AAOMS TODAY

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COVER STORY | PAGE 10

Artificial intelligence spurring revolution

Technologies transforming OMS practices and education

A chance encounter

Dr. Morrison reflects on community, volunteerism and advocacy

page 6

The Patients We Serve

Dental implant patient's years-long restoration

page 20

Aiding healthy outcomes

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page 30

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COVER STORY
Page 10



Artificial intelligence revolution

New technologies spurring the next frontier in OMS care

> *We will use AI essentially from the get-go. You'll have data acquisition entering into an integrative AI model that has checks and balances. And then at the end, what will happen is surgery, but it'll be robotically controlled, specifically through navigation to the plan.*
>
> *– Dr. Leonel Perez Jr.*

AAOMS GOVERNANCE 24

House maintains composition

No changes were made to allocation of Delegates and Alternates in 2025.

ANNUAL MEETING 26

25 reasons

Why the 2025 Annual Meeting is a must-attend event.

FOR WHAT IT'S WORTH 34

Examining influencers

Dr. Hupp explores the role of social media and digital news in the dental healthcare space.

OMS FOUNDATION 39

How to donate

Dr. Ferguson outlines the ways to support the OMS Foundation and why it is important.

ADVOCACY INSIGHTS 40

Congress votes affect OMSs

AAOMS issues advocacy call to action on Medicare payment cuts.

OMSPAC 43

Reviewing 2024 statistics

Political action committee recaps federal trends.

PRACTICE MANAGEMENT MATTERS 45

DEA compliance Q&A

OMSs must register their practice locations and controlled substances with the DEA.

PRACTICE MANAGEMENT NOTES 47

Prevent cyberattacks

Bolster the OMS practice from ransomware by utilizing cybersecurity methods.

CODING CORNER 52

Evaluations vs. consultations

Learn the difference between two key phrases for coding and billing purposes.

HEALTH POLICY PERSPECTIVES 54

Billing for different settings

Reimbursement for some procedures varies based on the facility where they are performed.

ABOMS NEWS 57

ABOMS names first CEO

Christina Tomaso, MS, CAE, began her role at ABOMS in January.

AAOMS Today: Award-winning AAOMS member magazine

2024 APEX Awards for Publication Excellence

2024: Grand Award winner for Magazine Writing
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2021: Gold Award
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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



J. David Morrison, DMD
AAOMS President

Whether at the AAOMS Annual Meeting, a CIG/SIG group, through the pages of JOMS *and* AAOMS Today *or in everyday practice, our sense of community drives innovation and excellence in patient care.*

Power of connection: How

During a recent vacation with my wife Jenny at "The Most Magical Place on Earth" – Walt Disney World in sunny Florida – I had an encounter that reminded me of the profound impact of the significant work we do, not only as oral and maxillofacial surgeons but as a united professional community.

Jenny and I were enjoying a lunch at the Yak & Yeti Restaurant in Disney's Animal Kingdom Theme Park when a man holding his toddler son came up to our table. He paused for a moment before asking, "Are you the AAOMS President?" Surprised, I replied, "Yes." He introduced himself as Bryan Wheeler, an AAOMS fellow from Virginia. He told me he recognized me from my President's e-newsletter photo. He then thanked me for everything I've done for the specialty.

I was deeply moved by this unexpected interaction, not because of the recognition but because it highlighted the shared bond that connects us as AAOMS members. As I left the restaurant that afternoon, I felt honored, humbled and inspired – and I knew I wanted to share this experience with all of you. This encounter inspired me to reflect on three themes that are central to the strength and future of our profession: community, volunteerism and advocacy.

The power of community

Moments like these remind us of the importance and value of the AAOMS community. As oral and maxillofacial surgeons, we are part of a unique and specialized field. But beyond our technical expertise, we share common values, challenges and goals. Whether at the AAOMS Annual Meeting, a CIG/SIG group, through the pages of *JOMS* and *AAOMS Today* or in everyday practice, our sense of community drives innovation and excellence in patient care.

When Bryan expressed his gratitude, he wasn't just acknowledging my efforts – he was celebrating the collective achievements of all AAOMS members. Let's continue to foster this community by connecting with one another, sharing our knowledge and supporting each other throughout our professional journeys.

unforeseen meeting reinforces AAOMS's strengths



The call for volunteerism

One of the most remarkable qualities of AAOMS is the dedication of its members to give back to the community. Our Association flourishes thanks to those who volunteer their time, whether it's serving on committees, mentoring younger surgeons, participating in public education initiatives or providing care on mission trips.

Volunteerism is essential to our organization and our specialty. It's a vital part of what makes AAOMS a leader in advancing oral and maxillofacial surgery. If you've been thinking about how to get more involved, I encourage you to explore the many opportunities available. Get started by checking out AAOMS.org/Volunteer. Your contributions, big or small, can have a meaningful impact. And your unique talents and experiences can truly make a difference.

Advocating for our specialty

The chance encounter in Florida also reminded me of the importance of advocacy. While our surgical skills transform lives one patient at a time, our collective voice can influence the broader healthcare environment. Through AAOMS, we have the platform to advocate for national and state legislation and regulations that protect and advance our specialty, from insurance reform to improving access to care. Participation in advocacy efforts not only strengthens our profession but helps ensure patients continue to benefit from our expertise. Whether you're joining us at AAOMS Day on the Hill, answering VoterVoice calls to action or supporting OMSPAC, your efforts amplify our message and help secure the future of oral and maxillofacial surgery.

As I think back to that afternoon, I am reminded of the privilege of serving as your President and the profound responsibility we all share to elevate our specialty. I hope this inspires you, as it inspired me, to continue to build our community, answer the call to volunteer and advocate for the future of oral and maxillofacial surgery. Together, we can ensure that the next generation of OMSs will look back with the same pride and gratitude we feel today.

Thank you for all you do for AAOMS and our profession. And if you happen to see me in a restaurant, at a meeting or anywhere else, please don't hesitate to say hello and keep this conversation going. It's these connections that remind me of the extraordinary people who make our specialty so special. ■



Top left: Activities such as a CIG/SIG group help AAOMS members drive innovation and excellence in patient care. Above: That sense of community also is exhibited at events like AAOMS Day on the Hill, where members can amplify their voices and secure the future of oral and maxillofacial surgery.

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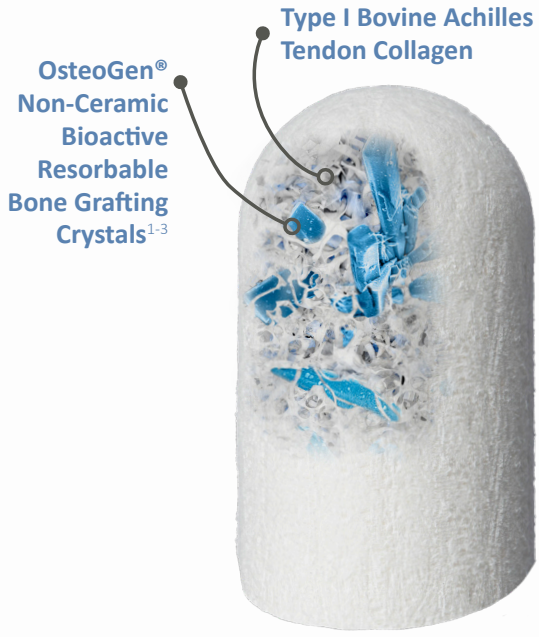
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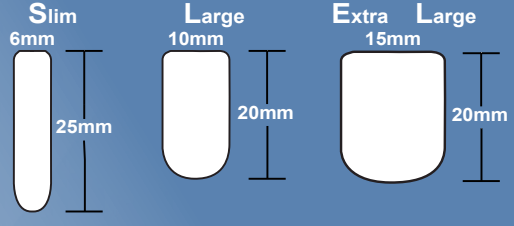


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Artificial intelligence spurring revolution

Technologies transforming OMS practices and education

Driven by the rapid advancement of artificial intelligence (AI) systems, a wave of technological innovations are sweeping across the oral and maxillofacial surgery specialty.

In the coming decade, these powerful tools are expected to revolutionize the how OMSs approach diagnostic processes, surgical planning and connecting with patients.

Four academic leaders in oral and maxillofacial surgery are sharing their visions for AI, pointing to its ability to enhance preoperative imaging analysis, craft personalized treatment approaches and elevate surgical precision. However, they caution that these advancements bring complexities, such as the need for robust data management, stringent patient privacy protections and careful mitigation of AI algorithmic bias.

AI in orthognathic surgery

U.S. Navy Commander Leonel Perez Jr., DDS, MD, FACS, says AI shows promise for cephalometric analysis and in orthognathic surgery. The Residency Director at Walter Reed National Military Medical Center in Bethesda, Md., said AI-generated simulation models enhance the accuracy and efficiency of treatment planning.

By creating 3D models from imaging data, he said AI can assist OMSs in visualizing procedures, improving precision and reducing operatory time. In complex orthognathic surgery, AI assists in virtual surgical planning by helping create custom plates and soft-tissue planning.



Leonel Perez Jr., DDS, MD, FACS
Fellow

Dr. Perez points out that deep learning AI modules – part of a computer program that uses complex networks to learn large amounts of data by recognizing patterns and making decisions, mimicking the structure of the human brain – have the potential to integrate significant input from both patients and healthcare providers. This integration would provide a more personalized and collaborative method to treatment planning.

In line with this approach, Dr. Perez stresses the need for a system of checks and balances that allow patients to review and approve specific changes at different points in

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"I really think someone who is able to foresee this is going to be able to jump on it, and I think do pretty well. It's going to be the next new thing in orthognathics."

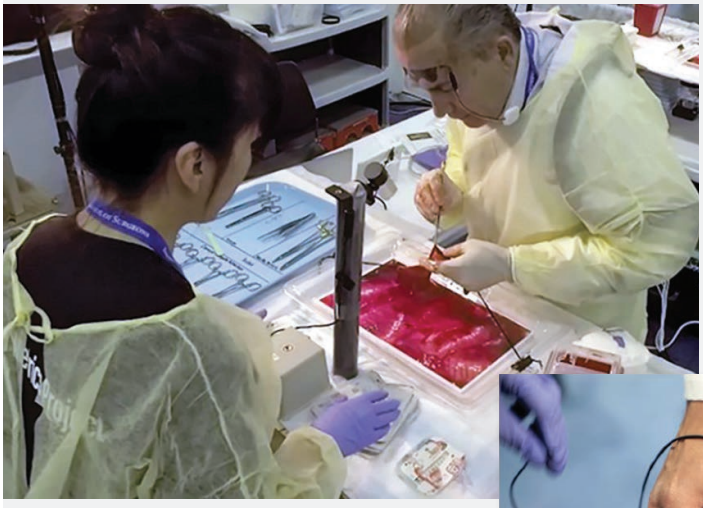
– Dr. Leonel Perez Jr.



the process before proceeding further. He said this ensures patients are actively involved in their treatment plans and can visualize the adjustments before moving to the next phase of surgery.

To prepare for a procedure, he said an OMS collects data from CT scans, intraoral scans, 2D and 3D photographs and Digital Imaging and Communications in Medicine (DICOM) files. The data then are input into an integrated model where the OMS develops the diagnosis and performs an automated corrective analysis based on clinician preferences before running the simulation of the outcome. "At that checkpoint, we need to have that simulation ready and that autonomy for the patient to check this off before we move on to creating custom plates and guides," he said.

While AI is being incorporated within various steps of orthognathic surgery, Dr. Perez said AI applications still are very piecemeal. He said there is no comprehensive, standardized AI process that covers the entire orthognathic surgical workflow from start to finish.





Using wearable technology, a surgeon performs a procedure for the Surgical Metrics Project, a collaboration between the American College of Surgeons and the Technology Enabled Clinical Improvement Center at Stanford University to quantify the haptics of demanding tasks. Magnetic motion tracking under the surgeon's gloves is synchronized with laparoscopic video and audio data, and electroencephalogram (EEG) sensors measure brain waves, highlighting when surgeons are most focused on critical aspects in surgery. The collected information can be used by surgeons to share tips and tricks with colleagues or develop training curricula.



Deepak G. Krishnan, DDS, FACS
Fellow

Personalizing OMS education with AI

Deepak G. Krishnan, DDS, FACS, envisions AI becoming intrinsic to various facets of OMS education by providing personalized learning experiences.

AI-driven translation technology is transforming learning so that anyone can speak to a large world audience, according to Dr. Krishnan, Division Chief of Oral and Maxillofacial Surgery and Residency Program Director at the University of Cincinnati College of Medicine in Ohio. "You can essentially speak in English and be simulcast into multiple languages. This is part of where we are using AI to no longer have problems with language barriers in education as we move forward," Dr. Krishnan said.

AI-powered chatbots, such as ChatGPT and Microsoft Copilot, simulate human interaction and can assist OMS residents with learning and digesting information. Dr. Krishnan said they can be helpful for residents preparing a presentation based on multiple journal articles. "Chatbots can be used to summarize and evaluate the research in medical literature. They can suggest resource materials and assist in decision-making, developing those decision-making skills," he said. Chatbots like Gamma and SlideSpeak also can transform journal articles into cohesive presentations.

While simulated learning using plaster teeth and typodonts is not new in training programs, Dr. Krishnan said AI in virtual reality (VR) technology adds a level of immersive experiential learning for students by replicating the senses of touch and motion involved in surgery.

AI programming functions as the "brain" behind the VR, allowing the technology to respond dynamically to user input and create more lifelike scenarios. Dr. Krishnan said AI

can provide haptic feedback, telling residents that "these are the points of contact they need to release before they down-fracture. These are the problems that will be associated with a soft-tissue envelope. This is how it feels when you're trying to move a maxilla and things like that are going to help them be prepared before they even go in."

The future, he said, likely will involve creating gaming technology that allows residents, OMSs and office staff to learn asynchronously online – reinforcing their steps, knowledge and role on a team, particularly in an emergency – in an engaging and accessible way.

Dr. Krishnan said OMS offices could use the VR mock drills for staff training either together as a team or asynchronously, and it is conceivable that the drills could inspire team members to enhance their skills.

As an example, Dr. Krishnan said a clinical staff member assisting the surgeon in an outpatient procedure can feel proud helping the OMS achieve a high score due to the staff member's effective assistance. A second surgical assistant, who observes this dynamic, becomes competitive and decides to study up and play the game asynchronously to achieve an even higher score. The cycle of competition and skill improvement continues, he said, when the first assistant tries to outperform the coworker.

"This game is probably the next step of what we need to do in safety training in oral and maxillofacial surgery and the next step in OBEAM (Office-Based Emergency Airway Management)," Dr. Krishnan said.

AI also can help enhance fairness in the OMS residency recruitment and selection processes, he said.

Human bias, he said, inevitably plays a role when sorting through the hundreds of applications a residency program receives each year. He said a residency coordinator might immediately discard candidate applications with low ranks or academic issues (negativity bias). Some candidates might inadvertently be rejected based on a reviewer's emotional state (affect heuristic bias); perhaps the reviewer was having bad day or had skipped their morning coffee, Dr. Krishnan said.

"AI does not necessarily have that bias, as of yet, so the technology could potentially be good in aggregating candidates who are likely to succeed based on the parameters you set," Dr. Krishnan said.

AI technology can ensure an impartial and efficient selection process, he said, by detecting fraudulent applications or the overuse of generative AI like ChatGPT in candidate personal statements.

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"This game is probably the next step of what we need to do in safety training in oral and maxillofacial surgery and the next step in OBEAM (Office-Based Emergency Airway Management)."

– Dr. Deepak G. Krishnan



Chi T. Viet, DDS, MD, PhD, FACS
Fellow

Leveraging AI for enhanced cancer prognosis

Chi T. Viet, DDS, MD, PhD, FACS, a surgeon scientist and Associate Professor of Oral and Maxillofacial Surgery at Loma Linda University in California, leverages AI and machine learning to enhance patient outcomes in head and neck cancer. Dr. Viet is working with a team to train algorithms to predict outcomes based on genetic fingerprints to provide a prognosis on cancer survival rates.

She said analyzing large data sets, such as the thousands of genes expressed in cancer, requires AI to make decisions that humans cannot easily make. "That's a simple use of AI that a lot of biostatisticians and bioinformaticians use," she said.

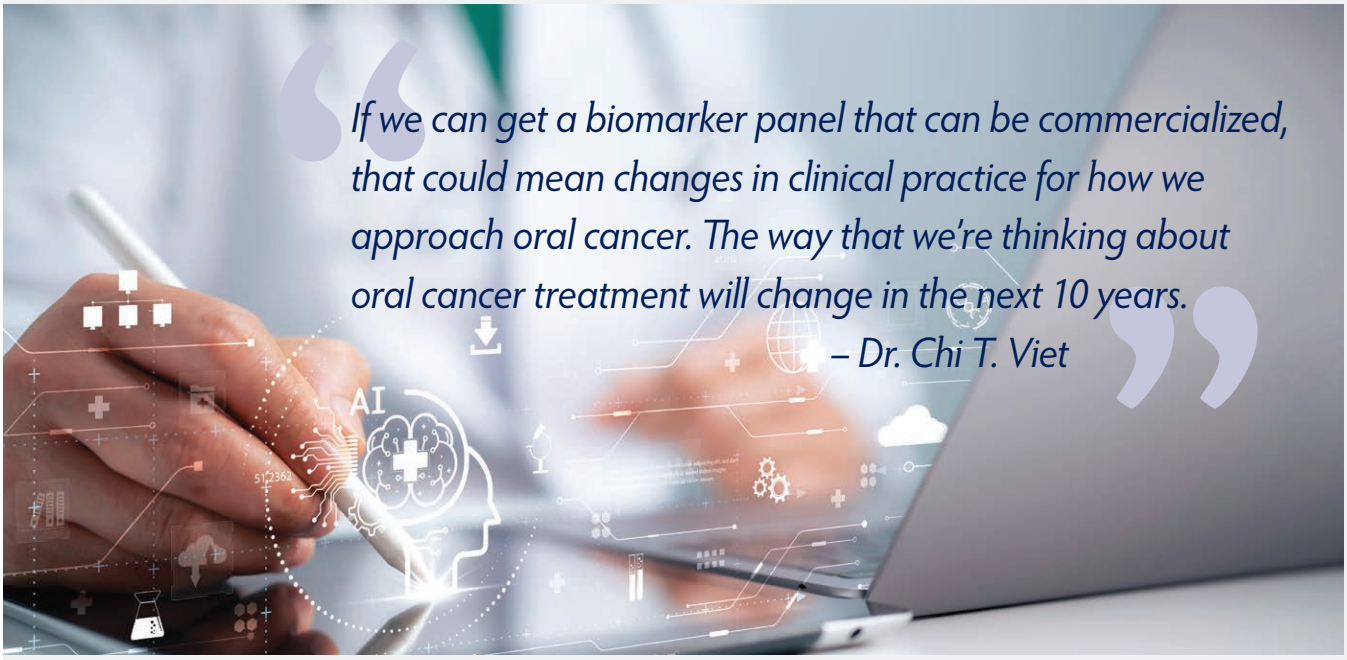
Another way Dr. Viet employs AI is with deep convolutional neural networks (DCCN), a type of learning technique that can identify patterns in images. She and her team are using DCCN to analyze histology slides from cancer biopsies. These slides are very complex images, which DCCNs then analyze to identify features that can predict outcomes.

