AAOMS TODAY

May/June 2025
VOLUME 23, ISSUE 3

A publication of the
American Association of Oral and Maxillofacial Surgeons



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AAOMS TODAY

May / June 2025 Volume 23, Issue 3

AAOMS Today is published six times a year by the American Association of Oral and Maxillofacial Surgeons. Unless specifically stated otherwise, the opinions expressed and statements made in *AAOMS Today* do not imply endorsements by, nor official policy of, AAOMS.

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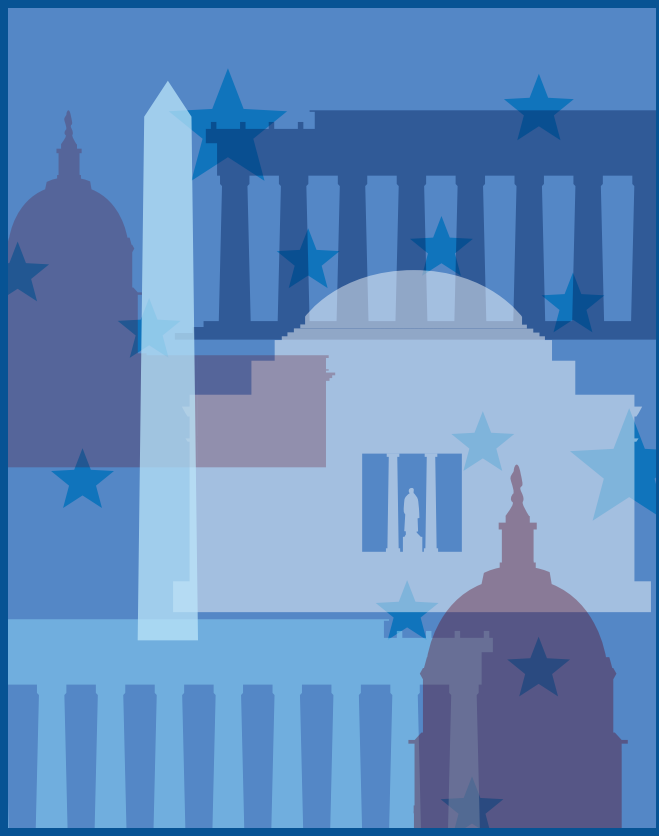
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Explore, engage & excel

Annual Meeting in nation's capital to advance patient-centered care

By attending the Annual Meeting, AAOMS members can advance patient-centered care, which involves listening to and valuing the patient's voice. AAOMS exists for The Patients We Serve.

– Dr. J. David Morrison, AAOMS President

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AAOMS Today: Award-winning AAOMS member magazine

2024 APEX Awards for Publication Excellence

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

HealthcareADAwards

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

Hermes Creative Awards 2024 Platinum Winner

2024: Gold Award
2023: Gold Award
2022: Gold Award
2020: Platinum Award

ICD International College of Dentists USA Section Journalism Awards Competition

2024: Humanitarian Service Award for "Giving Back: OMSs doing their part to aid in Ukrainian crisis"

MarCom Platinum Winners / MarCom Gold Winners

2024: Platinum Award for Feature Article and Gold Awards for Association Magazine and Magazine Design
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

These five individuals are just a microcosm of many people I have encountered during my presidency and those who positively shape the future of oral and maxillofacial surgery.

Highlighting five traits,

As my term as AAOMS President comes to a close this September, I find myself reflecting on the incredible journey this role has provided – deepening my connection to the OMS community and allowing me to meet and collaborate with remarkable individuals I may never have encountered otherwise. As I consider my presidential theme, The Patients We Serve, I want to highlight five key traits – and five individuals who exemplify them – that are essential to the success of every OMS, the advancement of our profession and the quality of care we provide to our patients.

Eagerness for knowledge

The pursuit of knowledge should be a hallmark of every OMS. The dedication to continuous learning ensures our specialty remains at the forefront of innovation and patient care. Those who embrace lifelong learning push our field forward, adapting to new challenges and refining techniques that enhance patient outcomes.

When I think of the pursuit of knowledge, I'm reminded of Balraj "Bally" Grewal, DDS, from New York, a non-categorical resident at the University of Cincinnati who recently matched into a four-year program. In addition to his eagerness to learn, I see in him a dedication, kindness and empathy that will serve him well in his pursuit of becoming an oral and maxillofacial surgeon. I see many traits in him that we look for in our new residents. He greets you with a smile and is a shining example of the next generation of OMSs who will make a meaningful impact on their patients' lives.

Humanitarianism

Beyond technical expertise, admirable OMSs recognize the importance of service. Humanitarianism is at the core of what we do – whether it is through global outreach, volunteering or simply ensuring every patient receives compassionate care. The impact of extending surgical expertise to underserved populations or advocating for access to care reminds us that our work is not just about procedures but about people.

Tania C. Nkungula, DDS, an OMS practicing in Maryland, exemplifies those humanitarian ideals. I met her at the African Congress of Oral and Maxillofacial Surgeons, where she was a speaker. Dr. Nkungula has been instrumental in developing

inspiring members of the OMS community

Malawi's first and only dental school. She regularly travels to Malawi to perform surgery alongside the country's sole OMS, Dr. James Mchenga, providing much-needed care for patients. Her passion and depth of caring are evident and inspiring to everyone she encounters, something to which I can attest. She is indeed a role model to emulate for the next generation of surgeons.

Compassion and inspiration

Oral and maxillofacial surgery is more than a science; it also is an art of connection. Our ability to support patients, colleagues and communities with empathy is what makes our specialty truly exceptional. The role of an OMS is not only to heal but to inspire hope, particularly in the face of life-altering conditions. By fostering relationships and providing encouragement, we strengthen the bonds that sustain both our profession and The Patients We Serve.

Robert G. McNeill, DDS, MD, is a distinguished figure in the OMS specialty who truly embraces compassion and inspiration. He is one half of the duo of a YouTube channel, Between Two Teeth, and practices in Texas. I got to see him in action during the AAOMS-sponsored State and Regional Leadership Conference, where he was part of a presentation on well-being. He shared an inspiring message about providing hope and a helping hand to those so tragically affected by addictions. Dr. McNeill said it best: "We all need connection," as it is all "about building relationships." He is an example of a passionate advocate for improving the quality of life for patients and OMSs alike.

Leadership

Leadership in oral and maxillofacial surgery comes in many forms – mentoring, advocating, teaching and advancing the field through research and policy. Those who step forward to lead inspire others to do the same. True leaders are not only skilled clinicians but also patient advocates, educators and visionaries who shape the future of our profession through their dedication and selflessness.

Paul M. Ciuci, DMD, MD, FACS, is a rising leader in oral and maxillofacial surgery. I had the pleasure of getting to know him better during the Oral Certifying Exam administered by ABOMS, of which he is a Director. Dr. Ciuci practices in Connecticut and is a committed patient advocate. I was impressed by his enthusiasm and energy. His willingness to be engaged and his compassion earns him the respect of his colleagues. I can see his selfless dedication to improving the lives of others, making him a role model for aspiring surgeons.

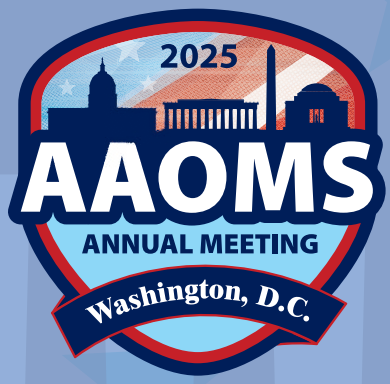
Passion for advocacy

The strength of oral and maxillofacial surgery depends on those willing to stand up for the profession and The Patients We Serve. Advocacy plays a critical role in ensuring access to care, advancing surgical standards and protecting the integrity of our specialty. The commitment to engaging with policymakers, professional organizations and the wider medical community ensures OMSs can continue to provide transformative care to those who need it most.

Thomas F. Burk, DMD, MD, is a young surgeon who I have gotten to know through his advocacy efforts on behalf of his fellow OMSs in New Hampshire. I have been impressed with his leadership and belief in the OMS community being able to provide access to care, transforming patients' lives and providing a sense of hope and confidence. I witnessed his drive, persistence and willingness to serve the profession as a strong testament to his character. I am in awe of the enthusiasm and resolve to make a difference he brings so early in his young career.

What we share as OMSs

These five individuals are just a microcosm of many people I have encountered during my presidency and those who positively shape the future of oral and maxillofacial surgery. The qualities they embody are shared by so many of our colleagues who work tirelessly to elevate our profession and improve the lives of patients. I continue to be inspired by those who exemplify these values, and I am confident that their collective dedication ensures a bright future for our specialty and for The Patients We Serve. ■



Explore, engage & excel

Annual Meeting in nation's capital to advance patient-centered care

Learning from leading experts, forging new professional relationships and exchanging innovative insights with colleagues are the hallmarks of the AAOMS Annual Meeting.

Embracing the theme The Patients We Serve, the 2025 AAOMS Annual Meeting will serve as a catalyst for advancing the specialty by delivering an array of educational sessions and networking opportunities, all designed to deepen the collective commitment by OMSs to their patients in the pursuit of exceptional care.

"My theme reminds us of the core reason we chose this specialty. Amid the daily demands, it's crucial to reflect on that pivotal moment when we felt called to serve our patients," said AAOMS President J. David Morrison, DMD. "The Annual Meeting supplies numerous chances to renew our purpose, gain knowledge and dedicate ourselves to patient-centered care, which lies at the heart of our profession."

94% **past attendees found the event was a worthwhile investment of time.**

The 107th AAOMS Annual Meeting, Scientific Sessions and Exhibition – being held Sept. 15 to 20 in Washington, D.C., in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons – will offer two registration options:

- **In-person with on-demand access** to the full library of content and select non-ticketed sessions, which will be available online Oct. 6 through Jan. 31. Take advantage of over 20 hours of CDE/CME credits available exclusively to in-person attendees on top of over 40 CDE and over 30 CDE/CME credits from on-demand content.
- **On-demand access only** provides courses and recordings of select sessions available Sept. 30 through Jan. 31. The on-demand program offers over 40 CDE and over 30 CDE/CME credits beginning Sept. 15. (No sessions will be livestreamed.)

"This year's meeting theme addresses the opportunities and challenges within our specialty to provide the highest quality care to our patients. From dynamic speakers to innovative topics, attendees will gain new insights and valuable strategies," Dr. Morrison said. "I encourage members to reflect on what patient-centered care means to them and, during our premier annual event, continually consider how to integrate this focus into their daily practices."

Advancing patient care through … clinical knowledge

At the Annual Meeting, OMSs can learn from specialty experts in one convenient location, emphasizing patient-centered care and earning in-person continuing education credits. The clinical education and preconference sessions keep OMSs updated on the latest evidence-based research and foster innovative thinking to advance the specialty. Each session offers practical strategies for skill enhancement and improved patient outcomes.

Clinical tracks

Clinical education will be divided into eight tracks showcasing the best and most current surgical practices. Each track consists of a plenary and a Hot-off-the-Press Abstract session. Each plenary includes several

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The eight clinical education tracks showcase the best and most current surgical practices.

presentations on various topics within the clinical track and wraps up with a 20-minute roundtable case discussion and question-and-answer session. The Hot-off-the-Press sessions allow attendees to hear about the latest research in short six- to seven-minute presentations.

Planner and moderator Paul M. Ciuci, DMD, MD, FACS, said this year's **Dentoalveolar Plenary: Office-Based Management of the Challenging Patient** was specifically designed to address the evolving challenges faced in both dentoalveolar surgery and office-based OMS practice, ensuring a focus on the real-world issues impacting patient care. The session includes a review of the challenges in medical management, pathology, anesthesia, dental implants and medicolegal concerns for the practicing OMSs.

93% of attendees reported their educational needs were satisfied at the 2024 Annual Meeting.

"As oral and maxillofacial surgeons, we remember the challenging patients; sometimes they haunt us. We encounter difficult surgical solutions, diverse patient personalities and complex complications. The patients we serve bond us together as oral and maxillofacial surgeons; we share their stories, we learn from them and improve as OMSs," Dr. Ciuci said.

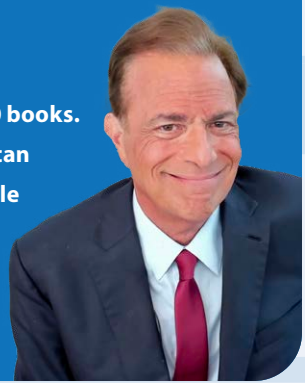
Dr. Ciuci said the presentations will be tailored to office-based oral and maxillofacial surgeons, addressing everyday patient encounters in their practice.

In addition to the dentoalveolar plenary, plenaries will focus on the following topics:

- **Anesthesia Plenary: Ambulatory Anesthesia in the Modern Day** – Provides the current knowledge involving various topics in anesthesia, thus promoting optimal and safe care for patients.
- **Dental Implant Plenary: Navigating the Complexities of Implant Dentistry: Innovations, Choices and Complications** – Delivers a comprehensive overview of the current landscape in implant dentistry and explores innovative techniques, the critical decision-making process regarding implant materials and the management of complications.
- **Orthognathic and Cosmetic Plenary: Finding the Balance: Esthetic Considerations in Orthognathic Surgery** – Demonstrates how to integrate artistic vision with surgical precision to optimize esthetic orthognathic outcomes.
- **OSA Plenary: Modern Diagnosis and Management of Obstructive Sleep Apnea** – Includes information on a comprehensive approach to OSA management, encompassing symptom recognition, advanced evaluation techniques, non-surgical interventions, innovative neurostimulation devices and strategic surgical planning.
- **Pathology and TMJ Plenary: Update on the Diagnosis and Management of Temporomandibular Joint Pathology** – Presents 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 and Head & Neck Plenary: Update on Reconstruction of the Temporomandibular Joint** – Reviews the various options for reconstruction

Keynote

The Keynote Lecture – Leadership Lessons from the White House – will be delivered by Michael Beschloss, an award-winning presidential historian and bestselling author of 10 books. He will share unforgettable stories that illuminate the behind-the-scenes lives of American presidents and explore the leadership skills essential to every kind of success. His notable works include two volumes on Lyndon Johnson's secretly recorded tapes, *The Conquerors: Roosevelt, Truman and the Destruction of Hitler's Germany, 1941-1945*, and *Jacqueline Kennedy: Historic Conversations on Life with John F. Kennedy*.



of the temporomandibular joint, including available alloplasts, autogenous tissues and tissue engineering.

- **Trauma Plenary: What Kept Me Awake at Night and How I Finally Slept: Complications in Maxillofacial Trauma** – Encompasses a wide range of complications that OMSs could encounter and methods to correct them.

Preconference sessions

Arrive a day early for an in-depth review of the latest advancements in anesthesia and cleft and craniomaxillofacial care. Additional registration is required for preconference sessions, including:

- **Anesthesia Update: The Patients We Serve** – The popular preconference Anesthesia Update will delve into managing acute respiratory complications during the perioperative period. The program also will address serotonin syndrome and management of obese patients and patients with seizures.
- **Controversies and Challenges in Cleft and Craniomaxillofacial Care: Right Surgery, Right Patient** – The pediatric preconference will cover topics such as cleft maxillary bone grafting, surgical management of the soft palate for speech outcome optimization and when to operate on the submucous cleft.
- **Educators Summit** – Educators are invited to attend the Educators Summit to review best practices in OMS applicant and resident assessment and discuss the culture of research and investigation within an OMS department.

