **Digital Dentistry Workflow with Photogrammetry and 3D Scanning and Printing** – Also new this year, the step-by-step program will outline restoring full-arch hybrid implant cases using a completely digital workflow.
- **Zygomatic Dental Implants** – This popular course aims to provide practitioners with an overview on the placement of zygomatic dental implants enhanced with a lab training session.

Tickets are required for all in-person preconference sessions; seating is limited.



enhancing dental implant knowledge and skills

General sessions

Four distinct themes were developed for the Dec. 6 and 7 general sessions:

- Current Approaches for Treating Common Clinical Situations
- Advancements in Full-Arch Dental Rehabilitation
- Controversy
- Complications

Topics concentrate on patient assessment, interdisciplinary communication, surgical considerations, prosthetic options and long-term maintenance protocols. Participants can earn CDE/CME credits.

Dr. Le said sessions provide a prime opportunity for OMSs to enhance their skills, learn about cutting-edge techniques and network with industry leaders and peers. "With rapid advancements in implant technology and techniques, staying updated is crucial for delivering the best possible care to patients," he said.

■ Day 1 general sessions

The morning session on Dec. 6 will focus on **Current Approaches for Treating Common Clinical Situations**, and clinicians will share cases they have treated and explain the evidence behind their method of choice.

The learning opens with the **Keynote Lecture** on Transitioning From Teeth to Implants by Michael S. Block, DMD, a leader in dental implant surgery and former longtime Chair of the AAOMS Subcommittee on Dental Implant Education.

The Keynote will be followed by sessions focusing on:

- Immediate Implant: What Have We Learned in the Past 25 Years?
- Immediacy and Delayed Implant Concepts in the Anterior Region: When and How We Push the Limits
- Implants for Life: Is This a Reality?
- Managing Esthetic Challenges With Anterior Implants

The focus will shift in the afternoon to Advancements in **Full-Arch Dental Rehabilitation**, where presentations will examine the multidisciplinary aspects such as prosthetic solutions, implantology, surgical techniques, digital dentistry and patient management. Valuable insights into optimizing patient outcomes, enhancing treatment efficiency and advancing



When: Dec. 5 to 7

Where: Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online

Who: OMSs and the entire restorative team

Registration/Information: Visit AAOMS.org/DIC.

Access: Registrants will have access to general sessions as archived recordings Dec. 9 through Feb. 7.

Hotel information

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

Dental team discounts available

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

the field of dental rehabilitation will be shared through case studies, panel discussions and interactive workshops.

Topics include:

- Considerations for Full-Arch Implant Rehabilitation and Advances With Digital Workflow
- Jaw in a Day
- Graftless Approach for the Management of Edentulous Jaws

continued on next page



More than 80 vendors are expected to showcase the latest technology, products and services for implant dentistry in the Exhibit Hall.

- FP1 Reconstruction: How to Create Natural Esthetics in Full-Arch Restoration
- Full-Arch Failure: Is There a Role for Non-Traditional Implants?

■ Day 2 general sessions

Organizers say the morning session Dec. 7 on **Controversy** is a must-attend for OMSs. Speakers will discuss different approaches to common clinical problems and provide evidence-based information and reasons to utilize various techniques.

Subjects include:

- Soft-Tissue Graft: Autogenous vs. Biomaterial Alternative for Treating Mucogingival Defects
- Autogenous Bone Graft: Full Block or Split Block?
- Is Autogenous Bone Still the Gold Standard in Bone Reconstruction?
- Tissue-Level Implant vs. Bone-Level Implant
- Titanium vs. Zirconia Implants
- The Severely Atrophic Maxilla: Graft vs. Graftless?

The afternoon session topic on Dec. 7 is **Complications**, focusing on common complications seen in clinical practices and how to avoid them. Each speaker will present on a specific topic before a panel addresses surgical and restorative challenges, including:

- Prosthetic Risk Factors for Peri-Implant Disease
- Peri-Implant Disease and Metallosis
- Do Antibiotics Prevent Implant Failure?
- Failure of Implants Placed into the Esthetic Zone: Etiology of Failure, Management and the Effect of Chronic Tissue Inflammation and Subsequent Changes on Management

Exhibit Hall

Registrants can use the breaks between sessions to explore the **Exhibit Hall** to meet with vendors or connect with colleagues. Available both in-person Dec. 6 and 7 and online, the Exhibit Hall will showcase the latest technology, products and services for implant dentistry. More than 80 companies are expected.

Bring the surgical staff

Surgical staff can develop their skills at the following courses available during the conference:

- **Anesthesia Assistants Review Course (AARC)** – This two-day intensive learning experience on Dec. 6 and 7 for clinical staff can improve their anesthesia knowledge and skills. Taught by OMSs, the course will cover basic sciences, patient evaluation and preparations, anesthetic drugs and techniques, monitoring and emergency procedures.
- **Anesthesia Assistants Skills Lab (AASL)** – This half-day afternoon course on Dec. 7 will provide hands-on clinical training to prepare staff to assist OMSs with the administration of anesthesia. Participants will rotate through multiple stations, including airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code. OMSs will discuss various airway adjuncts, critical cardiac dysrhythmias and defibrillation, and the use of the peak flow meter and glucometer. ■

Online-only access offered

Can't attend the Conference but are interested in its educational content?

All general sessions will be livestreamed. Visit AAOMS.org/DIC to register for the online-only access option. The web-based platform will stream the live general sessions from 8 a.m. to 5 p.m. CST Dec. 6 and 8 a.m. to 3:30 p.m. CST Dec. 7. For an additional fee, two didactic preconference sessions on Dec. 5 also will be offered to the online-only audience. CDE/CME credit is included. Online-only registration – available through the end of the year – provides access to recordings of general sessions from Dec. 9 through Feb. 7.





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Understand clinical trials, create proposals

The Clinical Trials Methods Course – AAOMS's premier research program that has prepared many OMSs to conduct multi-center studies – will be held Feb. 27 to March 1 in Rosemont, Ill.

Since 2008, residents, fellows, faculty and private practitioners from across the country have gathered to learn about clinical trial design at this now-triennial course. The event is ideal for residents and faculty mentors to attend together.

"You will learn from experienced professionals who can provide valuable guidance and answer your specific questions. The course offers cutting-edge knowledge by covering the latest developments in clinical trials, which can be crucial for staying current in the field. This can include advancements in methodologies, new technologies and emerging treatment options," said Andrea B. Burke, DMD, MD, course co-director and Associate Professor at the University of Washington.

Designed by the AAOMS Committee on Research Planning and Technology Assessment – and supported by AAOMS and the OMS Foundation – the three-day course will address several key needs and objectives in oral and maxillofacial surgery and broader clinical research as well as focus on Phase III clinical trial studies.

Speakers will provide a broad overview of research methodology and clinical trial design, including:

- Designing a clinical trial to answer a question and test a hypothesis
- Regulatory compliance
- Data storage and management
- Statistical concepts
- Research ethics and integrity
- Pearls and pitfalls of clinical trials
- Patient selection, recruitment and retention

"The AAOMS Clinical Trials Methods Course is a great opportunity to network and develop a research project with colleagues across the country. While the goal of the course is aimed at creating randomized clinical trials, any faculty with the desire to perform clinical research will benefit from the course's expert lecturers and access to seasoned OMS researchers and research sponsors," said Dr. Burke.



Clinical Trials Methods Course

When: Feb. 27 to March 1

Where: Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill.

Cost: \$400 for members, \$200 for residents

Learn more and register: Visit AAOMS.org/ClinicalTrials.

Before the in-person course, participants will meet with their assigned group via conference call to select a clinical trial proposal topic to be developed at the event. Topics include:

- Implants, dentoalveolar and anesthesia
- TMD and facial pain
- Pathology and reconstruction
- Craniofacial trauma, orthognathic, facial deformities and cosmetic

On the final day, each group will present and defend their clinical trial design – which will be evaluated and scored by course faculty – and vote for the best project. Afterward, groups are encouraged to continue to work on their project and make their proposal a reality.

The projects developed during the course will be presented at the Research Open Forum at the 2025 AAOMS Annual Meeting.

"You'll gain practical skills and insights into designing, conducting and managing clinical trials. This knowledge is essential if you are involved in research or considering starting your own clinical studies," said Dr. Burke. "Overall, the AAOMS Clinical Trials Methods Course offers a blend of theoretical knowledge and practical skills that can be highly beneficial for anyone involved in or looking to get involved in clinical research." ■

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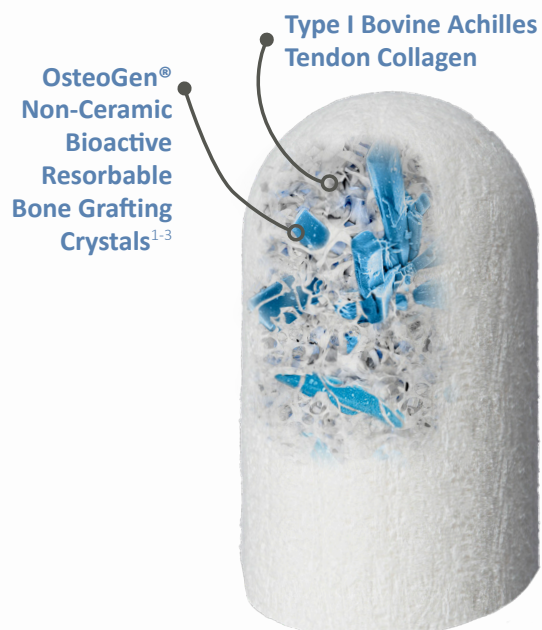
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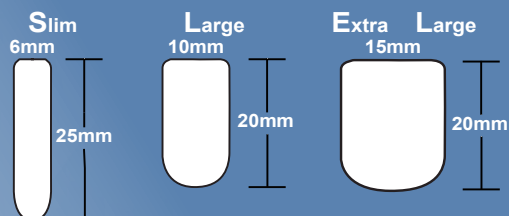
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1. Spivak, J Biomed. Mater Research, 1990
2. Ricci, J Oral Maxillofacial Surgery, 1992
3. Valen, J Oral Implantology, 2002

Oral cancer diagnosis threatens winemaker's

To recognize the 2025 AAOMS Annual Meeting theme of The Patients We Serve, each issue of AAOMS Today during AAOMS President Dr. J. David Morrison's term will feature an article about unique and impactful oral and maxillofacial surgery cases. The stories will highlight the importance of the individual care that OMSs give to their patients and the effect treatment has on patients' lives.

An oral cancer diagnosis can be scary and troubling for anyone. When Brad McLeroy of Oregon learned he had cancer in his tonsil, he wasn't just concerned about losing his ability to taste his favorite foods – he was concerned about losing his ability to do his job.

As the owner of Ayes Vineyard & Winery in Newberg near Portland, McLeroy relies on his sense of taste to craft and refine the wines he produces from the grapes he grows. The treatment of head and neck cancer often targets the tongue, posing a risk of altering the tastebuds – either in the short-term or permanently.

"I was quite fearful of losing the ability to taste. I find a lot of joy in making wine, and it's been a fun profession. I had to be prepared in case my palate would be compromised in any way at all. Could I do my job to the extent that I should?" McLeroy said.



Dr. Bell

The winemaker developed a sore throat that wouldn't go away during his 2018 harvest, accompanied by an enlarged lymph node. A biopsy by an otorhinolaryngologist revealed a diagnosis of squamous cell carcinoma of the tonsil that had spread to his lymph nodes. The doctor's advice was to see R. Bryan Bell, DDS, MD, FACS,

an oral and maxillofacial surgeon at the Providence Cancer Institute Franz Head and Neck Clinic in Portland.