The networks can answer a wide range of binary – yes or no – questions based on the images: Will a patient survive for five years? Will the patient's cancer recur? "We are even able to just look at pictures and predict what kind of gene mutations a cancer has," Dr. Viet said.

She said decades ago, scientists across cancer research would look at a gene profile of five to 10 genes and come up with a sensitivity and specificity value. "Now, the tasks that we're training the computer to do are much more complex and have many more data points, and we're getting increased accuracy in the predictions," Dr. Viet said.

AI in dentistry, emerging role for OMSs

In the broader field of general dentistry, AI has already been substantially adopted, according to John M. Nathan, DDS, MD, a Mayo Clinic Scholar within the Division of Oral and Maxillofacial Surgery and clinical instructor in the Department of Oral and Maxillofacial Surgery at the University of Michigan.



"If we can get a biomarker panel that can be commercialized, that could mean changes in clinical practice for how we approach oral cancer. The way that we're thinking about oral cancer treatment will change in the next 10 years."
– Dr. Chi T. Viet



John M. Nathan, DDS, MD
Candidate

Dr. Nathan, who has a master's degree in artificial intelligence in healthcare, said companies have developed FDA-approved AI tools that are assisting general dentists in identifying caries, bone loss around teeth and previous dental work such as restorations and root canals. Additionally, he said larger dental management companies and corporate dental practices have integrated AI tools into their electronic health records (EHRs) to automate administrative tasks, analyze patient data for treatment insights and risk assessment, enhance billing accuracy, streamline insurance verification and personalize patient care.

AI is just beginning to impact the OMS specialty, Dr. Nathan said, though its current applications in clinical decision-making are relatively limited. The only FDA-approved use of AI in the OMS specialty he could recall was Proteocyte AI, which predicts the transformation of pre-malignant lesions into oral cancers. The prognostic Straticyte test uses AI software to evaluate a digital image of the patient's original biopsy tissue to calculate a personalized oral cancer risk score. United Healthcare announced last fall it is covering the test, he said.



A screenshot from the Virtual Clinical Training Program by Travancore Analytics shows a 32-year-old male experiencing a laryngospasm after general anesthesia during the extraction of four impacted third molars. The OMS must select the correct next steps to successfully complete the scenario.

> *"Meticulous data collection and record-keeping are fundamental, even if an OMS program isn't directly involved in AI development. Accurate data records and data sets are essential."*
> *– Dr. John M. Nathan*

Otherwise, Dr. Nathan said there are niche uses of AI in analysis of radiographs, "but it's not something that's broadly used by oral and maxillofacial surgeons." In addition, there has been an increased number of studies that try to predict nodal metastasis in squamous cell carcinoma using CT scans and histology image analysis. "It's all very investigational," he said.

AI challenges and limitations

Drs. Perez, Krishnan, Viet and Nathan spoke at the Research Open Forum focused on the topic of Artificial Intelligence in Oral and Maxillofacial Surgery during the 106th AAOMS Annual Meeting in Orlando, where they all emphasized that the accuracy of AI results is heavily dependent on collecting massive amounts of data.

Developing accurate AI surgical plans lies in having enough data points, according to Dr. Perez. He explained that a neural network with insufficient demographic facial data – such as patient ages, gender, race and other characteristics from their facial image – can skew results. An overrepresentation of a specific ethnic group in data could further distort outcomes, he said.

Dr. Nathan said the number of OMSs as well as the volume of procedures each performs is small compared to other specialties with large departments within hospitals. He said oral and maxillofacial surgery generates far less data

continued on next page

than cardiology – which produces a high volume of data such as electrocardiograms and echocardiograms – or gastroenterology, which collects extensive video data from endoscopies.

He estimated that developing a predictive image analysis for patients undergoing orthognathic surgery would require between 40,000 to 50,000 CT scans and pre- and postoperative images of different patients – presenting a significant challenge for the OMS specialty.

Dr. Krishnan warned that insufficient data training or biased data also can lead to false, misleading or inaccurate assumptions, which are often referred to as "AI hallucinations."

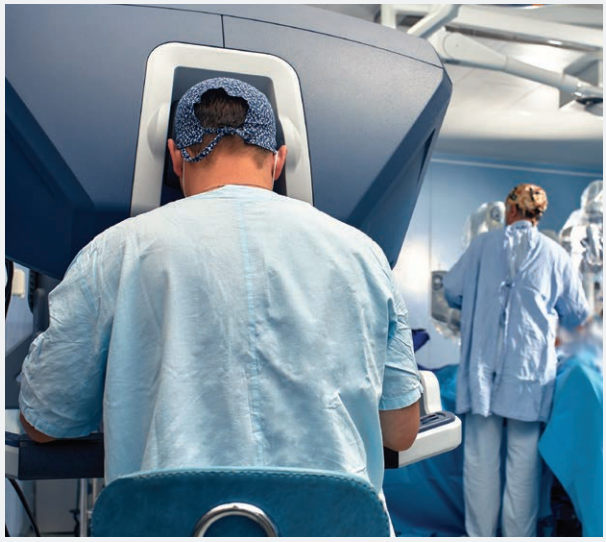
Both Drs. Perez and Nathan stressed the need for multi-institutional collaboration and unbiased data governance.

Dr. Nathan said if a single institution used only its own data, any AI applications and predictive algorithms it generated could not be used by a different institution. "The predictive value would be limited to the specific patient population it was trained on and would have decreased accuracy when applied to a different group of patients," he said.

Utilizing the military to collect and store data is one possible avenue, said Dr. Perez. With a grant, military training facilities could collaborate with multi-center universities and other Department of Defense facilities to feed data to engineers developing AI models. He said the military has a patient pool from different regions and with a range of ages and ethnicities expansive enough to train a machine to differentiate.

Storage is another challenge. Storage of DICOM files, CT scans, intraoral scans, photographs and video data becomes an expensive endeavor.

In addition, Dr. Perez said an institution – whether a legislative body, a medical organization, academia or the marketplace – needs to standardize surgical procedural approaches and AI platforms. He suggests the best scenario would be for academia to move standardization forward, but that would require grant money from groups like the National Institutes of Health.



The future of orthognathic surgery lies in artificial intelligence being fully integrated into the digital workflow process including capturing images and data, developing a virtual surgical plan, creating a custom surgical guide and executing the surgical steps through autonomous robotic surgery.

Balancing innovation with ethical duties

Dr. Perez said while AI has the potential for improving accuracy and time management, he warned of the possible loss of patient autonomy and OMS over-reliance on technology – something he already notices among residents who rely more heavily on virtual surgical planning.

He said residents can lose touch with how structures in the body work. "There has to be some type of academic structure that once we introduce this, that is going to enable that surgeon to still have that gut instinct to say, 'Hey, what happens if the custom guide doesn't fit?' What are you going to do? Are you just going to cancel the case?"

Dr. Perez is calling for a series of checks and balances to be integrated into AI models that incorporate not only the data but the expertise of an OMS. "What happens on the morning of surgery and your robot just reboots and loses the data or the software needs to get updated?" he said. "We love when our technology works. But what happens when you turn on your navigation and it's leading you different ways?"

Despite the potential for AI to improve accuracy and precision, Dr. Perez still raises questions about whether AI can build a safer healthcare system. While experts at the Institute of Medicine estimate about 98,000 people die in

any given year from medical error, he said generative AI remains prone to errors and biases inherent to the training data. "If an error occurs in an AI-generated algorithm, who is going to be responsible for that?" Dr. Perez said.

Future of AI in OMS specialty

Dr. Viet is optimistic AI will help identify biomarkers – genes, proteins or other biological substances – for oral cancer in the next decade.

Unlike with breast and lung cancers, there really is no predictable biomarker for oral cancer to help clinicians make the right decisions with patients in their cancer treatment. "If we can get a biomarker panel that can be commercialized, that could mean changes in clinical practice for how we approach oral cancer. The way that we're thinking about oral cancer treatment will change in the next 10 years," Dr. Viet said.

According to Dr. Nathan, collecting and maintaining clean data should be the focus of the OMS community over the coming three to five years. "Meticulous data collection and record-keeping are fundamental, even if an OMS program isn't directly involved in AI development. Accurate data records and data sets are essential," he said.

In 10 to 15 years, Dr. Nathan is hopeful multiple FDA-approved AI algorithms and models will be widely available to benefit patient care and OMS practice efficiency. "It's going to take a large effort upfront, but with the global push for AI, OMS should embrace the adoption and integration into the specialty," he said.

Dr. Perez expects that within the next three to five years, a company will emerge to offer integrated surgical outcomes for orthognathic surgery. "I really think someone who is able to foresee this is going to be able to jump on it, and I think do pretty well. It's going to be the next new thing in orthognathics," he said.

Beyond that, Dr. Perez envisions AI fully integrated into OMS surgery from start to finish, with robots performing the actual surgery. "We will use AI essentially from the get-go. You'll have data acquisition entering into an integrative AI model that has checks and balances. And then at the end, what will happen is surgery, but it'll be robotically controlled, specifically through navigation to the plan," he said.

The doctors said the integration of AI will transform the content and methods of OMS resident education. OMS training programs will need to evolve to include AI engineering, programming and data science so residents have an understanding of AI's role in their subspecialty, they said.

With AI expected to become integral to various scopes of the OMS specialty, Dr. Nathan suggests future OMSs might benefit from pursuing undergrad degrees or minors in statistics, computer science or data science to gain an edge in their field.

For residents interested in orthognathic surgery, Dr. Perez recommends an AI-engineering emphasis and focus. "Whenever they graduate, they'll have a deeper understating of AI," he said. ■

Explore more about AI in OMS specialty

Interest in learning more about artificial intelligence in oral and maxillofacial surgery? Consider the following AI-related stories published in the last year in the *Journal of Oral and Maxillofacial Surgery*:

- Accuracy of Artificial Intelligence-Based Virtual Assistants in Responding to Frequently Asked Questions Related to Orthognathic Surgery. Volume 82, Issue 8, p916-921, August 2024
- Assessing the Potential Role of Artificial Intelligence in Medication-Related Osteonecrosis of the Jaw Information Sharing. Vol. 82, Issue 6, p699–705, June 2024
- Evaluating Artificial Intelligence Chatbots in Oral and Maxillofacial Surgery Board Exams: Performance and Potential. Vol. 83, Issue 3, p382-389, March 2024
- Is ChatGPT an Accurate and Readable Patient Aid for Third Molar Extractions? Volume 82, Issue 10, p1239-1245, October 2024
- Predicting the Future Focus of Orthognathic Surgery: Outcome-Driven Planning and Treatment With Function, Esthetics, and Occlusion as Key Indicators. Volume 82, Issue 10, p1329-1335, October 2024



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More than a smile: Dental implant patient'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.*

When Alexandria Douziech was a teenager, she didn't dream of getting a car or the newest clothes for her birthday like her classmates – she wanted a tooth.

Douziech, now 36, had a congenitally missing left maxillary lateral incisor. Growing up, she used a flipper to fill the gap, often feeling self-conscious about it.

"Being in high school and having times when the tooth falls off the flipper and all of a sudden you have this gap – or even just going through puberty and having to experience that – it's incredibly embarrassing," Douziech said.

At age 17, she and her parents saw Peter K. Moy, DMD, on the referral of the oral and maxillofacial surgeon who had removed her wisdom teeth, as he knew Dr. Moy specialized in the bone grafting procedure she would likely need for an implant.



Dr. Moy

An important part of any consultation appointment, Dr. Moy said, is logically explaining all the options so patients can understand the risks and benefits of each. Typically, he presents options from the most common or established method to the newest. In Douziech's case, Dr. Moy offered the choice between a bridge or an implant – with the bridge being the more established and widely used option.

Dr. Moy emphasized the need to present the risks and benefits without eliciting personal bias. "I try not to be biased, and often the patient asks, 'well, what would you do?' And my response is, 'it's not what I would do for myself, because I'm not in that situation,'" he said.

While Douziech does not recall many details of the consultation, she said Dr. Moy was very thorough presenting her options. "I actually remember distinctly – when I was with my mom and we met with him – that he took a lot of time in explaining things to me. The meeting with him was in-depth," she said.

Ultimately, she and her parents chose the dental implant for the long-term stability and predictability it offered. However, due to Douziech's missing tooth, there was insufficient bone volume from a horizontal perspective to place an implant. Dr. Moy harvested bone from Douziech's left ramus and used it as a veneer graft to increase the width of the ridge. The most challenging part of the procedure, Dr. Moy said, was working around Douziech's high smile line, which causes her to show a lot of gingival tissue when she smiles.

"Because of that clinical finding, I had to be extremely careful with the flap design, with the reflection of the gingival tissues to expose the recipient bone bed and to really assure her of normal, fast, healthy healing," Dr. Moy said.

Douziech recalls the healing process as manageable, with the hardest part being the five-month wait for her permanent tooth.

"I remember that healing process not to be too intense, and when I got the actual implant, I just remember being just as excited as can be. Like, 'Can I get my tooth now?'" Douziech said.

Returning to Dr. Moy's office

After she healed, Dr. Moy performed the implant procedure, and Douziech's family dentist finished the restoration. Douziech said she felt a huge sense of relief being able to enter college without having to worry about the flipper falling off or food getting stuck in it.

But Douziech's journey with Dr. Moy didn't end there. At his practice, Dr. Moy recommends his implant patients return to see him at least once per year for follow-up.

"I really feel that is important for the oral and maxillofacial surgeon to do. We're used to third molar cases where you see them to extract the wisdom teeth, you see them a week

years-long path to restoration

later to make sure they're healing well or they're not having any problems and that's it, right? Dental implants are a whole different animal, as is being seen today with the much higher incidence of implant mucositis," Dr. Moy said.

Implant mucositis can quickly become peri-implantitis if not treated properly and quickly. Once peri-implantitis begins, bone loss can occur and the implant body – including the threads – can become exposed and irritate the gingival tissues, leading to rapid recession.

To prevent postoperative complications, Dr. Moy tries to keep his patients on a close follow-up schedule. He employs a hygienist and asks patients to return for one annual cleaning with him, which he doesn't bill to insurance, aiming to maintain good relations with his referring dentists.

From 2009 to 2018, Dr. Moy lost touch with Douziech while she attended college and began her career in teaching.

In March 2018, Douziech returned to Dr. Moy's office, complaining of bleeding gums when she flossed or brushed. Despite attending routine checkups, her general dentist did not mention any issues or refer her back to Dr. Moy. Douziech said the dentist hypothesized the bleeding could be caused by plaque.

"And I thought, 'You know what, I'm not going to waste any time, I'm going to make an appointment with Dr. Moy,'" Douziech said.

Once Dr. Moy examined Douziech, he saw she was experiencing both implant mucositis and the beginning stages of bone loss and peri-implantitis. An X-ray revealed the crown of the implant was surrounded by a large amount of cement, which was irritating the gingiva. Douziech said she was completely unaware of the future effects the cement – which her family dentist had used in the restoration – could cause.

"When I was super distraught about finding out that this had happened and the gum was bleeding and that I had all this bone and gum loss, the way that the whole office was being really empathetic because they realized that it was devastating news for me in that moment – I think that's a huge aspect to what makes that office so special," Douziech said.

A month after her return to the practice, Dr. Moy performed an implantoplasty, which involves removing the smear layer on the implant, reducing the threads where possible and smoothening the roughened surface. He tried to remove as much cement as he could but couldn't get it all at once due to the swelling. To help alleviate her symptoms, Dr. Moy also performed a soft-tissue augmentation.

"The problem is that when these implants that show the complication of peri-implantitis or mucositis, they remain stable. So, they still are integrated in bone. In order to remove that, you sometimes have to destroy a lot of bone, and that's not what you want. Plus, the fact that the patient had already gone through a bone graft 10 or 11 years prior, she does not want to look forward to another bone graft obviously," Dr. Moy said.





Left: Alexandria Douziech with her flipper, before her dental implant. Right: Douziech (right) as a teenager.

Following the procedure, Douziech saw improvement in many of her symptoms and began attending more regular follow-ups with Dr. Moy to manage the swelling and prevent bone loss recurrence.

Due to the COVID-19 pandemic, Dr. Moy didn't see Douziech for another year and a half. When she returned the office in April 2021, she was experiencing swelling of her soft tissues around her implant, specifically on the palate.

The importance of postoperative hygiene

Dr. Moy encourages a specific at-home hygiene routine for patients to help reduce swelling. He instructs them to use a water flosser with smaller and thinner irrigation tips that can get below the gingiva tissues. He also explains to them how

continued on next page

to use a subgingival irrigation device to irrigate the gingiva tissue after meals and before going to bed.

By following this routine, Douziech was able to see improvements up until April 2023, when she noticed her gingival margin began receding.

"As oral and maxillofacial surgeons, we were not taught to root plane or scale or anything like that. But if you're going to be an implant surgeon, you better learn how or learn why you need to do that. As meticulous in oral care as my patient is – Alexandria followed the instructions to a T – when you start getting inflamed tissue, it becomes harder and harder for the patient to manage the hygiene properly at home. So, with that, we need to be more in tune to seeing the patients on closer follow-up," Dr. Moy said.

To address the situation, Dr. Moy booked her for another implantoplasty procedure with soft-tissue augmentation.



Alexandria Douziech currently works as an art instructor in California.

"It's fortunately not common, but once it starts, it's a very difficult situation to manage or maintain. The bone loss and recession proceed very rapidly. You want to jump on it as soon as possible," Dr. Moy said.

At the end of 2023, Douziech had another bone graft, and Dr. Moy removed even more of the cement around the crown. Throughout 2024, she received a series of gingival grafts to help place more gingival tissue around the tooth, where the cement had been for so many years.

"I'm trying to encourage the gums, so I have to do salt rinses and other things in the meantime while I have this baby gum trying to develop," Douziech said. "As this continues and develops, hopefully we get the gum to where we need it to be. I can go back to more or less that day-to-day and enjoy having a proper tooth and gum."

Lessons learned

Dr. Moy said many elements of dental implant surgery can affect the long-term outcome of the implant, including proper placement, correct loading protocols and allowing adequate healing time before attaching the prosthetic. With the constant improvement of dental implant technology, his primary concern has shifted from these aspects and whether osseointegration will occur to how follow-up care will be maintained for his patients.

> *"We have to be more cognizant of how many times we need to follow up with the patients. They can't be lost to follow-up for two or three years and expect to have a stable implant situation."*
>
> *– Dr. Peter K. Moy*

Generally, Dr. Moy recommends his patients to have one hygiene appointment with him per year, along with two or three hygiene appointments with their regular dentists to ensure proper care of the implant. But when a patient like Douziech starts to present peri-implantitis, he takes on more of the hygiene appointments to address the implant-specific issues.

"If I see problems like Alexandria demonstrated, I immediately call the referring doctor and request that I do the next three cleanings here in my practice so I can again assure the patient that they are being seen and informed of the proper procedure that they need to be performing to maintain or get back to a healthy state," Dr. Moy said.