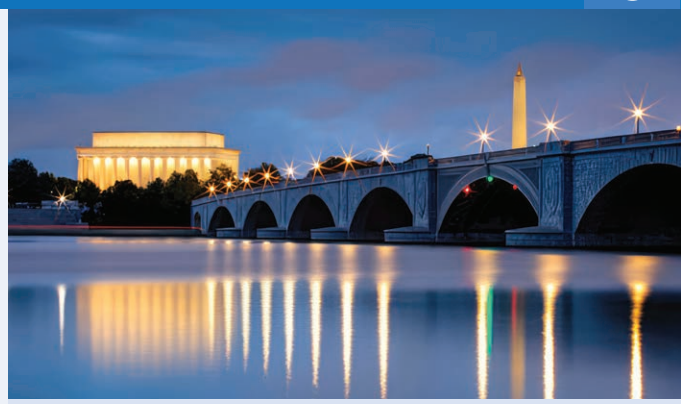
Advancing patient care through … optimizing office practices

Practice management and professional development courses are designed to enhance the patient experience by providing guidance to the OMS and staff members in safe, effective and efficient delivery of care.

"A well-trained and engaged staff makes patient care better in our offices," said Thomas A. McDonald, DMD, MD, who serves as Chair of the Committee on Practice Management and Professional Staff Development.

"Everything from infection control to emergency preparedness can make the office run more smoothly. OMSs will have the opportunity to learn about best business practices and even ways to maintain their mental and physical wellness to better serve their patients. Keeping patient and office information

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

Early-bird discounts are available

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

- Register by July 1 to receive $300 off the general registration fee.
- Register by July 31 to receive $150 off the general registration fee.
- AAOMS life and retired fellows and members receive half-off the general registration rate.

AAOMS professional staff also are eligible for a discount:

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

Housing

Housing rates are available exclusively for AAOMS attendees. Reservations can be made by visiting AAOMS.org/AMhousing. Note: Orchid Events is the only official housing agent for the Annual Meeting. Beware of companies not authorized by AAOMS. Visit AAOMS.org/DC for housing information and updates.

AAOMS.org/AnnualMeeting

safe from cyberthreats is an ever-increasing area of concern in today's world and we offer solutions to that problem as well," Dr. McDonald said.

Dr. McDonald explained that practice management is something OMSs get little exposure to during training but is vital to having a successful practice. "Running an oral and maxillofacial surgery practice is so much more than just knowing how to perform procedures correctly. It involves everything from creating effective office policies to emergency preparedness to business and financial planning and more," he said. "Learning best business practices and ways to manage your staff and finances is critical to having a thriving OMS career."

New this year is the session Process Improvements to Enhance the OMS Patient Journey: How Incremental Changes Can Lead to Monumental Results, being presented by Joshua E. Everts, DDS, MD, FACS, and Burake Taye.

Dr. Everts said the patient journey in oral and maxillofacial surgery extends far beyond the clinical procedure itself, encompassing every interaction from the first phone call through the final bill.

"The session will explore how small, systematic improvements in these touchpoints can dramatically enhance patient experience and outcomes, directly supporting our AAOMS President's focus on patient-centered care," he said.

Additionally, the session will demonstrate how implementing targeted process improvements can simultaneously enhance patient satisfaction, team efficiency and practice profitability – making it valuable for practices of any size. "This information is absolutely critical for modern OMS practices because patient expectations continue to evolve rapidly," Dr. Everts said.

OMSs and their practice staff can take advantage of 25 on-site and 15 on-demand practice management sessions that will address all aspects of running an OMS practice.

"Everyone who works in the oral and maxillofacial surgery office can benefit from attending the courses offered at the Annual Meeting. We will be offering courses for office managers, assistants and doctors that will highlight ways to improve your daily workflow. Courses on hiring the right team members, HIPAA compliance, infection control, incorporating artificial intelligence and more are being offered at the Annual Meeting. There truly is something for every member of the team," Dr. McDonald said.

Advancing patient care through … mastery of skills, experiential learning

The Annual Meeting will feature 16 in-person and 33 on-demand Master Classes covering topics such as:

- Ameloblastoma From A to Z
- Current Management for MRONJ: An Evidence-Based Approach
- Elevating Facial Esthetics With CO2 Laser Innovations: Techniques for the Modern Surgeon



Eight OBEAM module sessions will be available at the 2025 AAOMS Annual Meeting Sept. 18 to 20 in Washington, D.C.



100+ days of online platform access

All registrants will have access to learning through Jan. 31, 2026. The online platform contains a mix of on-demand sessions and recorded in-person sessions from the meeting for attendees to return to later. On-demand content will be available Sept. 15 and recorded content will be available Oct. 6.





Left: The Anesthesia Update preconference session will delve into managing acute respiratory complications during the perioperative period. Right: Clinical and Special Interest Groups (CIGs/SIGs), like the CIG on Temporomandibular Joint Disorders, gather at the Annual Meeting.

- Pediatric Outpatient Anesthesia: Are You Prepared?
- Protecting the Facial Nerve in TMJ Surgery
- Simplifying Full-Arch Cases: Use of Digital Methods to Plan and Orchestrate Efficient Treatment With All of Your Referrals
- Trends in Office-Based Surgical Orthodontics
- Updates in Trigeminal Nerve Microsurgery

Hands-on sessions

Hands-on learning at the Annual Meeting offers the perfect opportunity to learn from the best in the field, brush up on skills or learn a new technique. Sessions include:

- Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS)
- Advanced Full-Arch Implant Rehabilitation for the Atrophic Maxilla: Solving Serious Problems Using Zygomatic, Pterygoid, Transnasal and Transpalatal Implants
- Anesthesia Assistants Skills Lab
- Beyond the Basics Coding Workshop
- Digital Full-Arch Techniques for Predictable Implant Outcomes Using Intraoral Scanning, Photogrammetry, 3D Printing and Milling Without Using an Outside Lab
- Office-Based Emergency Airway Management (OBEAM) modules

Advancing patient care through … synergy

Connecting with other OMSs fosters collaboration and the exchange of ideas and information, with the Annual Meeting offering numerous opportunities for collegiality.

The International Expert Forum is a valuable platform for members to explore delivery of oral and maxillofacial surgery care from a global perspective. Three sessions will provide insights into innovative approaches, techniques and strategies used in various countries. Attendees also benefit from knowledge exchange and establishing professional connections.

9 of 10 **attendees agree AAOMS Annual Meetings satisfy their educational needs.**

"This year, we welcome the Latin American Association of Oral and Maxillofacial Surgery and Traumatology (ALACIBU), the Mexican Association of Oral and Maxillofacial Surgery (AMCBM) and the International Association of Oral and Maxillofacial Surgeons (IAOMS) as our guest associations," said forum organizer Luis G. Vega, DDS.

"Whether you are a resident, recent graduate, seasoned surgeon, academic or a private practitioner, the International Expert Forum has something for everyone as it provides a worldwide perspective on our great specialty and offers a chance to forge new relationships with colleagues from around the world," he said.

continued on next page



Breaks between sessions provide an opportunity to explore the Exhibit Hall, visit vendors and connect with colleagues.

Here are a few other ways to experience synergism:

- **Chalmers J. Lyons Lecture** – In From Scan to Smile: A Paradigm Shift in Complete-Arch Implant Rehabilitation, Stephanie Yeung, DDS, will delve into the cutting-edge technologies and techniques reshaping complete-arch implant dental workflows, including intraoral scanning, computer-aided planning and design, stereophotogrammetry and additive manufacturing.
- **CIG/SIG Meetings** – AAOMS will host lunchtime meetings of Clinical and Special Interest Groups, focusing on topics such as Women in OMS, Postdoctoral Education and Pediatric Surgery, on Sept. 18 and 19. To join a CIG/SIG, visit AAOMS.org/Connect.

More than 90% of past attendees say the quality and caliber of speakers make Annual Meeting a must-attend event.

- **Global Health Café** – This interactive session, presented by IAOMS, continues the groundbreaking series introduced in 2018. This year, emphasis will be placed on cutting-edge innovations and global trends shaping the future of oral and maxillofacial surgery.
- **How I Do It sessions** – Two How I Do It sessions will feature short presentations on remimazolam, transnasal SARPE and osteoradionecrosis as well as topics on reconstruction of the mandible and temporal mandibular condyle.
- **OMS faculty sessions** – The Faculty Section Educational Session will address concerns regarding the pipeline of dental students to residency, applicant program interest and autonomous practice for trainees. A separate Faculty Section Business Meeting will encourage educators to provide input on policies, standards and more.

Advancing patient care through … networking

The AAOMS Annual Meeting offers ample opportunities to reconnect with colleagues and meet new peers. Members have found that interacting with peers from around the world opens doors to new professional prospects. A few opportunities include:

- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored on Sept. 17 for research, advocacy, education and other areas.
- **Welcome Reception** – All Annual Meeting attendees are invited to the complimentary kickoff event following the Opening Ceremony.
- **Breaks in the Exhibit Hall** – Scheduled morning and afternoon breaks between sessions allow for time to mingle with colleagues and exhibitors. Complimentary

AAOMS President's Event

Friday, Sept. 19

7 - 10 p.m.

International Spy Museum



An evening of intrigue awaits

This year's President's Event – hosted by Dr. J. David Morrison and his wife, Jenny – will take place at the International Spy Museum, where attendees will have private access to food, exhibits and entertainment.

The International Spy Museum showcases the tradecraft, history and modern role of espionage and is home to the world's largest public collection of international espionage artifacts.

Early-bird pricing for tickets is $160 for adults and $100 for children under 21 years old until July 31. The price includes admission to the museum, food, beverages, entertainment and transportation to and from the venue. After July 31, the price for an adult ticket increases to $185.





International Spy Museum

The International Spy Museum (SPY) is the only museum in the world dedicated to fostering public understanding of intelligence and espionage from a global perspective.

lunch will be provided to attendees both Thursday and Friday.

- **AAOMS Career Fair** – The AAOMS Career Fair returns to the Exhibit Hall on Sept. 19.

Explore the Exhibit Hall

Attendees will have access to the Exhibit Hall on Sept. 18 and 19 when they can learn about the latest technological advancements, innovations and products in the field from an expected 100-plus exhibitors. AAOMS Advantage Partners also will exhibit in a dedicated aisle.

Be sure to check out these events in the Exhibit Hall:

- **Professional headshots** – Don't miss the opportunity to have professional headshots taken on Sept. 18 and 19.
- **AAOMSopoly** – Win prizes by scanning QR codes at participating booths and answering multiple choice questions.
- **Eat, Drink and Be Industry-Educated** – Join AAOMS supporters for Breakfast and Learn, Lunch and Learn as well as Snack and Learn events to explore various topics and technologies.
- **Industry Symposiums** – Stay updated on the latest developments with exhibitor-hosted sessions.

Advancing AAOMS's mission

Dr. Morrison believes participating in the Annual Meeting allows OMSs to refocus and advance AAOMS's mission to promote and preserve the specialty, ensuring patient access to safe and effective care.

"Service to our patients can sometimes get lost in our daily routines, but we all remember the moment we felt called to our specialty. By attending the Annual Meeting, AAOMS members can advance patient-centered care, which involves listening to and valuing the patient's voice. AAOMS exists for The Patients We Serve," he said. ■

2025 AAOMS ANNUAL MEETING EDUCATION PROGRAM-AT-A-GLANCE

THURSDAY, SEPT. 18

	Track	Track	Other Sessions
7 a.m.			
7:30 a.m.			**Industry Symposiums** (GCF1, GCF2, GCF3 and GCF4)
8 a.m.			
8:30 a.m.	**Anesthesia Plenary: Ambulatory Anesthesia in the Modern Day** (GP1a)	**OSA Plenary: Modern Diagnosis and Management of Obstructive Sleep Apnea** (GP2a)	**Practice management sessions** (PM01, PM02 and PM03)
9 a.m.			**Chalmers J. Lyons Lecture** (GS01)
9:30 a.m.			**Research Open Forum** (SOF1)
10 a.m.			**Advanced Full-Arch Implant Rehab for Atrophic Maxilla** (XH01)
10:30 a.m.	Networking break in Exhibit Hall		**Practice management sessions** (PM04, PM05, PM06 and PM07)
11 a.m.	**Anesthesia Track: Hot-off-the-Press and Abstract Session** (GP1b)	**OSA Track: Hot-off-the-Press and Abstract Session** (GP2b)	**Advanced Cardiovascular Life Support (ACLS)** (XACLS)
11:30 a.m.			**Faculty Section Educational Session** (SF1)
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 151A		**OMSNIC Anesthesia Patient Safety** (GS02)
12:30 p.m.	Complimentary Attendee Lunch in the Exhibit Hall		Begins 2:30 p.m. **Poster Session & Reception** (GPS1)
1 p.m.			**Practice management sessions** (PM08 and PM09)
1:30 p.m.	**Trauma Plenary: What Kept Me Awake at Night and How I Finally Slept: Complications in Maxillofacial Trauma** (GP1c)	**Orthognathic and Cosmetic Plenary: Finding the Balance: Esthetic Considerations in Orthognathic Surgery** (GP2c)	**Practice management sessions** (PM10 and PM11)
2 p.m.			Begins 7:30 a.m. **Beyond the Basics Coding Workshop: Day 2** (CW02)
2:30 p.m.			**Office-Based Emergency Airway Management (OBEAM)** (XSIM1A)
3 p.m.			**Office-Based Emergency Airway Management (OBEAM)** (XSIM1B)
3:30 p.m.	Networking break in Exhibit Hall		**Office-Based Emergency Airway Management (OBEAM)** (XSIM1C)
4 p.m.			**Breakfast & Learn** (GPT1)
4:30 p.m.	**Trauma Track: Hot-off-the-Press and Abstract Session** (GP1d)	**Orthognathic and Cosmetic Track: Hot-off-the-Press and Abstract Session** (GP2d)	**Lunch & Learn** (GPT2)
5 p.m.			**Snack & Learn** (GPT3)
			Exhibit Hall open

FRIDAY, SEPT. 19

	Track	Track	Other Sessions
7 a.m.			
7:30 a.m.			**Industry Symposiums** (GCF5, GCF6 and GCF7)
8 a.m.			
8:30 a.m.	**Dental Implant Plenary: Navigating the Complexities of Implant Dentistry: Innovations, Choices and Complications** (GP3a)	**Pathology and TMJ Plenary: Update on the Diagnosis and Management of Temporomandibular Joint Pathology** (GP4a)	**Practice management sessions** (PM12, PM13 and PM14)
9 a.m.			**ACS Update** (SOF2)
9:30 a.m.			Begins 8 a.m. **Anesthesia Assistants Skills Lab** (XASL01)
10 a.m.			**Dental Student Educ Session** (SR1)
10:30 a.m.	Networking break in Exhibit Hall		**Intl Expert Forum** (GS04)
11 a.m.	**Dental Implants Track: Hot-off-the-Press and Abstract Session** (GP3b)	**Pathology and TMJ Track: Hot-off-the-Press and Abstract Session** (GP4b)	**Practice management sessions** (PM15, PM16, PM17 and PM18)
11:30 a.m.			**Global Health Café** (GS03)
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 151A		**Digital Full-Arch Techniques for Predictable Implant Outcomes** (XH02)
12:30 p.m.	Complimentary Attendee Lunch in Exhibit Hall		**Faculty Section Business Meeting** (SF2)
1 p.m.			**Residents Transitions into Practice Mini-Session** (SR2)
1:30 p.m.	**Dentoalveolar Plenary: Office-Based Management of the Challenging Patient** (GP3c)	**Reconstruction and Head & Neck Plenary: Update on Reconstruction of the Temporomandibular Joint** (GP4c)	**Practice management sessions** (PM19 and PM20)
2 p.m.			**Pediatric Advanced Life Support (PALS)** (XPALS)
2:30 p.m.			**Anesthesia Assistants Skills Lab** (XASL02)
3 p.m.			**Intl Expert Forum** (GS05)
3:30 p.m.	Networking break in Exhibit Hall		**Practice management sessions** (PM21)
4 p.m.			**Intl Expert Forum** (GS06)
4:30 p.m.	**Dentoalveolar Track: Hot-off-the-Press and Abstract Session** (GP3d)	**Reconstruction and Head & Neck Track: Hot-off-the-Press and Abstract Sess**(GP4d)	**Office-Based Emergency Airway Management (OBEAM)** (XSIM2A)
5 p.m.			**Office-Based Emergency Airway Management (OBEAM)** (XSIM2B)
5:30 p.m.			**Office-Based Emergency Airway Management (OBEAM)** (XSIM2C)
6 p.m.			**AAOMS Career Fair**
			Breakfast & Learn (GPT4)
			Lunch & Learn (GPT5)
			Snack & Learn (GPT6)
			Exhibit Hall open

SATURDAY, SEPT. 20

8 a.m.	**Pediatric Outpatient Anesthesia: Are You Prepared?** (SS01)	**Do We Under-Advance the Maxilla? Pearls on Achieving Max Movement** (SS02)	**Trends in Office-Based Surgical Orthodontics** (SS03)	**How I Do It Session** (SS04)	**Ameloblastoma From A to Z** (SS05)	**Practice management sessions** (PM22 and PM23)	**Disasters From the Masters: Trauma** (SR3)	**Office-Based Emergency Airway Management (OBEAM)** (XSIM3A)
8:30 a.m.								
9 a.m.	**Diagnosis and Mgmt of Vascular Malformations in Children** (SS06)	**Neurostimulation for Obstructive Sleep Apnea: Multidisciplinary Team Appr** (SS07)	**Elevating Facial Esthetics With CO2 Laser Innovations: Techniques** (SS10)	**How I Do It Session** (SS09)				
9:30 a.m.								
10 a.m.								
10:30 a.m.	**Maxillofacial Tissue Engineering 101: From Pediatrics to Geriatrics** (SS11)	**Updates in Trigeminal Nerve Microsurgery** (SS12)	**Residents: From Reluctance to Researchers** (SS13)	**Delivery of Major Surgery** (SS14)	**Advancements in Cleft Orthog Surgery** (SS15)	**Practice management sessions** (PM24 and PM25)		**Office-Based Emergency Airway Management (OBEAM)** (XSIM3B)
11 a.m.								
11:30 a.m.	**Simplifying Full-Arch Cases: Use of Digital Methods** (SS16)	**Decision-Making in Treatment of Orbital Fractures** (SS17)	**Update on Antibiotic Therapy for Oral and Maxillofacial Infections** (SS18)	**Protecting Facial Nerve in TMJ Surgery** (SS19)	**Current Mgmt for MRONJ: An Evidence-Based Appr** (SS20)			
Noon								
12:30 p.m.								