"Dr. Bell and I just hit it off, and he was very reassuring. I remember after the first meeting, he said I'm going to treat you like I would have treated my brother. And I definitely got that feeling from everything that he had done, all the interactions I had with him," McLeroy said.

Although McLeroy's case was typical of virally related oral cancers, Dr. Bell is committed to giving every patient

individualized treatment to address their unique needs and concerns.

"We always have to listen to the patient and consider what else is going on in their lives. So, we develop a therapy that is right for that individual patient," said Dr. Bell. "And I continue to be amazed at people like Brad who faced this potentially life-threatening diagnosis with incredible grace and courage."

Tailoring treatment

The conventional treatment for tonsil cancers involves high-dose chemotherapy and radiation therapy with subsequent surgery for salvage. However, Dr. Bell was hesitant to use this approach as it is highly toxic. Patients can experience long-term effects such as taste and swallowing changes, dry mouth and dental problems related to changes in the pH of their saliva.

"So, obviously in a winemaker like Brad, that's a big problem. And one of the reasons is because of A, the dose of radiation, and B, the wide field of radiation delivered to the oropharynx and neck," Dr. Bell said.

Dr. Bell opted for a different strategy, beginning with minimally invasive robotic surgery before McLeroy underwent any radiation. The plan included a transoral robotic surgery to remove the cancer and a selective neck dissection to remove the metastatic lymph nodes and other lymph nodes at risk of harboring metastasis. Dr. Bell performed the surgeries in two stages in December 2018 and January 2019, during which he also removed both of McLeroy's tonsils.

McLeroy began his radiation therapy four weeks following surgery. Pathological analysis of his tumor tissues placed him in a high-risk category of recurrence due to the number of metastatic lymph nodes. The highest risk was in the neck, so Dr. Bell and the rest of the cancer team tailored his postoperative radiation therapy to minimize targeting of his oropharynx while sparing his tastebuds.



career: How tailored strategy saved his taste

"By using the robot to definitively eliminate the cancer in the back of his throat, performing the neck dissection and then tailoring our radiation therapy specifically to minimize exposure of his taste buds, we were able to preserve his taste and swallowing and cure the cancer at the same time. We preserved his sense of taste and smell, which, of course, was so important for somebody who's a winemaker," Dr. Bell said.

Dr. Bell credits the treatment's personalization to the multidisciplinary approach the team at Providence takes to oral cancer care, which he likens to a team sport.

"That personalized approach and the team approach are really important in patients with head and neck cancer. Gone are the days – if they were ever here – of an individual surgeon managing a patient in a vacuum," Dr. Bell said.

Hampering side effects

Dr. Bell further customized McLeroy's treatment to minimize the impact of the radiation and chemotherapy. Instead of cisplatin, which carries a higher toxicity profile, McLeroy received carboplatin that is associated with fewer severe side effects.

McLeroy also had a specially designed mask for radiation that allowed him to put the tip of his tongue outside of his teeth, so that it never received full radiation, increasing the chances of retaining his taste.

"I did lose the ability to taste for three-and-a-half to four months, but I think that maybe my palate came back a little bit faster than it would have otherwise by doing it more the traditional way. And to date, I've got no adverse effects from

continued on next page



Clockwise from top left: Brad McLeroy collects a wine sample from a barrel at his business, Ayres Vineyard & Winery. Brad McLeroy's original wines on display at his Oregon home. Dr. R. Bryan Bell visits with patient Brad McLeroy following his cancer treatment at Ayres Vineyard & Winery.

THE PATIENTS WE SERVE



Above left to right: Dr. R. Bryan Bell, Kathleen McLeroy and Brad McLeroy at Ayres Vineyard & Winery, which McLeroy owns. Brad McLeroy pours a glass of wine at his winery in Oregon (Photo credit: James Colholff Jr.). Brad McLeroy made a special wine, Providencia Estate Ribbon Ridge Pinot Noir, to benefit the Providence Cancer Institute, where he received oral cancer treatment from Dr. Bell.

Increasingly, cancer care is a personalized game, and it has to be.

– Dr. R. Bryan Bell

the treatment plan, for my ability to taste or enjoy wine or food or anything like that. I'm very, very fortunate," McLeroy said.

When McLeroy lost his ability to taste for the short-term, he described everything as tasting like cement, devoid of flavor. He tried to retrain his palate by daily sampling different herbs from his pantry. The first time he regained his sense of taste was at his son's travel baseball game.

"I said, 'I'll go get a hot dog,' and, sure enough, that was the first thing I could ever taste after all that treatment. And it was the best damn hot dog I've ever had in my life. It was so good," McLeroy said.

McLeroy is grateful not only for the minimal long-term effects but also for an easier radiation and chemotherapy process than he expected. He never required a feeding tube, which he credits partly to the carboplatin regimen and his wife's strict diet to help him gain weight ahead of the chemo. She found an oral supplement that helped prevent the proliferation



of sores in his mouth and enabled McLeroy to maintain his ability to swallow throughout his treatment.

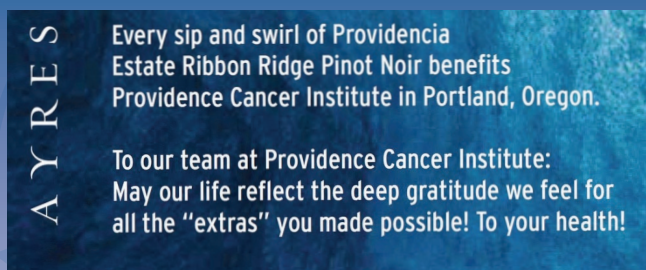
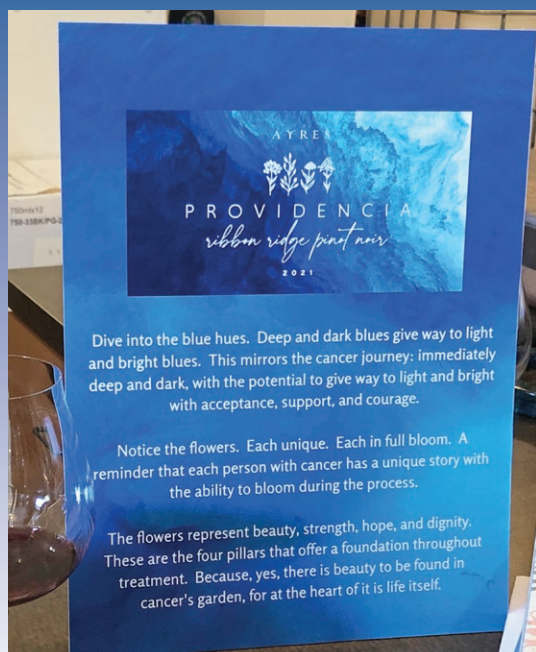
"Although he had some short-term changes in his taste, those quickly recovered. And he was able to return to making great wine," Dr. Bell said. "And he makes terrific, world-class pinot noir. He's really a fabulous winemaker."

Advancing patient-centered care

The most challenging aspect of creating any cancer treatment plan is making sure it is individualized for the patient and their lifestyle, Dr. Bell said. Advances in technology have made that goal more achievable. For example, if McLeroy had been diagnosed with the same cancer before the advent of the robot-assisted surgery, Dr. Bell would have had to perform a lip split with a mandibulotomy approach followed by a flap – a much more invasive procedure overall.

Cancer treatment has continued to evolve, even since McLeroy's treatment in 2018, specifically in the field of immunotherapy.

"I think the challenging parts are designing personalized treatments, taking time to be thoughtful about an individual's needs and priorities and tailor cancer therapy to the individual patient, not in a one-size-fits-all approach. Increasingly, cancer care is a personalized game, and it has to be. Whether it's finding the appropriate combinations of



therapies through the right biomarkers, moving beyond just clinical features but biologic features,” Dr. Bell said.

As a cancer researcher, Dr. Bell’s work involves developing the right combinations of immunotherapies to enhance patient response and applying those immunotherapies into earlier stages of disease to prevent recurrence and future metastasis. Of particular interest to Dr. Bell is neoadjuvant immunotherapy, which is administered as a first step to shrink a tumor before any surgical or radiation treatment.

Dr. Bell is principal investigator on a clinical trial that treats patients with locally advanced oral cancer with three doses of radiation therapy targeted to gross tumor volume only given over a one-week period in combination with three doses of an immunotherapy (pembrolizumab) before a minimally invasive surgery. By comparison, McLeroy received 33 doses of radiation.

“The idea is to use radiation to shrink the tumor before surgery and modulate the tumor microenvironment, making it more susceptible to both immunotherapy and conventional treatments like surgery. We think that’s a really compelling way to make treatment more effective and less toxic,” Dr. Bell said.

Dr. Bell has discussed these advances with McLeroy during visits to the winery. Since his treatment, McLeroy made a special pinot noir called Providencia, and donates half of the

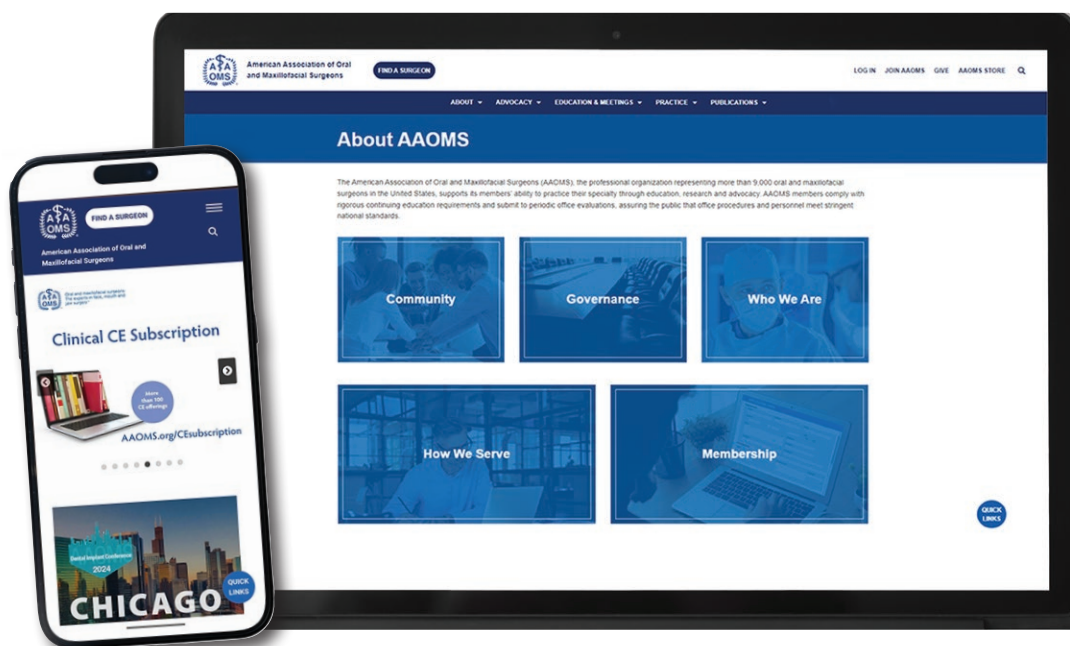
proceeds to Providence Cancer Institute to help fund cancer research and patient services.

“It’s just a little thing that we can do, but it’s something that we can do. I find it’s interesting because whenever I’m pouring it at the winery, there’s nobody that I come across that hasn’t been touched some way – whether it be a family member or a friend – or somebody who knows somebody who has gone through a treatment program. It just kind of brings us all together,” McLeroy said.

McLeroy has now been cancer-free for five years, meaning he is officially in remission. Looking back, McLeroy says he has learned to not sweat the small stuff, appreciate his life and give thanks for the support system his family provided during and after his treatment.