Once they have resolved their issues, Dr. Moy has the patient go back to his original protocol of seeing them once per year, with two or three additional cleanings from their general dentist.

Still, he understands that follow-up can be challenging for patients as they transition through different stages of life, such as going to college as in Douziech's case. To incentivize patients to return, Dr. Moy offers a "warranty" to his patients. As long as they follow the regimen of attending one follow-up appointment a year at his practice, Dr. Moy handles any issues that may arise at the cost of materials, without charging surgical fees.

"Alexandria's case taught me that we have to teach our patients the importance of home hygiene once they get their prosthetics. We have to be more cognizant of how many

times we need to follow up with the patients. They can't be lost to follow-up for two or three years and expect to have a stable implant situation," Dr. Moy said.

A surgeon to trust

Douziech has recommended Dr. Moy to family members who need dental implants and urges anybody in need of dental implant work to find an oral and maxillofacial surgeon who they can truly trust. Over the many years she has seen Dr. Moy, Douziech said she has always felt at ease in his practice.

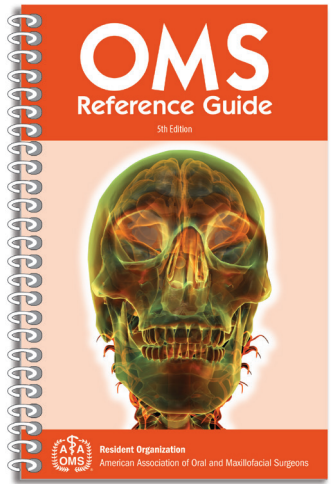
One memory that stands out was watching the way he interacted with his UCLA dental students during one of her appointments. "I remember that this one student took one of the retractors for the photos and they were kind of going too high, and Dr. Moy stopped, and he said, 'I want you to stop and imagine what that would feel like in your own mouth. Would that be painful?' It's humanizing the patient this way – like 'put yourself in the patient's shoes here for a minute.' I thought it was a great learning moment," Douziech said.

While she regrets not making time for follow-up visits during college and her early 20s, Douziech said she never felt judged by Dr. Moy or his staff. Rather, they went out of their way to comfort her, especially when she felt overwhelmed by the need for more grafts and procedures. She also trusts his insights and appreciates how Dr. Moy explained the complications in detail.

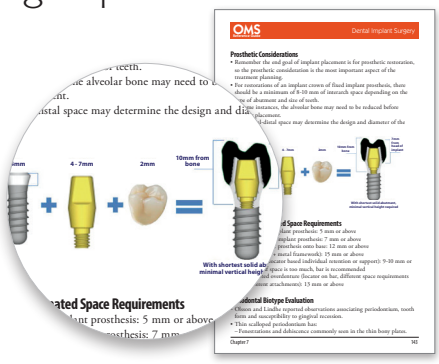
"I know he's going to be honest with me; he's not going to sugarcoat things, so I can trust him in that sense. And he has a very calming presence where it doesn't make these stressful situations feel bigger," Douziech said. ■

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House composition stays the same in 2025

In accordance with the Bylaws, allocation of Delegates and Alternates for states and counterparts to the AAOMS House of Delegates is determined based upon the distribution of fellows, members, life fellows and life members as of Jan. 1 of the year in which the House convenes.

The Bylaws state the total members of the House of Delegates shall be 102 – with two being OMS residents representing ROAAOMS separate and apart from any District. Regardless of its total fellows, members, life fellows and life members, each of the following is to be represented by one Delegate and one Alternate:

- Each state
- District of Columbia
- Each branch of the five federal dental services
- The U.S. territories (Virgin Islands, Guam) and Commonwealth of Puerto Rico combined

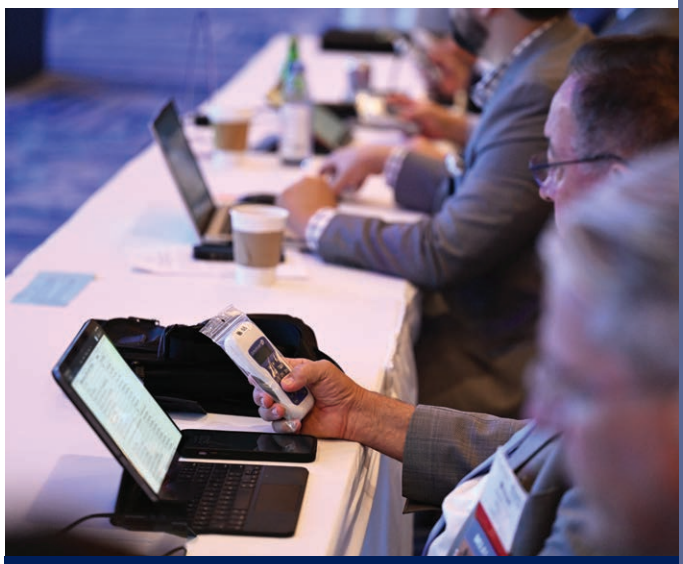
Additional Delegates and Alternates are granted based upon the remaining number of aforementioned categories to the remaining number of delegates, after allocation of the first delegate, until the ceiling of 100 delegates is reached.

The 2025 House of Delegates is based upon a total membership of 7,371 representing 74 fellows/members per delegate as of Jan. 3. The composition for the House of Delegates is the same as 2024.

The composition of the 2025 House of Delegates is:

- **District I (Northeastern)** – 13 Delegates: Connecticut (1), Maine (1), Massachusetts (2), New Hampshire (1), New York (6), Rhode Island (1), Vermont (1).
- **District II (Middle Atlantic)** – 14 Delegates: Delaware (1), District of Columbia (1), Maryland (2), New Jersey (3), Pennsylvania (4), U.S. Air Force (1), U.S. Army (1), U.S. Navy (1).
- **District III (Southeastern)** – 22 Delegates: Alabama (1), Florida (6), Georgia (2), Kentucky (1), Louisiana (1), Mississippi (1), North Carolina (2), Puerto Rico and U.S. Territories (Virgin Islands and Guam) (1), South Carolina (1), Tennessee (2), Virginia (3), West Virginia (1).
- **District IV (Great Lakes)** – 13 Delegates: Illinois (3), Indiana (2), Michigan (2), Ohio (2), Wisconsin (2), Veterans Administration (1), U.S. Public Health Service (1).
- **District V (Midwestern)** – 20 Delegates: Arkansas (1), Colorado (2), Iowa (1), Kansas (1), Minnesota (2), Missouri (1), Montana (1), Nebraska (1), New Mexico (1), North Dakota (1), Oklahoma (1), South Dakota (1), Texas (5), Wyoming (1).
- **District VI (Western)** – 18 Delegates: Alaska (1), Arizona (2), California (8), Hawaii (1), Idaho (1), Nevada (1), Oregon (1), Utah (1), Washington (2).
- **Resident Organization** – Two voting Delegates and two Alternate Delegates.

A full report on the composition of the 2025 AAOMS House of Delegates is available for review on AAOMS.org/About/Governance/Resources. ■



To encourage participation in the Association's governance activities, AAOMS now offers a 50 percent discount on the Annual Meeting general registration fee for Alternate Delegates. This practice aligns with the discount offered to AAOMS Delegates.

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25 reasons to attend the 2025 Annual Meeting

Embark on a journey of discovery and excellence at the 107th AAOMS Annual Meeting, Scientific Sessions and Exhibition – being held Sept. 15 to 20 in Washington, D.C. – where participants can immerse in clinical tracks, hands-on courses, Master Classes and other educational sessions that will revolve around the theme The Patients We Serve.

"The 2025 Annual Meeting will highlight the latest research and innovations in oral and maxillofacial surgery, all through the lens of how we can best help 'The Patients We Serve.' By keeping this shared vision in mind, we can advance the specialty toward a common goal," said AAOMS President J. David Morrison, DMD.

With so much to experience, explore 25 compelling reasons that make the 2025 Annual Meeting a must-attend event:

1 **Learn from eight clinical tracks** – Clinical education at the Annual Meeting will be divided into eight tracks again this year, consisting of anesthesia, dentoalveolar, dental implants, obstructive sleep apnea, orthognathic/cosmetic surgery, pathology/TMJ, reconstruction/head and neck, and trauma. Plenaries will focus on the following topics:

- **Anesthesia: Ambulatory Anesthesia in the Modern Day** – Providing the current knowledge involving various topics in anesthesia, thus promoting optimal and safe care for patients.
- **Dentoalveolar: Office-Based Management of the Challenging Patient** – Reviewing challenges in medical management, pathology, anesthesia, dental implants and medicolegal concerns for the practicing OMS.
- **Trauma: What Kept Me Awake at Night and How I Finally Slept: Complications in Maxillofacial Trauma** – Encompassing a wide range of complications that OMSs could encounter and methods to correct them.
- **Obstructive Sleep Apnea: Modern Diagnosis and Management** – Including information on a comprehensive approach to OSA management, encompassing symptom recognition, advanced evaluation techniques, nonsurgical interventions, innovative neurostimulation devices and strategic surgical planning.
- **Orthognathic Surgery/Cosmetic: Finding the Balance: Esthetic Considerations in Orthognathic Surgery** – Demonstrating how to integrate artistic vision with surgical precision to optimize esthetic orthognathic outcomes.
- **Pathology/TMJ: Update on the Diagnosis and Management of Temporomandibular Joint Pathology** – Providing an update on the diagnosis and management of pathologic processes of the temporomandibular joint, including diverse benign and malignant neoplastic processes as well as exclusive non-neoplastic diagnoses.
- **Reconstruction/Head and Neck: Update on the Reconstruction of the Temporomandibular Joint** – Reviewing the various options for reconstruction of the temporomandibular joint, including available alloplasts, autogenous tissues and tissue engineering.
- **Dental Implants: Navigating the Complexities of Implant Dentistry: Innovations, Choices and Complications** – Providing a comprehensive overview of the current landscape in implant dentistry and exploring innovative techniques, the critical decision-making process regarding implant materials and the management of complications.

2 **Hear recent literature highlights** – In addition to a plenary session, each clinical track will have a Hot-off-the-Press and Abstract session, during which attendees will hear the latest research on the respective topic in short 10-minute presentations. Oral Abstract sessions offer quick highlights of new findings.

3 **Obtain CE credits** – Nine out of 10 attendees say the Annual Meeting meets their continuing education needs. Both the in-person and on-demand programs offer the opportunity to obtain CE credits.



in Washington, D.C.

4 **Choose from in-person or on-demand programs** – The Annual Meeting will feature an on-demand component available to all participants. Registrants will have access to recorded educational content through Jan. 31, 2026. Use the recordings to play back key moments in lectures, catch up on missed sessions or register for on-demand access only to learn at your own pace.

5 **Catch up on the latest at the Anesthesia Update** – The popular preconference Anesthesia Update will provide insight into acute respiratory complications that may arise in the perioperative period and how to properly manage them. The program also will cover serotonin syndrome and management of obese patients and patients with seizures. Additional registration is required.

6 **Arrive early to attend the pediatric preconference** – OMSs interested in pediatric care can register for the preconference, Controversies and Challenges in Cleft and Craniomaxillofacial Care – Right Surgery, Right Patient. Topics to be covered include cleft maxillary bone grafting, surgical management of the soft palate for speech outcome optimization and when to operate on the submucous cleft.

7 **Make new connections at the Career Fair** – Job seekers and employers have the chance to connect at the AAOMS Career Fair, being held Sept. 19 at 3:30 p.m. in the Exhibit Hall.

8 **Learn from the pros in several formats** – In addition to the clinical tracks, the Annual Meeting offers numerous on-site and on-demand Master Classes, How I Do It sessions and team-based sessions on several different topics to meet the interests of all attendees.

9 **Gain new skills in more than 35 practice management sessions** – Dozens of both on-site and on-demand practice management courses will address the day-to-day operations of the busy OMS practice. OMSs and their staff alike will benefit from sessions on topics such as artificial intelligence in oral and maxillofacial surgery, building a thriving workforce and promoting practice growth.

continued on next page



107th AAOMS Annual Meeting, Scientific Sessions and Exhibition

The Patients We Serve

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons

When: Sept. 15 to 20

Where: Washington, D.C., with on-demand access

Registration: Opens mid-April. More information will be available in announcements and at AAOMS.org/AnnualMeeting.

Housing: Orchid Events is the only official housing agent for the Annual Meeting. Visit AAOMS.org/AnnualMeeting for housing information and updates.

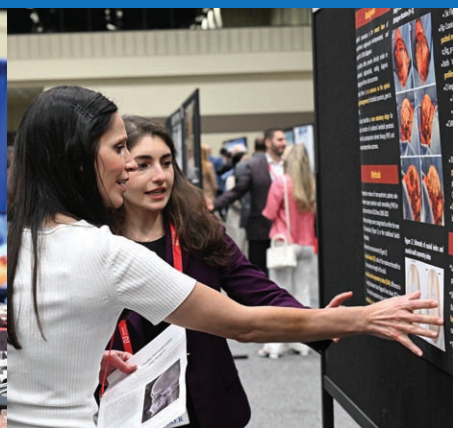
Discounts: Early-bird discounts are available.

- AAOMS members and fellows save $300 if they register by July 1.
- Professional staff are eligible for a $100 discount if they register by July 1.
- Retired fellows and members receive a reduced registration rate.

AAOMS.org/AnnualMeeting







10 **Complete an Office-Based Emergency Airway Management module (OBEAM)** – Eight offerings of the OBEAM module, part of the AAOMS National Simulation Program, are available. Simulated exercises prepare OMSs for in-office anesthesia emergencies.

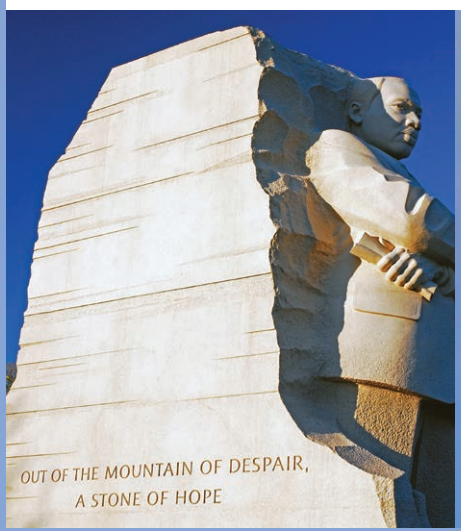
11 **Register staff for the Anesthesia Assistants Skills Lab** – Surgical assistants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code in this four-hour hands-on anesthesia workshop.

12 **Peruse the Exhibit Hall** – Dozens of exhibitors – including AAOMS Advantage Partners – will showcase the latest products and technology designed to support OMS practices. The Exhibit Hall also will feature Eat, Drink and Be Industry-Educated Sessions, Industry Symposiums, and complimentary lunches for attendees on Sept. 18 and 19.

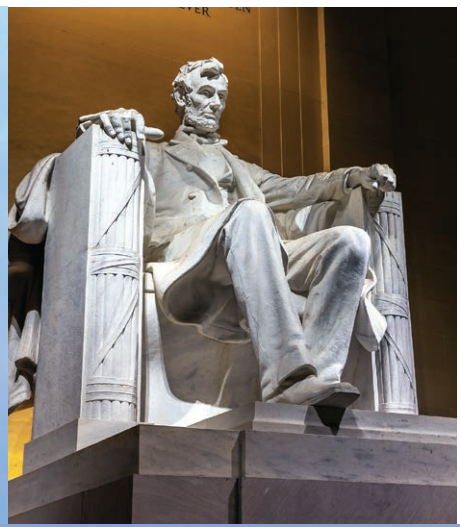
13 **Explore the Member Pavilion** – The Member Pavilion in the Exhibit Hall offers information on services and organizations that support all AAOMS members. Stop by the AAOMS Store to see the latest products, learn about the Dental Anesthesia Assistant National Certification Examination, get involved with AAOMS Advocacy and OMSPAC, find ways to give at the OMS Foundation or hear about resident resources at the ROAAOMS booth.

14 **Ask questions at the Poster Session and Reception** – Stop by the Poster Session and Reception to hear about the latest research in the oral and maxillofacial surgery specialty. Converse directly with poster presenters and enjoy hors d'oeuvres supported by the OMS Foundation.

15 **Network and reconnect** – Seize the opportunity to reconnect with former colleagues and meet new peers during the Welcome Reception that follows the Annual Meeting Opening Ceremony, Awards Presentation and Meeting Dedication in the headquarters hotel. All are welcome to attend.











16 **Level up skills in the Beyond the Basics Coding Workshop** – OMSs, practice managers and coding and billing staff can all benefit from taking the Beyond the Basics Coding Workshop. This two-day intermediate course dives into OMS-specific procedural coding for medical and dental, coding complications and medical record documentation.

17 **Stop by the Keynote Lecture** – Michael Beschloss, award-winning Presidential historian and bestselling author of nine books, will deliver the Keynote Lecture. An Emmy-winning contributor to NBC News and the PBS NewsHour, he has served as Board Historian and trustee of the White House Historical Association and trustee of the National Archives Foundation.

18 **Meet peers with similar interests at CIG/SIG Meetings** – AAOMS will host lunchtime meetings of Clinical and Special Interest Groups, which focus on topics such as Women in OMS, Postdoctoral Education and Pediatric Surgery, on both Sept. 18 and 19. To join a CIG/SIG, visit AAOMS.org/Connect.

19 **Hear from colleagues at the Research Open Forum** – The Research Open Forum will address the proceedings from the 2025 Clinical Trial Methods Course, with group leaders sharing their clinical trial proposals.

20 **Attend sessions for OMS faculty** – Educators are invited to attend the Educators Summit preconference program. Additionally, a Faculty Section Educational Session will focusing on the changing landscape of OMS education. A separate Faculty Section Business Meeting encourages attendees to give input on policies, standards and more.

21 **Check out sessions for residents** – The Disasters from the Masters program features OMSs discussing complications in their own cases and how they managed them. Residents are encouraged to attend to learn from these real-world examples.

22 **Gain a global perspective** – The International Expert Forums and Global Health Café will connect OMSs from around the world to discuss relevant and timely topics, learn from diverse viewpoints and review case studies with new colleagues.

23 **Go 'undercover' at the President's Event** – Celebrate AAOMS President Dr. J. David Morrison and his wife, Jenny, at the Annual Meeting's premier social event, the AAOMS President's Event, on Sept. 19 at the International Spy Museum. This event will offer food, entertainment and access to the museum's exhibits.

24 **Explore Washington, D.C.** – The Annual Meeting headquarters is located in the heart of the capital, just blocks away from the National Mall. Check out the many free museums, stroll through the monuments, visit the National Botanic Garden or check out the pandas at the Smithsonian's National Zoo and Conservation Biology Institute.

25 **Enhance expertise for The Patients We Serve** – President Dr. J. David Morrison's theme The Patients We Serve will be highlighted throughout the meeting. "As oral and maxillofacial surgeons, we must stay on top of the latest education and improve our skills to be the best providers we can for our patients. The Annual Meeting provides a well-rounded opportunity to better our knowledge and ensure we are bringing the best care possible to our patients," Dr. Morrison said. ■

Advocate for the health and safety of patients:

Every April, AAOMS highlights two important month-long observances – National Facial Protection Month and Oral Cancer Awareness Month – calling on OMSs to promote the use of mouth guards and protective gear and encourage patients to get an annual screening for oral cancer.