ON-DEMAND SESSIONS (available Sept. 15 to Jan. 31)

33 Master Classes	15 Practice management sessions	1 Team-based session


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Charles A. Crago, DMD, MD, FACS
Candidate for President-Elect

Dr. Crago retired in 2024 after 40 years of private practice as the managing partner of a seven-doctor, five-office oral and maxillofacial surgery practice that served most of North Dakota. He received his DMD and MD from the University of Alabama at Birmingham, where he also completed residencies in oral pathology and oral and maxillofacial surgery. Prior to starting his private practice in North Dakota, he practiced privately in New Mexico and held an academic appointment at the University of New Mexico Health Sciences Center, primarily treating complex maxillofacial trauma while working with ENT and plastic surgery residents. During his career, he was actively involved with multiple cleft palate clinics and maintained a busy orthognathic and TMD practice.

Dr. Crago has served as President of the New Mexico and North Dakota Societies of OMS, was President of the Southwest Society of Oral and Maxillofacial Surgeons and has been an ABOMS Diplomate since 1988. He served in the AAOMS House of Delegates for over 30 years, was District V Caucus Chair and served on a variety of AAOMS committees. Dr. Crago currently serves as Vice President of AAOMS.

STATEMENT

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

Anesthesia challenges continue to be our greatest concern, and I am firmly committed to preserving the office-based team anesthesia model most of us employ. The recent collaboration with the American Society of Dentist Anesthesiologists (ASDA) has allowed us to work together for the greater good of patient care, and together we have been successful in gaining an Anesthesia Summit with the ADA with the goal of consensus that supports how OMSs provide sedation and anesthesia. I had referenced this as a goal in my VP announcement last year.

I am proud the joint AAOMS/ASDA/American Academy of Periodontology model regulations are available to all states and, when changes are necessary, it is my hope the model regulations will be referenced and serve as a blueprint to those states. In addition, while 36 states have at least one OMS on their dental board, there are only two states (North Dakota and Rhode Island) that require at least one OMS. I believe having an OMS on every state board is a worthy goal because of our anesthesia training and our unique positioning between dentistry and medicine.

Office-Based Emergency Airway Management (OBEAM) is the anesthesia simulation module our members can use to satisfy the simulation requirement that begins after 2026. OBEAM continues to be offered at state and regional meetings as we move toward the goal of full participation. I think we may need to consider simulation from a different point of view going forward. By that, I mean simulation is here to stay and, ideally, lower-cost simulators need to be readily available with an eye toward training the entire anesthesia team, preferably in their actual office setting. The training and utilization of anesthesia assistants is vital, and we must continue to not only offer educational opportunities but to advocate at the state level to ensure anesthesia assistant certification is more accessible. For

instance, North Dakota has revised dental anesthesia assistant permitting requirements to allow for non-dental professionals such as RNs and EMTs to qualify for an anesthesia permit without the requirement of registered dental assistant training. Removing barriers in ways like this helps ensure we have more qualified dental anesthesia assistants.

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

Although our financial standing remains strong, I am concerned with the declining attendance at our meetings. As Vice President, I have had the opportunity to be involved with the BOT Subcommittee on Major Meetings as well as the Committee on Continuing Education and Professional Development (CCEPD); both are working toward improving our offerings and listening to the needs of our fellows and members. It appears likely the Dental Implant Conference will take place in a different city than Chicago in 2027 and, if successful, we will contemplate options such as alternating with Chicago. Efforts are underway to streamline the Annual Meeting and optimize the experience for attendees while working toward attracting those who have not attended recently.

I also serve on the BOT Subcommittee on Committee Structure. Due to conversations within the Subcommittee, it is likely we will look at streamlining the Bylaws overall. Incidentally, if you are interested in a committee position or other volunteer opportunity, a Volunteer Application Form can be found on the AAOMS website under About > How We Serve. I encourage you to consider placing your application if you are not currently engaged.

It has been a pleasure to work with the boards of our allied organizations (ABOMS, OMS Foundation and OMSNIC). We have a very symbiotic relationship, and their input regarding AAOMS activities gives us valuable perspectives.

Last year, I stated my mission would be advocacy with an emphasis on participation.

AAOMS is committed to increasing participation at all levels, and I have mentioned several instances of this in my statement. As I have reflected on my own career, it seems being successful in these endeavors depends on our culture as an organization. Each of us has benefited greatly from the efforts of those who came before us. Some of those we knew from our training; others we knew by reputation or deeds. Our predecessors established a culture that we would strive to be the very best in dentistry and medicine. They were responsible for allowing us to have hospital privileges for major cases as well as the right to do our own H&Ps, to name just a couple of high-water marks. We expect our training programs will attract the best applicants. We know our residents are well-respected in their anesthesia, general surgery and other off-service rotations. We are the experts in dentoalveolar surgery, implants, facial trauma, orthognathic surgery and TMD care – our core activities. Our expertise came about because of the efforts of our mentors. We should reflect on the culture that was established and truly respect how fortunate we are. What must we do to respect that culture and build upon it? We should continue to maintain our expertise in the entire scope of practice. We should continue to be a strong presence in the hospital setting. Our advocacy at the state and federal levels must continue. We should give back to ensure our great specialty continues to ascend.

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



Debra M. Sacco, DMD, MD
Candidate for Vice President

Dr. Sacco is currently serving her sixth year as Trustee for District III. Before her time as Trustee, she served as a Delegate for North Carolina for over 15 years, was a member or Chair of numerous AAOMS committees and served on the OMS Foundation Board of Directors and the first ROAAOMS Executive Committee. In addition to her service with AAOMS, Dr. Sacco was an examiner for ABOMS, a member of the claims committee for OMSNIC and a mentor with the Osteo Science Foundation.

After receiving her dental degree at the University of Connecticut, she moved to North Carolina, where she received her medical degree and completed her OMS training. Following residency, she became a full-time faculty at the University of North Carolina, until she joined a group practice with offices in Chapel Hill, Durham and Sanford. She enjoys spending time with her husband, Jim, and two daughters, Emma and Alaina. During her "free time," you will find her trying to catch a dance or yoga class.

STATEMENT

It is with great enthusiasm that I announce my candidacy for Vice President of AAOMS. I am truly grateful to have had the privilege of serving District III as its Trustee for the last six years.

From the start of my career, I have been helping to shape the future of our specialty. As a resident at UNC, I was selected to participate in the first gathering of residents that began the formation of ROAAOMS. At that meeting, I was elected to the inaugural ROAAOMS Executive Board as Vice President. Since then, I have had the opportunity to serve through various AAOMS committees as a member and Chair, as a committee member and Board liaison for OMSNIC, and as an Examiner for ABOMS.

While the work accomplished is rewarding, what I equally enjoy are the connections made with others. These connections have broadened my knowledge, sharpened my focus and motivated me. It is an honor to work with talented people who seek to strengthen our specialty through their hard work and innovation.

Oral and maxillofacial surgeons practice in diverse settings, perform a wide array of procedures and may have additional fellowship training. While we are each unique, we share a universal connection. We love what we do and recognize that oral and maxillofacial surgery is the finest specialty in dentistry and medicine. While our differences have the potential to divide, our uniqueness as a specialty is what should always unite us. As an organization, AAOMS must remain the "home" for all OMSs regardless of the scope of practice, degree or practice model. Over the last six years, our Board of Trustees has placed a priority on representing and supporting all AAOMS members to ensure the continued growth and cohesiveness of the specialty. If provided the opportunity to serve as Vice President, I will continue to advocate for all members of AAOMS.

My first year as District III Trustee included COVID-19 and the North Carolina anesthesia challenge – welcome to the Board! I learned several things from these challenging days: expect the unexpected, overprepare and work with a great team. While we were successful in North Carolina in refining our anesthesia guidelines and protecting our team model and the patients we serve, anesthesia challenges remain a persistent issue throughout the country. The State Governmental Affairs staff at AAOMS was instrumental in providing our North Carolina contingent with written resources and also provided staff support. Moving forward, I would like AAOMS to continue to augment the information available for our members facing similar challenges. Understanding what worked and did not work in North Carolina can benefit other states. Continually improving safety and evaluating data are crucial. While the FAIR Health data obtained by AAOMS supports the safety of our anesthesia model, regulating bodies also are interested in

data that are state-specific. In North Carolina, I worked to obtain these data and will continue to do so prospectively. As new anesthesia challenges arise and surprise us, please know that I will always work tirelessly to give my best.

To protect our specialty, we must be involved with our state dental organizations. Conversations with participants at the AAOMS Regional and State Leadership Conference and with OMSs who serve on state dental boards support and confirm this view. My work with the North Carolina State Board of Dental Examiners over the last four years demonstrated that having an OMS on the dental board and forming relationships with the state dental society is essential. We share common goals – the Board's responsibility is to protect the public; an OMS's goal is to provide surgical and anesthetic care that is safe and comfortable. The relationship that was formed between the North Carolina OMS leadership and the North Carolina State Board of Dental Examiners was instrumental in the Board comprehending and fairly evaluating our training, safety record and concern regarding access to care. We need to help every state achieve this type of rapport and relationship. We must work with and support our state societies to obtain OMS representation on every state dental board. In the interim, at least one OMS should be *attending every dental board meeting* in states without an OMS on the dental board. If we are not present, we will not be provided the opportunity to share the necessary information for these groups to make informed decisions.

Forming connections and supporting my teams is important to me. When past President Dr. J. David Johnson Jr. appointed me to his task force for creating model anesthesia regulations, there was no option but to ensure a successful outcome. Working with the dentist anesthesiologists has been one of many rewarding experiences I have had as a Trustee. I appreciate Dr. Johnson's confidence in giving me this opportunity. All members of our task force worked professionally, found common ground and created guidelines based on patient safety and operator training. Equally important were the new relationships formed with the dentist anesthesiologists. We must continue to nurture our alliances with OMSNIC, ABOMS, the OMS Foundation, the American College of Surgeons and others to allow our specialty to remain robust while forming new partnerships.

In recent years, there has been a growing concern about the diminished interest among dental students in becoming oral and maxillofacial surgeons. While the reasons vary, we must examine this as a specialty by collecting data about our profession, scope of practice, compensation, practice options and models, etc. We need to expose dental, university and even high school students to the profession of oral and maxillofacial surgery. Mentorship plays an importance role in attracting future OMSs. During my time as a faculty member at UNC, in private practice as an Osteo Science Foundation mentor and now through personal outreach, I have mentored many future dentists, physicians and OMSs. We must expand opportunities to expose and mentor students who would be excellent candidates for our specialty. AAOMS has several mentorship programs, and I aim to consolidate these programs and develop them further. We also need to examine our residency programs, Match data and other metrics to determine how to attract the best dental students to a career in oral and maxillofacial surgery, as we have done in the past.

If we want to entice the most competent and motivated women and men to enter the OMS specialty, we also must ensure we can recruit and retain talented and dedicated faculty to train them. Challenges with staffing faculty in OMS programs are not new and have many causes. The easy answer is to say it is financial. Salary and student loan debt may be factors in some situations, but they do not apply to all. While we have researched this challenge in the past, it is time to take another look and delve deeper into the current etiologies. For many of us who began our careers in academics, there are several reasons why we did not stay. To work on the problem, the first step will be to gather candid information. While there are many potential obstacles to finding a solution, they should not deter us.

Additionally, we should work to find ways to support mid-career and end-of-career OMSs considering entering academics. There are common concerns an OMS may have that deter them from pursuing this option, but there also are innovative solutions to facilitate this process. Formal gathering and sharing of information from the institutions and leaders that have spearheaded such successful transitions could allow for more OMSs to enter academics after private practice.

Our training is unique; we bridge medicine and dentistry. We must continue to evolve to remain relevant in the current healthcare system. We do so by showing up, speaking up and following up.

I hope to work with you and our Board of Trustees to protect and strengthen our specialty while maintaining the diversity that makes us unique and strong. If you allow me to serve as your Vice President, I commit to continuing to give you my best while supporting all members as we face new challenges and celebrate our successes. ■

Utilizing virtual surgical planning to perform a

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.*

Zachary Welch doesn't remember much about the night he fractured his jaw and skull in multiple places. Lying on the pavement and staring at the clear, star-filled Maine sky was the only thing he recalled when he woke up from a coma over a month later.

On that July night in 2022, Welch left an auto shop in a road-legal off-road buggy he was building. When the brakes began to stick, he turned around to head back to the shop to drive his car home instead. Just minutes later, he crashed and was ejected from his vehicle onto a rural road.



Dr. Hajibandeh

The cause of the crash remains unknown, but Welch's computerized engine shows he didn't exceed 40 miles per hour that night. He theorizes he may have swerved to avoid another driver or an animal.

After a family in a nearby house found him, Welch was taken by ambulance to a Maine hospital. There, surgeons decompressed his intracranial bleed and reconstructed his mandible. Five days after the accident, he flatlined. Once stabilized, surgeons had Welch airlifted to Massachusetts General Hospital in Boston for a more advanced craniotomy.

Welch awoke a month and a half later in the traumatic brain injury ward at Spaulding Rehabilitation – though he didn't know the details of his injury for several days. While he said he felt like himself and was comfortable walking, swallowing and speaking, he knew something was off – he weighed 65 pounds less and wore a helmet.

"On the third day, that's when I realized there was a lot of skull missing," Welch said.

Inside the life-saving procedures

Jeffrey T. Hajibandeh, DDS, MD, FACS, an OMS at Mass General, regularly handles complex cases in his practice, which focuses on craniomaxillofacial trauma. Welch's case was especially challenging due to the high number of fractures and the need for simultaneous neurosurgery.

A former civil engineer, Dr. Hajibandeh has been at the forefront of research and clinical use of virtual surgical planning (VSP) in craniomaxillofacial surgery. When treating trauma cases, he assesses the CT scans to determine if the complexity of the fractures and injuries warrants VSP. If so, he uploads the scans to a VSP vendor and has a remote planning session with a biomedical engineer. Given the comminuted nature of Welch's fractures, Dr. Hajibandeh knew VSP would be beneficial.