Although he treats hundreds of patients, Dr. Bell said he learns something from all his cases. McLeroy’s resilience in particular has stuck with him.

“Even though he was looking at not only a life-threatening diagnosis but almost certainly a career-ending diagnosis, he went through treatment with the courage and grace of the best of us,” Dr. Bell said. “And he was just incredible throughout the whole journey.” ■



AAOMS unveils new, user-friendly website

A AOMS launched a fully redesigned AAOMS.org platform in October to enhance the online experience for members. The new website introduces updates to improve navigation and readability as well as upgrade the overall visual appeal.

“The launch of our new website reflects our ongoing commitment to better serve our members and our patients,” said AAOMS President Dr. J. David Morrison. “With an enhanced user experience and streamlined navigation, our new digital platform makes it quick and easy to find the resources and information our members need. This upgrade is not just about esthetics; it’s about equipping our Association with a powerful tool that supports engagement, knowledge sharing and growth in a more accessible way.”

The site’s navigational structure was completely overhauled, grouping headings into five main categories: About, Advocacy, Education & Meetings, Practice, and Publications. Each category is further divided into more specific topics, enabling users to locate the information they need without excessive clicking and searching.

The new website was built on WordPress publishing platform, replacing the outdated content management system and ensuring the site can stay current with evolving web standards and practices. In addition, the transition offers a more flexible and secure foundation for the future

so AAOMS can adopt new digital trends and technologies to better serve members and patients.

Recognizing the need for mobile accessibility, the new AAOMS.org is fully optimized for viewing on any device – whether desktop, laptop, tablet or smartphone – and allows users to experience a consistent look and feel across all devices. As an added feature, quick links to frequently accessed pages like the member log-in, OMS Foundation or AAOMS Store are easily accessible.

Among the most significant updates is the secure file system that enhances protection of members-only resources while simplifying access.

To complement the improved functionality, the website was designed with a modern, fresh look that aligns with AAOMS’s style and branding. The updated graphic design enhances the site’s visual appeal while maintaining professionalism and readability.

“The new AAOMS.org is not just a refreshed platform – it’s a foundation for future growth. This site will continue to evolve, offering our members even more resources to enhance their practices. Our goal is to create a dynamic digital space that fosters connection, education and innovation for the benefit of our members and the patients we serve,” Dr. Morrison said.

Check out the new website at AAOMS.org. ■


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

*“It’s hard to underestimate
how AI might be of use in
surgical practice.”*

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

FOR WHAT IT’S WORTH

Promoting proper AI

It is a rare day when there isn’t a major news story about artificial intelligence (AI) and its impact on the business world, education, politics, etc. Controversy exists on whether AI does and will do more harm than good over time, or even if it might lead to computers becoming sentient (self-aware) and then turning on humans (think the HAL9000 in “2001: A Space Odyssey”).

Well, I’m not intelligent enough to present a treatise on AI’s potential for good or evil in the world, or even how it may evolve. However, I believe each of us can make AI a valuable tool in our professional and personal lives. Most of us already do, even for simple tasks such as obtaining weather predictions or using computer search engines. Some of us (not me) are extensive users of AI; particularly those in generations younger than me. So, please know that I’m no expert but do have some thoughts to share.

I mentioned in a prior column that I participated in a symposium for editors of dental publications. A speaker at the meeting gave a brilliant presentation on how AI might be used in producing dental publications, especially those with limited staff support (so it really didn’t apply to *AAOMS Today*). The part of his talk on AI “prompting” is a major focus of my column.

First, a short discussion on what is AI? Well, the concept of intelligence as used in the term AI is defined as the ability to learn or understand or to deal with new or trying situations. So, does AI actually have intelligence? It is designed to be able to learn. But does it understand? Namely, can AI grasp the meaning of what it learns? I, for one, am not sure. Can AI deal with new or trying situations? This is where I believe AI may have limitations. So, does AI have intelligence? Not if you believe its label literally. Things that are artificial are fake. Therefore, AI is by its name fake intelligence. Good to keep in mind while using AI.

Does that mean AI has limited value? No way! The ability to take what it can learn though its ability to access most of recorded human knowledge makes it a super-browser able to answer questions and, in addition, do tasks using that knowledge. This makes it a valuable tool for those who learn to use AI.

So how might an oral and maxillofacial surgeon use AI? The real answer is beyond my page limit, intellectual capabilities and chronological age. However, I have learned that a key to unlocking value in AI is to master “AI prompting” – namely, how one asks AI a question or to provide some information, or how to give it an assignment to carry out (like writing a story, composing a song, making a drawing, etc.).



prompting: Phrasing prevents problems

My focus will be AI prompting as it applies to an OMS's professional needs versus its use for personal reasons. In addition, for the practicing OMS, it is not only important on how you use AI but also how prospective patients may employ it.

OMS use of AI

How might an OMS use AI? Here are just a few examples. Perhaps an OMS can utilize AI to provide a very quick update on a certain drug your new patient is using, including potential adverse drug interactions, or rapidly be brought up-to-date about a disease entity the patient has for which you have limited knowledge. Of course, for such a situation you can use a web search engine, but AI lets you get the information you need immediately, and if properly asked, with a very specific answer.

Keep in mind though that AI systems aren't necessarily up-to-date in their information and the information is often only as good as their inputs. They also have been known to churn out erroneous information. Remember to always double-check the information you find as you – not AI – will be ultimately liable for the information you provide.

AI also can be used to prepare a PowerPoint talk on a narrow topic to give to a local study club or, for those in training, to present on a topic to your fellow residents (of course the AI version would only be a starting draft). An OMS might use AI to help draft a letter to a legislator explaining the rationale for their support or lack thereof for a legislative proposal. I used AI to quickly find the starting salaries for dental assistants in my area. Any topic that would require bringing together a wide variety and quantity of information is best managed using AI.

Patient use of AI

How might prospective patients use AI? I did a random ask and queried meta-AI to give me the best oral and maxillofacial surgeons in El Paso, Texas. It gave me the names of three doctors, as well as a few names of practices, with brief explanations why they were chosen. I don't know any of these surgeons and have no clue of their quality or even how many OMSs practice in El Paso. But it's my guess that more and more patients will be using AI to help make such decisions (hopefully in tandem with searches on MyOMS.org). Thus, learning how AI might judge surgeons and practices might be of value to an OMS seeking to find ways to grow their practice by thinking how patients might use AI find doctors to see.

Prompting correctly is critical for optimally using AI. Simply asking AI to answer a general question or giving it what you consider might be a straightforward task may not provide you what you seek. For example, I asked AI to draw me an impacted tooth. What I got was a drawing showing teeth that seemed to be able to react like metal when impacted by a projectile, with a splatter-like impression on their surface.



How to write prompts

The speaker at the symposium I attended gave a nice presentation on how to prompt AI as a dental editor. But for this column, I chose to ask AI how to best prompt in order to get AI to best respond. Here's the answer I received:

"To get the best results from AI, you can try the following:

- **Be specific:** When asking questions or giving instructions, be as specific as possible. This will help the AI understand what you want and provide more accurate results.
- **Use natural language:** Speak or write in a natural, conversational tone. AI is designed to understand human language, so don't worry too much about grammar or syntax.
- **Provide context:** Give the AI some background information or context about what you're asking or trying to accomplish. This can help it understand your needs better.
- **Use relevant keywords:** If you're searching for information or trying to find a specific topic, use relevant keywords that are related to what you're looking for.
- **Check your input:** Make sure your input is accurate and complete. If you're giving instructions or asking a

continued on next page



question, double-check that you've provided all the necessary information.

- **Use multiple sources:** If possible, use multiple AI sources to verify information or get different perspectives on a topic.
- **Be patient:** AI is not perfect, and sometimes it may take a few tries to get the results you want. Be patient and try rephrasing your question or adjusting your input.
- **Understand limitations:** AI has its limitations, and it's important to understand what it can and can't do. Don't expect AI to perform tasks that are beyond its capabilities."

That seems to nicely boil down quality AI prompting.

How to find an 'excellent dentist'

For fun, I then gave AI this prompt:

What is the best prompt to use to find an excellent dentist?

The response (provided within two seconds):

"You're a seasoned dental advisor with over 15 years of experience in the field of dentistry. You have a deep understanding of oral health and the various factors that influence a person's decision when selecting a dentist. Your approach is empathetic and informative, aiming to empower individuals to make the best choices for their dental care.

"Your task is to provide personalized advice on how to choose a dentist. Please consider the following details when formulating your response:

- Location
- Insurance coverage
- Types of dental services needed
- Preferences (e.g., specialty, office environment, communication style)
- Any previous experiences with dentists (positive or negative)

"Keep in mind that your advice should be tailored to these specific details, addressing any concerns and emphasizing key factors that can help in making a well-informed decision."

So, just like many of us would do if asked by a friend or patient asking for a dental referral; we'd use our own judgment and experience as well as more specific details to help find a quality dentist, perhaps in a location near the person. This is a better prompt than just asking AI to identify the best dentist. In this case, you are telling AI take on the role of an

experienced clinician helping someone find an excellent dentist.

It is heartening that AI can give a responsible answer to clinical questions a patient might ask, but, as I mentioned earlier, always double-check an answer from AI as you are ultimately responsible. When I asked what kind of a dentist to go to for a dental implant the response was to see a prosthodontist or oral surgeon. It then went on to explain that oral surgeons and prosthodontists often work together. Periodontists were not mentioned. When asked if it was safe for a dentist to give general anesthesia, again AI gave a very thoughtful response including the need for the dentist to have proper training and experience, with assurances that it is safe under those circumstances.

Limitless possibilities

It's hard to underestimate how AI might be of use in surgical practice. It is already being used in some places to help read diagnostic imaging and histopathology. Although I wouldn't trust it to perform surgery independently, it will certainly be of use to perform precision surgery when aligned with advanced imaging under close surgeon oversight and guidance. Educationally, AI can be used to develop learning videos or even give presentations, again with human input and monitoring. The list of possibilities is limited only by one's imagination and creativity.

Thus, if you haven't already done so, consider ways to begin putting AI to work for you. Remember that good prompting might help avoid getting incomplete or nonsensical answers or unusable task completions that might frustrate novice users. Be assured that AI is here to stay and for the time-being is often free to use. Organizations like AAOMS may find members seek training on the optimal use of AI in their practice and could offer courses on the topic for the surgeon and even the office staff team.

I, like many others, have concerns about the use of AI to do evil acts or spread misinformation. But those concerns don't override my belief that AI also will be a powerful force for doing good and helping society in ways such as better understanding and treating diseases, assisting artists in their creative endeavors, improving educational strategies and opportunities, better utilizing scarce resources and a myriad of other benefits. AI, in one form or another, is a part of our everyday world and its impact on us will only grow with time. Find ways to embrace its power to help you do all the great things you do, perhaps even better or faster. ■



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MasterCourse

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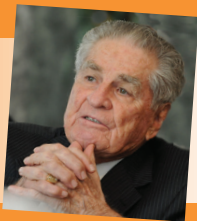
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– Drs. David L. Basi and Julie A. Chavez



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– Drs. David A. Fenton and Jodi Levy



"Whatever I leave to the OMS Foundation is assurance that my life's work will not perish."

– Dr. Robert V. Walker, 1924–2011

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Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Observing unity in action at the Annual Meeting

The AAOMS Annual Meeting always offers an opportunity to reflect on all we've accomplished over the past year while anticipating and planning for what lies ahead. This year in Orlando, Fla., the theme of Stronger Together, introduced by 2023-24 President Dr. Mark A. Egbert, resonated as I witnessed firsthand how our community of oral and maxillofacial surgeons, staff, family and corporate supporters come together to advance our shared mission. Nowhere is this unity more evident than in the work of the OMS Foundation.