"By championing facial protection and raising awareness about oral cancer, AAOMS members have the opportunity to play a pivotal role in educating the public. Their efforts not only highlight the importance of safety and early detection but also contribute significantly to improving health outcomes of The Patients We Serve and our communities as a whole," said AAOMS President J. David Morrison, DMD.

National Facial Protection Month

National Facial Protection Month

Created in 2000 by AAOMS, National Facial Protection Month (NFPM) has aimed to educate the public about the risks to the face, mouth and jaw during sports activities and the protective measures that can prevent injuries. Joining AAOMS this spring to encourage children and adults to use common sense and take the necessary precautions to prevent sports injuries are: the Academy for Sports Dentistry (ASD), the American Academy of Pediatric Dentistry (AAPD), the American Academy of Pediatrics (AAP) and the American Association of Orthodontists (AAO).

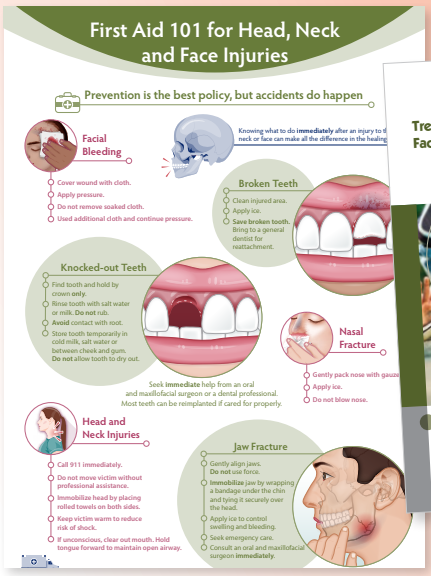
Together, AAOMS members and the co-sponsor organizations can play a crucial role informing the public on steps to take to reduce dental injuries by promoting the use of mouth guards and protective gear. Simple actions, such as sharing messages and videos on practice websites or social media, can have a substantial impact.

To spread the word, AAOMS members can access a comprehensive list of promotional materials available at AAOMS.org/SaveFace, including posters, social media images, informational graphics, expert videos and podcasts and CDC resources. All are complimentary to download.

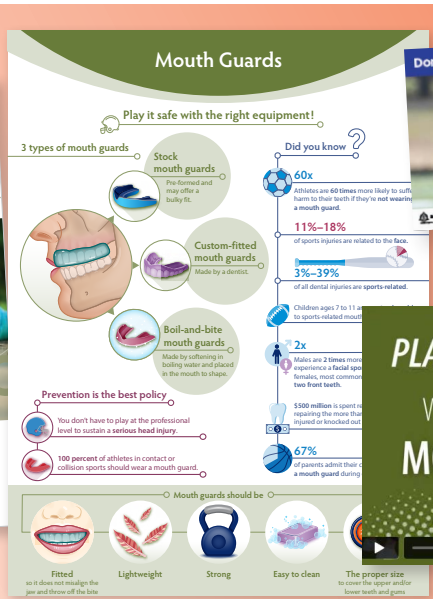
AAOMS informational graphics that can be printed or posted to websites/social media include: Consumer Guide to Mouth Guards; Facial First Aid Card; Facial Protection; First Aid 101 for Head, Neck and Face Injuries; Mouth Guards; Treatment of Facial Injury; What to Do When Injuries Occur; and When Do You Need a Mouth Guard.

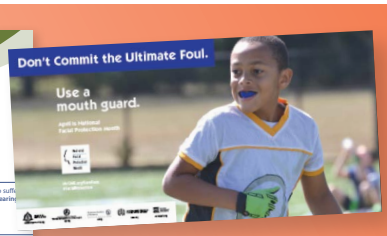
Additionally, AAOMS offers 10 YouTube videos on facial injury and trauma, covering essential topics like the importance of NFPM, the necessity of mouth guards, corrective jaw surgery and the role of OMSs in treating facial trauma.

The OMS Voices podcast episodes available at MyOMS.org/Podcast feature discussions on preventing facial











Promote facial protection, oral cancer screenings

trauma injuries. Links to the podcasts can be shared on a practice's website or social media accounts. Relevant episodes include:

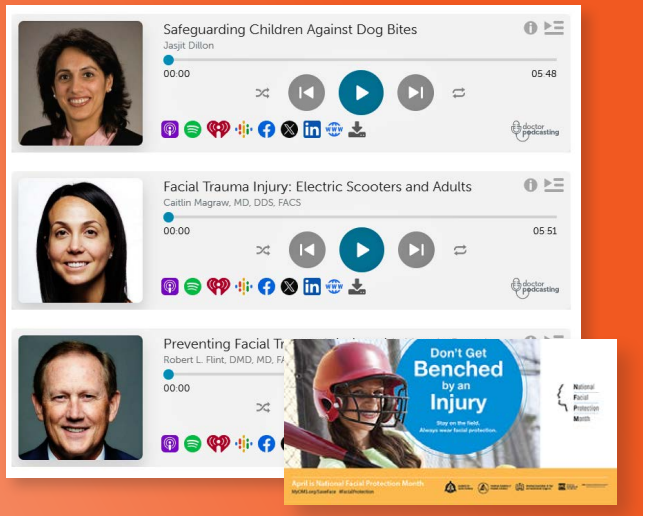
- My Child's Tooth Was Knocked Out! What Do I Do? with Dr. Michael Safian
- Safeguarding Children Against Dog Bites with Dr. Jasjit Dillon
- Preventing Facial Trauma Injuries with Mouth Guards with Dr. Robert Flint
- Facial Trauma Injury: Electric Scooters and Adults with Dr. Caitlin Magraw

To further promote awareness of facial injuries and the importance of mouth guards, consider these actions:

- **Email** patients with safety tips for sports and recreational activities. A sample email is available on the AAOMS website.
- **Display** posters, available through AAOMS in both English and Spanish, in the office.
- **Create** in-office displays of mouth guards with AAOMS downloadable handouts.
- **Host** community education nights for parents or coaches and distribute AAOMS fliers.
- **Write** letters to the editor or news releases to local media using AAOMS templates.
- **Donate** free mouth guards to youth and notify local media using the AAOMS template.
- **Sponsor** contests to promote mouth guard use. AAOMS offers tips on how.
- **Distribute** customizable AAOMS posters and fliers to schools, athletic organizations and community groups.

All materials can be downloaded at no cost at AAOMS.org/SaveFace.

The AAOMS Store also offers a patient information pamphlet on treating facial injuries, emphasizing trauma prevention, available at a discount from March 1 through April 30.



Find complimentary resources at AAOMS.org/InfoCampaign and pamphlets available for purchase at AAOMSstore.com.

Oral Cancer Awareness Month

Oral Cancer Awareness Month provides an opportunity for AAOMS members to educate the public about oral, head and neck cancer. Another opportunity is through Oral, Head and Neck Cancer Awareness Week, which is April 16 to 22 and was founded by the Head and Neck Cancer Alliance in association with the American Academy of Otolaryngology.

In a recent OMS Voices podcast on Oral Cancer and the Future of Treatment, Simon Young, DDS, MD, PhD, FACS, emphasizes the importance of annual screenings for early detection. "I like to harp on this a lot to our trainees, but I truly feel that if we had a very strong public awareness campaign about oral cancer, I really think that prevention would be a huge driver of bringing down rates," Dr. Young said in the podcast.

Other OMS Voices podcast episodes covering oral cancer topics include:

- Treatment and Reconstruction for Head, Neck and Oral Cancer with Dr. Brent Ward
- Oral Cancer and HPV Vaccine with Dr. Eric Carlson
- What to Do When You Find a Bump in Your Mouth with Dr. David Kim
- Oral Cancer and the OMS with Dr. Deepak Kademani

To assist OMSs in getting the OCA message out to their communities, free downloadable resources, including posters, infographics, social media images and fact sheets, are available at AAOMS.org/OralCancerAwareness. These materials promote self-exams and cancer awareness, and detail risk factors.

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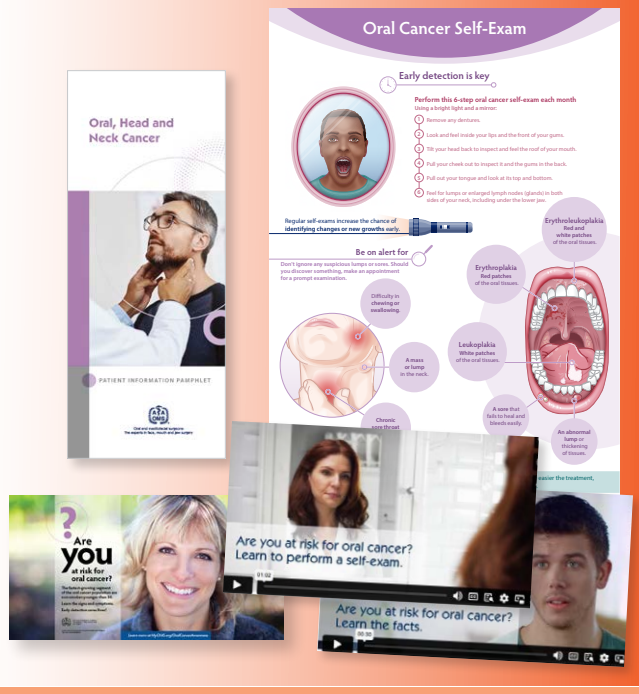
INFORMATIONAL CAMPAIGN *(continued)*

AAOMS also offers 22 YouTube videos on oral, head and neck pathology, covering risks, warning signs and treatments. Patients can find additional resources at MyOMS.org/OralCancer.

Providing free oral cancer screenings in the community is another way to support Oral Cancer Awareness Month. These screenings highlight the importance of early detection and educate the public about the role of OMSs in cancer detection and treatment.

AAOMS offers a toolkit to assist members in hosting screenings, available at AAOMS.org/OralCancerAwareness. The toolkit includes sample social media posts, press releases, volunteer agreements, patient release forms and more.

The AAOMS Store also offers pamphlets – on facial injury treatment as well as oral, head and neck cancer – which are available at a discount from March 1 through April 30. ■



2025 AAOMS Webinar Schedule

March 13: **Revisiting NPO Status for Office-Based Anesthesia: Updates for OMSs**



Kelly S. Kennedy, DDS, FACS
● **Topic: Anesthesia**
1.0 CDE/CME

March 20: **How to Create Effective Emergency Drills for Your OMS Practice**



James Phero, DDS, MD
● **Topic: Anesthesia Office-based Simulation**
1.0 CDE/CME

April 9: **Identifying Revenue Leakage in the OMS Practice**



Toni Elhoms, CPC, CPMA, CRC, CEMA, CCS
● **Topic: Coding and Billing**
1.5 CDE

April 16: **You're in Charge of OSHA and Infection Control – Now What?**



Leslie Canham, CDA, RDA, CDIPC, CSP
● **Topic: OSHA**
1.5 CDE

May 14: **Tracking Inventory in the OMS Practice**



Paul Bhatti, DDS, MD
● **Topic: Practice Organization**
1.5 CDE

Oct. 8: **Avoiding the Denial Dilemma: Best Practices for Successful Claim Processing**



Dilaine Gloege, CDA, CPC
● **Topic: Coding and Billing**
1.5 CDE/CME

Oct. 15: **Conquering Employee Turnover with Effective Onboarding and Assimilation into the Practice Culture**



Mary Govoni, MBA, RDH, CDA
● **Topic: Practice Administration**
1.5 CDE

Nov. 5: **Hiring Your Next Associate: Four Tools to Get it Right Every Time**





Robert Spiel, MBA
Bryton Nield
● **Topic: Marketing and Practice Building**
1.5 CDE

Nov. 12: **Medical and Dental Crosswalking: Billing Do's and Don'ts**



Angela Wubben, CPC, CPB
● **Topic: Coding and Billing**
1.5 CDE/CME

LIVE WEBINARS

Note that these webinars and their topics and titles are subject to change.

Visit AAOMS.org/Webinars for more information.

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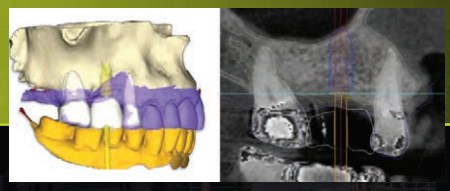


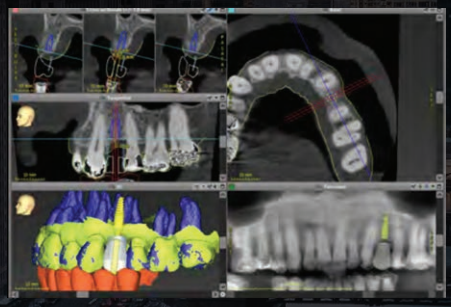
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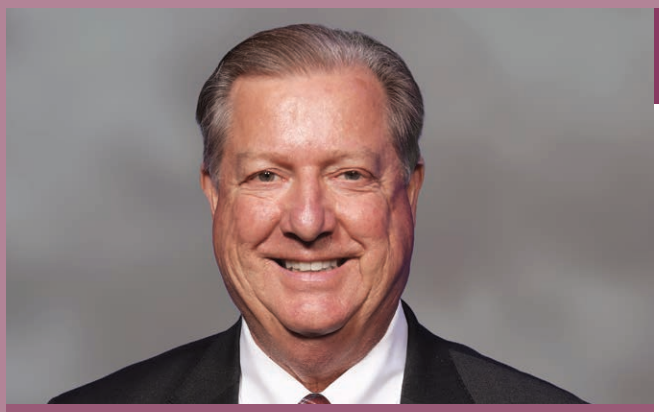
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James R. Hupp, DMD, MD, JD, MBA, FACS
AAOMS Today *Editor*

Influencers are, for better or worse, with us, at least for now, as a powerful group leading customer/patient choices.

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

Are our patients being

As far back as I can remember, I've been a newshound. I love knowing what's going on around me and elsewhere in the country and world. As a young kid, I used much of my paper route money to subscribe to the U.S. News and World Report. In more recent decades, I've received the magazine The Week. Not being a total Neanderthal, I also get several editions of Axios in my email feed each day. I enjoy these sources of information because they both nicely capsulize news into easily digestible bites and, for me, seem unbiased. For more in-depth coverage, I turn to a major newspaper that shows up at the end of my driveway most days.

With these admissions, you instantly know that I'm a Boomer, of course, because of the hardcopy news magazine and newspaper subscriptions. Do I also get my news from television programs; no, unless you consider late night talk shows as a news source. Why don't I watch cable/streaming for local news? Well, I live in a small town next to a small city – too tiny a market to have its own coverage, so our news feed comes from a large city 50 miles away in another state that has little connection to my area.

So, why am I risking boring you about my obsession with the news? Well, I've been thinking about how others care – or do not care – about keeping up with local, national and world events, particularly my colleagues in oral and maxillofacial surgery and our current and potential patients. For those who are interested in keeping informed, how do they get their news? And for those who don't care, why not?

Younger individuals who grew up not using "traditional" news sources have become used to getting their information from online sources. Sure, traditional news outlets have a presence online, but they now have strong competition from services such as social media platforms (think X and Meta), bloggers and searches for news on the web. Smartphones can be set to notify you of incoming news related to a particular topic such as weather, sports, investing or even more focused topics. Gone are the heydays of the big headlines that are widely read and become topics of general discussion.

BREAKING: Is it 'news'?

Why have people begun to seek their news from non-traditional sources? First, there is the hype. So many news organizations call things "breaking news" that the phrase has lost all impact. Then there is the trust factor. It has become hard for anyone to find

influenced? Probing digital news, social media

a completely trustworthy source of news. Where did I learn this? From the news! Trust deteriorated when so many sources of news became available, leading to people not getting their news from the small collection of providers they used to, which had made fact-checking reasonably straightforward.

Now, when people get news from so many different sources, we each get a plethora of versions of news stories, often with biases and targeted toward the reader's biases, making fact-checking hard to accomplish. Trust in the fact-checkers has declined in the minds of many and, recently, fact-checking on popular social media platforms has largely vanished.

TRENDING: Why it's important

So, how is this important to our specialty? A few ways come to mind. On the legislative advocacy front, we hope to have our elected officials pass or try to block legislation or regulations that might harm our patients or our practices. Those who represent us in state and national bodies have the same challenge as anyone else in getting reliable facts. We've seen this when faced with challenges to the safety of our surgeon/anesthesia model, when trying to get what seems like straightforward bipartisan measures passed to defer resident interest payments or attempt to obtain fair coverage for patients with congenital anomalies.

Next, of importance to oral and maxillofacial surgery is the general public. Potential patients commonly want to know what kind of provider is best prepared to provide their healthcare. Sometimes their current dentist or physician can make a referral, or the patient learns about a practice or individual OMS from a trusted friend.

But in many cases, patients now want verification that they are making a good choice and do so through their own research. This is where it can get hairy. Check for yourself how many sites pop up when you do a web search for a dentist or physician near you. Many show "grades" or patient reviews, or results from the "Best So-and-So Doctor" pieces that may look legit but are actually paid ads. You also see those "best of" pieces in city and regional magazines.

IMHO: A lot of FOMO

Then there are the social media influencers. These are individuals with large numbers of "followers" of their social media profiles. This gives these folks a form of leverage to influence or persuade their followers to buy products or services touted by the influencer. That by itself doesn't seem like a problem, assuming they are just individuals sharing their personal opinions. However, many influencers garner what can be impressive incomes by, in a sense, selling their influence. This adds another layer to the biases they may have already had before.

The number and influence of influencers is rising at a rapid pace. This is due in part to the already mentioned lessening of trust in other sources of information. Of course, influencers themselves might be spreading misinformation or misguided recommendations/opinions. This requires their followers to hopefully cross-check the influencer's information until a level of trust occurs, when in many cases, followers begin to automatically believe the influencer. Of course, there is a range of degrees of trust, but the more the follower finds the information being provided is accurate by acting upon the influencer's recommendations, the greater the level of trust.

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WHAT'S HAPPENING: Dental influencers

As you may already know or be able to guess, dental influencers exist. Many are dentists, dental hygienists or other dentistry-related individuals. Some are individuals offering dental professionals advice related to practice management, conference organizing, patient-centered care, marketing, financial planning, etc. Most have dental degrees, but not all. Dental influencers appear on "Top Influencers" lists, hold online and in-person conferences for themselves and audiences and even have organizations such as the Society of Dental Influencers. The ADA sponsors conferences related to dental influencers (e.g., ADA SmileCon) and the ADA News and *JADA* contain articles related to social media and influencers.

When I tried to find oral and maxillofacial surgeon influencers, I had a tough time. I know they exist since I was able to find a few, but the ones I found mainly focused on dental implants. I had more luck with periodontists since there appears to be many more of them who have enough followers to be considered influencers. In one case, I found a site that stated that the top periodontist influencer was the head of periodontics at Harvard.

AAOMS has a robust Informational Campaign (with lots of free member resources at AAOMS.org/InfoCampaign) and a user-friendly public facing website. But with the apparent rise of public distrust in traditional sources of information, I worry that the truthful facts and other information we provide might be viewed skeptically since naysayers could say our information is self-serving and therefore biased. Might this lead to potential patients seeking other sources of information, such as influencers, when making healthcare provider decisions?