"VSP allows us to really do whatever we want and really simulate the operation, putting the bones back together. You're seeing where the segments are, what are the challenges going to be, and then more importantly you can print items. You can print 3D models, which is what we did in this case to help us guide the bending of all the plates and screws that were used," Dr. Hajibandeh said.

Because Welch was in a coma but stabilized, Dr. Hajibandeh had time to plan the surgery and wait for the model to be printed. The planning took about 20 minutes with the biomedical engineer and two days to print the 3D model.

"We use VSP because it improves outcomes. It's extremely accurate, and it's extraordinarily reliable," Dr. Hajibandeh said. He also noted that having a printed model can expedite the timeline of maxillofacial surgery. Welch's first facial reconstruction surgery took about eight hours.

Dr. Hajibandeh collaborated with Dr. Christopher Stapleton, a cerebrovascular, endovascular and trauma neurosurgeon, who performed a bifrontal craniotomy in conjuncture with Dr. Hajibandeh's facial fracture surgeries.

complex craniomaxillofacial reconstruction

"It's difficult to do them in isolation, wherever the brain gets involved," Dr. Hajibandeh said, noting that working with the skull always involves some risk to the brain.

While necessary, performing the surgeries in tandem has some drawbacks. Dr. Hajibandeh couldn't spin a CT scan around Welch during surgery due to the head fixation used by Dr. Stapleton's team. The in-surgery CT scan would help verify the position of some of the more challenging parts of Welch's facial skeleton, such as his eye sockets, which Dr. Hajibandeh said was the most challenging piece.

"The left side was in a dozen pieces, and I remember spending more time than anywhere else on his left eye socket and cheek because of that," Dr. Hajibandeh said.

Following the initial surgery

With Welch in a coma at Mass General, Dr. Hajibandeh communicated with family members, educating them about the planned surgical approaches, incisions and risks.

"It is an interesting dynamic when you're meeting the patient and interacting with them after having already operated on them. In most trauma situations, though, that's not the case. He was in a very critical state between his brain injury and his facial fractures. You don't have that luxury to get to know them and talk with them and consent with them directly," Dr. Hajibandeh said.

Because Welch had his brain decompressed, he needed to stay in the hospital another week after his surgery to ensure he regained normal neurologic function. Other surgeons at Mass General performed additional procedures during his stay, including a 3D-printed PEEK Implant to replace the missing bone at the back of his skull and plastic surgery to target tissue necrosis.

After his tracheostomy was removed, Welch was transferred to Spaulding Rehab, where he eventually awoke from his coma. Although he was working with physical therapists and nurses to ensure he could walk, eat, swallow and move properly, Welch couldn't communicate directly with the surgeons who had operated on him. He was left largely in the dark about what had happened, only gaining bits and pieces from his care team.

The most frustrating aspect, Welch said, was feeling the same mentally and emotionally but having the physical limitations of being 65 pounds lighter and recovering from a traumatic brain injury – a term he did not know applied to his case until his fourth day in rehab.

"We were going down to the gym, and we were at the elevator. They wouldn't let me walk. Obviously, this is all protocol, but in my head I'm the same person. A sign by the elevator said, 'Traumatic brain injury floor.' I'm thinking, what am I on this floor for?" Welch said.

Welch's motor skills were largely intact, and he thrived in physical therapy, juggling a soccer ball in the air with his knees within a few days of arriving at Spaulding. He was able to head home after a week and a half.

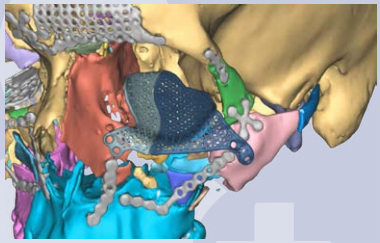
His three-week follow-up appointment at Mass General was the first time he consciously met Dr. Hajibandeh.

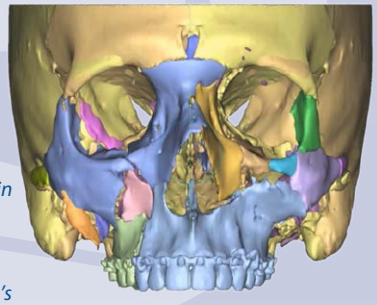
Typically during follow-up appointments, Dr. Hajibandeh presents a CAT scan to show patients exactly how the procedure was performed and highlight any plates, screws or implants they now have in their body. "I like them to really understand what happened," he said.

Welch said he didn't have many questions for Dr. Hajibandeh upon first meeting him, because the OMS answered most of his questions before he could even ask them.

continued on next page







Above: A selfie Zach Welch took while recovering from his reconstruction surgeries in Spaulding Rehabilitation Hospital in Boston, Mass. Right: Dr. Hajibandeh utilized virtual surgical planning to facilitate Zachary Welch's reconstruction surgery.

"This guy is super calm and genuine. Basically, my questions were more like how the heck did you do this? It was mind-blowing. You took Mr. Potato Head and put him back together pretty darn good," Welch said.

Learning about the more than 120 titanium plates and screws in his skull, in addition to the PEEK implant, was a shock for Welch. As he works with metal in his job, he had a hard time imagining it as part of his body forever.

"I guess that was probably the biggest eye-opener, that titanium, your body will just graft to it, OK, we're one now. It accepts it," Welch said.

> *Even though I think virtual surgical planning is the greatest generational thing that's happened in craniomaxillofacial trauma surgery in the past decade or two, it doesn't replace your expertise or your acumen or your skill.*
> *– Dr. Jeffrey T. Hajibandeh*

Revision surgery

Welch returned for more follow-up appointments three and six months after the surgery to ensure his bones were healing properly and he had no complications affecting his soft-tissue or bite. Ahead of his six-month appointment, he noticed his left eye was beginning to sink.

"It was emotionally difficult seeing him come to the follow-up and see the enophthalmos, and disappointing to know you didn't get it exactly right for the patient," Dr. Hajibandeh said.

Revision surgery was necessary to prevent further orbit displacement, as progression could have led to double vision, affecting Welch's job in aviation.

Dr. Hajibandeh went back to the drawing board to design a patient-specific implant (PSI) with the help of VSP. For a typical enophthalmos, an OMS might mirror the intact eye socket on the other side. But Welch didn't have an intact side. Both eye sockets were fractured prior to his first surgery, and the right side had been reconstructed using a mesh Dr. Hajibandeh placed. He had another planning session with a biomedical engineer.

"We spent a lot of time simulating and rolling through his scans, like if I put a plate here, how does that affect his orbital position? We spent about an hour on the computer just fine-tuning, moving things around, working with limited real estate, too, because there's all this other hardware everywhere," he said.

Plates and screws for PSIs take about seven to 10 business days to print, Dr. Hajibandeh said – longer than the plastic 3D model he used in the initial surgery because PSIs are made of metal. The implant he used for Welch's revision was 3D printed out of titanium.

Dr. Hajibandeh said he jokes with patients that PSIs are like the IKEA furniture of surgery – once they arrive at the hospital, all that's left to do is carry out the surgical plan and use the printed pieces.

"His revision surgery took less than an hour. It was very quick," Dr. Hajibandeh said.

VSP and PSI in trauma

Virtual surgical planning has been around for at least a decade and has been used primarily for "bread and butter" oral and maxillofacial surgeries, like free flaps, dental implants and jaw plates for orthognathic surgery, Dr. Hajibandeh said.

"So, in my world, I try and apply the same technology to trauma because it offers the same solutions. You can work up hard cases, you can assess what needs to be done, you can 3D print implants. It offers you the same benefits that you get in traditional oral and maxillofacial surgery and the craniofacial trauma realm," Dr. Hajibandeh said.

Only in the past few years has VSP been deployed in more trauma-based situations. Often, when trauma patients arrive at the hospital, there isn't enough time for a planning session and to wait for models or pieces to be printed. If patients are in unstable, critical condition, stopping to take those extra steps is simply not possible.

"Unlike an elective orthognathic surgery to fix your jaw, a trauma has so much going on that making VSP reliable from a time perspective has always been challenging. But now vendors are able to print components so quickly that we can take them to the OR within a couple of days," Dr. Hajibandeh said.

Despite his joke that PSIs are as simple as IKEA furniture, Dr. Hajibandeh said he knows these tools don't replace an OMS's mastery of the fundamentals.

"Even though I think virtual surgical planning is the greatest generational thing that's happened in craniomaxillofacial trauma surgery in the past decade or two, it doesn't replace

your expertise or your acumen or your skill. You still have to know how to troubleshoot things and recognize its shortcomings," Dr. Hajibandeh said. For example, Welch's fracture was so complex that even a model couldn't prevent a complication – yet, VSP and PSIs were helpful in rectifying it.

Dr. Hajibandeh has been referred to patients secondarily to revise their trauma surgeries that were performed by other surgeons. "So that's why harnessing the technology of VSP, I make the argument that it helps prevent these types of unideal outcomes."





Left to right: A 3D rendering of Zach Welch's face after reconstructive surgery. Zachary Welch before (right) and after (left) his revision surgery in July 2022.

Moving forward

During his recovery from the accident and surgeries, Welch relied on his faith and his family. He didn't work for eight months while recovering and regaining his strength. The most disappointing moment, he said, was having – for the first time in his life – to use the decompression valve on a saw to get it started because he lacked the strength to start it normally.

His job was waiting for him when he was ready to return. Although he was initially nervous about changes to his vision, his 20/20 vision remained intact, allowing him to return to flying planes.

"Nothing has changed, I do everything like I normally would," he said. "You try to treat your body as best you can because I got put together once, and I don't really want to go through any of that again."

He also is more appreciative for his life and the small, everyday moments he may have missed before.

"So many people – actually, I dare say pretty much all people – go through life and they don't even think. They miss so much. And when you're going through something like this, it just causes you to slow down and appreciate and recognize the small things in life that you are blessed by," he said.

Welch, a veteran of the U.S. Air Force, said he has dreaded visiting doctors for most of his adult life. But if he had to be hospitalized for over a month again, he would choose to do so at Mass General and Dr. Hajibandeh.

"I don't like doctors' offices at all. But I will say with 100 percent honesty and confidence that at Mass Gen and Spaulding, I never once had an elevated heart rate. I don't worry about anything. I can't say enough good about them," Welch said.



Zach Welch and his family in fall 2024.

Welch trusts Dr. Hajibandeh so much that he asked him for dental implants to fix the two missing teeth in his mandible. Dr. Hajibandeh completed the work-up for Welch's implant case, utilizing a micro-camera and virtual 3D planning. He then sent all the necessary information to a practitioner in Maine who could perform the implant surgery closer to home.

Dr. Hajibandeh continues to follow up with Welch, as he does with most of his long-term patients, and is pleased to see his smooth recovery. He includes Welch's case in presentations to other institutions, highlighting the use of VSP and PSIs and their contribution to Welch's facial symmetry and results.

"I'm privileged at MGH to be able to use this technology. Not all hospitals can or have access to use it, and here it's part of our everyday armamentarium and I think was very important to the success of his long-term outcome," Dr. Hajibandeh said. ■

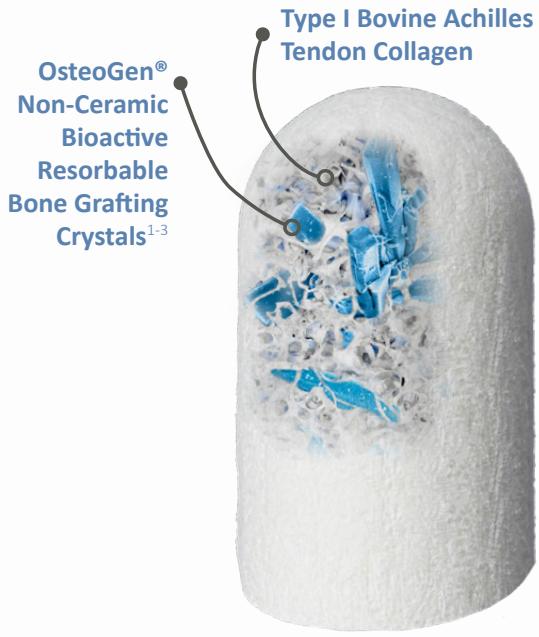
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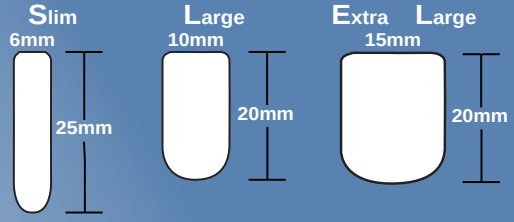


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Steps for filing a CPC complaint through AAOMS

Imagine a situation where a local ER calls about managing postoperative complications for a patient who was treated by another AAOMS member in the community. The original treating surgeon is traveling abroad and is unavailable, having made no arrangements for postoperative care. This raises the question whether to file a complaint to the Commission on Professional Conduct.

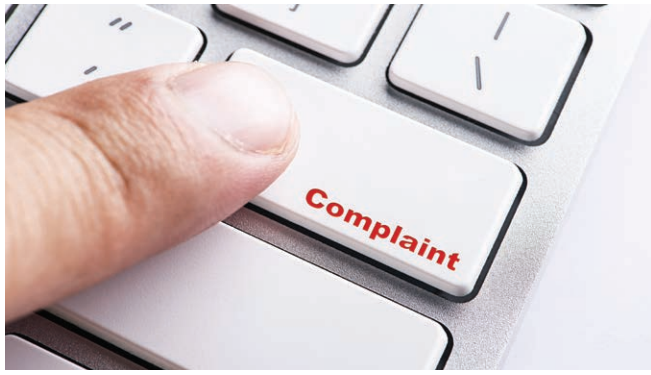
It appears the original treating OMS may have violated the AAOMS Code of Professional Conduct, specifically V.C.5.f. Although this section of the code addresses itinerant surgery, the responsibility – or lack thereof – for the continuity of care for a patient may be germane to this situation. The treating surgeon was geographically unable to personally manage the patient and, according to the patient, had made no provision for follow-up care during the absence.

As with all sensitive patient care events, it is advised to discuss this matter with the original treating surgeon. However, if it is determined there was a violation of the Code of Professional Conduct, there is a procedure for filing a complaint regarding the actions of AAOMS members and fellows.

Any AAOMS fellow, member, candidate, resident member, regulatory body or board may file a complaint of unprofessional conduct or a violation of the Code. Complaints can be filed against any oral and maxillofacial surgeon who holds any category of membership or prospective membership in AAOMS. All complaints submitted to the commission must be in writing, signed by the complainant and include the facts and circumstances of the alleged misconduct with supporting documentation. Complaints are submitted to the Chair of the Commission on Professional Conduct through AAOMS.

Complaints are reviewed within 90 working days of receipt by the commission or at the next scheduled meeting. The respondent is sent a letter of the potential violation and given an opportunity to respond to the complaint. In its review of the complaint, the commission has the authority to take any one or combination of the following actions:

- **Defer complaint:** The commission may defer or hold in abeyance proceedings on any complaint, at any stage of the review process in cases of ongoing legal or regulatory board proceedings.
- **Dismiss complaint:** Upon reviewing the complaint, supporting documentation and respondent's answer, the commission may decide that there is insufficient basis for further proceedings, and the complaint is dismissed.



- **Request additional information:** Additional materials from either or both parties may be requested by the commission to assist in reaching a decision.

After the commission reviews the complaint and supporting documentation, the respondent is notified in writing of its decision within 30 working days. Where a violation of the Code is found, the sections of the Code violated, any discipline imposed and the appeal procedure are included in the notification.

If the respondent is found to have violated the Code, the commission determines a sanction, which may include:

- Letter of counsel
- Probation
- Censure
- Suspension of AAOMS membership
- Expulsion from AAOMS

Letters of counsel and probation are actions aimed at bringing the respondent's behavior into compliance with accepted ethical norms and are kept confidential unless accompanied by a publishable sanction. Censure, suspension and expulsion are more punitive actions and are reported in AAOMS publications. Disciplinary actions also may be reported to regulatory bodies.