The spirit of community was present throughout the week but felt strongest to me personally during the Foundation events. The Alliance Health Walks provided the perfect opportunity each morning for members of our community to reconnect. I was reminded how our shared commitment to health and well-being extends beyond our clinical practices and into how we support one another, both personally and professionally. I had the chance to hear stories of perseverance, hope and compassion – stories that reminded me just how fortunate we are to be part of such an inspiring network. The walks also allowed first-time attendees of the Annual Meeting, such as the Norma L. Kelly Resident Spouse Scholarship recipients, to get to know one another in an informal setting.

The 2024 Alliance Luncheon and FUNraiser for GIVE, held at Orlando's renowned Primo restaurant, was another memorable occasion. The event celebrated a crucial part of the AAOMS mission – supporting residents and humanitarian efforts. We welcomed Kelly Scholarship recipients, recognizing the significant and often unsung role they play in supporting the future leaders of our specialty. Dr. Vickas Agarwal, a GIVE grantee, shared moving stories from his humanitarian work in Bangladesh, where his team provided critical surgical care to underserved communities. Listening to him speak, I was reminded of the global reach and influence our specialty can have when we come together for a cause greater than ourselves.

Dr. Agarwal's contributions did not go unnoticed – he was the well-deserved recipient of the 2023 AAOMS Humanitarian Award for Residents. His work, made possible through the OMS Foundation's Global Initiative for Volunteerism and Education (GIVE) program, is just one example of the life-changing opportunities that this support provides. GIVE not only funds the travel expenses for residents serving in international humanitarian healthcare teams but also fosters a spirit of service that will shape recipients' careers for years to come. Dr. Agarwal said working alongside mentors from diverse backgrounds allowed him to gain exposure to different techniques and insights beyond surgical perspectives.

Another highlight of the meeting was the OMS Foundation-supported Poster Session reception, which continues to be a cornerstone of the Annual Meeting. This event offers a platform for residents, dental students, faculty and researchers to showcase their research, sparking conversations about new advancements and findings in the field. The reception creates an invaluable space for attendees to engage with the latest studies, share insights and foster new collaborations. It's yet another way the Foundation is leading the charge in supporting research and academic pursuits that advance oral and maxillofacial surgery.

It's moments like the ones we shared at the Annual Meeting that remind me how AAOMS and the OMS Foundation are truly stronger together. Since forming a strategic alliance in 2017, this partnership has grown into a force for progress, supporting education, research and service in ways that impact our specialty and the surgical community.

As we look ahead to the coming year, I'm filled with pride in what we've accomplished and excitement for what's to come. With the continued support of the OMS community, I know that we will rise to meet new challenges, seize new opportunities and, above all, remain stronger together. ■



Congress working to address legislation before

The 118th Congress has returned to Washington, D.C., for a post-election lame-duck session following the November elections. State legislative and regulatory activity remained fairly light as most state legislatures have adjourned for the year.

Federal level

The following is a summary of recent federal activity impacting the OMS specialty:

■ **Medicare payment cuts** – Congress passed a continuing resolution to fund the federal government until mid-December, avoiding a government shutdown after Sept. 30, the end of the 2024 Fiscal Year (FY). Congress is expected to finalize funding for FY 2025 during the lame-duck session as well as address several other must-pass items, including the impending Medicare physician payment cuts set to take effect on Jan. 1. AAOMS encourages OMSs to contact their constituent members of Congress urging them to halt the cuts before the end of the year. Visit AAOMS.org/TakeAction for this and other AAOMS grassroots campaigns.

■ **FTC Final Rule** – The Federal Trade Commission (FTC) issued a final rule aimed at combating certain deceptive practices in consumer reviews and testimonials. The rule, which took effect Oct. 21, prohibits misleading tactics such as the sale or purchase of fake or false reviews, paid endorsements, insider reviews, the manipulation of social media indicators and actions such as suppressing negative reviews or buying positive feedback. The rule also enhances the FTC's power to impose penalties of up to \$51,744 per violation, plus other remedies like consumer redress. Visit FTC.gov for additional information.

■ **Noncompete agreements** – A judge for the U.S. District Court for the Northern District of Texas, Dallas Division, ruled on Aug. 20 that the Federal Trade Commission (FTC) lacks the authority to enforce its ban on noncompete agreements. The ruling prevents the ban, which was set to take effect on Sept. 4, from being implemented or enforced. Noncompete agreements were governed by state laws prior to the rule. The judge's decision is a setback for the FTC's broader efforts to combat anticompetitive practices, particularly in the healthcare sector. The FTC is considering an appeal, and despite the ruling, the agency is still able to challenge noncompete agreements on a case-by-case basis.

State level

States soon will be reconvening for the 2025 legislative sessions. All 50 states are expected to convene at some point in the coming year. Only a handful of legislative proposals from 2024 will carry over for consideration; most will need to be reintroduced. A full list of issues being tracked by AAOMS is available to members at AAOMS.org/TrackingMap. At the end of 2024, a handful of issues of interest to the specialty were addressed:

■ **DDH Compact** – The Dentist and Dental Hygienist (DDH) Compact has reached the required number of state adoptions to take effect. States are now appointing commissioners to facilitate initial preparations, and the group has already held planning meetings. The DDH Compact covers basic licensure only and is anticipated to be operational by mid-to-late 2025. AAOMS remains neutral on this issue but will continue to monitor developments and provide updates as they become available.



year-end

■ **Pennsylvania** – Gov. Josh Shapiro (D) signed HB 1664 into law, aiming to protect healthcare providers and patients from unfair reimbursement practices. The bill addresses the issue of virtual credit cards, which force healthcare practices to absorb transaction fees as high as 5 percent or pass these costs on to patients. The bill bans insurers from requiring the use of virtual credit cards and mandates that insurers offer providers a reimbursement option without hidden fees. By addressing these issues, the bill promotes a more transparent and equitable healthcare reimbursement system.

■ **Maine** – With the approval of the Maine Society of Oral and Maxillofacial Surgeons, AAOMS signed onto a coalition letter led by the ASA opposing an effort by certified registered nurse anesthetists (CRNAs) to gain independent practice in the state.

OMSPAC

- OMSPAC raised \$445,369 from 16.39 percent of the membership as of Sept. 30, 2024. Additionally, OMSPAC contributions for the election cycle thus far include \$447,000 to 122 federal candidates, \$15,000 to three party campaigns and \$2,000 to leadership PACs.
- Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■

HEALTH IT BYTES



■ **CISA portal** – The Cybersecurity & Infrastructure Security Agency (CISA) has launched a new portal for voluntary reporting of cyber incidents and data breaches. Reporting helps organizations access CISA's resources for response and recovery while aiding broader cybersecurity efforts. The portal allows incident tracking, collaboration and rapid sharing of vulnerabilities to mitigate future cyber threats and attacks. Visit CISA.gov for additional information on the program or MyServices.CISA.gov/irf to report an incident.

■ **ONC rebranded** – HHS announced a reorganization and rebranding of the Office of the National Coordinator for Health Information Technology (ONC). The division will be renamed the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC), with Dr. Micky Tripathi, the current ONC, taking on the new role. Additionally, oversight of technology, data and artificial intelligence (AI) policy and strategy will be transferred to ASTP/ONC. A new Office of Digital Services also will be established. ASTP/ONC will create an Office of the Chief Technology Officer and reinstitute the role of Chief Technology Officer, who will oversee department-level and cross-agency technology, data and AI strategy and policy. The office's website remains HealthIT.gov.

In the 2024 elections, more than 3,000 federal PACs contributed to candidates.



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Learn more at AAOMS.org/DayontheHill.



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Proper hand hygiene vital for infection control

According to the CDC, hand hygiene is the most important measure to prevent the spread of infections among patients and dental healthcare personnel (DHCP). Education and training programs for OMS staff should thoroughly address indications and techniques for hand hygiene practices prior to performing routine and oral surgical procedures.

Q What are the key recommendations for hand hygiene in dental settings?

A OMS staff should perform hand hygiene:

- When hands are visibly soiled.
- After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva or respiratory secretions.
- Before and after treating each patient.
- Before putting on gloves and again immediately after removing gloves.

For routine examinations and nonsurgical procedures, staff should use water and plain soap (hand washing), antimicrobial soap (hand antisepsis) specific for healthcare settings or an alcohol-based hand rub. If hands are visibly soiled (e.g., dirt, blood, bodily fluids), soap and water should be used. For surgical procedures, staff should perform a surgical hand scrub before putting on sterile surgeon's gloves. Practice staff should be sure to follow the product manufacturer's label for instructions for all types of hand hygiene products.

Q Are training resources available to help educate OMS staff on the importance of hand hygiene?

A CDC's Hand Hygiene in Healthcare Settings Video Series covers the four E's of an effective hand hygiene program – engage, educate, execute and evaluate. With this training, practice staff will learn:

- Foundations for engaging all healthcare personnel in hand hygiene.
- Best practice techniques and practical tips for educating staff.
- How to create accountability among personnel.
- How to use data for action as a basis for continuous quality improvement.

Additionally, the course Hand Hygiene and Other Standard Precautions to Prevent Healthcare-Associated Infections reviews key concepts of hand hygiene and infection control practices



that healthcare personnel use to reduce transmission of microorganisms in healthcare settings.

To access these training videos and additional resources, visit [CDC.gov/clean-hands/hcp/training/index.html](https://www.cdc.gov/clean-hands/hcp/training/index.html).

Q What are the CDC hand hygiene recommendations for fingernails and jewelry?

A To maintain fingernail and jewelry safety, natural nails should not extend past the fingertip. It is recommended that DHCP do not wear artificial fingernails or extensions, as germs can live under artificial fingernails both before and after using alcohol-based hand sanitizer and handwashing. Additionally, some studies have shown that skin underneath rings may contain more germs than fingers without rings.

Q How can a practice make hand hygiene a priority for all OMS staff?

A To help make hand hygiene a priority for the OMS practice and staff:

- Require all personnel to perform hand hygiene based on CDC recommendations.
- Ensure all staff perform hand hygiene with soap and water when hands are visibly soiled.
- Ensure the appropriate supplies for adhering to hand hygiene recommendations are easily accessible.

For more information, visit [CDC.gov](https://www.cdc.gov). ■



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Planning for financial success of OMS practice

By Sean Miles

Financial Analyst

Maven Financial Group

Reviewing your historical performance and planning for the year ahead is a vital process that can reveal what you do well and what you can do better as well as set your path to improvement. It is recommended you explore eight key aspects of planning that will help you maximize your practice profitability in 2025.

■ **Assess performance** – Reflection is a powerful tool in business. If you haven't already, take the time to assess your performance during 2024. Identify areas of success and celebrate achievements, but also acknowledge and analyze any unmet objectives. Understanding the reasons behind these shortcomings provides valuable insights into potential areas for improvement.

What were your revenues and profits by month? Who generated the revenue, and were there any trends or stories you can identify? Perhaps the summer was slower, or maybe revenues were down in certain categories versus the prior year. Maybe you did not perform as you hoped in a certain service line.



■ **Set revenue goals for 2025** – Now it's time to plan for where you want to go. To plan for that month-to-month number, consider factors like how many patients you will serve, what fees you will charge and when you will be open. If you plan to see 200 patients in January with an average \$500 bill, you can expect to earn \$100,000 in revenue for the

month. But if the number of patients drops to 150 in July because one of your providers is on vacation, you will need to plan accordingly.