Note that I am not suggesting that AAOMS try to become or engage with influencers. That would not only be risky since what influencers say cannot be controlled, but also because such an arrangement could be viewed under professional standards as unethical.* However, influencers are, for better or worse, with us, at least for now, as a powerful group leading customer/patient choices. Practicing surgeons should consider whether they themselves might become an influencer since I sense there are plenty of opportunities available.

At the very least, learning how to ethically engage in the social media world seems to be worth the time and effort, particularly for younger surgeons who are typically



already social media savvy. As mentioned earlier, there are a growing number of influencers or consultants ready and willing to help a practice enter and succeed in the world of influencing potential patients to trust and choose you for their care or that of their loved ones. AAOMS offers a CE course for members on social media (Utilizing Social Media to Optimize Your Practice's Marketing Strategy).

In some ways, I feel fortunate to have spent most of my career prior to the emergence of social media. I do use it now to keep in touch with friends and family, like other Boomers. But society has changed, and social media has spread to commercial, political, educational and other arenas. I suggest it is better to try to take advantage of it rather than hope it's a passing fad. In this era of variable "facts" and low levels of public trust, it is the current way of the world, whether we like it or not. ■

*Nichols K, Pappas R: The #ethics behind social media influencers in dentistry. J Am Dent Asso 153:2022-23, 2022.

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Since its inception in 1959, the OMS Foundation has worked to advance the OMS specialty through support of innovative research, advanced education opportunities and academic excellence. **Learn more at OMSFoundation.org/Donate.**

OMS FOUNDATION

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Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Outlining why and how to make a donation

For 65 years, the OMS Foundation has worked to advance the oral and maxillofacial specialty through its mission of supporting research and education. Thanks to the generosity of individuals and corporate donors, the OMS Foundation can fund programs promoting innovative research, advanced education opportunities and academic excellence.

Illustrations of our commitment include providing funding for basic and clinical research investigations addressing high-priority issues and offering travel stipends for residents traveling internationally with OMS teams to offer humanitarian healthcare through the Global Initiative for Volunteerism and Education (GIVE). To attract qualified students to the OMS specialty, we offer the Student Research Training Awards (SRTAs). And to keep promising early-career faculty in academia we provide Faculty Educator Development Awards (FEDA).

All these initiatives are funded solely by the contributions received by the OMS community, as the OMS Foundation is a 501(c)(3) nonprofit organization. There are many ways to donate to the OMS Foundation, but let me first explain how donations are collected and where they go.

Funds are financial resources or money set aside for a specific purpose. The OMS Foundation offers two main funds – the Annual Fund, which is the largest and supports all the Foundation's programs, and the GIVE Fund, which is restricted for use for humanitarian initiatives.

Campaigns are organized efforts to raise money for the Foundation's mission. Examples include OMSFIRE, for which donors commit to a five-year recurring gift; the R.V. Walker Society, which encourages legacy giving; and memorial gifts honoring loved ones and colleagues.

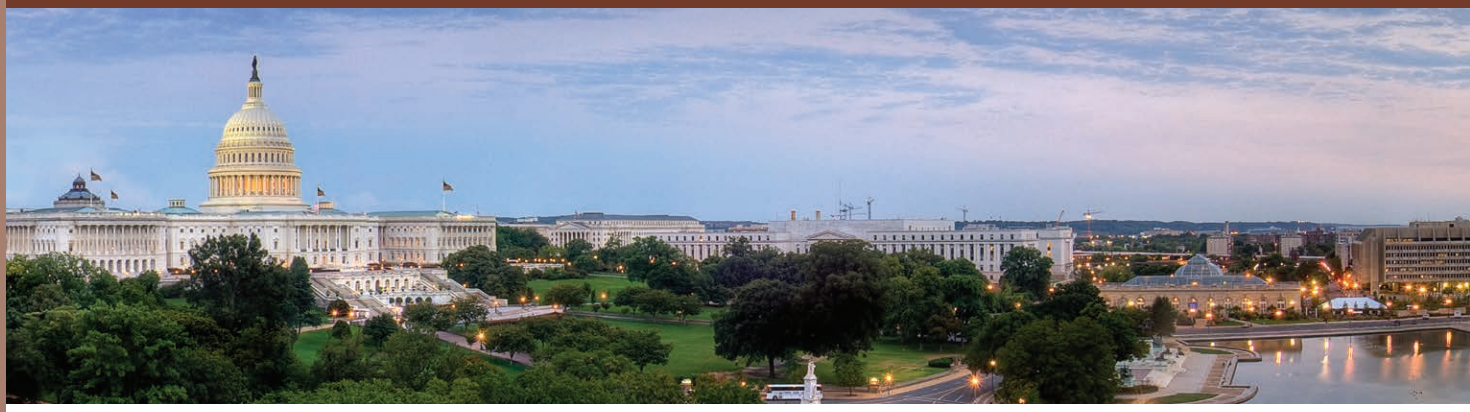
Appeals are formal request for support, often targeted toward specific audiences. You may have received a recent letter from me requesting a donation or emails about matching gift opportunities.

Your support of the OMS Foundation is vital to advancing the future of the specialty. You can contribute in many ways:

- **Online donations:** Click on the DONATE button on the top-right corner of the OMSFoundation.org home page to make an immediate contribution.
- **Recurring gifts:** Set up a monthly donation via credit card for a convenient way to give. (The recurring transaction can be canceled at any time.)
- **Gift by mail:** Send a check payable to the OMS Foundation, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018.
- **Donor-advised funds:** Consult your financial adviser to designate a donation through your donor-advised fund.
- **Gift of stock:** Contribute appreciated securities directly to the OMS Foundation to eliminate capital gains tax liability and enhance your donation's value.
- **Qualified Charitable Distribution (QCD):** If you are 70½ years or older, a QCD is an excellent option to support the Foundation while minimizing your tax burden, especially if you don't need the required minimum distribution funds for living expenses.
- **Legacy or planned gifts:** These gifts include designating the Foundation in your will, naming the Foundation as a beneficiary on a life insurance policy, establishing a charitable remainder or lead trust, or including a percentage of the residual bequest from your estate.

Every donation, no matter the amount, makes a difference in the OMS community. If you have any questions about applying for one of the OMS Foundation's programs, ways to give or if you would like to get more involved, email info@omsfoundation.org.

Our team will be happy to speak with you about your interest or connect you with me or a member of the OMS Foundation Board of Directors. ■



Gearing up for federal and state legislative and

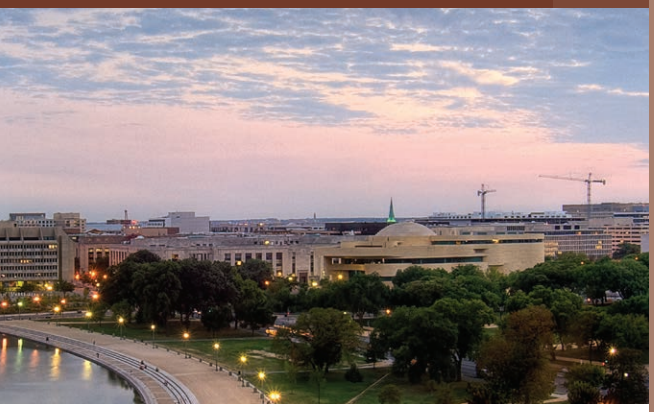
As the new Congress and administration get organized at the federal level, states legislative sessions are already well underway.

Federal level

The 119th Congress convened on Jan. 3, and President Donald Trump was sworn into office on Jan. 20. The first two priorities for Republicans, who now control both chambers of Congress and the White House for the first time since 2019, are to finalize fiscal year 2025 funding that was extended until March 14 as well as use the reconciliation process, which only requires a simple majority, to pass several issues. Among those is to permanently extend several tax cuts enacted in 2017 that would benefit small businesses, including OMS practices.

Updates on issues of interest to the specialty include the following:

- **Medicare payment cuts** – The 118th Congress failed to pass legislation before adjourning to prevent the 2.8 percent payment cut that Medicare physicians, including OMSs, began incurring on Jan. 1. Medicare providers groups, including AAOMS, are urging the 119th Congress to act immediately to pass legislation to halt the cut and retroactively reimburse providers for any reductions already incurred. AAOMS has a grassroots campaign available at AAOMS.org/TakeAction, enabling members to urge their constituent members of Congress to address this issue.
- **Dental care for veterans** – In December, the 118th Congress passed – and President Joe Biden signed into law on Jan. 2 – the bipartisan, bicameral Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (S 141). The new law includes several provisions aimed at improving dental care for the nation's veterans. Specifically, it allows the Veterans Affairs Secretary to raise the pay limits for dentists as well as other healthcare providers employed by the VA, requires assessment reports on dental and oral healthcare programs furnished by the department, and calls for the creation of a new two-year pilot program in up to four states for veterans currently ineligible for VA dental benefits to receive VA dental care if they have been diagnosed with ischemic heart disease.
- **Corporate Transparency Act** – The Corporate Transparency Act (CTA) is on hold through March 25 following a decision by the Fifth Circuit Court of Appeals panel on Dec. 26. The panel reinstated the nationwide injunction against the CTA after an appellate court reversed the preliminary injunction issued earlier in the month by a judge for the U.S. District Court for the Eastern District of Texas. The decision delays enforcement of the CTA until at least March 25, when the panel is expected to hear arguments on whether to maintain the injunction while the broader case proceeds before the full court. Thus, impacted small businesses are no longer required to comply with the law's reporting requirements until at least then. This statute – enacted by Congress in 2021 – aims to combat illicit activity such as tax fraud and money laundering. It requires select businesses – including OMS practices that employ fewer than 20 people and generate less than $5 million in revenue annually – or both – to file reports by Jan. 1, 2025, if they were in business before Jan. 1 of this year. In Texas Top Cop Shop v. Garland, the plaintiffs alleged that the CTA oversteps Congress's jurisdiction to regulate interstate and foreign commerce and infringes on First Amendment protections.



regulatory activity

State level

State legislatures are in full swing with hundreds of bills being introduced that could affect the specialty. A full list of issues being tracked by AAOMS is available to members at AAOMS.org/TrackingMap.

- **2025 Trends** – Notable trends include insurance reform legislation as well as bills expanding the scope of midlevel dental professionals, including CRNAs and dental hygienists. Legislatures also are considering several bills that would address medical debt and the ability for providers to report such debt to national credit bureaus.
- **Massachusetts** – In late 2024, Massachusetts passed H 5159, addressing healthcare consolidation and requiring facilities administering deep sedation or general anesthesia to be state-licensed. Prompted by the Steward Health Care bankruptcy, the bill aims to increase oversight. The Massachusetts Society of Oral and Maxillofacial Surgeons (MSOMS) and Massachusetts Dental Society (MDS) spent much of the year advocating to exempt dental and OMS offices and, while not explicitly excluded, the state assured they would not be included in implementation. MSOMS and MDS continue working to secure explicit exemptions and ensure the state honors its commitments. ■

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- **Supports AAOMS advocacy efforts such as Day on the Hill.**

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CPC Notice of Expulsion

Based on a careful review of the complete record of the case, the AAOMS Commission on Professional Conduct advised Phillip M. Jensen, DMD, of Rochester, Ill., on Dec. 20, 2024, of its decision finding him in violation of Chapter V, Section D.1 of the *Code of Professional Conduct*. As a result of this finding, Dr. Jensen has been expelled from AAOMS membership. Dr. Phillip M. Jensen may reapply for membership after three years have elapsed from the date of the final action.

HEALTH IT BYTES

HIPAA – The U.S. Department of Health and Human Services Office for Civil Rights (OCR) has proposed updates to the HIPAA Security Rule, marking the first major revision since 2013. These changes aim to address escalating cyberattacks that threaten patient safety, trust and care delivery. The proposed rule would require health plans, healthcare providers, clearinghouses and business associates to enhance cybersecurity protections for protected health information. The changes include regular reviews and updates of cybersecurity policies, alignment with modern best practices and measures to address increasing hacking and ransomware threats. With comments due by March 7, the Trump Administration will determine whether or not to pursue any changes.

ASTP – The Assistant Secretary for Technology Policy (ASTP), formerly the Office of the National Coordinator for Health Information Technology, published two significant rules and a strategic plan in December 2024. The HTI-2 Final Rule (Dec. 16) updated information blocking regulations and governance for the Trusted Exchange Framework and Common Agreement. The HTI-3 Final Rule (Dec. 17) revised privacy and infeasibility exceptions and introduced a new Protecting Care Access Exception. Both aim to enhance health data interoperability and access. Additionally, ASTP released the HHS Artificial Intelligence Strategic Plan regarding the use of AI in health, human services and public health, promoting a coordinated public-private approach. Additional information on all items, including fact sheets, is available at HealthIT.gov.

OMSPAC reviews 2024 contribution trends

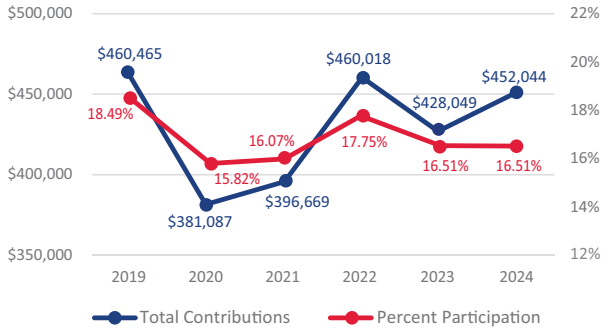
OMSPAC's 2024 Annual Report provides a summary of the PAC's activities and accomplishments over the year. The OMSPAC Board of Directors publishes this report to detail fundraising trends, statistics on OMSPAC contributions made to candidates seeking federal office, and other key OMSPAC initiatives.

For over 50 years, OMSPAC, the political action committee of AAOMS, has played a key role in advancing the advocacy priorities of the specialty. OMSPAC does this by providing nonpartisan financial support to members of Congress who value the specialty, OMS patients, and the Association's perspective on healthcare policy issues, all while holding the potential to influence AAOMS's federal legislative objectives. Contributions are distributed to friends of the specialty in full compliance with Federal Election Commission (FEC) regulations.

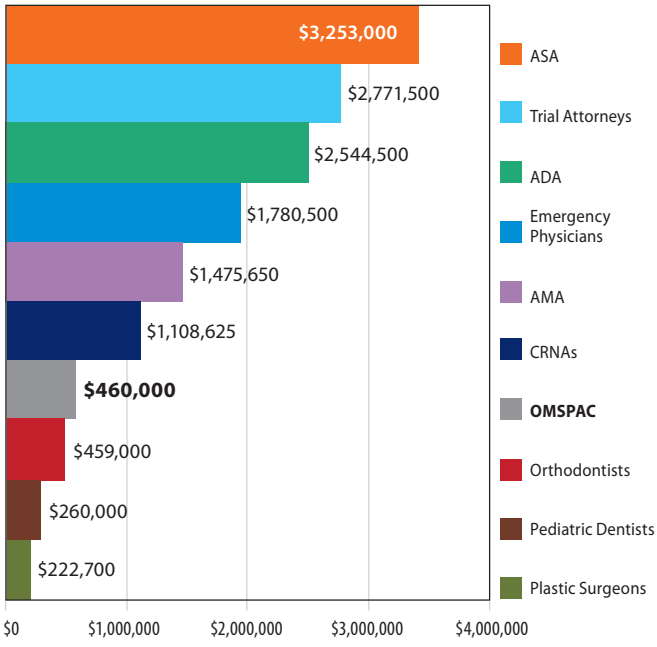
In 2024, member contributions were notably higher than in 2023, while the percentage of OMSs who supported OMSPAC remained approximately the same. A few statistics are provided below. Visit OMSPAC.org for more information on OMSPAC's 2024 activities, including a list of top contributors and a full list of candidates supported. OMSPAC's 2024 Annual Report will be available at OMSPAC.org in the spring. ■

OMSPAC
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Annual receipt and participation trends

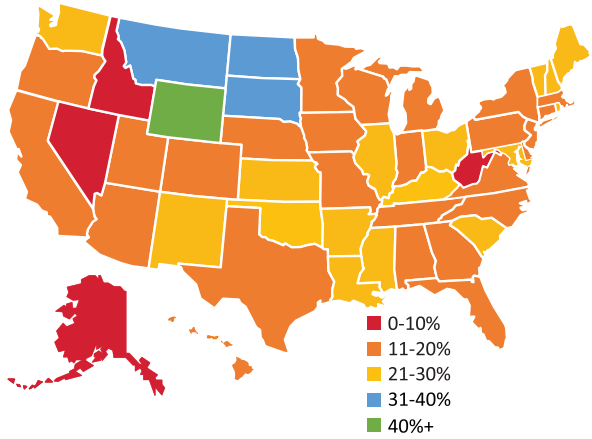


2023-24 election cycle federal candidate contributions



FEC.gov (as of Dec. 31, 2024)

Participation by state



Facts about OMSPAC contributions

17%
Percentage of AAOMS members who contributed to OMSPAC in 2024

$387
Average contribution to OMSPAC in 2024

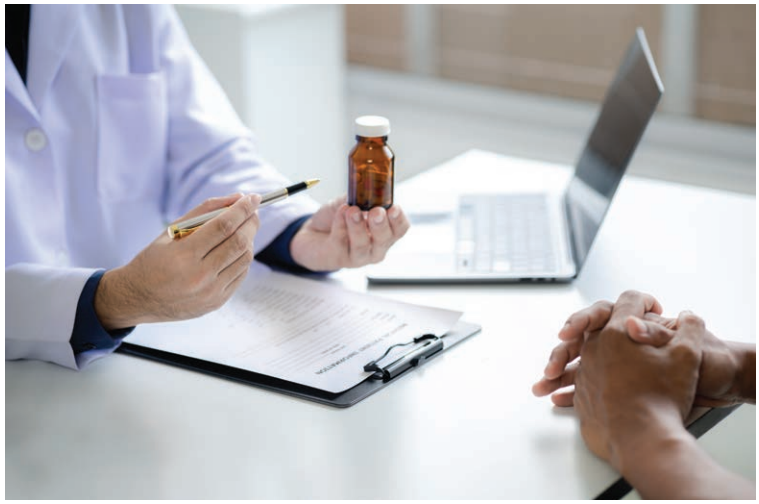
75
Number of contributions delivered to federal candidates by OMSs during the 2023-2024 election cycle through Dec. 31, 2024

119
Number of federal candidates supported by OMSPAC during the 2023-2024 election cycle through Dec. 31, 2024


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What OMSs need to know about DEA registration

The DEA requires OMSs to register their practices and report certain facts regarding controlled substances. OMSs should ensure they are compliant with DEA requirements. Following are frequently asked questions about DEA registration and controlled substances.



Q I'm moving practice locations. Do I need to obtain a new DEA registration?

A You can change the address on your current registration. For assistance, call your local diversion field office. To find contact information for your local office, visit apps.DEAdiversion.usdoj.gov/contactDea.

Q Is a separate DEA registration required for each place of practice?