To review the Code of Professional Conduct, visit AAOMS.org. ■

This article was prepared by the AAOMS Commission on Professional Conduct, which is charged with enforcing and maintaining the AAOMS Code of Professional Conduct.

Attendees learn key elements of clinical trials

Residents, fellows, faculty and private practitioners convened at AAOMS headquarters earlier this year to learn about clinical trial design and research best practices from leaders in the specialty.

The Clinical Trials Methods Course offered an in-depth understanding of research fundamentals. Participants divided into small groups to initiate research projects under the guidance of experienced faculty, with encouragement to continue their projects beyond the course.

Since 2008, the triennial course has gathered aspiring researchers to learn about clinical trial design with an emphasis on Phase III studies, and many former participants developed their course projects into funded and published studies.

"Research is a critical component of our specialty, and residents and surgeons must be familiar with the standard components of clinical research design and implementation in order to perform high-quality studies that will impact patient care and improve patient outcomes," said Michael Miloro, DMD, MD, FACS, Daniel M. Laskin Professor and Head of the Department of Oral and Maxillofacial Surgery at University of Illinois Chicago College of Dentistry.

Thirty-five OMSs – including 19 residents – heard speakers address topics such as patient selection, statistical concepts, data management and hypothesis testing.

"The Clinical Trials Methods Course introduced me to the world of insightful and comprehensive clinical research. As a resident eager to deepen my understanding of the processes that help develop and influence our specialty, this course allowed me to build a strong foundation that will be necessary moving forward," said Kun H. Yoon, DDS, a resident at Thomas Jefferson University Hospital.

> *"Clinical trial design is a skill set that is different than being an expert clinical surgeon, so there is a lot of learning that takes place for participants of the course."*
>
> *– Dr. Brent B. Ward*

The attendees met in four small groups before the course to share initial research project ideas on four topics: craniofacial trauma/orthognathic/facial deformities, dentoalveolar/anesthesia, pathology/reconstruction and TMD/facial pain. One group was assigned to each of the four topics to develop a related study design.



Left: Participants discuss research fundamentals. Below: Dr. Michael Miloro provides an overview of clinical trial design.



and develop research proposals

"At first, the idea of going to the Clinical Trials Methods Course appeared taxing and daunting as a resident. But at the same time, as an aspiring researcher who realized that they need the right tools and the methods to carry out clinically sound and exciting research, this course was a must-attend. Not only were you able to engage in casual conversations with the giants of the specialty but to be able to engage in stimulating thoughts and ideas to present a potential clinical trial was the most beneficial part of the course," said Kyu J. Choi, DMD, a resident at the Naval Medical Center San Diego.

Winning project selected

Groups presented their ideas on the final day, and attendees voted on the best research project. The winning group, pathology/reconstruction, proposed the study "TRISMUS: Trismus Reduction by Injection of Steroid Mixed with 5-FU Study." The proposal aims to assess efficacy of 5-Fluorouracil (5-FU)/Triamcinolone (TAC) injection in head and neck cancer patients who have undergone postsurgical resection and radiation therapy.

The group proposes a randomized, double-masked, multicenter study to evaluate if the 5-FU/TAC injection provides a difference in restoring mean maximal interincisal opening postsurgical resection and XRT.

"I was the co-creator of the course when it started in 2008, but this was my first opportunity to be a facilitator and in one of the breakout work rooms start to finish. Clinical trial design is a skill set that is different than being an expert clinical surgeon, so there is a lot of learning that takes place for participants of the course," said Brent B. Ward, DDS, MD, pathology/reconstruction breakout group leader and Associate Professor and Chair at the University of Michigan.

The course – sponsored by AAOMS, the OMS Foundation and the University of Illinois Chicago – was developed by the Committee on Research Planning and Technology Assessment. The OMS Foundation and the Osteo Science Foundation provided scholarships for 10 and five residents, respectively, supporting their opportunity to attend the course and advance their training.

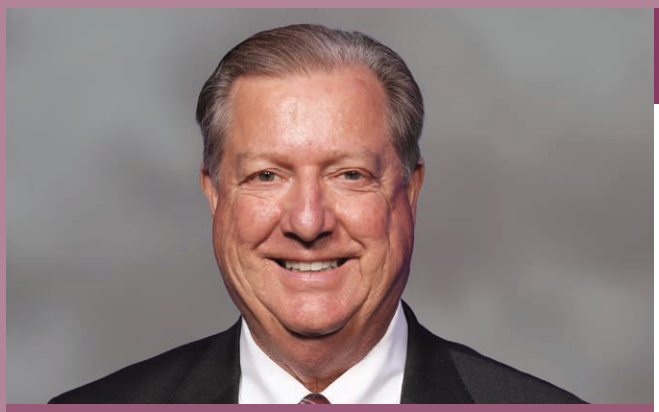
Research Open Forum to spotlight projects

AAOMS members are encouraged to learn more about the four projects created at the course during the Research Open Forum being held 9:30 to 11 a.m. Sept. 18 at the 2025 AAOMS Annual Meeting in Washington, D.C. Each group will describe their project and discuss its impact on the specialty during the session. ■



Left: Dr. Clark Stanford highlights the importance of maintaining records safely and securely during a clinical trial. Below: Dr. Joseph E. Cillo Jr. leads a breakout session.





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

The importance of the added mock drills requirement comes with regular chances to refresh knowledge and repeat actions needed to manage patients in emergency situations.

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

Quarterly mock drills

Almost 20 years ago, I wrote an editorial titled "Mastery Through Surgical Repetition."[1] It didn't appear in the *Journal of Oral and Maxillofacial Surgery*; I wasn't a part of that publication at that point. Rather it was published in the journal *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology*, commonly referred to as Triple O. The initial paragraph of that editorial is my current focus (the remainder of that editorial's message related to our scope of practice and residency training).

I will repeat and paraphrase my statements from the early section of my 2006 editorial:

Numerous studies show that in healthcare and other venues, outcomes and efficiency improve in direct proportion to the number of procedures performed. That is, the more frequently you do something, whether it be performing an action or making a judgment, the better you get (assuming you're doing it correctly and making good judgments). Furthermore, if the procedure depends upon team skills, the same premise holds true – the more often the team does something together, the better the outcomes.

Improvements in outcomes include judgment calls such as what procedure to perform, when not to perform a procedure, when special circumstances require modifying the procedure and what to do when unexpected challenges or outcomes occur. Judgment in all these situations is honed by repeated experiences.

A perfect example of the value of regular repetition is the removal of impacted teeth. All oral and maxillofacial surgeons complete this procedure a significant number of times during their residency training, and that carries on once they are certified. The regular repetition of performing this kind of procedure over the years allows OMSs to safely remove deeply impacted lower third molars, often lying a millimeter or less from important nerves, with an impressively low complication rate.

This outstanding track record is a result of doing the procedure over and over until its performance becomes second nature. Once that occurs, the surgeon can then focus more and more upon nuances that lead to the continual improvement of the safety, speed and overall quality of the outcomes. Plus, the gain in speed and quality increases the value of the care provided to patients, since fees don't tend to rise as we gain more experience (maybe they should, but that's another story).

sharpen OMS team's emergency readiness skills

The team at work

A second example of the success of procedural repetition is our advanced anxiety and pain control strategies. In such cases, a team works together to provide the care. Patients are sedated using intravenously administered and inhaled sedative agents. Sophisticated monitoring is utilized to give the team feedback on the patient's well-being and once a safe but effective level of sedation is reached, the surgery is carried out. The OMS's judgment is used to determine if a patient:

- Is a safe candidate for deep sedation.
- May require a lighter form of sedation or the surgery performed in a hospital or surgery center.
- Warrants specific drugs.
- Needs management for unexpected situations.

Since procedural repetition is a team activity, members of the team participate in anesthesia delivery and management of anticipated events. Again, OMSs and their teams have a truly noteworthy record of safety with respect to the delivery of advanced forms of ambulatory anesthesia comparable to others providing this type of healthcare.

There are other occurrences in the practice of oral and maxillofacial surgery in which patient safety is at risk. These involve medical emergencies that can arise not only in medically compromised patients but also in otherwise healthy individuals. Some emergencies can relate to the physical and psychological stresses of surgery and anesthesia but are fortunately rare.

However, it is the rarity of medical emergencies in the ambulatory care environment – in part because of good patient screening – that makes the oral and maxillofacial surgical team's management of the situations not regularly needed. Over time, this lack of repetition can lead to the team losing some of its expertise and skills. I think many of us can relate to this when we are required to perform ACLS Megacodes during recertifications after a year or two of not being called upon to run an actual code.

Support for quarterly drills

This realization of the infrequency of emergencies in oral and maxillofacial surgery offices led the AAOMS House of Delegates to pass a resolution in 2022 mandating members and fellows begin holding mock emergency management drills in their practices. The requirement is that OMSs and their practice staff team members learn how to react to a designated set of emergency conditions and then, on a quarterly basis, carry out emergency drills. The expectation includes aspects of office preparation already in place for anesthesia emergency preparedness that cover equipment, supplies, drugs, algorithms, records and staff training.

The importance of the added mock drills requirement comes with regular chances to refresh knowledge and repeat actions needed to manage patients in emergency situations. The regular repetition also helps newly onboarded staff learn and practice their roles before an urgent situation arises.

Members can log the completion of mock drills through regular recordkeeping and by utilizing the AAOMS Anesthesia application. Mock drills hold the promise of building OMS team spirit and confidence, can be softly marketed to others in one's local health professional community and used in advocacy efforts at the state and national levels. I guarantee office staff members commonly share with friends and family that their doctors regularly conduct emergency drills to help protect patient safety. It is easy to predict that after a few rounds of mock drills, the management of patient medical emergencies will become second nature to the OMS office team, leading them to be ready to focus on refining response time and other efficiencies.

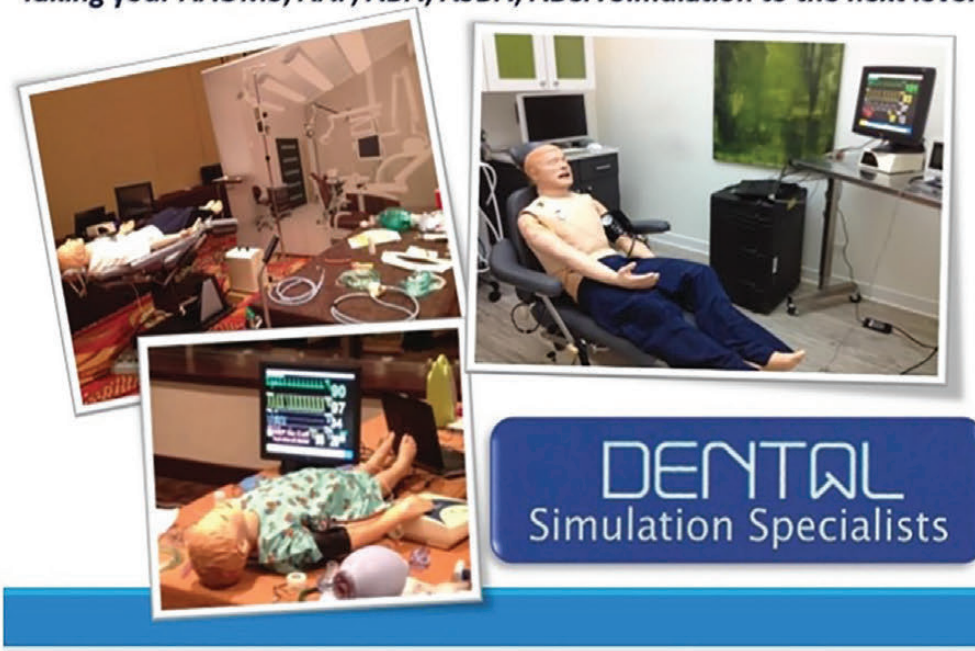
Conducting mock emergency drills adds another valuable layer to our specialty's branding as a group of healthcare professionals dedicated to patient safety. We do not just say we believe in safely caring for our patients but demonstrate it in very visible and ongoing manners through our extensive office anesthesia evaluation program, the Dental Anesthesia Assistant National Certification Examination (DAANCE), Dental Anesthesia Incident Reporting System (DAIRS), Office-Based Emergency Airway Management (OBEAM) modules and, now, via quarterly mock medical emergency drilling. Anyone questioning the safety of surgical care and anesthesia provided in the OMS office setting will be hard-pressed to show evidence of that claim with this array of patient safety preparedness measures. I am personally proud of our specialty's dedicated focus on patient safety, as we all should be. ■

[1] Hupp JR. Mastery through surgical repetition. *Oral Surg Oral Med Oral Pathol* 101:1-3, 2006.

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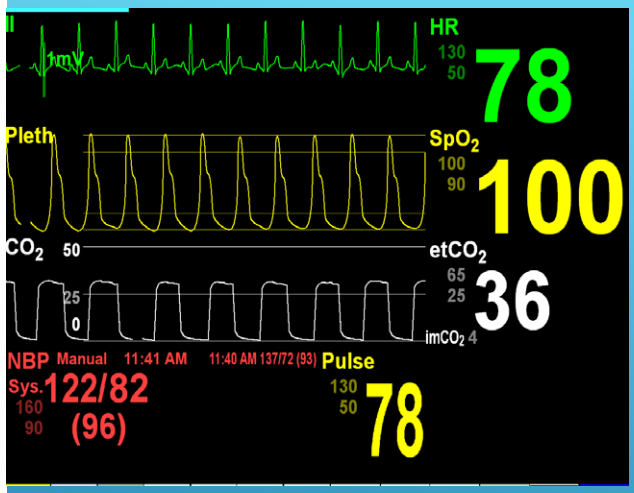
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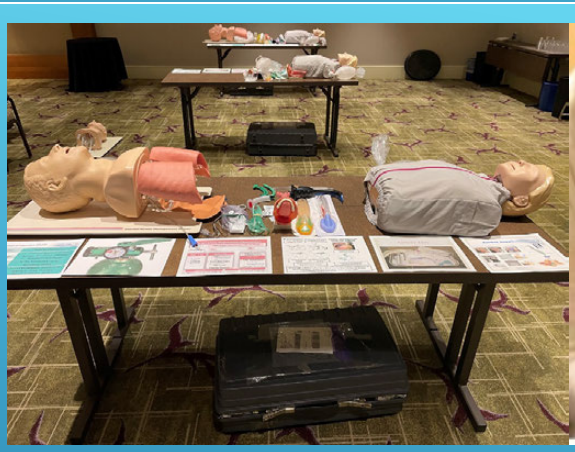
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Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Igniting hope through OMSFIRE giving program

As Chair of the OMS Foundation, I am proud to reflect on the journey of our OMSFIRE Program. In 2020, amid the uncertainties brought by the COVID-19 pandemic, over 60 donors made a commitment: a five-year pledge to support the future of oral and maxillofacial surgery through the OMS Foundation. Their dedication set a powerful precedent, igniting hope and resilience within our specialty.

Sixty-three Charter donors embraced the OMSFIRE vision in its first year, committing to annual donations of $2,500 or more to support the Foundation's new Strategic Plan, including a new two-year $150,000 Clinical Research Support Grant. Collectively, these donors have contributed $275,000 per year since 2020 to support the Foundation's mission and programs.

Early adopters included Officers, Directors and Trustees of AAOMS, OMSNIC and the Foundation, OMS Societies (led by Rhode Island), corporate partners (led by Treloar & Heisel) and a host of AAOMS members from every District whose vision and optimism helped to balance the anxiety of that turbulent year.

The OMSFIRE roster has since grown to 244 donors, including every OMS leader of AAOMS, the OMS Foundation, OMSNIC and ABOMS. OMSFIRE has helped to underwrite three Clinical Research Grants, 12 one-year Research Grants, 10 FEDA awards, five Student Research Training Awards (offering training and mentorship to 20 promising OMS residency candidates), dozens of travel scholarships for residents attending AAOMS education programs, plus program grants for Surgical Council on Resident Education (SCORE), Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS), the Clinical Trials Methods Course and the Resident Transitions into Practice Conference.