Ensure your goals are **Specific, Measurable, Achievable, Relevant** and **Time-bound** (SMART). Whether it's increasing market share, improving patient satisfaction or expanding your service offerings, each goal should contribute directly to the overall growth and success of your practice. It's important to understand where you want to be financially and map out a plan that encompasses those goals and objectives.

■ **Build a budget** – If the goals you have set are the buried treasure, your budget will give you how many paces to take and where to dig to find it. Basically, a budget is your revenue minus expenses, both variable and fixed. Your monthly top-line revenue is the result of hitting the production and collections goals you set. Now, factor in any anticipated changes – such as expansions, new service offerings, hiring needs and adjustments to fee schedules – and move on to expenses.

■ **Plan for expenses** – After budgeting for revenue, you will need to plan for expenses. Historical financial data can help predict your monthly expenses. As revenue increases, so will your variable costs, since completing more procedures can mean using more supplies, working more hours, etc.

Fixed expenses like rent, insurance and marketing are just that – fixed. They should stay relatively flat month-to-month unless you are planning an expansion or other irregular purchases. If you can subtract these expenses from your revenue and have a number in the black, you have made a profit. You can use that extra money to invest in people and equipment to help your practice grow.

■ **Consider staffing** – Are your current doctors booked months in advance? Do you panic when a staff member goes on vacation? Are patients turning to other practices because they can't get in your doors? Symptoms like these often point to a single solution: hiring new employees.

Hiring a new doctor can help double the size of an OMS practice. You can treat more patients, build brand awareness and ultimately produce more revenue.

However, adding a new doctor takes time and money. Starting with a hiring plan – like working with a recruiter and creating job listings – can offload some of the stress. And it helps to have three to six months of expenses in

continued on next page



reserve to offset the cost of the new hire's salary. Once you have more patients in the door, you will begin to see a return on your investment.

Once you have found the right person for the job, you will want to consider proper compensation. Whether they receive a flat salary or commission will depend on their experience. You can talk with your accountant and use that handy budget you created to understand how much compensation your practice can afford.

■ **Evaluate equipment** – There are two ways to acquire new equipment for your practice: leasing or buying. It's important to consider what you can afford as equipment often comes with hefty price tags.

When leasing, you make tax-deductible payments to use a piece of equipment and then return it at the end of the lease. Payments on a lease may be smaller than those you would make if you bought the equipment outright. However, consider the cost of interest – it might be more expensive to lease than to pay a loan.

The purchase of equipment is often financed by a loan. On one hand, you own the equipment and can get a tax deduction for the depreciation. Plus, interest rates may be in your favor. But if the equipment could become obsolete or you can't afford the down payment, it might not be the right option.

■ **Focus on cash flow** – If you have made a budget but the numbers are coming up short, it might be time to examine your cash flow. Using percentages and benchmarks can help you understand the data. Calculate each expense line item as a percent of that month's revenue. You can then compare that percentage to past months, industry benchmarks and key performance indicators to see if you are on track.

There also are several common but fixable ways that money can leak out of a practice. Trouble spots include:

- **Supplies and inventory** – It's possible to order too much or waste supplies that expire. To combat unnecessary expenses, implement an inventory

management software that keeps a close eye on what needs to be purchased and what does not.

- **Payroll increases** – Most practices have seen an increase in employee salaries over the past few years. Accommodate by increasing your own fees where you can.
- **Seasonality** – If you have a slow season, it helps to plan ahead and have extra cash flow on hand ahead of this time.

Consider collaborating with your employees and key stakeholders to gather insights into individual needs. This collaborative approach ensures your budget is comprehensive and aligns with the strategic goals all the way down to the employee or associate doctor level.

■ **Meet with CPA and business consultant** – Professional guidance can be beneficial during the planning process. Schedule a meeting with your CPA and business consultant to ensure that you are maximizing financial opportunities and adhering to best practices. Your CPA can provide valuable insights into tax-saving strategies and compliance opportunities.

Similarly, a business or financial consultant can offer a fresh perspective on your business operations and forecasting for the coming year. They can help identify areas for improvement, recommend strategic changes and guide you in aligning your business goals with market trends. The collective expertise of your CPA and consultant can be instrumental in shaping the financial health and strategic direction of your business in the new year.

Effective planning is a comprehensive process that involves financial diligence, goal assessment and professional consultations. By reflecting on and setting new goals, building a clear budget for 2025 and meeting with your CPA and business consultant, you can equip your practice with the tools and strategies necessary for success in the new year. ■

The Maven Financial team may be contacted at hello@mavenfp.com.



This is number 200 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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Ins and outs of coding, modifiers for maxillofacial

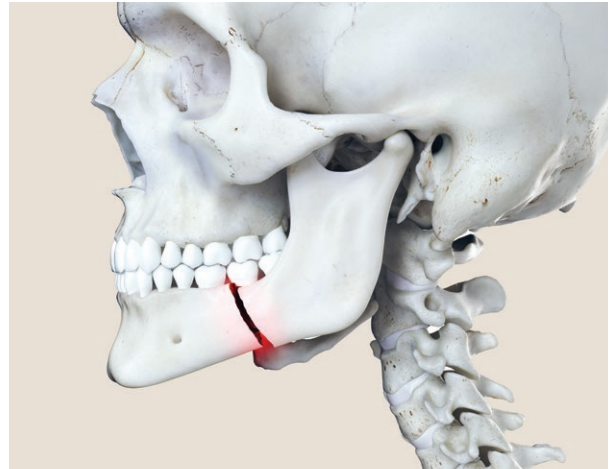
Coding maxillofacial trauma – particularly fracture repairs – is one of the most challenging aspects of coding for oral and maxillofacial surgeries. This task can be notoriously complex due to the difficulties associated with code selection and appending the appropriate modifier(s) to describe the injuries involved and the services rendered.

When coding maxillary and mandibular fractures, it is crucial to consider the anatomical location of the fracture, the treatment performed and the type of fixation used. For instance, different codes apply depending on whether the fracture is in the alveolar ridge, mandibular condyle or another part of the maxilla or mandible. The treatment method, whether open or closed reduction, also influences code selection. In addition, coders should be cognizant of National Correct Coding Initiative (NCCI) edits and Medically Unlikely Edits (MUEs), as these components may dictate appropriate code and modifier assignment.

Special attention to modifiers is often required for fracture repair services. For example, the NCCI applies a Procedure to Procedure (PTP) edit when CPT codes 21470 and 21453 are reported together for the same patient during the same surgical session. Since 21470 is a more comprehensive procedure that may encompass the services described by 21453, a modifier is needed to show that these services are distinctly separate procedures, medically necessary and supported by clinical documentation. Modifier -59 (Distinct Procedural Service) can be used to bypass the PTP edit, allowing both services to be considered for payment if the documentation supports medical necessity and that they are separate procedures.

Both CPT codes 21470 and 21453 also include internal and/or interdental fixation, which may necessitate the use of modifier -52 (Reduced Service) depending on the specifics of the surgical encounter. For instance, in the case of a bilateral fracture where both codes state “includes interdental fixation” but only one set of arch bars is applied, modifier -52 should be appended to indicate the procedure is partially reduced.

When using both the -59 and -52 modifiers, -59 should be listed first to override the PTP edit, while -52 indicates the reduced service. In instances where the service is not independent or distinct from the main surgical procedure and modifier -59 is not applicable, modifier -22 (Increased Procedural Services) may be considered to indicate that the primary service (in this case, CPT code 21470) was significantly more time-consuming and/or more intense, the procedure



exceeds the normal range of complexity and thorough documentation supports the encounter.

Understanding MUEs

The MUEs under the NCCI program represent another important aspect of fracture coding. CMS assigns MUEs to certain CPT and Healthcare Common Procedure Coding System (HCPCS) codes to indicate the maximum units of service a provider would typically report for the same patient on the same date of service. CMS assigns a MUE of 1 to many CPT codes for repair of maxillary and mandibular fractures. This may be because CMS considers the maxilla and mandible to be single bones. Since bilateral modifier -50 (Bilateral Procedure) is a modifier reported when rendering the same procedure on both sides of the body during the same operative session, modifier -50 is generally not accepted by Medicare or commercial payers following CMS claim edit policies. For example, CPT code 21453 has a MUE of 1, meaning only one unit is allowed per date of service, which in this case is based on anatomical considerations.

Medicare and some commercial medical plans may apply payment adjustments for bilateral surgeries. Medicare uses payment indicators to clarify when modifier -50 is acceptable and when a bilateral surgery payment reduction may apply.

Using the Medicare Look-Up Tool

The Medicare Physician Fee Schedule Look-Up Tool ([CMS.gov/medicare/physician-fee-schedule/search](https://www.cms.gov/medicare/physician-fee-schedule/search)) helps determine if modifier -50 can be used and how the line item may be



fractures

processed and paid. While these indicators are specific to Medicare, many commercial carriers may adopt similar edits and payment parameters. Confirming payment methodology and reporting guidance with each carrier before submitting claims is considered best practice.

Plates, arch bars, external fixation or pin fixation are all fixation devices that depend on the extent of the fracture and determine the appropriate CPT code selected. It is important to note that the removal of a fixation device is not included in the surgical package of fracture repair codes unless the removal is specified in the description of the procedure. In these cases, the removal of the fixation device may be reported separately by appending modifier -58 to 20670/20680.

Accurate coding is further supported by reporting the correct diagnosis codes and paying attention to PTP/MUE edits when treating fractures at different sites. Properly appending modifiers and thoroughly documenting procedures ensure correct coding and facilitate appropriate reimbursement.

To learn more about PTP and MUEs under the NCCI program, visit AAOMS.org/CEonline to register for the previously recorded webinar, *Understanding NCCI Edits and Avoiding Claim Denials*. AAOMS also offers a coding paper on *Coding for Trauma and Fractures* on AAOMS.org/CodingBilling. ■

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OMS insights from 2025 Medicare proposed rules

CMS has released its proposed updates to the 2025 Medicare Physician Fee Schedule (MPFS) rule and the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System rule. The CMS final rules – expected in November – will impact coding, coverage and payment for the upcoming year and also may influence commercial payer policies.

Proposed Medicare fee schedule

For 2025, CMS aims to expand Medicare coverage for dental services necessary for diagnosing and treating oral or dental infections in connection with Medicare-covered dialysis services for beneficiaries with end-stage renal disease. If finalized, coverage would apply to linked dental services provided in either the inpatient or outpatient settings, including OMS offices and ASCs.

By Jan. 1, CMS plans to accept and process the electronic dental claim, or the 837D. In preparation, most Medicare Administrative Contractors (MACs) began accepting enrollment applications and claims testing for the 837D this summer.

For 2025, CMS proposes requiring the use of the Healthcare Common Procedure Coding System (HCPCS) modifier -KX to identify dental services that meet Medicare program criteria. If finalized, this modifier would be necessary on dental services claims, including both 837P (medical) and 837D (dental) formats, attesting the services meet CMS's "inextricable linkage" threshold. CMS also aims to make diagnosis coding mandatory on the 837D claim form beginning Jan. 1.

While AAOMS had recommended that CMS consider establishing coverage timeframes for dental services addressing oral or dental complications following head and neck cancer treatment – a provision currently in effect – CMS did not include any proposals for such changes in the rule. Rather, the agency indicated that MACs would retain the discretion to determine coverage timeframes for dental services on a case-by-case basis.

Additional relevant proposals include:

- **Conversion factor** – The proposed 2025 conversion factor is \$32.36, a nearly 3 percent decrease from 2024, signaling across-the-board payment cuts for Medicare providers if finalized.