A Yes, per the DEA, a separate registration is required for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported or dispensed by a person. Learn more at ECFR.gov/current/title-21/chapter-II/part-1301.

Q Does my DEA registration permit me to prescribe controlled substances anywhere in the United States?

A No. DEA practitioner registration is based on the individual's state license to practice medicine and prescribe controlled substances. The state licensing board determines whether a practitioner is qualified to dispense, prescribe or administer controlled substances. Further, the board determines which schedule of drugs may be dispensed, prescribed or administered. Learn more at ECFR.gov/current/title-21/chapter-II/part-1306.

Q What is the process for reporting a significant loss or theft of controlled substances?

A A DEA registrant must notify his or her local diversion field office in writing within one business day of discovering a theft or significant loss. The registrant also must submit a completed DEA Form 106 to the local diversion field office. Thefts and losses must be reported whether or not the controlled substances are later recovered or responsible parties are identified. More related information on this topic is available at DEAdiversion.usdoj.gov/faq/theft-loss-faq.html.

DEA Form 106 will ask for the National Drug Code and quantity of the stolen or lost controlled substance. Each chemical must be reported in total milligrams or kilograms. If the drug in question is liquid or powder, it should be reported in milliliters/milligrams. If the drug was in tablet form, the total count of tablets must be reported. Visit apps.DEAdiversion.usdoj.gov/TLR for DEA Form 106.

Q Does a controlled substance that is broken or spilled need to be reported to the DEA?

A In 2005, the DEA published a Final Rule in the Federal Register, *Reports by Registrants of Theft or Significant Loss of Controlled Substances,* 70 FR 47094. The DEA explained previous guidance on the topic was adequate and clear: the breakage or spillage of a controlled substance does not constitute a loss because the DEA registrant can account for the controlled substances. Therefore, a registrant does not need to notify the DEA regarding broken or spilled substances. Related information can be found at DEAdiversion.usdoj.gov/faq/disp-destr-faq.html. ■



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Protecting patient data from cybercriminals

By Anne Genge, CIPP/C, CHSP, CHSRAS
Dental cybersecurity speaker/educator

It starts with one click. An email arrives in your inbox, a seemingly routine message from a vendor, a patient or a colleague. A single click on a malicious link or attachment is all it takes to unleash a cyberattack, locking you out of your systems, stealing your data and holding it hostage until a sum of money is paid. This type of attack is called ransomware, and it is the most common cyberattack in the dental industry today.

For oral and maxillofacial surgeons – whose practices depend on uninterrupted access to digital tools like patient records, imaging systems and scheduling software – ransomware is not just a tech problem; it poses an operational and revenue crisis.

What is ransomware?

Ransomware is a type of malicious software (malware) that encrypts the victim's data, rendering it inaccessible. In this type of attack, cybercriminals use encryption against their victims. Encryption was originally designed to protect data by scrambling it and making it unreadable except to those with a special key (a long password). The attackers encrypt your data, then demand payment – often in cryptocurrency – in exchange for a decryption key to unlock your files. Imagine your entire office is locked by an unbreakable digital padlock, and the only key is held by criminals demanding a ransom.

Cybercriminals have now taken ransomware to the next level by threatening to release a victim's data on the dark web if the victim doesn't pay. This tactic, known as double extortion, increases pressure on victims by exposing them to potential HIPAA violations, lawsuits and reputational damage, even if they have data backups.

Extorting patients directly

In the United States, cybercriminals have increasingly targeted patients directly following breaches of healthcare systems. Notable instances include:

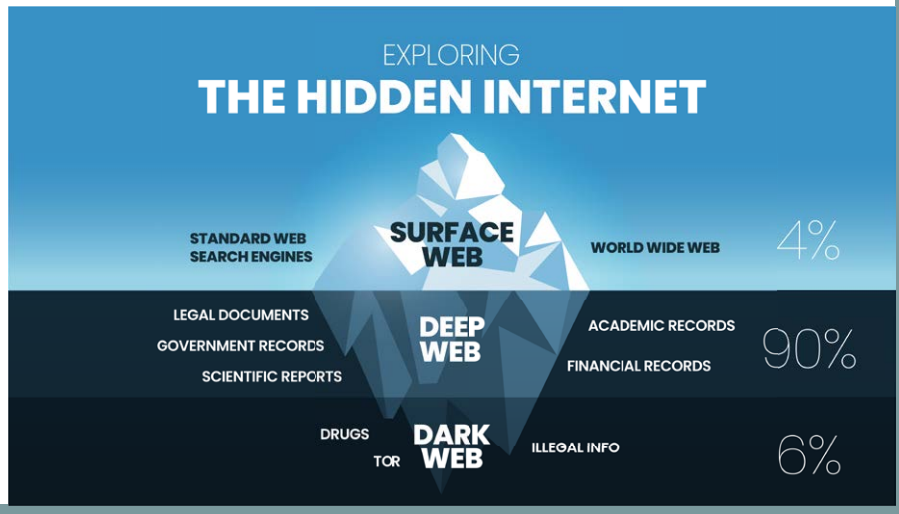
- **Fred Hutchinson Cancer Center (Seattle)** – After a cyberattack, patients received emails from hackers threatening to release their personal information unless a ransom was paid.[1]
- **Integris Health (Oklahoma City)** – In 2023, a cyberattack compromised data of over two million patients. Subsequently, patients received extortion emails demanding payment to prevent the sale of their personal data on the dark web.[2]

These incidents reflect a troubling trend in which cybercriminals, facing improved cybersecurity defenses from healthcare providers, resort to directly extorting patients to maximize their illicit gains.

What is the dark web?

When stolen data is leaked, it often ends up on the dark web, a hidden part of the internet where cybercriminals operate anonymously. Think of the dark web as an underground black market where everything from personal information to illegal goods is bought and sold. Patient data, names, Social Security numbers and medical histories are especially valuable to criminals because they can be used for identity theft, fraud and other nefarious outcomes.

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How do ransomware attacks happen?

The most common entry point for ransomware is through email phishing attacks. According to Stanford research, 88 percent of breaches are caused by human error,[3] and according to Varonis, over 94 percent of malware is delivered via email.[4] AI-generated phishing emails and tactics add to the challenge of keeping dental practices safe.

Here's how ransomware often unfolds:

1. A staff member receives an email disguised as a legitimate message from a trusted source.
2. The staffer clicks a link or opens an attachment, unknowingly downloading ransomware.
3. The ransomware spreads through the network, encrypting files and locking systems.
4. The business is asked to provide a ransom fee to gain access to locked data.

Cybercriminals also may steal data and demand a ransom not to publish the information on the dark web. In certain cases, they have even tried to extort patients directly.

It is important to know that phishing attacks can happen via text, websites, phone and social media. Security awareness training is an important part of cyber resilience and prevention.

Real-world impacts of ransomware

A dental practice fell victim to ransomware when an employee clicked on a phishing email. Within minutes, the attackers locked the system and demanded $71,000 in ransom. Despite paying, recovery was slow, some data was lost and the practice incurred additional costs for forensic experts and cybersecurity upgrades. Some practices, like Wood Ranch Medical,[5] have even gone out of business due to insufficient backups.

For oral and maxillofacial surgeons, downtime doesn't just mean canceled appointments, it means canceled surgeries, loss of revenue and potential risks to patient care. Recovery from such an attack can take weeks, during which a practice may hemorrhage money and lose trust with patients and referring dentists.

Although not specifically coined as a ransomware attack, another example of how easily things can go bad occurred last year when a New Jersey OMS practice reported a data breach affecting over 74,000 individuals. After the breach

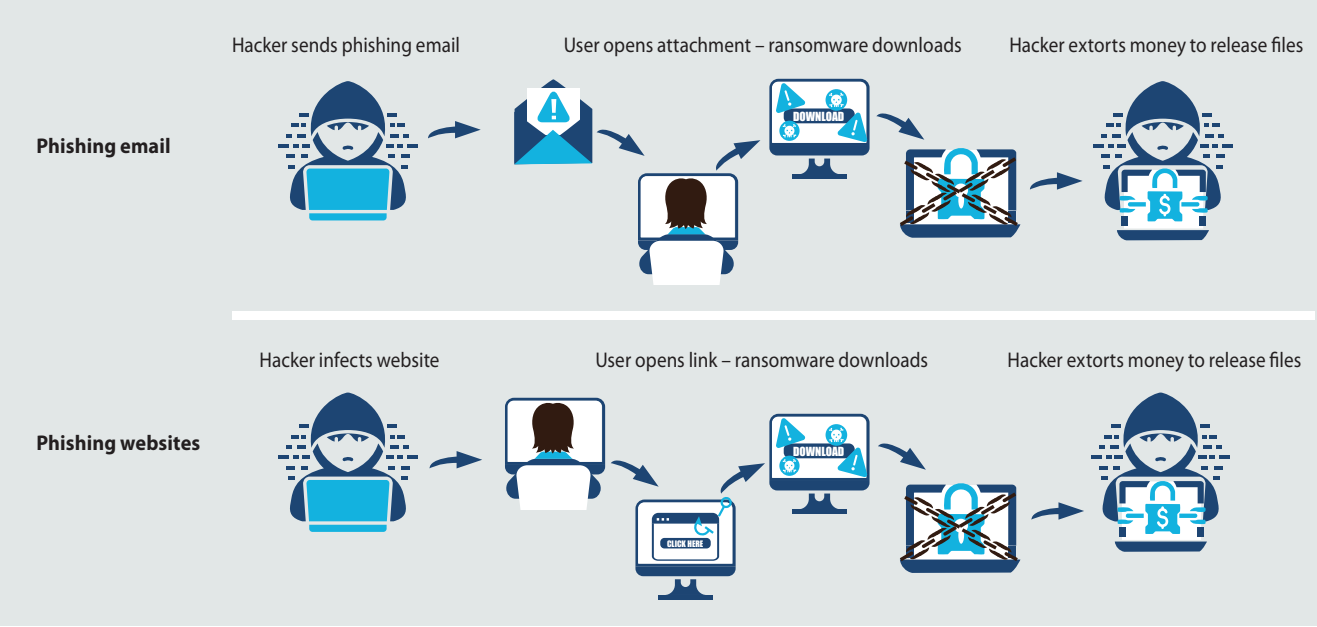


A hypothetical example of a dental office phishing email.

was detected, an investigation showed that unauthorized access went back nearly one month. Compromised information included patient names, Social Security numbers, birth dates, addresses, driver's license numbers, medical and health insurance details and financial account information.

The incident highlighted areas for improvement including:

- **Prompt detection and response** – The breach went undetected for nearly a month, highlighting the need for continuous network monitoring to identify and address suspicious activities swiftly.
- **Comprehensive data protection** – The exposure of sensitive personal and medical information underscores the importance of robust encryption and access controls to safeguard patient data.
- **Regular security assessments** – Conducting routine security audits can help identify vulnerabilities, ensuring that protective measures are up-to-date and effective.
- **Employee training** – Educating staff on cybersecurity best practices can reduce the risk of breaches caused by human error or social engineering attacks.
- **Transparent communication** – Notifying affected individuals and relevant authorities promptly is crucial for maintaining trust and allowing individuals to take protective actions.



Possible ways a hacker can use ransomware.

- **Proactive measures** – Implementing additional safeguards post-incident is essential, but proactive measures are vital to prevent breaches from occurring.

Other considerations to protect a practice

Preventing ransomware and other cyberthreats requires a combination of technology, training and proactive planning. Most practices need professional experts to design and execute a comprehensive cybersecurity strategy. Here's how to get started:

- **Use email security filtering to minimize inbound threats.** Deploy advanced email filtering tools that automatically block spam, phishing attempts and malicious attachments before they reach your inbox. Choose a solution that integrates seamlessly with your existing email platform (e.g., Microsoft 365, Google Workspace) and offers real-time updates against emerging threats. These tools can identify suspicious patterns, scan links and attachments for malware and quarantine harmful messages. With over 94 percent of malware delivered through email, filtering tools drastically reduce the risk of human error by preventing malicious messages from ever reaching your staff.
- **Back up your data so you can recover from disasters.** Backups allow you to recover from disasters such as server crash, fire, theft, flood, sabotage, natural disasters, etc. Determine your maximum acceptable amount of downtime, then get a professional evaluation of your current backup solution and plan to ensure you can recover in the amount of time you need. Finally, ensure daily backups of your systems and store them securely, both on-site and in the cloud. Get a professional to set this up properly to ensure all data is included. Test backups regularly to ensure they work.
- **Utilize business continuity solutions – keep working through disasters.** Investigate solutions with instant virtualization to switch to backup systems and minimize downtime during an attack or server failure. Newer technologies for business continuity include virtual failover servers and failover internet connections to ensure minimal downtime in case of cyberattacks or other disasters. These are your practice's airbags, deploying immediately to keep operations running during a crash.
- **Enable multi-factor authentication (MFA) for extra defense.** MFA adds an extra layer of security by requiring a second form of verification (like a text code) before accessing sensitive systems. Even if your credentials are stolen, this can help prevent cybercriminals from accessing your data and systems. It's like needing both a key and a security code to unlock your digital vault.

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- **Keep systems updated to minimize system vulnerabilities.** Outdated software is an open door for hackers because it means that security holes have not been patched. This allows hackers to exploit the software for their gain. Set up automatic updates to patch vulnerabilities as soon as fixes are released or, even better, have an IT security provider monitor and manage this for your practice.
- **Develop a written incident response plan to ensure rapid response.** Have a clear plan for responding to an attack, including who to contact (e.g., IT, cyber insurance legal counsel) and how to notify patients if their data is compromised. Write a chart and/or checklist to ensure you can respond quickly, properly and with less stress.
- **Partner with cybersecurity experts to ensure your plan works.** Work with IT providers who specialize in healthcare cybersecurity and understand HIPAA requirements. Look for those offering 24/7 monitoring and rapid incident response.

At its core, cybersecurity isn't just about protecting your practice or complying with HIPAA, it's about protecting your patients. Their trust in you includes the expectation that their sensitive information will remain secure. By implementing these measures, you're not only safeguarding your business but also ensuring the continuity of care.

Remember: A single click can lead to a crisis, but with the right preparation, your practice can avoid downtime and emerge stronger in the face of digital threats. ■

Anne Genge is a multi-certified privacy and cybersecurity expert who has won global awards for her work in cyber risk management, ransomware prevention and cybersecurity education for healthcare providers. For more than 20 years, she has been a technological innovator and educator working closely with practice owners, dental teams and IT providers to protect patient and practice data and to enable compliance with privacy regulations.

Looking for more resources on this topic? Black Talon Security is the OMSNIC Preferred Partner for cybersecurity. Visit BlackTalonSecurity.com/OMSNIC for more information.

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This is number 202 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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Evaluations vs. consultations: Understanding

Many OMSs use the term "consult" or "consultation" for all examinations they provide. However, for coding and billing purposes, evaluations and consultations serve different objectives. Both CDT^ and CPT* code sets provide specific criteria that distinguish between a consultation and an oral evaluation.



Evaluations

According to the ADA, an evaluation is a systematic determination or judgment about a condition, disease or treatment. An evaluation may be a routine assessment aimed at monitoring and managing a patient's overall health, a certain condition or a specific problem. There are some evaluation codes within CDT that may be applicable when reporting an oral evaluation. The Diagnostic Category of CDT offers evaluation codes ranging from D0120 to D0180.

Medical evaluations may be found in the Evaluation and Management (E/M) services chapter within the CPT code set. Common CPT codes for evaluations reported by an OMS in an office or other outpatient setting include 99202-99205 for new patients and 99211-99215 for established patients. These evaluations are determined based on the complexity of the medical decision-making and the time spent with the patient. Evaluations involve a comprehensive assessment of the patient's health status, including a medically appropriate health history and/or physical examination.

Consultations

Consultations are specialized assessments requested by a provider to obtain expert advice or an opinion from another provider on a specific problem. The ADA defines consultations as when the opinion or advice of a fellow practitioner is sought to evaluate or manage a specific problem or patient concern. For instance, a consultation may involve a general dentist seeking the opinion or advice of a dental specialist (e.g., oral and maxillofacial surgeon). CDT codes available for consultations may be documented by reporting D9310 or D9311, depending on whether the consultation is being requested of a dental or medical specialist.

Similarly, CPT defines a consultation as a service provided by a physician or qualified healthcare professional whose opinion or advice regarding the evaluation and/or management of a specific problem is requested by another physician or appropriate source. CPT codes available to report consultations include 99242-99245 for office or other outpatient consultations and 99252-99255 for inpatient or observation consultations.

In terms of comparability, it is appropriate for an OMS to report an evaluation code when a general dentist diagnosed the need for a patient to have third molars removed and refers the patient to an OMS to remove them. In this instance, the dentist is not seeking an opinion about the treatment or care needed since the dentist has already determined the teeth need to be extracted. The OMS takes a health history, including a systems review, a head and neck physical examination, and perhaps additional examinations such as of the respiratory and cardiovascular systems. The OMS confirms the diagnosis and proceeds with the treatment plan. This scenario supports reporting an evaluation since the OMS is taking on the management of the surgery and related postoperative care.

Conversely, a consultation may be a request for a second opinion. For example, following a thorough examination of a patient, a general dentist may seek an OMS's opinion on the patient's temporomandibular joint pain complaint.

the key differences between OMS assessments

The general dentist documents a request that the OMS evaluate the patient and report back with an opinion on what is causing the patient's pain. The OMS documents the general dentist's request, examines the patient, performs appropriate diagnostic tests, diagnoses the condition (renders an opinion), reports back to the requesting general dentist via phone and/or written report explaining the opinion and proposed treatment, documents having made the phone call and treats the patient by providing a splint. This scenario would meet the criteria for the OMS reporting a consultation.

Note: When reporting a consultation using CPT codes, the OMS must still obtain a patient history and review of systems. However, these components are not considered when selecting the consultation code.

Quality documentation is vital. When reporting a consultation to a medical carrier, CPT criteria require documentation that includes the request for an opinion by an appropriate source, rendering an opinion and reporting back to the requesting doctor. Although not explicitly outlined in the CDT, documenting these elements (if performed) can help support the use of the consultation code instead of the evaluation code.

In summary, evaluations are general health assessments, while consultations are specialized or targeted assessments for specific problems requiring an expert opinion. ■

^CDT® is a registered trademark of the American Dental Association.

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New telemedicine office visit codes

Effective Jan. 1, a new suite of codes was added to the CPT code set to report telemedicine office visits. This includes eight codes for synchronous audio-video services (98000-98003 and 98004-98007), eight codes for synchronous audio-only services (98008-98011 and 98012-98015) and one code for an asynchronous service (98016).

The new codes are patterned after the in-person office visit codes with subsets for new patients and established patients and may be reported based on the levels of medical decision-making or total time on the date of the encounter. The new asynchronous CPT code describes a brief virtual check-in encounter that replaces HCPCS Level II code G2012 (Brief communication technology-based service) that had the same descriptor. Additionally, codes for telephone E/M services 99441, 99442 and 99443 have been deleted.

Payment for medical services varies by facility

When it comes to reimbursement by Medicare, Medicaid or third-party medical insurance, there are notable differences between services performed in an office setting versus a facility setting such as a hospital (outpatient or inpatient) or an ambulatory surgical center (ASC). These differences primarily stem from the overhead costs associated with each setting.