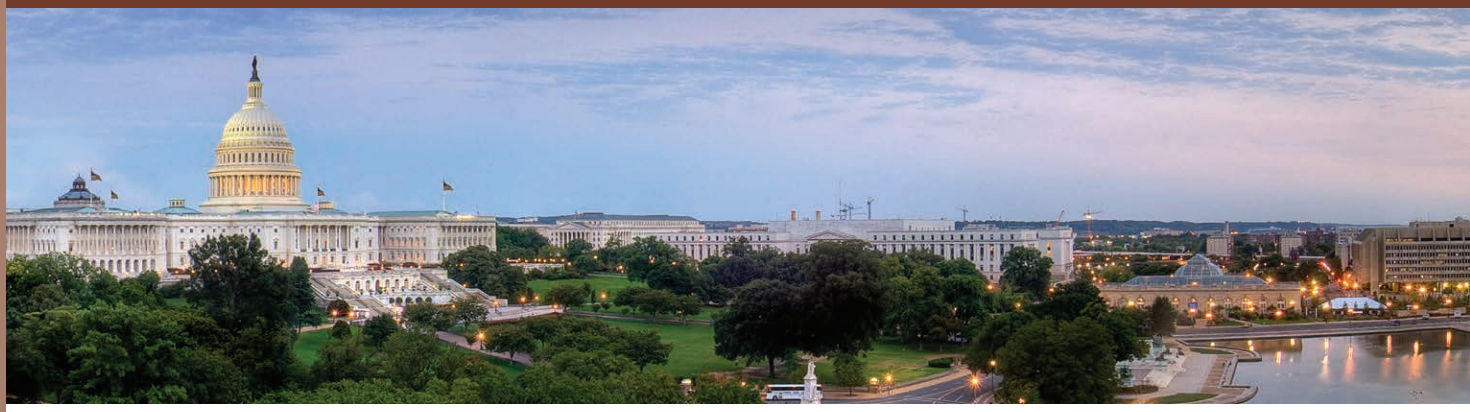
Through the support of these initial donors – alongside the contributions of OMS societies and corporate partners – we have raised a remarkable total of $3,105,144 over the past five years. This funding has been pivotal in advancing our mission to champion education and research initiatives critical to the advancement of our specialty.

> *Join OMSFIRE and make a lasting impact that transcends challenges, strengthens our community and transforms lives.*

As we look ahead, continued support is more pressing than ever. If you are a charter OMSFIRE donor, I invite you to continue your support in 2025 and help inspire the next generation of donors to accept the mantle of leadership, accountability and commitment to a bright future for the OMS specialty. If you're not yet an OMSFIRE donor, I challenge you to add your name to this esteemed roster and take your place among the leaders of our specialty.

Your contribution will empower us to sustain and expand our efforts, ensuring that the OMS Foundation remains a beacon of excellence in education and research. Together, let us ignite hope and shape the future of oral and maxillofacial surgery. Join OMSFIRE and make a lasting impact that transcends challenges, strengthens our community and transforms lives.

Thank you for your unwavering commitment to advancing our specialty. Together, we will continue to make a difference. ■



Healthcare landscape shifts as AAOMS advocates

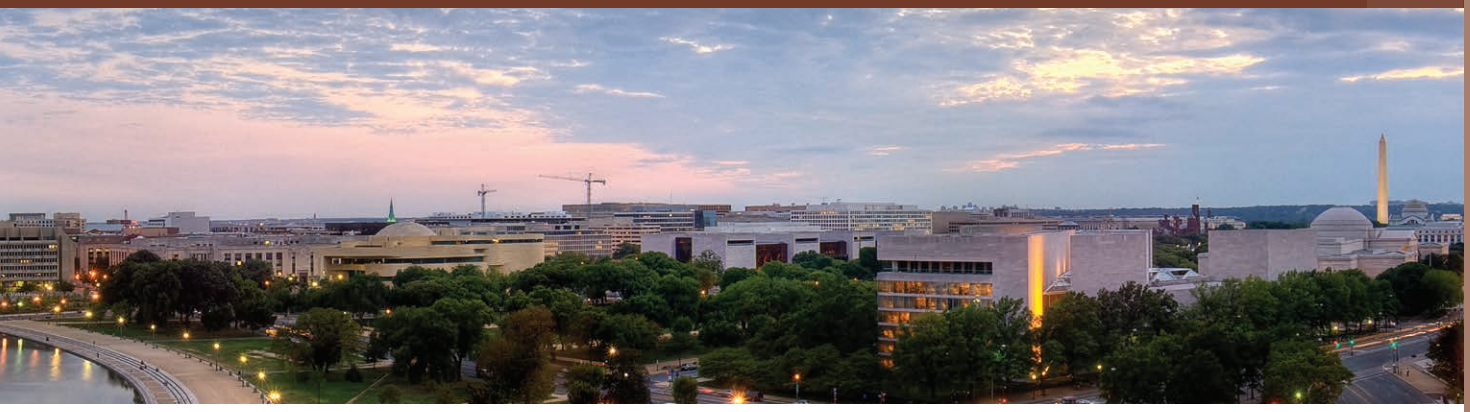
Evolving landscapes in both federal and state legislatures are driving critical policy decisions that impact the healthcare sector. As political insiders adjust to the new administration and states respond to federal actions, AAOMS remains steadfast in advocating for key issues affecting oral and maxillofacial surgeons and the patients they serve.

Federal level

Since the start of the new session, Congress has been focused on finalizing fiscal year 2025 spending, which was deferred from the 118th to the 119th Congress, while also advancing a major package of President Donald Trump's priorities through a process that circumvents the Senate filibuster. Despite these efforts, several bills of interest to the specialty have been introduced:

- **The Resident Education Deferred Interest (REDI) Act (S 942/HR 2028)** – The REDI Act would allow physicians and dentists to defer their federal student loans interest-free while in residency, saving them tens of thousands of dollars in interest. The AAOMS-led bill has the support of nearly 40 other medical and dental organizations. The bill was reintroduced by Sens. Jacky Rosen (D-Nev.) and John Boozman, OD, (R-Ark.) and Reps. Brian Babin, DDS, (R-Texas) and Chrissy Houlahan (D-Pa.).
- **The Dental and Optometric Care (DOC) Access Act (HR 1521)** – The bill would prohibit dental and optometric plans covered under the Employee Retirement Income Security Act of 1974 (ERISA) from capping fees on services they do not otherwise cover. Currently, 43 states have similar laws; however, federal legislation also is needed, as many dental plans are regulated at the federal level by ERISA rather than at the state level. The bill was introduced by Reps. Buddy Carter (R-Ga.) and Yvette Clarke (D-N.Y.).
- **The Action for Dental Health Act (HR 2001)** – The bill would extend funding to organizations through an oral health workforce grant program to address access to care and dental workforce-related issues. The bill was introduced by Reps. Mike Simpson, DMD, (R-Idaho) and Robin Kelly (D-Ill.).
- **The Dental Loan Repayment Assistance Act (HR 1758)** – The bill would allow full-time faculty members participating in the Health Resources and Services Administration's Dental Faculty Loan Repayment Program to exclude the amount of their loan forgiveness from federal income taxes. The program aims to recruit and retain dental faculty, specifically





for issues benefiting OMSs and their patients

in the areas of general, pediatric and public health dentistry. The bill was introduced by Reps. Jeff Van Drew (R-N.J.) and Yvette Clark (D-N.Y.).

- **The Medicare Patient Access and Practice Stabilization Act (HR 879)** – The bill introduced by a bipartisan group of House members would halt the 2.83 percent cut Medicare providers began incurring Jan. 1 and provide a 6.62 percent payment update from April 1 through the end of the year to offset the payment reduction and account for inflation. AAOMS has an active grassroots campaign urging members of Congress to pass HR 879 quickly to minimize the impact of the payment reduction on providers and patients. Visit AAOMS.org/advocacy/get-involved/oms-action-network/grassroots-campaigns to learn more.

Finally, since President Trump was sworn in, there has been little significant agency activity. Instead, most policy initiatives have come through executive orders (EOs), many of which focus on healthcare. These include withdrawing the U.S. from the World Health Organization, rescinding former President Joe Biden's 2021 executive orders addressing COVID-19, reinforcing a 2019 order on healthcare price transparency, reducing NIH reimbursement to institutions for indirect costs, rescinding certain federal grants to healthcare agencies and educational institutions and healthcare nonprofits. Several of these EOs are already facing legal challenges.

State level

All states have convened their 2025 legislative sessions as of this report, and sessions are starting to finalize action in preparation for their targeted adjournments. Visit AAOMS.org/TrackingMap for the status of bills being tracked by AAOMS.

■ **Utah** – Utah became the first state to ban fluoride in public drinking water after Gov. Spencer Cox (R) signed HB 81 into law, despite expert consensus that fluoride helps prevent tooth decay. The move is expected to prompt similar action in other states.

■ **Virgina** – Gov. Glenn Youngkin (R) signed HB 2085/SB 925, requiring insurers, including dental insurers, to pay claims within 40 days and notify providers about transaction fees with a no-fee alternative. The law aims to improve transparency and ensure providers receive full payment without unexpected deductions.

■ **Wyoming** – Wyoming passed SF 158, establishing requirements for third-party access to dental network contracts and payment methods. The bill prohibits dental care plans from requiring virtual credit card payments, mandates disclosure of associated fees, ensures providers can choose fee-free payment options and restricts fees for electronic payments without provider consent.

OMSPAC

- OMSPAC raised $251,288 from 9.69 percent of the membership as of Jan. 31, 2025. Additionally, OMSPAC contributions for the election cycle thus far include $27,000 to 11 federal candidates.
- Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■

OMSNIC NEWS

Corrective jaw and TMJ videos released

OMSNIC has launched two new videos to support patient education efforts related to TMJ surgery and orthognathic surgery. These videos join the collection of patient informed consent videos already offered on topics such as wisdom tooth extraction, dental implants and exposure and bond.

OMSs are encouraged to use these valuable resources in conjunction with OMSNIC procedure-specific informed consent forms and patient and escort education forms to support their consent processes. All consent forms and videos are available in English and Spanish.

To learn more or to download the videos for use in the practice, visit OMSNIC.com/knowledge-center/consentvideos.

HEALTH IT BYTES

- **Fraudulent e-prescribing** – The DEA is reporting a rise in fraudulent electronic prescribing for controlled substances, urging electronic health record companies to implement tech solutions to address the growing threat. Fraudulent actors are using stolen provider identities to generate prescriptions quickly, bypassing security measures. The DEA stresses the need for improved identity verification, red flag detection systems and more collaboration among tech companies, distributors and pharmacies to prevent the rapid spread of illegal prescriptions while balancing commerce and security.

- **HITAC** – The Trump administration has suspended all meetings of the Health Information Technology Advisory Committee (HITAC), which guides federal healthcare data policies. Established by the 21st Century Cures Act in 2016, HITAC was set to address health equity and U.S. Core Data for Interoperability Version 6, but it is unclear when or if the committee will reconvene.

- **Imaging spyware** – A Chinese-backed cybercriminal group, Silver Fox, has used fake medical imaging software to infect patients' computers with malware, primarily disguised as Philips DICOM MediaViewerLauncher.exe. The malware gives attackers access to personal data and could potentially spread to healthcare networks if infected devices enter hospitals, raising significant security concerns. Providers are reminded to avoid downloading software or files from untrusted sources.

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

OMSPAC was the only one solely representing oral and maxillofacial surgeons.



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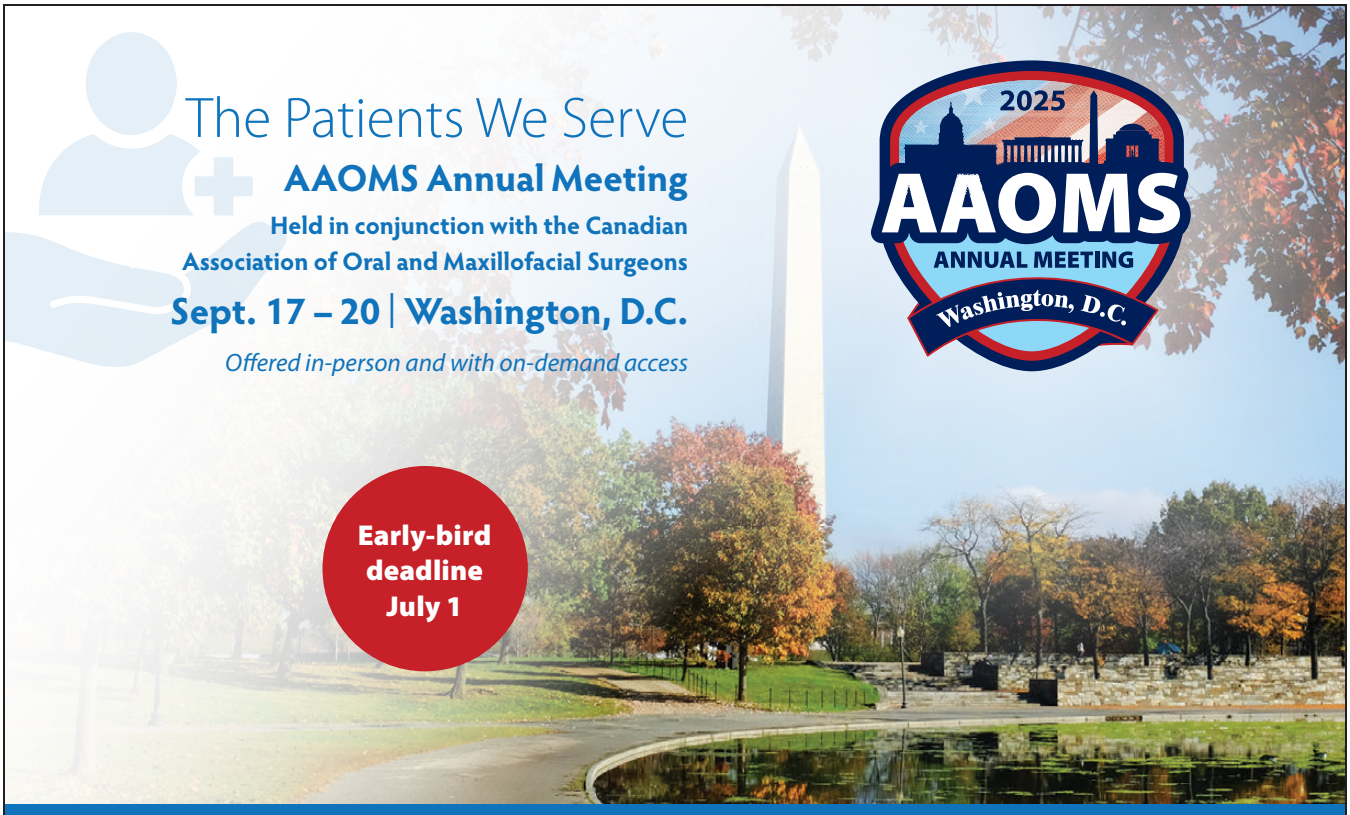
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AAOMS.org/AnnualMeeting

AAOMS National Simulation Program

Office-Based Emergency Airway Management (OBEAM) Module

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

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



Upcoming sessions:
- 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 to view the schedule and register

Know the OSHA standards to prevent violations

OMSs should keep abreast of the most up-to-date OSHA standards to ensure compliance and safety in the practice.

Q What are the most frequently cited OSHA violations in dental practices?

A According to the U.S. Department of Labor, the two most frequently cited standards by federal OSHA for North American Industry Classification System (NAICS) Code 621210 (health practitioners with DMD, DDS or DDsc. Degrees) from October 2023 through September 2024 are:

- OSHA Bloodborne Pathogens standard 29 CFR 1910.1030
- OSHA Hazard Communication standard 29 CFR 1910.1200

For more information, visit OSHA.gov/ords/imis/citedstandard.html.

Q Did OSHA increase its penalties for workplace safety and health standards violations?