- **Global surgery** – CMS proposes requiring the transfer of care modifiers (-54, -55, -56) for all 90-day global codes when only a portion of the global package is furnished, including within the same group practice and informal or expected transfers of care. Additionally, CMS proposes a new HCPCS code, GPOC1, for postoperative care provided by practitioners who did not perform the surgery.
- **Telehealth and direct supervision** – Without congressional action, most Medicare telehealth waivers expire Dec. 31. However, CMS proposes to extend virtual presence for direct supervision and permit virtual presence for teaching physicians in telehealth services through the end of 2025.
- **Quality Payment Program** – CMS proposes maintaining the performance threshold for Merit-based Incentive Payment System (MIPS) scoring at 75 points through 2028. Six new MIPS Value Pathways, including Surgical Care and Dermatological Care, also are proposed and may be relevant to OMSs based on their group practice affiliation and MIPS participation.

Proposed OPPS/ASC Payment System rule

The OPPS/ASC Payment System rule updates facility payment rates and regulations affecting Medicare services furnished in hospital outpatient and ASC settings.

OPPS facility payments

CMS is not proposing to permit payment for any additional dental codes under the OPPS for 2025. However, CMS last year assigned individual payment rates to over 240 CDT codes to align with the Medicare dental coverage expansion. As a result, many dental services still may be eligible for payment in the hospital outpatient setting when Medicare program requirements are met.

For 2025, the proposed OPPS facility payment rates for most covered dental services, including HCPCS facility code G0330, range from approximately \$1,400 to over \$3,000.

CMS also proposes to make separate payments for certain non-opioid pain relief treatments, including select drugs and devices, in both hospital outpatient and ASC settings from Jan. 1, 2025, through Dec. 31, 2027, in accordance with recent congressional directives.



ASC Payment System

In response to AAOMS advocacy, CMS proposes adding 16 dental codes to the ASC covered procedures list. This includes removal of odontogenic and nonodontogenic cysts, excision of benign and malignant lesions and removal of foreign bodies from mucosa, skin, muscle and/or bone. If finalized, these procedures may be payable in the ASC setting when they meet Medicare criteria.

The expansion of Medicare dental coverage is limited in scope. Payment eligibility requires meeting all Medicare requirements and coverage criteria in an inpatient or outpatient setting, as determined by local Medicare contractors.

OMSs are encouraged to review the current Medicare dental coverage guidelines at [CMS.gov/medicare/coverage/dental](https://www.cms.gov/medicare/coverage/dental) and check their MAC's website for billing guidance. ■

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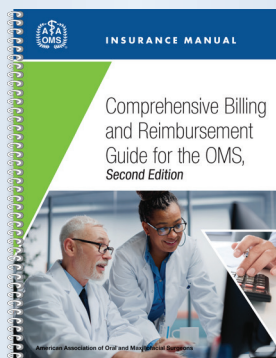


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ABOMS currently offers two certificates: Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial) and Head and Neck Oncologic and Reconstructive Surgery. Currently, 35 Diplomates hold the Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial) CAQ, and 41 Diplomates have earned the Head and Neck Oncologic and Reconstructive Surgery CAQ. These certificates highlight exceptional skills and commitment to providing focused care in these areas of surgery.

The examinations for both certificates consist of 100 questions, divided between topics relevant to the specialized area. The Head and Neck Oncologic and Reconstructive Surgery CAQ contains 70 questions in the pathology domain and 30 in the reconstruction domain. The Pediatric Craniomaxillofacial Surgery CAQ contains

45 questions in cleft surgery, 35 questions in craniofacial surgery and 20 questions on associated conditions.

Earning a CAQ demonstrates an OMS's dedication to continuous education, mastery of complex skills and commitment to providing the highest level of care within a focused area of practice. The CAQ program aims to inform the public and professional colleagues that the OMS who holds the certificate has completed additional specialty education, a certification examination process and has expertise to practice Head and Neck Oncologic and Reconstructive Surgery or Pediatric Craniomaxillofacial Surgery as a focused specialty area of oral and maxillofacial surgery.

Ultimately, certificates enhance trust, advance professional development and elevate the standard of care in these critical fields.

The 2024 CAQ examinations took place on Nov. 2. Diplomates will receive their result letters in December.

To learn more or submit new ideas for additional qualifications, email ABOMS at info@aboms.org. ■



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Combining disability income insurance with

By Shawn M. Johnson, ChFC, CLU, CLTC

Vice President, Business Development

Treloar & Heisel, Inc.

If you get disability insurance through your employer, have you ever wondered, “Do I need to look at getting my own disability income insurance, and how much do I need and what kind?” Many oral and maxillofacial surgeons work for large employers and receive some form of disability insurance as part of their benefit package. This Q&A will sort out some common sources of confusion and address several of the most common questions about disability income insurance for OMSs.

Q Isn't my disability insurance through work the same as the disability insurance I can get on my own?

A Don't mistake your employer disability coverage with individual disability income coverage. Terminology is a very common confusion. Your employer most likely offers a kind of disability insurance called long-term disability (LTD) coverage. Often, this is simply called “disability insurance,” which is what confuses people when they realize they also can buy individual disability income insurance (IDI).

LTD is a benefit that is purchased at the group level by employers for their employees. Basically, it offers employees access to long-term disability benefits should they have a need for income protection while they are employed. IDI, on the other hand, is sold to individuals – physicians, dentists or other professionals. While group long-term disability insurance may be offered as an employee benefit, IDI may have much more robust benefits.

Q What's better? My employer group disability policy or the one I buy myself?

A Ultimately, it's impossible for anyone to say whether the specific LTD policy that an employer offers is suitable. An employee would have to read the contract to get a good sense of what it covers.

But one thing to consider about an employer-provided group long-term

disability policy is that it often is not portable, meaning you may not be able to take the coverage with you when you change employment.

Another factor is whether the premiums are deducted or paid with pre-tax dollars by your employer. You should consult your tax adviser. But often if the premiums have been deducted, any benefits you could receive while disabled could be taxable. That, of course, would translate to a reduction in the actual benefit amount you receive.

The advantages of buying your own individual disability income policy include:

- It is yours to keep, as long as you pay your premiums, up to the contract period (often age 65).
- You can customize it to meet your needs, so you have much more control over its design, how much benefit you need and many other policy features (called riders) like inflation protection and the ability to increase coverage without medical underwriting.
- It can grow with you as your career and income grows.
- If you pay your premiums with after-tax dollars, your benefit should be tax-free to you.*

Keep in mind that individual disability income insurance is priced based on your age and health. The younger (and presumably healthier) you are, the more affordable it is, so there's never a better time to get it than now. Even a small policy



employer-provided group coverage

secured as a resident can be expanded as your career evolves. Once you buy it, you can lock in discounts and look to enhance the coverage in the future. If you decide not to buy, and then experience some health changes, you may find it difficult to qualify for this insurance later in your career.

Q Should I opt out of employer-provided disability insurance?

A No, to the contrary. If your employer is providing you a good benefit at no cost or a very affordable price, you should consider taking advantage of it. It also is recommended to have a foundation of individual disability income coverage as your primary income protection and treat the group employer coverage as a supplemental tool. This way, you have peace of mind you are covered even if you change your place of employment, and your employer-provided insurance may enhance or potentially fill a gap in coverage.

Employer-provided LTD insurance may have several disadvantages, thus making it better suited to supplementing an individual disability insurance policy. Drawbacks include:

- You may not have portability with a group long-term disability plan.
- The insurance company typically can make changes to the plan at any time.
- Your employer could change or eliminate the plan.

Q How much individual IDI I can buy, given that my employer also offers disability insurance?

A It really depends. Doctors who apply for IDI are often surprised by how much individual coverage they can obtain. “Replacement limits” (meaning how much of your income you can “replace” with individual and group LTD coverage combined) are always changing, but these ratios are fairly liberal.

Q If I do decide to buy individual IDI as my base policy, where should I begin?

A The industry is constantly changing. But if you’re curious as to what is available, ask an insurance adviser who is experienced with the needs of OMSs, physicians and dentists and can give the appropriate guidance. Your adviser should be able to look at your options for IDI insurance and coordinate with your employer-provided group coverage. To get a better grasp on

what is in your employer-provided group policy, contact your human resources or benefits department and request a copy of your policy documents.

Q Am I set if I only have employer-provided disability insurance?

A Probably not. Even if you have underlying group coverage, it may not be portable, it may not be enough coverage, and it may or may not be taxable to you.

On the other hand, it doesn’t hurt to research an IDI insurance policy or to have your existing policy reviewed by an insurance adviser. A competent and experienced professional should be able to read your policy documents and point out any potential gaps. Best-case scenario, you will identify an opportunity to augment your individual coverage, which is only to your advantage.

Most people think a disability is not something that will happen to them, but it can happen to anyone. The power to protect your income in the face of illness or prolonged absence from the workforce is well worth the small amount of effort it takes to investigate this matter. ■

**This does not constitute tax advice: make sure to consult your tax advisor.*

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2025 ANNUAL MEETING



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Questions? Contact shannonm@aaoms.org.

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A new transcript feature automatically stores credit earned through AAOMS CE Online and allows users to upload externally earned CE. The tool provides a convenient and accurate transcript process. Visit CEonline.AAOMS.org/my-dashboard to learn more.

AAOMS GOVERNANCE



Review latest Board actions

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



Enhance OMS practice with complimentary AAOMS promotional resources

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 award-winning public-facing podcast OMS Voices: An AAOMS Podcast 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. New episodes include:
 - Treatment and Reconstruction for Head, Neck and Oral Cancer** – Dr. Brent Ward speaks about common approaches to cancers treated by OMSs.
 - Why Corrective Jaw Surgery Can be Necessary** – Dr. Faisal Quereshey discusses the cases in which corrective jaw surgery may be recommended to a patient.
 - How Mercy Ships Provide Humanitarian Aid** – Dr. Joli Chou details the medical services provided by Mercy Ships to nations in need.



- Videos** – An expansive library of AAOMS-produced videos is available for members to download and use at no cost on their websites and social media. 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. All of the infographics also are available in Spanish.

- Ads and fliers** – Downloadable ads and fliers can help members promote their practice to other dental professionals and potential patients.
- MyOMS.org Find a Surgeon** – 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 and click MyOMS.org Directory Profile to update information.



Visit AAOMS.org/InfoCampaign to learn more and access these complimentary resources.

COMMUNICATIONS



Listen to AAOMS on the Go podcasts for OMS insights and discussions



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

Among the new episodes are:

- **Clinical Research: Fostering Innovations in Oral and Maxillofacial Surgery** – Dr. John Zuniga, 2024 AAOMS Clinical Research Award recipient, provides perspective on current research and its impact on patients with neurosensory disorders.
- **The Resident Advocate: Faculty Perspectives** – Drs. Kelly Kennedy and George Kushner discuss the role of OMS faculty in fostering a culture of advocacy among residents.
- **From Residency to Practice: Advocacy Perspectives at Every Stage** – Drs. Hana Lim, Flora Sarmiento and Raj Thaker share their advocacy experiences.
- **Breaking the Stigma: A Candid Conversation on Substance Use Disorders** – Drs. P. Angela Rake and Robert McNeill discuss how substance use disorders

can affect members of the specialty and where they can turn to for help.

- **Navigating OMS Student Debt** – Jacque Chevalier Mosely explains how OMSs can approach their student debt following graduation.