Reimbursement components

Rather than base payments on provider charges, CMS established a standardized physician payment schedule in 1992 known as the resource-based relative value scale (RBRVS). Payments for services covered under Medicare and other payers using the RBRVS are determined by the complexity of the service and the resources needed to provide them. The payment is based upon three components:

- **Physician work (51 percent of a procedure's value)** – The time, effort and skills required by a physician to provide a service.
- **Practice expense (45 percent of a procedure's value)** – Costs for clinical staff, supplies, equipment and other practice overhead.
- **Professional liability (4 percent of a procedure's value)** – Costs for malpractice insurance coverage.

Payment for medical services varies by the setting in which the procedure is performed. In non-facility settings like an OMS office, payer reimbursement covers the surgeon's work and the practice's costs, including the practice's clinical staff time, utilities, supplies and equipment used during a procedure.

Conversely, when services are rendered in facility settings such as a hospital or ASC, the facility is providing these resources; therefore, the practice expense component of the surgeon's reimbursement is reduced, and the facility uses its own fee to recoup these costs for resources used during the surgery. The example below demonstrates the average Medicare reimbursement when the service is rendered in the office vs. the facility, according to the 2024 National Average Medicare Physician Fee Schedule:

- **21030** – Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
  - Surgeon's reimbursement in non-facility: $458.37
  - Surgeon's reimbursement in facility: $360.84

Facility-based services

Not all services are payable in the non-facility setting. CMS designates certain procedures as facility-based only (i.e., hospital outpatient, inpatient or ASC setting), evaluating them against the agency's long-standing patient safety criteria. These procedures lack a non-facility rate and are covered only when performed in approved facility settings, such as ASCs or hospitals. For example, the following codes do not have a non-facility price in the MPFS:

- **20902** – Bone graft, any donor area; major or large
- **21046** – Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
- **21048** – Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])

Inpatient Only list and other ASC exclusions

It is important to note that not all facility-based services are payable in an ASC or hospital outpatient setting. Some procedures are excluded from ASC payment but may be covered in hospital outpatient departments, while others are exclusively designated for hospital inpatient care and therefore included on the Inpatient Only (IPO) list.

For example, both CPT codes 21142 (Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft) and 21146 (Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts) are currently excluded from Medicare payment in the ASC. While CMS recognizes 21142 for payment in hospital outpatient departments, 21146 is on the IPO list, meaning Medicare will only pay 21146 when furnished under inpatient status. Procedures that CMS deems are highly invasive, likely to result in major blood loss or require intensive postoperative care are typically designated as Inpatient Only.

Office-based designation

CMS designates some codes as "office-based" since they are performed more than 50 percent of the time in physicians' offices and have similar complexity to routine office procedures. This designation does not restrict where

setting

these services may be rendered; however, if performed in a facility setting, they may be paid at the non-facility rate. CPT code 21127 (Augmentation, mandibular body or angle; with bone graft, onlay or interpositional [includes obtaining autograft]) is an example of a code that has been designated as office-based.

CMS fee schedule look-up

CMS annually updates the MPFS, detailing policy changes on its website at CMS.gov/Medicare/payment/fee-schedules/physician. CMS also has developed an online search tool that may be used to access Medicare pricing, relative value and payment policy information by CPT code. The tool is located at CMS.gov/Medicare/physician-fee-schedule/search/overview.

In addition, CMS publishes annual updates of the ASC-Covered Procedures List (CPL) as well as its list of services payable in the Outpatient Setting and list of Inpatient Only services available at CMS.gov/Medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1809-fc.

- The complete ASC-CPL and rates may be found on the bottom of the CMS website under Addendum AA.
- The complete list of OPPS covered procedures and rates may be found on the bottom of the CMS website under NFRM OPPS Addendum A.
- The Inpatient Only list may be found in Addendum E on the bottom of the CMS website under 2025 NFRM OPPS Addenda.

Commercial carriers should be contacted individually to confirm payment methodologies for professional services or for fee-related inquiries. ■



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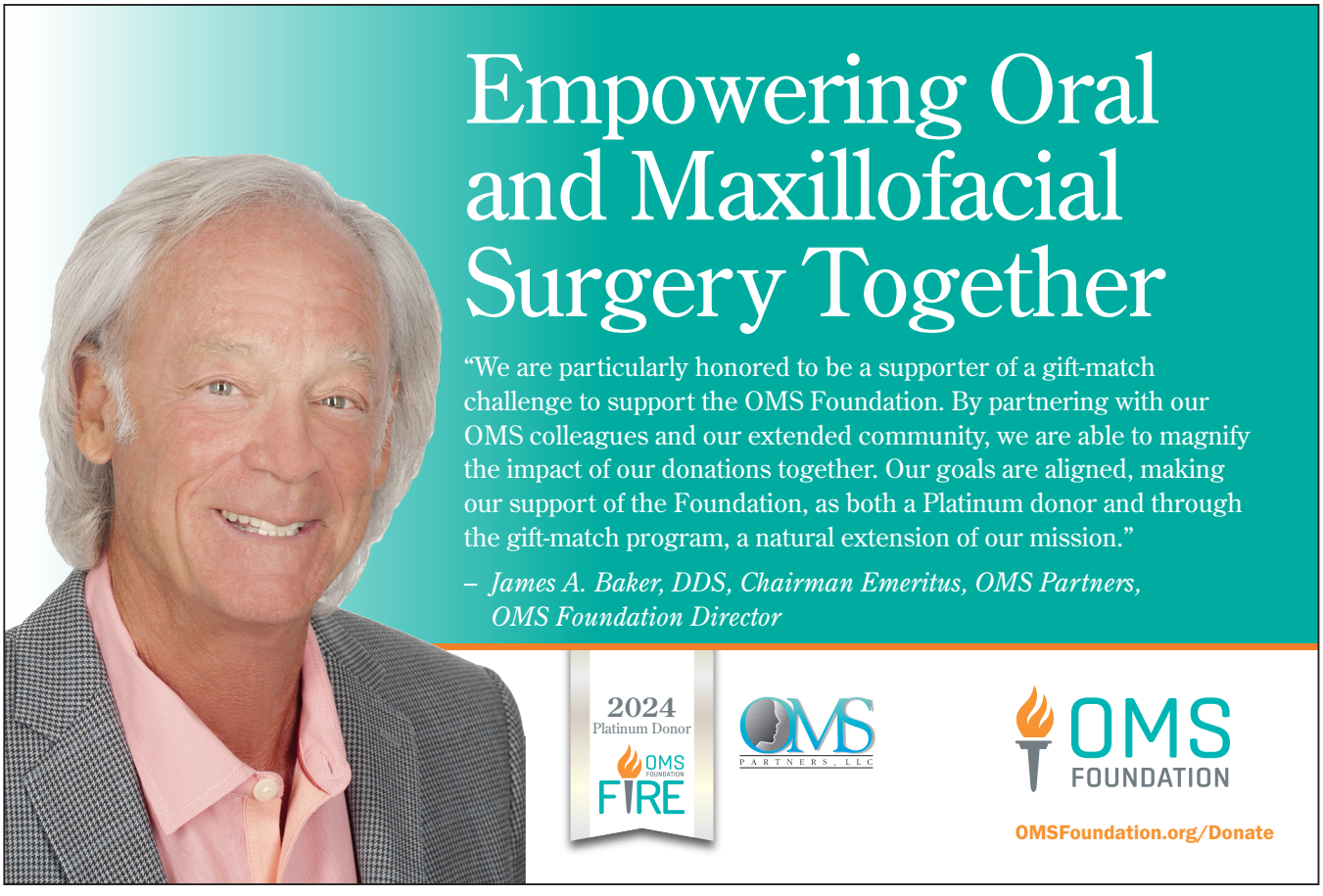
ABOMS welcomes chief executive officer

The American Board of Oral and Maxillofacial Surgery (ABOMS) welcomed its first chief executive officer, Christina Tomaso, MS, CAE, in January.

Ms. Tomaso brings nearly three decades of experience in strategic leadership, marketing, operations and financial management across diverse industries including healthcare, education, consulting and nonprofit organizations. She previously served as Chief Operating Officer of the American Orthopaedic Society for Sports Medicine (AOSSM), where she led a multidisciplinary professional team and oversaw a $10 million operating budget. She successfully launched membership growth campaigns, modernized infrastructure and cultivated global partnerships. Her strategic counsel to the Board of Directors and volunteer leadership at AOSSM drove consensus on complex issues.

Ms. Tomaso excels in aligning organizational goals, fostering collaborative partnerships and driving transformative initiatives. Her leadership style is rooted in building and highlighting relationships, innovation, inclusivity and strategic vision.

Besides a bachelor's degree in journalism, she earned a master's degree in management from the University of Illinois Urbana-Champaign along with certifications such as the Certified Association Executive (CAE). ■



Advantages to hybrid long-term care insurance

By John A. Adcock, CLU, ChFC, CFP
Regional Vice President
Treloar & Heisel

Legendary crooner Bing Crosby was not only memorable in life, but also passed in a (sadly) remarkable way. On Oct. 14, 1977, having just finished 18 holes of golf in Madrid, Spain, he announced to his group, "That was a great game of golf, fellas. Let's go have a Coca-Cola." Immediately after uttering those words, he dropped dead of a massive heart attack. Attempts to resuscitate him failed.

Few of us will be so lucky to spend the last moments of our life in such a way. Roughly 56 million elderly adults will spend their final years in a nursing or assisted living facility, a number that's expected to grow to 95 million by the year 2060.[1] Additionally, the AARP estimates that roughly one-fifth of U.S. adults will experience caregiving at some point, with the large majority providing care for older adults.[2]

The cost of care in the U.S. is high and getting higher. According to Genworth's Cost of Care Survey, the median cost for a private room in a nursing home is nearly $10,000 per month, increasing about 4 percent per year. At that rate, the median cost in 2054 will approach $33,000 per month![3] This reality presents financial challenges to today's dental professionals and their families.

How to manage potential expense of care

Transferring the risk of footing long-term care costs to insurance may address concerns for some. Though product features and benefits have changed over the years, traditional long-term care policies are still available. The market also has created viable alternatives, such as permanent life insurance platforms. Essentially, these life insurance products offer a blend of long-term care and life insurance features, offering long-term care protection as well as death benefits, as a life insurance policy would. Within the hybrid life and long-term care insurance model, there are many options; however, many share similar advantages.

Here are some of the top advantages of the hybrid long-term care solutions on the insurance market today:

- **Premium flexibility and consistency** – Unlike traditional long-term care policies where premiums are not guaranteed, most hybrid policies have stable premium structures so clients shouldn't see drastic increases in the future. Additionally, clients may have the ability to limit the premium paying period. For example, a 55-year-old may choose a 10-year premium option and pay up the policy during their working years.
- **Less strenuous underwriting** – Since traditional long-term care policies cover morbidity-based risks, they can pose more underwriting hurdles. In the newer hybrid environment, qualifying for a policy may be a bit easier.
- **No "use it or lose it"** – In many instances, if long-term care policies are not used, they offer no residual value. Hybrid policies don't have this problem as they build a cash value. If you decide you no longer want or need the policy, you can cancel for the surrender value. Of course, if you need care, benefits are available to help offset the cost. Lastly, if you pass away without needing care, a death benefit is paid to your heirs.
- **A valuable financial planning tool** – Many OMSs may have a large enough estate to cover an average long-term care event. Nonetheless, transferring some of this risk may still be wise.

A little planning goes a long way. Thinking about morbidity and mortality is unpleasant, but not planning for these realities can make these scenarios even more unpleasant – especially for those closest to you. Fortunately, a little planning goes a long way, and the effort may turn out to be one of the greatest financial gifts you can provide to your family. ■

Treloar & Heisel, an EPIC Company, is a financial services provider to dental and medical professionals across the country. Its insurance and wealth management divisions assist thousands of clients from residency through retirement. TH-24-006

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1. Hallstrom L: Total and percentage of elderly in nursing homes: 2023 data., 2023. Available at: APlaceforMom.com/senior-living-data/articles/elderly-nursing-home-population.

2. Research A: AARP research insights on caregiving. AARP, 2023. Available at: AARP.org/pri/topics/ltss/family-caregiving/aarp-research-insights-caregiving.

3. Cost of Care Survey. Available at: Genworth.com/aging-and-you/finances/cost-of-care.html



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MEMBERSHIP

Chief residents: Save on candidate dues by joining AAOMS before July 1

AAOMS encourages chief residents to become a candidate for active membership before their resident membership expires on June 30. Complete the Fellow and Member Application at AAOMS.org/Apply.

Chief residents who apply for AAOMS candidate membership before July 1 are eligible for specific dues waivers and discounts. Individuals entering fellowship programs, active duty in the federal services, practicing as sole faculty or working in public health services or Veterans Affairs are eligible for additional discounts.

OMSs practicing outside of the U.S. are eligible for affiliate candidate membership with reduced dues by applying at AAOMS.org/Affiliate.

Visit AAOMS.org/Join to learn more. Questions? Email membership@aaoms.org or call 800-822-6637.

COMMUNICATIONS

Follow AAOMS on LinkedIn

Keep up with the latest AAOMS news by following the Association on LinkedIn. AAOMS regularly posts about events, *JOMS* articles, AAOMS Store product discounts, advocacy and continuing education opportunities. Visit LinkedIn.com/company/AAOMS to stay updated.

2025 ANNUAL MEETING

Abstract, poster deadline March 24

Apply to present an oral abstract or poster at the 2025 Annual Meeting in Washington, D.C., being held Sept. 15 to 20. The application is available at AAOMS.org/Speakers. Applications can be submitted into a variety of clinical topics and are encouraged to focus on the 2025 theme, The Patients We Serve. The Resident Scientific Award application also is available.

The application deadline is March 24 at 11:59 p.m. CDT. Late submissions will not be accepted.

Questions? Contact shannonm@aaoms.org.

MEMBERSHIP

Honoring member milestones

AAOMS congratulates its fellows and members celebrating their fifth, 10th and 20th anniversaries since election to membership. A full list of this year's celebrants is available at AAOMS.org/Anniversaries.

ONLINE CE

Register for clinical webinars

AAOMS will present several clinical webinars this spring and summer. Sign up for the following:

- May 20, 6 p.m. CDT – Dr. Elda Fisher presenting on orthognathic surgery
- May 27, 6 p.m. CDT – Dr. Chris Viozzi presenting on orthognathic surgery (ERAS protocols)
- July 16, 6 p.m. CDT – Dr. Gary Bouloux presenting on TMJ
- Aug. 13, 6 p.m. CDT – Dr. Patrick Louis presenting on dentoalveolar surgery

MEMBERSHIP

Office Anesthesia Evaluation recertification due July 31

Members who last completed the Office Anesthesia Evaluation (OAE) or exemption in 2019 (or 2018 for those practicing in Delaware and New Jersey) are advised that their recertification is now due.

Members who are grandfathered from OMS state society membership, or for whom the OMS state society is unable to facilitate evaluation, the AAOMS Department of Professional Affairs is available to assist with scheduling.

Members who are eligible for OAE exemption based on practice situation or sedation offerings must complete a new exemption form every five years. Sample OAE and exemption forms are available at AAOMS.org/Anesthesia.

OMS state societies are asked to provide AAOMS with confirmations of successful OAE re-evaluations by July 31. Note: Member noncompliance with the OAE Program will result in discontinuation of AAOMS membership at the 2025 AAOMS Annual Meeting.

Those who scheduled a re-evaluation, face difficulties in scheduling or experienced a change in practice status should email membership@aaoms.org or call 800-822-6637.

Members are encouraged to use the AAOMS Anesthesia App on their tablets to enhance the re-evaluation process. Scan the QR code to download the app.

MEMBERSHIP

Verify profile, directory info

The AAOMS annual dues statement mailed in October included member profile and membership directory verification forms. Members are asked to carefully review this information to ensure Association records are current. All addresses, emails, websites, phone and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the AAOMS.org members-only directory and the MyOMS.org Find a Surgeon search. Both Association resources are updated in real time. AAOMS encourages members to use the AAOMS.org My Account page year-round to update their profiles and contact information whenever there is a change.

ONLINE CE

Utilize transcript feature

A 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.

ONLINE CE

Complete MATE Act courses

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

INFORMATIONAL CAMPAIGN

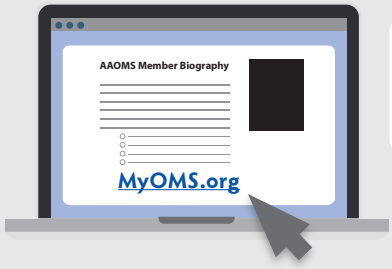
Improve practice's search rankings by incorporating MyOMS.org links

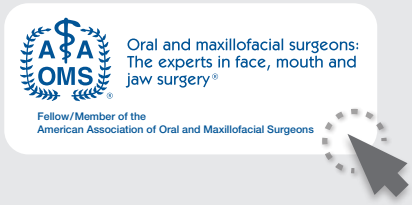
Backlinks – or links from one webpage to another – are an important part of building search engine optimization (SEO) because the links add credibility to help both websites land in higher positions in Google/Bing search results. AAOMS members are strongly encouraged to have their practice website include a link to MyOMS.org.

There are three ways a practice can add a backlink:

- Add any one of nine sizes of MyOMS.org web graphics (available at AAOMS.org/Practice/Promotional-Materials/MyOMS) to the site and hyperlink it to MyOMS.org.
- Add a MyOMS.org hyperlink to the section of the member's biography where AAOMS membership is listed.
- Feature on the site the AAOMS logo that incorporates the wording "Fellow/Member of the American Association of Oral and Maxillofacial Surgeons" and link it to MyOMS.org. (Those who wish to obtain this version of the logo for a practice website should email their request to communications@aaoms.org.)







COMMUNICATIONS

Check AAOMS email preferences

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

- AAOMS Advantage
- Educational offerings
- Important member alerts
- Member benefits and opportunities
- OMS advocacy and government affairs
- Other regular newsletters (e.g., Faculty E-News, Resident E-News)
- President's letters

AAOMS GOVERNANCE

Review recent Board actions

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on AAOMS.org/about/governance/resources.