A The Federal Civil Penalties Inflation Adjustment Act, as amended in 2015, requires annual inflation adjustments to civil monetary penalties each Jan. 15. Effective Jan. 15, 2025, OSHA increased its maximum penalties for workplace safety and health violations as follows:

- Serious, other-than-serious and posting requirements: $16,550 per violation
- Failure to abate: $16,550 per day beyond the abatement date
- Willful or repeated: $165,514 per violation

For more information, visit OSHA.gov/penalties.

Q What does a practice need to do to comply with the OSHA Bloodborne Pathogens standard?

A OSHA's Bloodborne Pathogens standard outlines requirements for employers to protect workers occupationally exposed to blood and other potentially infectious materials (OPIM). OMS practices must have a written exposure control plan (ECP) and practice universal precautions. The ECP should list job classifications and tasks that may result in an exposure and be updated annually.

OSHA requires that staff with occupational exposure receive training upon initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's exposure. Training must include supplying workers with a manual of the current OSHA Bloodborne Pathogens standard, an explanation of the manual, the exposure control plan,



procedures for exposure incidents, post-exposure evaluations and information on the hepatitis B vaccine's efficacy, safety and benefits. The ECP must detail protection measures for staff and outline how these measures will be used. Employers must specify how they will implement practice controls, personal protective equipment, training and other OSHA-mandated requirements.

For more details, visit OSHA.gov/bloodborne-pathogens/general.

Q What is the OSHA Hazard Communication Standard, and how does our practice comply with it?

A OSHA's Hazard Communication Standard requires employers with hazardous chemicals in their workplaces to implement a hazard communication program. To create an effective program, OMS practices should follow these steps:

- **Learn the standard:** Identify responsible staff to address all necessary components and activities, such as training.
- **Prepare and implement a written program:** Include a list or inventory of all hazardous chemicals in the office.
- **Label containers correctly:** Ensure office containers are labeled correctly and keep labels on shipped containers.
- **Maintain safety data sheets (SDSs):** Keep SDSs for each hazardous chemical and ensure they are readily accessible to employees.
- **Inform and train staff:** Educate employees on the hazardous chemicals in their work area before initial assignment and when new hazards are introduced.
- **Review and revise:** Periodically examine the hazard communication program and update as appropriate.

continued on next page

For more detailed information, practices can access the guide Hazard Communication: Small Entity Compliance Guide for Employers That Use Hazardous Chemicals at OSHA.gov/sites/default/files/publications/OSHA3695.pdf or visit OSHA.gov/hazcom.

Q Where are available OSHA resources and training materials for OMS practices and staff?

A OSHA provides several resources and training materials on its website, including:

- Medical & Dental Offices: A Guide to Compliance with OSHA Standards
- Model Plans and Programs for OSHA Bloodborne Pathogens and Hazard Communications Standards

Both can be found at OSHA.gov/bloodborne-pathogens/resources. ■

This article is provided for informational purposes and not intended as legal advice or as replacing consultation with an attorney.

Additional OSHA resources available

The AAOMS Store offers the publication *Model Medical Practice OSHA Exposure Control Compliance Plan and Training* that provides a comprehensive guide to meeting annual OSHA requirements in the OMS practice. The resource includes a print manual and a USB drive containing a narrated PowerPoint presentation training module for staff.

In addition, AAOMS CE Online offers the following webinars regarding OSHA and safety protocols:

- You're in Charge of OSHA and Infection Control – Now What?
- Help! OSHA is Here: What do I do Now?
- Needlestick and Sharps Injuries: Risks, Management and Safety Protocols

Visit AAOMSstore.com and AAOMS.org/CEonline to learn more.







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Smart hiring builds team for practice success

By Debra Engelhardt-Nash
Co-founder, Nash Institute for Dental Learning

Hiring and retaining the right employees is one of the most critical aspects of operating a successful practice. Staffing – the highest office expense – should yield high returns as the team spends 80 percent of patient-care time interacting with patients. Your team not only influences the patient experience but also contributes to the efficiency, culture and profitability of your office. As English business magnate Richard Branson famously said, "Clients do not come first. Employees come first. If you take care of your employees, they will take care of the clients."

Ths statement rings especially true in an OMS practice, where patient interactions are personal and trust is essential. A well-chosen team will enhance the reputation of your office, endorse your care, create a positive work environment and ultimately lead to greater patient retention and referrals. On the other hand, a poor hiring decision can result in inefficiencies and negative team morale and patient experiences.

In today's world of reported staff shortages and difficulties finding strong team members, it is essential to approach hiring with intention and strategy. Presenting outstanding hiring and onboarding processes will attract the right candidates to your office. It is critical to build a practice culture that attracts high-performing candidates to your job openings.

Understanding the needs of your practice

Before starting the hiring process, take time to analyze what your practice truly needs:

- **Defining roles and responsibilities:** Clearly outline what each position entails, including job duties, required skills and expected outcomes to prevent misunderstandings and ensure new hires understand their responsibilities. Ambiguity can lead to disappointment for the employee and employer.
- **Identifying ideal candidate qualities:** Beyond technical skills, consider the personality traits and values that will complement your office culture. Do you need someone with exceptional customer service skills? A detailed problem-solver? A team player with strong communication abilities? Do they need certification and credentials? Are you looking for someone who has managed teams or has a strong analytical background? Be clear about your hiring objectives.
- **Assessing office dynamics:** Consider the strengths and weaknesses of your current team. Hiring should balance out the team's skill set rather than duplicating existing strengths. Have a conversation with the team about balance and what characteristics would help build a stronger team. The candidates' strengths should blend with the strengths of the existing team. Also consider what is exceptional about your practice that would attract an exceptional candidate to want to work with you and your team?



Hire for attitude, train for skill

The right attitude is often inherent. Branson, who advocates for hiring people who are friendly and considerate, also said, "Company knowledge and job-specific skills can be learned, but you can't train a personality." In an OMS office, where patient care and teamwork are paramount, hiring someone with the right mindset and values is often a better choice than choosing the most technically skilled candidate who lacks empathy or a team attitude.

A candidate with a great attitude will be:

- Coachable and eager to learn
- Positive and solution-oriented

continued on next page

- A team player who collaborates well
- Empathetic and professional in patient interactions
- Mature in resolving conflict

While dental assistants and business personnel need technical proficiency, their ability to communicate effectively, handle stress and contribute to a positive patient experience is what truly sets them apart.

Starting an effective hiring process

Write a clear and compelling job posting. Your job listing should describe the role and highlight your practice culture and values. Use language that attracts candidates. For example:

"We are a patient-centered OMS practice that values and rewards team contributions. We have an opportunity for a dental assistant who understands their important role in patient care and helps create a positive work environment. If you would like to learn more about us and what we offer and share what you're looking for, we'd love to hear from you!"

This type of posting attracts candidates who resonate with your office culture.

Screen candidates thoroughly

Before bringing candidates in for an interview, complete a thorough screening:

- **Conduct a phone or video prescreening:** A 10- to 15-minute call can help assess communication skills, enthusiasm and basic qualifications before investing time in a full interview. Pay attention to subtle nuances that point to their professionalism. For example, were they on time for the call? Was there a television on or other noise distractions in the background?
- **Review resumes and applications for red flags:** A resume does not replace an application. Your candidate should have both. Did they complete the application thoroughly? In addition to pertinent information and job history, your application should have some questions that require a written response. Read the candidate's responses carefully. Did they complete the application or were certain areas left blank? Were there frequent job changes? This does not imply they are not a good candidate; a conversation about previous positions to clarify frequent moves should ensue.
- **Check references:** Speak with previous employers or colleagues to verify application information. You also may ask them, "What would you like to tell me about this person?" And the most important question, "Are they eligible for rehire?"

Conduct behavior-based interviews

Rather than asking hypothetical questions, use behavior-based interviewing techniques to gain insight into how candidates have handled real situations in the past. Instead of asking, "How do you handle difficult patients?" ask, "Tell me about a time you had to calm an upset patient. What was the situation and how did you handle it?" Also consider, "If I were to ask your previous team to name your greatest strengths, what would they say?" and "If I were to ask where you had opportunities to improve, what would they say?"

Assess cultural fit and soft skills

While technical skills are important, cultural fit and soft skills are equally crucial in an OMS office. Inquiries can include:

- What does great patient care mean to you?
- How do you contribute to the patient experience?
- Describe a time when you went above and beyond for a patient or team member.
- If you could have changed or improved one or two things about your previous positions, what would they be?

These types of questions determine if the candidate aligns with your office values and can contribute positively to the team.

Utilize an in-office visit

Asking a potential employee to visit the office for a "working interview" allows you to assess how a candidate interacts with patients and team members in your setting. Such a visit can help evaluate their:

- Ability to communicate with patients and team
- Professionalism and adaptability
- Initiative

Note that the Fair Labor Standards Act (FLSA) may require you to pay the potential employee for a "working interview."

Retaining and developing your team

Hiring the right employees is only the first step. Retaining and developing them is just as important. Even the best hiring strategy will fail if your office culture does not support employee growth, satisfaction and motivation.

Invest in training and development. Regular training and professional development opportunities keep employees engaged and improve their skills. Offer:

- Continuing education courses
- Cross-training in different office roles
- Regular team-building exercises and meetings

Value and motivate staff

Create an environment where employees feel valued and motivated, with inclusions such as:

- Providing open communication and regular feedback not related to compensation reviews.
- Recognizing and rewarding employees for their hard work.
- Encouraging work-life balance to prevent burnout.

Remember, new employees need feedback more frequently than longer term employees to ensure they are following office protocols and progressing in their new role.

While salary is not the only factor in job satisfaction, competitive pay and benefits demonstrate that you value your employees. Does your compensation include benefits that are exceptional, such as an incentive program or a menu of benefits from which the employee may choose? For example, is there an allowance for childcare or uniforms?

Hiring the right employees for your OMS practice is a strategic process that requires careful planning, thoughtful interviewing and a commitment to a cultural fit. When you focus on attitude over skill, foster a strong workplace culture and invest in employees' well-being, you can build and keep a team that enhances patient care, improves office efficiency and contributes to long-term success.

The right employees are not just workers; they are ambassadors of your practice – its values and mission. When you invest in hiring right, you are more likely to attract and retain the best people.

They will thrive; your patients and your practice will thrive. ■

Debra Engelhardt-Nash is a dental practice management consultant, coach and seminar speaker. Visit debraengelhardtnash.com or call 704-895-7660.

Sessions to explore workplace staffing

To learn more on the topic of hiring practices, check out the 2025 Annual Meeting sessions, Getting Your Team Unstuck – Improving Team Performance and Excuse Me Doctor, Your Team is Showing. Debra Engelhardt-Nash will discuss enhancing the OMS team and creating a positive work environment. To register, visit AAOMS.org/AnnualMeeting.

This is number 203 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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

Navigate the complexities of digital workflow by

In oral and maxillofacial surgery, digital technology – including computer-aided design (CAD) and computer-aided manufacturing (CAM) – is essential for diagnostic and treatment planning within the digital workflow.

The digital workflow encompasses various procedures and technologies reflecting its comprehensive nature. Both traditional methods and advanced digital technologies play significant roles in the preparatory stages, depending on the resources and preferences of the surgical practice. These steps ensure successful outcomes across various surgical interventions, not limited to any single type of procedure.

There isn't one specific code to report the entire digital workflow or presurgical digital planning session. Rather, there are codes that may be used to report specific components of the planning session, depending on the services rendered and technology utilized.

Clinical evaluations may be reported using a range of codes from both the CDT^ and CPT* code sets. The complexity of the patient's condition and the extent of medical decision-making (MDM) determine the appropriate level of service. Although not an exclusive list, a range of common evaluation and management (E/M) services reported by an OMS may include:

- D0140-D0160 for oral evaluations
- 99202-99215 for E/M office and outpatient services
- 99242-99245 and 99252-99255 for consultations

Diagnostic treatment planning is another component of the digital workflow. Diagnostic casts, occlusion analysis and three-dimensional (3D) surface scans are often required to gather comprehensive diagnostic information of the patient's oral anatomy, occlusion relationship and bite function. Codes may include:

- D0470 diagnostic casts
- D9950 occlusion analysis
- D0801-D0804 intraoral, dental and facial surface scans

Dental imaging procedures are important tools used to diagnose and personalize the treatment planning process. Several CDT and CPT codes are available to report diagnostic imaging services. Code selection depends on the field of view of one or more dental arches and whether the provider rendered both the image capture and interpretation, image capture only or simply the interpretation. Codes may include:

- D0330/70355 for panoramic imaging
- D0340/70350 for cephalometric imaging
- D0364-D0368 for cone-beam computed tomography (CBCT) for capture and interpretation, D0380-D0384 for image capture only and D0391 for interpretation and report only
- 70486-70488 for CT maxillofacial area

Virtual planning addresses a preoperative planning method involving the visualization of a surgical procedure that utilizes components of the digital workflow, such as 3D imaging software. Three-dimensional image postprocessing is a distinct diagnostic procedure utilized in the digital workflow that describes a separate process that can be applied to a CT, MRI, ultrasound or other tomographic modality (tomographic refers to imaging by sections or sectioning). This service captures the 3D reconstruction or 3D manipulation that takes place after the image has been taken. This includes:

- D0393 for virtual treatment simulation and
- 76376 and 76377 for 3D rendering with interpretation and reporting.

Coding tip: If reporting a postprocessing code such as 76376 and 76377, these codes include diagnostic imaging and surgical planning with 3D images, scientific modeling and simulations and other work involving volumetric data. As such, cutting guides, custom plates, specialized hardware, etc., would be integral to the postprocessing procedure and not separately reportable.

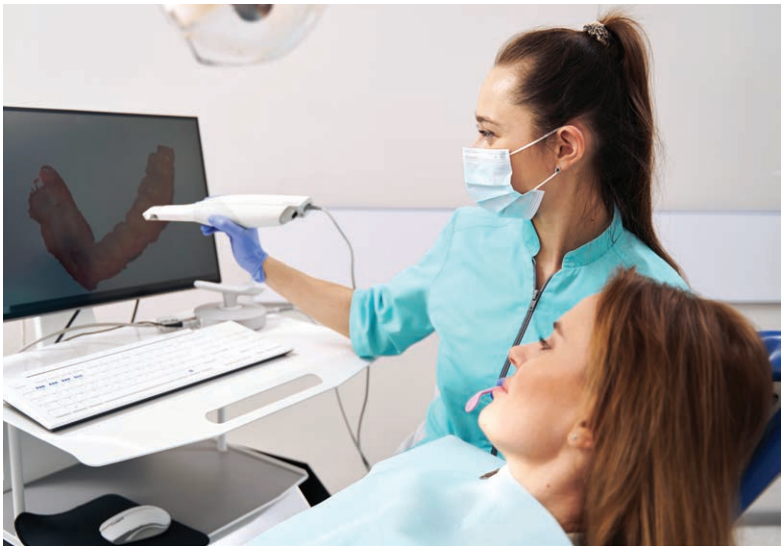
Three-dimensional printing offers several advantages including customization, rapid prototyping and the ability to create complex geometries not possible with traditional manufacturing methods. This includes:

- D0396 to report 3D printing of a dental surface scan

Case example using digital workflow

A 30-year-old patient presents for oral examination to discuss treatment of an implant and extraction of Tooth #8 with the possibility of immediate implant placement. After the exam, a CBCT of the maxilla (capture and interpretation without contrast) and an intraoral scan of dentition are performed. Using digital planning software, the CBCT and 3D

understanding relevant CDT and CPT codes



direct surface scan are merged. The surgeon digitally plans the implant position, and a surgical guide is fabricated. The surgeon determines that grafting is required, and a 3D model is printed to allow for the customization of a titanium mesh before the surgery.

Code selection and/or level of a clinical evaluation and management service may be determined based on a medically appropriate history and/or physical examination along with adequate documentation to support the medical necessity of the service.