Podcasts



Clinical Research: Fostering Innovations in Oral and Maxillofacial Surgery ⓘ

Featured Speaker: **John Zuniga, DMD, PhD, MS**



Play



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Transcript



The Resident Advocate: Faculty Perspectives ⓘ

Featured Speakers: **Kelly S. Kennedy, DDS, MS, FACS | George M. Kushner, DMD, MD, FACS, RCSEd**



Play



Download



Transcript



From Residency to Practice: Advocacy Perspectives at Every Stage ⓘ

Featured Speakers: **Raj Thaker, DMD, FACS | Flora Sarmiento, DMD | Hana Lim, DMD**



Play



Download



Transcript



Breaking the Stigma: A Candid Conversation on Substance Use Disorders ⓘ

Featured Speakers: **P. Angela Rake, DDS | Robert McNeill, DDS, MD**



Play



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Transcript



Navigating OMS Student Debt ⓘ

Featured Speaker: **Jacqueline Mosely**



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ONLINE CE



Package 3 webinars and save \$300

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. Use the code **PMBUNDLE24** at checkout.

MEMBERSHIP



Share journey in Member Spotlight

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 to view current and previous participants and download the application. Forward the completed application and a photo to membership@aaoms.org.

PUBLICATIONS



Have a personal story to share?

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.

- **Families of OMSs** – Looking for families with multiple generations of OMSs.
- **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



Learn OMS coding, billing online

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

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

PRACTICE MANAGEMENT



Protect against cyberthreats

As data breaches and cyberthreats in the healthcare space continue to elevate, practice owners and managers should take preventive measures to keep their and their patients' information safe. AAOMS recommends utilizing two-factor authentication, password management and vulnerability scanning tools, antivirus software and cybersecurity training.

For more information, including cybersecurity webinars, visit AAOMS.org/Cybersecurity.

ONLINE CE



Save on coding, billing bundles

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, and denial codes and effective appeal writing.

Visit AAOMS.org/CEonline to learn more.



AAOMS Opportunities

2024

Through Dec. 31

106th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Online-only registration
AAOMS.org/AnnualMeeting

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

Dec. 5–7

Dental Implant Conference

Sheraton Grand Chicago Riverwalk in Chicago, Ill.,
 and online
AAOMS.org/DIC

Dec. 6–7

Anesthesia Assistants Review Course

Sheraton Grand Chicago Riverwalk in Chicago, Ill.
AAOMS.org/DIC

Dec. 7

Anesthesia Assistants Skills Lab

Sheraton Grand Chicago Riverwalk in Chicago, Ill.
AAOMS.org/DIC

2025

Feb. 22–23

Anesthesia Assistants Review Course

Las Vegas, Nev.
AAOMS.org/AARC

Feb. 27–March 1

Clinical Trials Methods Course

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

March 15

Office-Based Emergency Airway Management (OBEAM) module

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

March 25–26

Day on the Hill

Washington, D.C.
AAOMS.org/DayontheHill

May 3–4

Educational Weekend

Phoenix, Ariz.
AAOMS.org/EduWeekend

Regional & State Society Meetings

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

2025

Jan. 18

Georgia Society of OMS Annual Meeting

Piedmont Driving Club in Atlanta, Ga.
GA-OMS.org

Feb. 28 – March 2

Virginia Society of OMS Annual Meeting

The Williamsburg Lodge in Williamsburg, Va.
VSOMS.org

March 1

Indiana Society of OMS Meeting

Location TBD
IndianaSocietyOMS.com

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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**.

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



AAOMS Advantage[®]
Partner Program

Look for this logo on a company's advertisement.

AAOMS Advantage Partners provide the following services for AAOMS members, offering exclusive discounts or benefits:



Financial Services

Merchant services, collections, practice and patient financing



Practice Efficiency

Electronic attachment, business report tool, dental inventory management program, automated answering service



Supplies and Repairs

Pharmaceuticals and surgical supplies, OMS specialty products, office supplies, pneumatic and electrical drill repair



Specialty Services

Medications, PPO analysis and negotiation, stem cell banking, refining



Partner ProgramSM
Spend. Save. Support.
AAOMS Services, Inc.

To check out all AAOMS Advantage Partners, visit

AAOMSAdvantage.org



Dr. Spina appointed as OMSNIC Board Chair



Dr. Spina

Anthony M. Spina, DDS, MD, has been appointed Chair of the OMSNIC Board of Directors. Dr. Spina has been a member of the OMSNIC Board since 2013 and also has served on the Illinois State Board of Dentistry, including a year as Chair. Dr. Spina

has been actively involved with the OMS Foundation, serving on its Board of Directors from 2012 to 2016, and has been a Delegate or Alternate to the AAOMS House of Delegates since 2005. In 2013, he was honored as AAOMS Committee Person of the Year.

Dr. Maron reappointed to Georgia Dental Board



Dr. Maron

Glenn Maron, DDS, FACS, has been reappointed to the Georgia Board of Dentistry for a second term ending in September 2029. He previously served as its board President from 2021 to 2023. Dr.

Maron is an oral and maxillofacial surgeon with Peachtree Dunwoody Oral and Facial Surgery. He also served as President of the Georgia Society of Oral and Maxillofacial Surgeons from 2013 to 2015.

Dr. DaBell named Idaho State Dental Association Trustee



Dr. DaBell

Jeffrey C. DaBell, DMD, MD, has been named as one of the Idaho State Dental Association's new trustees representing the Southeast Idaho Dental Society. He will serve through June 2026. Dr. DaBell operates the private practice

Idaho Center for Oral and Facial Surgery and maintains staff privileges at Portneuf Medical Center, where he serves as the maxillofacial trauma chair and is a member of the Perioperative Patient Care Committee.

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

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Faculty Positions

Kentucky

The University of Louisville School of Dentistry invites applications for a full-time faculty Open Rank position (Assistant or Associate Professor) for its Oral and Maxillofacial Surgery program. Duties will include didactic, pre-clinical and clinical teaching and supervision in both the DMD program and in the Oral and Maxillofacial Surgery program, a 6-year joint MD/Specialty Certificate program. Participation in intramural faculty practice is available. Minimum Qualifications: Requirements include a DMD/DDS degree or equivalent. Qualification for both an unrestricted Kentucky dental license and hospital privileges in OMS are required. Preferred Qualifications: An optional MD degree and ABOMS eligibility or certification, an additional desirable accomplishment is the completion of a fellowship. Eligible for \$10,000 sign-on/retention bonus. This position may be tenure track or tenure depending on qualifications and past experience. Academic rank and salary will be commensurate with qualifications and experience. Please submit applications directly to the University's career page at uofl.wd1.myworkdayjobs.com/UofLCareerSite/job/Health-Sciences-Center/Associate-Professor--Open-Rank---Oral-and-Maxillofacial-Surgery_R105009.

Massachusetts

Full-time pediatric oral & maxillofacial surgeon faculty position. The Department of Plastic and Oral Surgery at Boston Children's Hospital and Harvard Medical School seeks a full-time faculty member as a Pediatric Oral & Maxillofacial Surgeon. Prospective candidates must be a Diplomate or Candidate of ABOMS and fellowship training is preferred. Boston Children's Hospital is an Affirmative Action/Equal Opportunity Employer. We strongly emphasize the values of equality, diversity and compassion. Please send or email a curriculum vitae, a cover letter highlighting relevant experience and career goals, and the names and addresses of three references to: Bonnie L. Padwa, DMD, MD, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115 or bonnie.padwa@childrens.harvard.edu. For more information about our department, visit our website: childrenshospital.org/plastic.

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 have ABOMS candidate status or be a Diplomate of 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 Jan. 1, 2025. Inquiries regarding the position may be sent to jbvitz@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.

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 Advanced Specialty Sciences, Division of Surgical Services and Applied Technology. This position entails responsibilities in both predoctoral and postdoctoral programs of the division. 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.

Fellowships Non-CODA

Florida

Orthognathic/trauma fellowship: Opportunity includes cleft and craniofacial exposure and part-time private practice to supplement income. Send CV 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 or mqaisi@oralcancer.com.

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 Rd., Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinstitute.com or visit our website at ofsinstitute.com.

Oregon

The Head and Neck Institute (HNI) offers a 12-month fellowship in advanced craniomaxillofacial and trauma surgery. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma, airway management, sleep surgery (upper airway stimulation) and craniofacial surgery. More detailed information about our fellowship can be found at head-neck.com/hn-institute/craniofacial-trauma-fellowship. If interested, please inquire 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, candidate who is a Diplomate of ABOMS or has ABOMS candidate status. Actively growing area of Northwest Phoenix. Wonderful area to practice and raise a family. Competitive salary/benefits. Send inquiries to mdallard2017@gmail.com.

California

Full-time oral and maxillofacial surgeon wanted in Southern California's Inland Empire. We promote a workplace with a supportive and efficient staff, individual growth and personal achievement. The right individual should demonstrate creativity, interpersonal skill and have a team player attitude. We emphasize dentoalveolar surgery, dental implants, and pathology but also practice orthognathic, and trauma surgery. Compensation includes competitive salary, incentive bonus system, health insurance stipend and relocation advancement. Interested applicants should call 909-331-0227 or email mdudziak@ieomfs.com.

California

Well-respected, busy and established oral surgery practice in search of a Diplomate of ABOMS or OMS who has ABOMS candidate status. Must be a 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.

Colorado (Front Range)

Growing practice seeking an associate who is a Diplomate of ABOMS or has candidate status for a partner-track position. Full-scope technology-based practice with emphasis on dentoalveolar, implants, pathology and orthognathics. Level II trauma center and surgery center availability. Excellent opportunity for a growth-oriented candidate with compassion and interpersonal skills. Great family location with easy access to everything Colorado has to offer. Please email CV/inquiries to mflanagan@rangeviewsurgery.com.

Florida

Busy, full-scope, three-doctor oral and maxillofacial practice seeking to add board-certified oral and maxillofacial surgeon for associateship. The incoming surgeon must be willing to obtain hospital privileges as well as take hospital call. Prefer well-rounded, experienced doctor who is interested in performing procedures related to full-scope OMS practice (dental implants, orthognathic, facial and oral pathology, facial trauma and other procedures related to the specialty). This is an exceptional opportunity for the highly motivated individual. The incoming surgeon will practice in all three of our current locations (Melbourne, Rockledge, Titusville). The practice has well-trained professional staff, including RNs, CBCT technology, full-scope facial cosmetic surgeries performed on-site and has been established for over 35 years in the area. We offer generous compensation package and benefits.

Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in South Florida looking for a graduating resident, board-certified or board eligible associate with an opportunity for partnership. The area is rapidly growing, and our associate will have a full schedule in a short time. The area is nice for raising a family and the associate will have a lucrative practice. Send resume, CV or inquiries to AAOMS classified Box A-07302024.

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.

Illinois

Are you a talented oral surgeon looking to transform lives and fast-track your career? Join our thriving downtown Chicago practice associated with Northwestern Hospital. We're a fee-for-service

clinic focusing on full-spectrum oral surgery and high-volume implants. With a great reputation and steady referrals, you'll enjoy a full schedule in no time. We're offering a total compensation package worth over \$400,000/year, plus a percentage based on production. Want a partnership track option? We have that, too. You'll fit right in if you're a team player, always learning and a great communicator. Ready to make a difference and grow your career on a solid track in a supportive environment? Get in touch, and let's create amazing smiles and lifestyles together! Send CV or inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-110922.

Illinois

Associateship leading to equal partnership for a hardworking oral surgeon with strong interpersonal skills. Must be a Diplomate of ABOMS or have ABOMS candidate status. 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 or fax 815-939-9820.

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 mvcvengros@endoperio.com.

Illinois

Full-scope private OMS in Lake County seeking an OMS associate leading to partnership. Must be a Diplomate of ABOMS or have ABOMS candidate status. Excellent compensation and benefits. Paid Level 1 hospital call and opportunity for FACS. Third molars, implants, orthognathic surgery and full facial trauma. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0311.

Available Positions

continued from previous page

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.

Kentucky (Lexington)

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, six-surgeon, three-location practice in Lexington, KY. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to gmorton@oms360.com.