MEMBERSHIP

Participate in Member Spotlight

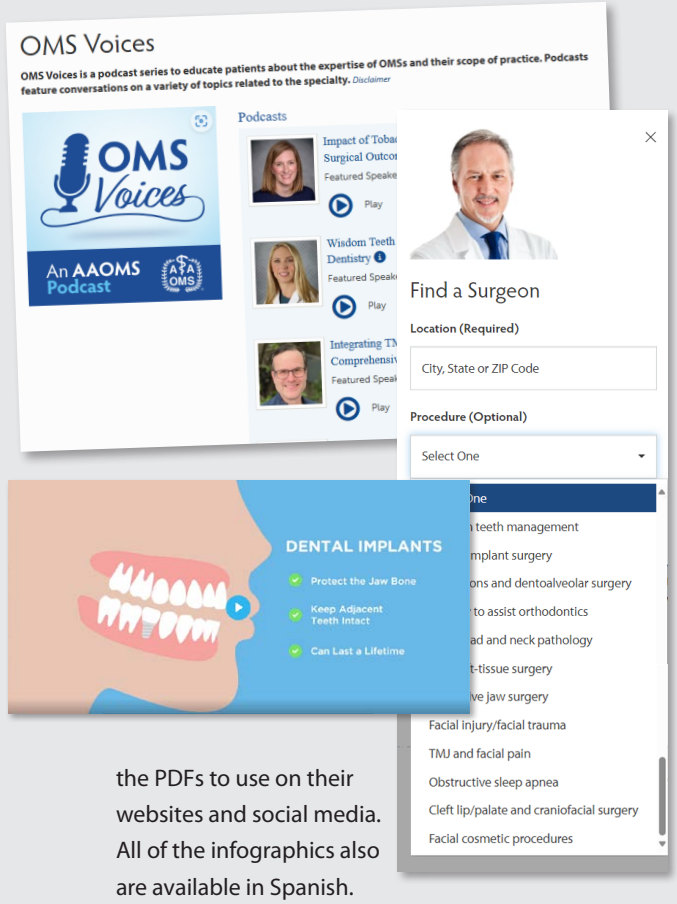
AAOMS members are invited to share their knowledge and life experiences by participating in the Member Spotlight. This digital profile on AAOMS.org highlights the diverse talents and accomplishments of AAOMS members both inside and outside the practice.

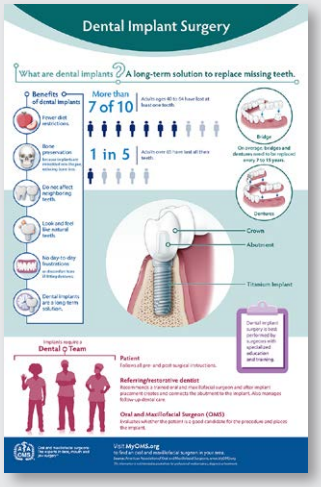
Visit AAOMS.org/MemberSpotlight to view current and previous participants and download the application. Forward the completed application and a photo to membership@aaoms.org.

Explore complimentary AAOMS resources to promote and boost practices

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:
  - **Impact of Tobacco, Alcohol, and Marijuana on Pre and Post-Surgical Outcomes** – Dr. Kathlyn Powell discusses how the use of these drugs can affect oral surgery.
  - **Wisdom Teeth Care: The Power of Digital Imaging in Modern Dentistry** – Dr. Nicole Eisenberg explains how imaging is used to plan wisdom teeth procedures.
  - **Integrating TMD and Corrective Jaw Surgery: A Comprehensive Approach** – Dr. Derek Steinbacher describes when and how TMD and corrective jaw surgeries can be combined.
- **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 the latest member-facing podcasts related to OMS specialty

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.

Among the new episodes are:

- **Cybersecurity for OMS Practices: A Focus on Social Engineering** – Gary Salman, Black Talon Security CEO, gives an update on current and credible cybersecurity threats to OMS practices.
- ***JOMS* Forum: The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction** – Drs. Gary Bouloux and Joli Chou discuss the 2024 position paper that was developed by the AAOMS Special Committee on TM Joint Care and published in *JOMS*.
- **2024 OMS Foundation Daniel M. Laskin Award Winning Research: "Is Recreational Marijuana Use Associated With Changes in the Vital Signs or Anesthetic Requirements During Intravenous Sedation?"** – Drs. Pooja Gangwani and Antonia Kolokythas explain what led their team to pursue the topic for this *JOMS* article.

ONLINE CE

Enhance coding, billing skills

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

ONLINE CE

Bundle, save on popular webinars

AAOMS offers some of its most popular coding and billing webinars in bundles priced at $495 each, a savings of 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 coding for orthognathic surgery and OSA.
- **Master OMS Reimbursements** – Gain an understanding of contracting and credentialing, medical and dental coordination of benefits and non-covered services, and strategies for efficient claim processing.

Visit AAOMS.org/CEonline to learn more.

ONLINE CE

Unlock Clinical CE content 24/7

AAOMS offers a Clinical CE Subscription service allowing OMS members access to all clinical on-demand courses 24/7, 365 days a year. This includes over 140 hours of content, with new courses added annually. Most recently, 30 new courses were added to the subscription. The Clinical CE Subscription is $299 per year and does not automatically renew. Details can be found at AAOMS.org/CEsubscription.

PUBLICATIONS

Share personal stories

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

- **Ironman athletes** – Looking for OMSs who have completed Ironman triathlons.
- **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 through variety of options

AAOMS members have access to a curated selection of top courses designed to enhance knowledge and skills. Formats include:

- **Bite-Sized Wisdom** – These micro-CE sessions are 30 minutes or less and are designed for on-the-go learning. Most courses cost $25.
- **Podcast CE** – Complimentary CE credit is now available for select podcasts from the AAOMS On the Go podcast library, which also is available to members at no cost.
- **Free Quarterly Course** – Each quarter, AAOMS selects a course from its on-demand library for members to enjoy at no cost.

Visit AAOMS.org/CEonline to learn more.

CALENDAR

AAOMS Opportunities

2025

May 17, Oct. 18 and Dec. 4

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

Sept. 15–20

107th AAOMS Annual Meeting, Scientific Sessions and Exhibition
Walter E. Washington Convention Center in Washington, D.C., with on-demand access
AAOMS.org/AnnualMeeting

Dec. 4–6

Dental Implant Conference
Chicago, Ill., and online
AAOMS.org/DIC

Regional & State Society Meetings

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

2025

April 3–5

Southwest Society of OMS Annual Meeting
Loews Ventana Canyon Resort in Tucson, Ariz.
SWSOMS.com

April 5–6

Ohio Society of OMS Annual Meeting
Hilton Columbus/Polaris in Columbus, Ohio
OH-OMS.org

April 8

Middle Atlantic Society of OMS Spring Meeting
Turf Valley Resort in Ellicott City, Md.
MASOMS.org

April 23–27

Southeastern Society of OMS Annual Meeting
Casa Marina in Key West, Fla.
SSOMS.org

April 26–27

California Society of OMS Annual Meeting
Hayes Mansion in San Jose, Calif.
CALAOMS.org

May 7

Connecticut Society of OMS Annual Meeting
Inn at Middletown in Middletown, Conn.
CTOMS.org

AAOMS National Simulation Program



Encounter real-life airway experiences

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.

Upcoming sessions:

- **May 17: 8 a.m., 11 a.m. and 2 p.m.**
- **Oct. 18: 8 a.m., 11 a.m. and 2 p.m.**
- **Dec. 4: 18: 8 a.m., 11 a.m. and 2 p.m.**

Visit AAOMS.org/OBEAM for more information.

CAREERLINE

Your all-access pass to OMS employment opportunities

Looking for a new career in OMS?

Search job postings for FREE!

- Create and post your CV – confidentially, if desired.
- Review job postings and respond online.
- Receive emailed "Job Alerts" as new jobs are posted.

Access to OMS jobs at your fingertips!

Now optimized for easy use from your mobile device.

- See job details at a glance.
- Apply for jobs from your phone.
- Search by keyword, location, company and more.
- Create and receive notifications when jobs match your criteria.

Expanding or selling your practice?

Post jobs for a nominal fee and be accessed by popular websites and search engines, including Google, Yahoo! and MSN.

- Target your search.
- Review the CV database.
- Receive candidate responses immediately.
- Sign up for email alerts.

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Visit **AAOMS.org** and click on CareerLine or call **888-884-8242**.

New Resume and Medical CV Career Services
Learn more at HealtheCareers.com/AAOMS/resumes

HEALTH eCAREERS

Dr. Bell named to Providence top leadership



Dr. Bell

R. Bryan Bell, DDS, MD, FACS, has accepted the roles of Executive Medical Director of Providence Cancer Institute and Director of its research arm, the Earle A. Chiles Research Institute, both located in Portland, Ore. Dr. Bell joined Providence in 2009 and most recently served as Physician Executive Director of surgical oncology, radiation oncology and clinical programs. He also founded the Providence Head and Neck Cancer Program and Clinic and assembled a multidisciplinary team to advance care through translational research and early phase clinical trials. In his new roles, he will lead Providence's oncology services and research teams, which deliver care at 32 clinics and eight Oregon hospitals.

Dr. Matthews appointed inaugural Tomich Professor



Dr. Matthews

The Indiana University School of Dentistry named N. Shaun Matthews, FDS, MBBS, FRCS (OMFS), as the inaugural Dr. Charles E. Tomich Endowed Professor in Oral and Maxillofacial Surgery. Dr. Matthews joined IUSD in 2020 as a Clinical Professor of oral and maxillofacial surgery and has since assumed the roles of Director of the TMJ Institute, Chair of the Department of Oral and Maxillofacial Surgery and Hospital Dentistry and Associate Dean for Hospital Affairs. He has served in academic roles in both the United Kingdom and the United States and specializes in temporomandibular joint treatment, pathology, orthognathic surgery and trauma. The namesake of the professorship, Dr. Tomich, taught at IUSD for 32 years, during which he was honored with 25 teaching awards.

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



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Faculty Positions

Massachusetts

The Harvard School of Dental Medicine invites applications for a full-time position as the Predoctoral Director of Oral and Maxillofacial Surgery. This appointment is expected to be at the assistant or associate professor level. Academic rank and salary are commensurate with qualifications and experience. Applicants should have a strong record and future promise in teaching, service and scholarship, and be prepared to join a vibrant program, recognized nationally and internationally for educating leaders in research, patient care and service. The incumbent's responsibilities will include planning, evaluating and revising the predoctoral OMS curriculum to provide high-quality instruction and ensuring predoctoral students and advanced graduate residents meet required course outcomes and educational accreditation standards. Additional responsibilities include leadership over the development and enhancement of the clinical experience for students via direct and indirect student clinical supervision, including surgeries and sedation oversight for predoctoral and advanced graduate students. Opportunities exist for a broad scope of practice including hospital-based procedures within and outside Mass General Brigham Hospital and/or development of an intramural faculty practice Harvard Dental Center, dependent on interest, availability and the needs of the department and clinical centers. For additional information or to apply please visit the following URL: academicpositions.harvard.edu/postings/14308.

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 jbavitz@unmc.edu. Please note that to be considered for this position, applicants must submit an application and supporting documentation via UNMC's online employment website, Unmc.peopleadmin.com/postings/84454.

Fellowships CODA

Louisiana

OMFS HEAD/NECK MICROVASCULAR/RECONSTRUCTION FELLOWSHIP 2025-2026. LSU Health Shreveport - Head & Neck/Oncology/Microvascular Reconstruction Fellowship provides advanced training within a dynamic clinical environment. Required completion of CODA accredited OMFS Residency and interest in head/neck oncology/research. LSUHSC-Shreveport is an equal opportunity employer. Contact: david.kim@lsuhs.edu.

Fellowships Non-CODA

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, SLNB, 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/craniofacialtrauma-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

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.

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 909331-0227 or email mdudziak@ieomfs.com.

Colorado (Southwest)

Perched on the beautiful western slope of the Rocky Mountains, our micropolitan town is a vibrant, expanding community that offers big-town amenities in a small-town atmosphere. Our well-established and reputable OMS practice has a position available for an oral and maxillofacial surgeon who is a Diplomate of ABOMS or has candidate status in a private, two-doctor practice for a partner track position. Our senior doctor is retiring. Practice emphasis includes dental alveolar, implant reconstruction, orthognathic surgery and pathology. The local hospital is a 75-bed Level III regional medical center with light trauma. An outpatient surgery center is also available. Our location positions us at the doorstep to some of the most coveted options for hiking, biking, fly fishing, rafting, kayaking and rock climbing. Winter months offer proximity to world-class ski resorts (Telluride and Crested Butte), snowshoeing, Nordic skiing and snowmobiling. If you value an active/outdoor quality of life along with a rewarding professional career, please email CV to billing@montroseoms.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. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-0724.

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

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.

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 kplante@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 kplante@oms360.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.

Available Positions

continued from previous page

Montana (Billings)

BILLINGS ORAL SURGERY is looking for a full-time surgeon. The associate opportunity has a potential for profit share in a high production, high collections, high-quality practice. We have a team of two surgeons, Dr. Boyce and Dr. Tracy, that covers a wide scope, and you would walk into a hefty patient base. Currently, 4-10 sedations each a day, over 200 implants in a year with some trauma and orthognathic. We would be open for a new doctor to add to any of these and other surgical techniques that interests them! Associate Surgeon is expected to commute 1-2 days a month to Cody, Wyo. Full benefits, Loan assistance and $75,000k sign-on! Email: calli.norris@sdbmail.com.

New York

All County Oral Surgery is currently looking for an Oral Surgeon to join our growing team! We are looking for a surgeon that will provide comprehensive patient care and that wants to advance their career with a competitive opportunity. Current opportunity will predominantly be for New Hyde Park and Jericho locations. The right candidate will have opportunity to join partnership, will receive medical benefits and potential to join retirement plan. All County has 6 locations and will continue to grow; the surgeon will provide care in every location and will work with a professional team. If you enjoy being part of a great team with exponential growth while making a difference in the lives of others, then we want to talk to you! Contact Amy O'Keefe, 631-752-1033 x504 or amy@acomfs.com.

North Dakota

Face & Jaw Surgery Center is offering an outstanding opportunity for an oral surgeon who is a Diplomate or ABOMS or has candidate status to join our busy six-doctor practice as an associate with the option for early partnership. We operate out of five state-of-the-art facilities with the latest technology. Face & Jaw has a broad and dedicated referral base already established for the new surgeon. $100,000 signing bonus plus full benefits. Starting salary $500,000 with earning potential up to $1,000,000. Please email CV/inquiries to pcarlson@faceandjawsurgery.com.

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 has Diplomate or Candidate ABOMS status 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 $450k 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. Contact Jeffrey@cleoms.com.

Oklahoma

Full or part-time OMS needed. Private practice located in south OKC. This modern practice has experienced rapid growth. This position will have rapid 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. You will have the opportunity to participate in resident and dental student education with faculty appointment. Multiple hospital appointments readily available. Contact Dr. Steven Sullivan at 405-271-4955, stevensullivan@sbcglobal.net.

Oregon

Two-doctor practice needs energetic, patient-focused, personable oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner who is a Diplomate of ABOMS or has ABOMS candidate status. We have two locations in the beautiful southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golfing, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, continuing ed and relocation assistance. Please contact alicer@aomsurgery.com.

Pennsylvania and New Jersey

Open positions: Oral Maxillofacial General Surgeon; Oral Maxillofacial Head and Neck Surgeon. Jefferson Health provides world-class care close to home with 5 convenient clinic locations throughout the Greater Philadelphia and South Jersey area. For more information, contact Danielle DeMaio-DeAngelis at 215-955-6784 or danielle.demaio-deangelis@jefferson.edu.

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.

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 (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 kplante@oms360.com.

Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be 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, 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, AAAHCcertified 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.

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.

Hawaii

Excellent opportunity for new oral surgery practice in high demand area of Waimea Big Island, Hawaii. Turnkey office for sale. Sales Price: Forthcoming. CBCT, Panorex, plumbed for Nitrous Oxide, surgical suction, office furniture included. Professional complex; 2600 ft2 with three treatment rooms and one is the OR. Buyer would assume lease in place – through April 2028. Tremendous potential for insurance based oral surgery practice – 10 referring docs and easy potential to make $3M a year if you are willing to put in the time. Referring general dentists demanding specialty care for their patients and not afraid to refer. Please refer to Listing HSCI843. Contact: Fred Heppner at 602-320-8073 or arizonatransitions@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 operatories, Dexta OS Chairs, i-CAT, Sirona Digital Pan, CO2 Laser, Piezosurgery Unit, Ellman Surgitron Radiosurgery Unit, Osstell IDx, IntraSpin L-PRF Centrifuge, 16 Camera CCTV, 45KW 2.4L Generator, WinOMS CS. Please send inquiries to classifieds@aaoms.org, attention AAOMS Classified Box S-0701.

New 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.

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.

Classified Advertising Deadlines
July/Aug 2025 issue: May 2, 2025
Sept/Oct 2025 issue: July 3, 2025
Nov/Dec 2025 issue: Sept. 5, 2025



New!

Discover all-day comfort in AAOMS style

Whether performing procedures, consulting with patients, managing appointments or overseeing practice operations, OMSs can enhance their comfort with a pair of AAOMS-branded compression socks.

Features include:

- **True graduated compression:** 15-20 mmHg for enhanced circulation and reduced leg fatigue
- **Moisture-wicking fabric:** Designed for all-day breathability
- **Reinforced stitching:** Durable construction for use in demanding environments
- **Cushioned comfort:** Padded soles and seamless toes to reduce common pressure points
- **Made in the U.S.:** Manufactured with quality and care
- **AAOMS logo:** Proudly represent the OMS specialty

AAOMS-branded compression socks are made with high-quality materials and technology to help address the physical strains of standing for extended periods. Take a step toward enhanced support today!

Own a pair of AAOMS-branded compression socks

Member: $26

Purchase at

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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:

_____

_____

20 percent off
6-issue purchase
10 percent off
3-issue purchase

☐ 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

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ 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

20 percent off
6-issue purchase
10 percent off
3-issue purchase

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

Mail completed form and check to:
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Rosemont, IL 60018-5701
Or email form to classifieds@aaoms.org
Or fax form to 847-678-6279

Please attach a copy of your ad text when returning this form.

Questions?
Visit AAOMS.org/Classifieds,
or email classifieds@aaoms.org.

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July/Aug 2025 issue: **May 2, 2025**
Sept/Oct 2025 issue: **July 3, 2025**
Nov/Dec 2025 issue: **Sept. 5, 2025**



Invisible
Dental Support Organizations (IDSO)
become your ***silent*** partner by purchasing 51% to 80% of your practice for cash at today's low tax rates

Silent Partners Buy Part of Your Practice
IDSOs purchase 51% to 80% of practices for millions in cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value. Some LPS clients have achieved 3x to 7x equity returns in only three to five years.

Long-Term Wealth Building Partnership
Doctors continue to lead their practice with their brand, team and strategy for years or decades. Practices benefit from the resources of a larger, silent partner, but are not micromanaged or homogenized.

- ✓Monetize 51%-80% of your practice value
- ✓Millions in cash now at low tax rates
- ✓Continue leading your practice
- ✓FULL AUTONOMY for years or decades
- ✓Gain the resources of a larger partner
- ✓Grow faster, better and more profitably
- ✓Increase the value of your retained ownership
- ✓Choose the best offer from multiple bidders
- ✓No-cost, no-obligation practice valuation

Six or More Choices in Partnership
LPS clients have 6 to 10+ qualified bidders. LPS is the largest advisor in the U.S. which enables our clients to achieve record values that the little advisors cannot match.

Your Value in Today's Consolidation Frenzy
You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs often leave millions on the table and do not get to consider ALL of their options.

Large Practice Sales is the largest transaction advisor to oral surgery practices in the U.S. and completed over $1 Billion of IDSO partnerships for GP and all specialties in the last 24 months.

"I am ecstatic!
*You guys got me **DOUBLE** the best offer I could get on my own! Have any doctor call me and I'll tell them you can't go wrong with LPS. Use my name. I am referring all my friends."* – T.J., DMD

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