Kentucky (Louisville)

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, two-surgeon, two-location practice in Louisville, KY. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to gmorton@oms360.com.

Massachusetts

We are seeking an oral and maxillofacial surgeon who is a Diplomate of ABOMS or has ABOMS candidate status to join our busy two-location practice with a loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery, with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive benefits package, the opportunity to live near major cities and still hike, hunt and ski from your backyard. Please send CV to chris@odisurgery.com.

Massachusetts

Long-established two-location practice outside of greater Boston seeking motivated, personable oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status. Competitive employment

package with partnership track. Practice with emphasis on dentoalveolar surgery/implants with opportunity to expand scope. Send CV to Jessica at jmaggio@concordlexington.com.

Michigan

A well-respected OMS practice in southwest Michigan searching for an oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status 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.

New Hampshire

Full-time oral surgeon position in New Hampshire. Thriving private practice looking for an associate in beautiful New Hampshire. We are a well-established, full-scope practice, with a broad and loyal referral base. The staff is experienced, enthusiastic and committed to our practice philosophy of treating our patients in the same manner that we would want our own family members treated. We are looking for an associate who will share in this vision and is willing to work hard to uphold the standards that have made this practice so successful. Good communications skills are a must, along with a willingness to invest time and energy into building relationships with our referring dental and medical communities. We offer: competitive salary, partnership opportunity, 401K package, medical insurance, dental reimbursement, relocation assistance, continuing education reimbursement, and a positive and supportive work environment. New Hampshire was voted in 2023 as one of the Top 10 Best States to Live (US News & World Report). Our practice is located in Concord, a vibrant community of approximately 45,000 which is positioned conveniently one hour from the seacoast, the White Mountains and Boston and 40 minutes from the Lakes Region. Come experience a fantastic work environment along with all New Hampshire has to offer.

New York

Oral surgeon position available. Part-time leading to full-time. Can make your own schedule. Candidate must be a Diplomate of ABOMS or have ABOMS Candidate status. Location – Nassau County, Long Island, N.Y., in a full-scope, long-standing oral surgeon's office located in a prime location and across from a major hospital. Can start right away. For additional information please call 917-288-4425.

Ohio

Outstanding opportunity to join a growing and productive PRIVATE PRACTICE on the west side of Cleveland. We are searching for an associate/employee who is an ABOMS Diplomate or candidate 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 oral surgery. Most of the surgeons are primarily office based, but there is ample opportunity for hospital-based surgery. The new associate/employee will be eligible for an exceptional salary/benefits/sign on bonus package. Minimum salary of \$400k and/or net collection percentage of up to 38 percent. Earning potential of \$750k to \$1 million annually. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport, bordered by Lake Erie on the North and Cleveland Metroparks on the East. Residents can boat, fish and swim on Lake Erie and take advantage of all the Metroparks have to offer.

Oklahoma

Full- or part-time oral and maxillofacial surgeon associate needed. Graduating residents are welcome to apply! Private practice located in Moore, Okla. This modern practice opened in 2018 and has experienced rapid growth. We are looking to add another surgeon to our team! This position will have future ownership opportunities. Patient care and safety are high priorities for us, with stable staff and investment in making our clinical assistants equipped with the best skills. The new associate has the opportunity if desired to participate in resident and dental student education with a faculty appointment. Multiple hospital appointments for non-office surgical procedures are readily available. Interested or have questions? Please contact Dr. Steven Sullivan at 405-271-4955 or stevensullivan@sbcglobal.net.

Oregon (Salem)

Discover an exciting opportunity at Willamette Valley Oral and Maxillofacial Surgery, Inc., in the heart of Salem, Ore. The practice was established in the year 2000 and has a strong referral base to hit the ground running. We are currently a full-scope OMS practice with a focus on dental alveolar and implants, but an incoming practitioner could cultivate other areas of interest. You'll be working alongside a seasoned, well-respected OMS under the umbrella of a silent partner yet have the ability to remain autonomous. This is a full-time position,



but we would consider part-time as well. One hour to the coast and two hours to the mountains, come experience the beauty of Willamette Valley wine country. Full benefits and up to \$100k sign-on! Email doctor@wvoms.net.

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 if you would like to learn more about this opportunity.

Pennsylvania

Oral and maxillofacial surgeon – Geisinger, Pa. The Department of Oral and Maxillofacial Surgery at Geisinger, a national leader in quality, innovation, research and education, is seeking an oral and maxillofacial surgeon who is a Diplomate of ABOMS or has candidate status 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.

Rhode Island

Well-established growing practice in Rhode Island seeking a surgeon who is a Diplomate of ABOMS or has candidate status to join our two-surgeon team. Doctor owned with no corporate or PE involvement. One location with CBCT, intraoral scanner and WinOMS cloud software. This is a full-scope Rhode Island OMS practice with emphasis on dentoalveolar and implant surgery. Associate contract with

partnership track if desired. Highly competitive salary and bonus structure offered. To learn more, contact info@englishoms.com.

Tennessee (Columbia)

Hunter Oral & Implant Surgery is looking for an Associate to join our well-established practice with over 40 years in the Columbia, Tenn., community. This location is just a short 50-minute drive from the famous Nashville, Tenn., and just south (30 minutes) of bustling Franklin, Tenn.! Our services range from wisdom teeth removal, dental implants and extractions. A new surgeon joining the practice can expect a 4-day per week schedule starting at 7:30 a.m. and a target end of 4:30 p.m. \$15k Signing Bonus plus full benefits. Visit drhunteroms.com or email calli.norris@sdbmail.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 or phone 865-300-7135.

Tennessee (Nashville)

Immediate associateship opportunity in a multi-surgeon, multi-location practice in Nashville, Tenn. Seasoned surgeons looking to mentor or expand practice with another. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to gimorton@oms360.com.

Texas (North Houston)

Opportunity for a pathway to partnership with an established and well-respected, doctor-owned (non-DSO) oral surgery group practice located north of Houston, Texas. We are seeking a Diplomate or Candidate of ABOMS 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. Contact our Practice Administrator, Donna Kotsios, at 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 a Diplomate of ABOMS or have ABOMS candidate status. 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.

Washington

Pacific Northwest lifestyle! Wonderful opportunity to practice oral surgery with work-life balance. Well-established, highly respected oral surgery practice in Vancouver, Wash., is looking for a part-time (two days a week) oral and maxillofacial surgeon. Candidate must be personable, possess excellent surgical skills, with the ability to establish and maintain relationships with existing and new referring doctors. Board certification is preferred. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-061124.

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.

Washington, D.C.

We are seeking an energetic, qualified OMS Associate to join our team and support our rapid growth. This position offers potential future ownership opportunities and a dynamic work environment. Great opportunity to join our established practice that is located near Georgetown in Washington, D.C. Capital Center for Surgery is an established, AAAHC-certified 4,000 sq. ft. facility specializing in outpatient surgeries. Our modern practice utilizes cutting-edge technology, including the X-Guide for dental implants and provides comprehensive ranges of services under IV and GA such as: dental extractions, fully guided implant surgeries, full-arch teeth-in-a-day cases, bone grafting, TMJ, orthognathic surgery, oral pathology and cosmetics procedures. Trauma call at local hospitals is available, but it's optional. We're AGD certified, allowing us to offer CE courses which provide opportunities for professional development and advancement. M-F, competitive salary, comprehensive benefit package. Residents are welcome to apply. Please send your CV and any inquiries to LaShawn Bennett, Practice Manager, at lashawn@ccomfs.com.



Available Positions

continued from previous page

Wisconsin

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

Practices for Sale

California

Practice for sale. Santa Barbara, central coast 40+ years established OMS practice. Office located near a level 1 trauma hospital. Call 805-692-8500 or email drwelsh.oms@gmail.com with any questions. Price \$800,000.

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 for more information.

Michigan

For sale – well-established, solo OMS practice located in SW Michigan. Strong referral base with consistent excellent net collections on a four-day week. Emphasis on dentoalveolar, implants and bone grafts with opportunity to expand scope. Level 1 trauma hospital nearby. Home to Homer Stryker WMU Medical School and the Kalamazoo Promise. Great place to raise a family. Owner willing to stay on for a smooth transition. Interested surgeons who are Diplomates of ABOMS or have candidate status send CV to lynnhyland1900@gmail.com.

New Jersey

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 operators, Dexta OS Chairs, i-CAT, Sirona Digital Pan, CO2 Laser, Piezosurgery Unit, Ellman Surgitron Radiosurgery Unit, Osstell IDx, IntraSpin L-PRF Centrifuge, 16 Camera CCTV, 45KW 2.4L Generator, WinOMS CS. Please send inquiries to classifieds@aaoms.org, attention AAOMS Classified Box S-0701.

New Mexico

Are you looking to own a well-established, highly profitable OMS practice located in a prime area of Albuquerque? Look no further! This is a unique opportunity to acquire a successful 1,950 sq. ft. OMS practice with a solid referral base. The provider is ready to retire and is willing to stick around if wanted. This modern updated practice has a great support staff, 48 percent office overhead, \$1.9 million in collections, Carestream PMS, CS9300 CBCT and excellent cash flow for any buyer. Contact: Scott Graham (scott@omspracticesales.com) for more information.

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 for more details. Your future awaits!

New York

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

Ohio

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 attention AAOMS Classified Box S-022924.

Oklahoma

Two-provider, two-location OMS practice for immediate sale in the greater Oklahoma City area. Practice has diverse revenue sources and has capacity for growth in both locations. Both locations have been in operation for many years and have strong referral sources. Sellers are willing to stay on for a reasonable period to ensure auspicious practice goodwill transfer and buyer effectively matriculates into working the practice. Buyer will have a full schedule as soon as they want it. Please send inquiries to austin.leavitt@omsp.com.

Practice Transitions

OMS Exclusively Premier Transition Specialists for Oral Surgeons

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery; we are the specialists. Time to sell or buy, transition into retirement, value your practice, restructure your partnership or add an associate/partner? We have over 30 years in transitions, including practice sale experience. We work with residents, experienced surgeons and military. We are not practice brokers, do not charge 10 percent or sign exclusive agreements. We have buyers/associates, tremendous success. You have seen us at AAOMS/we provide you personalized solutions. Webpage/National Job Board: OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

Classified Advertising Deadlines

Mar/Apr 2025 issue: Jan. 6, 2025

May/June 2025 issue: March 7, 2025

July/Aug 2025 issue: May 2, 2025

AAOMS Faculty Classified Advertising Order Form

☐ **AAOMS Box Number requested**
(No additional cost)

☐ **This is a confidential ad.**

Contact only the following staff members
with questions:



☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

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

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☐ Check enclosed Amount _____ Check # _____

General / Fellowship Classified Advertising Order Form

Ad type:

☐ Fellowship

☐ CODA Accredited

☐ Non-CODA Accredited

☐ Position Available

☐ Practice for Sale

☐ Position Wanted

☐ Practice Transitions

☐ Miscellaneous

☐ **AAOMS Box Number requested**
(No additional cost)

☐ **This is a confidential ad.**

Contact only the following staff members
with questions:

☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General / Fellowship Classified Ad Costs:

1-40 words: \$300 **41-80 words:** \$600

81-120 words: \$900 **121-160 words:** \$1,200

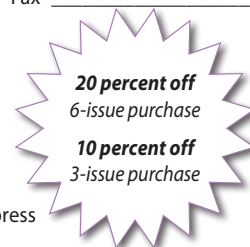
Every 40 words thereafter: additional \$300

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THANK YOU!

AAOMS gratefully acknowledges the following for their generous support of the 2024 AAOMS Annual Meeting, Resident Organization (ROAAOMS) and OMS Foundation as well as other Association activities throughout the year.

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