Codes may include:

- CBCT of maxillary capture and interpretation without contrast – CDT: D0366; CPT: 70486
- 3D intraoral surface scan – direct – CDT: D0801; CPT: No crosswalk
- 3D rendering with interpretation/virtual treatment simulation – CDT: D0393; CPT: 76376 or 76377
- Radiographic/surgical implant index, by report – CDT: D6190; CPT: No crosswalk
- 3D printing of a 3D surface scan – CDT: D0396; CPT: No crosswalk

Coding tip: The CMS-1500 medical claim form supports codes from both the CDT and CPT code set, as CDT codes fall under the HCPCS Level II code set and are recognized under HIPAA Administrative Simplification provisions as an adopted standard for coding healthcare services and procedures.

Therefore, if there is no direct crosswalk, reporting a CDT on a medical claim is appropriate. Coders are encouraged to check with their payers for billing preferences.

The digital workflow integrates various technologies and procedures to enhance diagnostic accuracy, treatment planning and surgical outcomes. Proper coding is essential for accurately reporting these services and ensuring appropriate reimbursement. By understanding and utilizing the relevant CDT and CPT codes, OMS professionals can effectively navigate the complexities of the digital workflow.

AAOMS offers a more comprehensive summary of the digital workflow along with coding for real-life case examples commonly performed by an OMS in the *Coding the Digital Workflow Coding Paper.* A full series of AAOMS Coding and Billing Papers is available at AAOMS.org/CodingReimbursement. ■

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Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, consult professional advisers. Current Dental Terminology® (CDT) copyright 2024 American Dental Association. All rights reserved. CPT® copyright 2024 American Medical Association. All rights reserved.

Examining the letter of the law for billing

Navigating the labyrinth of state and federal healthcare billing laws can feel daunting for OMSs. With evolving regulations and complex reimbursement processes, understanding the following laws is essential for compliance and avoiding costly mistakes.

False Claims Act

The False Claims Act (FCA), established in 1863, targets fraud against the U.S. government. It penalizes anyone who knowingly submits false claims or falsifies records to receive government payments. Examples include filing claims for services not rendered or billing for a more expensive procedure than what was performed, also known as upcoding. The FCA includes a whistleblower provision, allowing individuals to sue on behalf of the government and receive a portion of recovered funds. Violations may result in civil monetary penalties and/or criminal penalties, including imprisonment. The Fraud Enforcement and Recovery Act (FERA) of 2009 expanded the FCA's scope by broadening liability for false claims, including those made to third parties using government funds; strengthening whistleblower protections; and increasing penalties for fraud.

Anti-Kickback Statute

The Anti-Kickback Statute (AKS) criminalizes offering, paying or receiving anything of value (e.g., money, gifts, rebates) for patient referrals or influencing purchases of services covered by federal health programs (e.g., Medicare, Medicaid, TRICARE). Safe harbors protect certain practices if they meet specific criteria. For example, regularly waiving copays and advertising this practice can violate the AKS. Violations can result in fines, jail time and exclusion from federal programs unless specific safe harbor requirements are met.

Physician Self-Referral Law (Stark Law)

The Physician Self-Referral Law, or the Stark Law, prohibits doctors from referring Medicare, Medicaid or other federal health plan patients for certain designated health services (DHS) to entities with which they or their immediate family have a financial relationship (such as ownership, investment or compensation) unless an exception applies. Violations can result in fines and exclusion from federal health programs. The law, named after former U.S. Rep. Pete Stark, restricts referrals for 12 DHS categories including clinical lab services, physical therapy, radiology and outpatient prescription drugs. An in-office ancillary services exception allows group practices to provide and receive compensation for imaging services. The Patient Protection and Affordable Care Act (PPACA) added a requirement for doctors to inform Medicare patients in writing about alternative imaging providers, listing at least five within a 25-mile radius. For more information, visit CMS.gov/medicare/regulations-guidance/physician-self-referral.

Civil Monetary Penalties Law

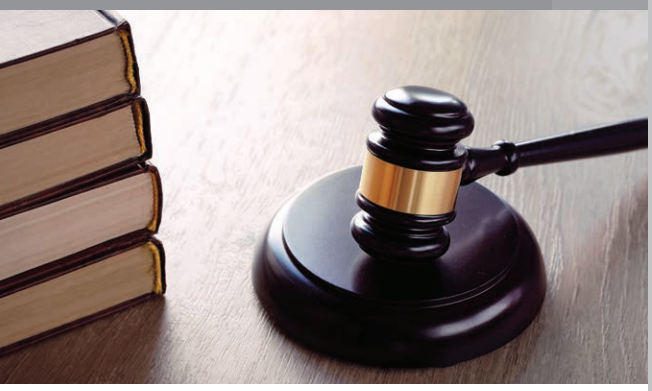
The Civil Monetary Penalties Law (CMPL) allows the Office of Inspector General (OIG) to seek penalties ranging from $10,000 to $50,000 per violation for various offenses, including submitting false claims, violating the Anti-Kickback Statute, breaching Medicare agreements, providing misleading discharge information, failing to screen emergency patients adequately and making false statements on federal health program applications. Penalties also can include exclusion from federal health programs.

No Surprises Act (NSA)

Enacted in 2022, the No Surprises Act (NSA) introduced federal protections to reduce unexpected medical bills, especially when patients lack a choice of in-network providers. It set new standards for balance billing, patient communication and cost estimates for healthcare providers, including OMSs. The NSA also established a dispute resolution process for payment disagreements. Many states have their own, potentially more stringent, surprise billing laws. AAOMS outlines key provisions of the NSA at AAOMS.org/practice/practice-management/payment-policies and encourages OMSs to consult with their practice attorneys to understand the impact of both federal and state laws.

Affordable Care Act (ACA)

Most providers are aware that the Affordable Care Act (ACA) mandates the expansion of insurance coverage for essential benefits including preventive services, mental healthcare and chronic diseases. However, lesser-known ACA mandates require providers participating in Medicare, Medicaid or the Children's Health Insurance Program (CHIP)



to report and return identified overpayments within 60 days and to establish compliance programs demonstrating their commitment to prevent, detect and correct fraud, waste and abuse. Measures include written policies and procedures, designation of a compliance officer and compliance committee, training and education, effective lines of communication, enforcement of standards, auditing and monitoring, and prompt response to detected offenses and corrective action. Managed care contracts and some state insurance codes also may dictate the handling of overpayments and recoupment.

Ensuring compliance

Staying current on correct coding guidelines, Medicare and other insurers' payment policies, and managed care contract terms as well as becoming familiar with various state and federal billing laws is crucial for OMSs to ensure compliance and avoid costly penalties. Some states also enforce mandates that offer providers protection from common managed care contract provisions. However, these mandates are outside the scope of this article.

Violation of federal and state laws also may be deemed unethical under the AAOMS Code of Professional Conduct.

AAOMS offers many courses and resources, including *AAOMS's Insurance Manual: Comprehensive Billing and Reimbursement Guide for the OMS*, to navigate coding and third-party reimbursement issues. Members also are encouraged to consult legal experts to ensure best practices to maintain compliance. ■

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Achieving board certification with OCE

The Oral Certifying Examination (OCE) is the final step to becoming a board-certified oral and maxillofacial surgeon. Once Candidates successfully complete the Qualifying Examination (QE), they can begin their application for the OCE and have three consecutive opportunities to take and pass the examination.

An oral-based examination designed to test a Candidate's clinically applicable knowledge and judgment, the OCE comprises three sections, each of which contains four 12-minute cases for a total exam time of 144 minutes:

- **Surgery Section I:** Orthognathic Surgery, Infection, TMJ, Pathology
- **Surgery Section II:** Trauma, Implants, Reconstruction, Dentoalveolar
- **Surgery Section III:** Adult Medical Assessment/Anesthesia, Pediatric Medical Assessment/Anesthesia, Emergency Management, Focused Additional Short Topics

Preparations for the OCE begin months before the February event. Examination Committee Co-Chairs within each surgery section are tasked with reviewing the content and statistics related to the upcoming examination. They construct a draft blueprint that follows a hierarchy of review before assigning cases to their specific surgery section members. Co-Chairs play a critical role in the certification process and are carefully selected and trained to serve the Board in this capacity.

Board members and Co-Chairs meet frequently throughout the year to ensure a relevant and valid examination is administered. In addition, a team of psychometricians provide recommendations on the test.

The OCE was administered in February, and Candidates received their examination results in March. Statistics are available on the ABOMS website.

The application for the 2026 Qualifying Examination (QE) opens June 10 and will be due Sept. 17. Tests will be administered Jan. 10 through 17, 2026 at Prometric Testing Centers. The application for the 2026 OCE opens June 10 and will be due Sept. 25. Tests will be administered Feb. 2 through 6 in Raleigh, N.C. Visit ABOMS.org to learn more about the QE and OCE and stay up-to-date on future exams. ■

Let's

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The **Dental Anesthesia Assistant National Certification Examination (DAANCE)** is the **only AAOMS-recognized exam** designed to help educate dental anesthesia assistants in the **essentials of office-based ambulatory anesthesia**.

The DAANCE is a two-part CE program exclusively for dental anesthesia assistants employed by a licensed dental professional who holds a valid anesthesia permit.

Visit **AAOMS.org/DAANCE** to learn more about the program.

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

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

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SoFi refinances student loan debt at lower rates than federal and/or private options, saving borrowers thousands over the life of their loan. Benefits of SoFi include low fixed and variable rates, flexible repayment options, career advisory and social events for members. SoFi does not charge any fees – no origination fees and no prepayment penalties. AAOMS friends and family receive a 0.25 percent rate discount when they apply through **SoFi.com/AAOMS**. Contact SoFi's dedicated customer service team at **833-277-7634**.

Quantum™ ePay

Quantum ePay – *Merchant services and credit card processing. Payments simplified. Your growth amplified.*
Quantum ePay is a top-rated full-service merchant processor that makes payment processing simple. Tailored to the unique needs of oral and maxillofacial surgery practices, Quantum empowers AAOMS members with advanced payment tools, streamlined billing systems and secure online payment portals. As a member, enjoy exclusive benefits, including personalized financial consultations, a free Point-of-Sale terminal and a guaranteed minimum 25 percent savings on processor fees when working with Quantum. To learn how Quantum ePay can elevate the financial management of your OMS practice, email **sales@quantumepay.com** or call **888-858-1678, ext. 108**.

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Transworld Systems, Inc. – *Accounts receivable and collections redefined*
Don't pay high collection agency percentages. Transworld Systems (TSI) provides accounts receivable management and collections redefined with a 50-plus-year track record, providing fixed-fee-per-account A/R management solutions to practices nationwide. Integration with most dental and oral surgery software allows AAOMS members to get paid faster through early intervention while saving staff time, maintaining profit margins and protecting patient relationships. TSI's unparalleled level of data security, guaranteed compliance and use of predictive analytics enable more collection of your money while protecting patient relationships and patient data. With low fixed-fee pricing per account, no percentages are taken. AAOMS members receive preferred pricing and personalized client service. Call **770-224-8504** and identify yourself as an AAOMS member.

2025 Share-the-Savings drawing

Be eligible to win FREE registration to AAOMS Annual Meeting

Submit your entry for the 2025 Share-the-Savings drawing. Three members whose names are drawn from all entries received by May 30 will be eligible to win FREE registration to the AAOMS Annual Meeting of their choice in 2025 or 2026. Only entries received on the official Share-the-Savings entry form will be accepted for the contest. Visit the Share-the-Savings page on the AAOMS Advantage website for more details. To read entries from AAOMS members in last year's contest, visit AAOMSAdvantage.org/Reviews.

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ANESTHESIA

Register anesthesia assistants for DAANCE continuing education program

The Dental Anesthesia Assistant National Certification Examination (DAANCE) has updated the application process to better serve AAOMS membership. Each assistant enrolling in the program must complete an individual application online at Test-Takers.PSIexams.com/AAOMS. Please allow PSI 10 business days to process the application and email study materials. Credit card and PayPal are accepted; cash is not.

The DAANCE is a two-part continuing education program comprised of approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. This exam is designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits. Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin.

For the online application and more information, visit AAOMS.org/DAANCE. Direct questions to PSI at 833-333-4755. Refer to the AAOMS DAANCE program or reach out to AAOMS staff at daanceinquiries@aaoms.org.

MEMBERSHIP

Chief residents: Apply before July 1 to keep membership active

AAOMS encourages chief residents to become candidates for active membership before resident membership expires on July 1. For those who apply, membership dues are waived through 2026 and a graduated dues discount is offered for the next two years. Chief residents entering fellowship programs are encouraged to apply for candidacy early to receive an extended graduated dues discount through the duration of the fellowship program. Apply today at AAOMS.org/Apply and learn more about candidate membership and its benefits at AAOMS.org/Join. Questions? Email membership@aaoms.org or call 800-822-6637.

COMMUNICATIONS

Keep up with 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.

PRACTICE MANAGEMENT

Guarding against cyberattacks

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

Visit AAOMS.org/Cybersecurity for more information, including cybersecurity webinars.

MEMBERSHIP

July 31 deadline approaching for Office Anesthesia Evaluation recertification

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.

ANESTHESIA

Seeking OBEAM facilitators

AAOMS is looking for fellows or members who would like to volunteer their time and knowledge to facilitating Office-Based Emergency Airway Management (OBEAM) courses. Any member/fellow who has already taken the OBEAM and wishes to help the remaining AAOMS membership through taking the simulation course can be a facilitator either at AAOMS headquarters or off-site opportunities.

Multiple 2025 dates are available, including during the 2025 AAOMS Annual Meeting in Washington, D.C. Facilitators can earn CE credit, refine their leadership skills and network and engage with AAOMS membership.

Visit AAOMS.org/Simulation to learn more. Questions? Email jscofield@aaoms.org.

ONLINE CE

Register for orthognathic webinars

AAOMS will present a clinical webinar series on orthognathic surgery in May. Sign up for the following:

- May 20, 6 p.m. CDT – Orthognathic Surgery in Gender Affirmation with Elda L. Fisher, DMD, MD, FACS
- May 27, 6 p.m. CDT –Enhanced Recovery After Surgery (ERAS) Protocols in Oral and Maxillofacial Surgery with Christopher F. Viozzi, DDS, MD

Visit AAOMS.org/CEonline to register and learn more. Missed the March Anesthesia Webinar Series? Recordings are available online with the Clinical CE Subscription.

COMMUNICATIONS

Catch up on topics related to OMS specialty in new podcast episodes

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:

- **Reimbursement Success with AAOMS Coding and Billing Courses: Why OMSs Need to Know How to Code** – Dr. Adam Pitts explains the important role surgeons play in ensuring that proper coding leads to successful reimbursement in their practices.
- ***JOMS* Forum: Insights from the Craniomaxillofacial Trauma Section Editor** – Dr. Joseph E. Cillo Jr. discusses leading research published in the *Journal* and what it means for the future of the specialty.
- ***JOMS* Forum: Do Patients With Mental Illness Undergoing Office-Based Sedation Require an Increased Propofol Dosage?** – Dr. Deepak G. Krishnan details the purpose of the study and shares how OMSs can apply the findings to their everyday practice.

ONLINE CE

Keep transcript up-to-date

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.

COMMUNICATIONS

Don't miss out on AAOMS news

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 offers complimentary resources to boost practice visibility

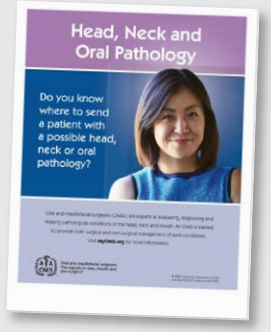
Members have access to over 300 complimentary promotional materials as part of the national AAOMS Informational Campaign. The award-winning campaign features a wide range of resources, including:

- **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:
  - **Wisdom Teeth Care: The Power of Digital Imaging in Modern Dentistry** – Dr. Nicole Eisenberg explains how and why X-rays and CBCT imaging are used to assess wisdom teeth and plan surgery.
  - **Impact of Tobacco, Alcohol, and Marijuana on Pre and Post-Surgical Outcomes** – Dr. Kathlyn Powell discusses how utilizing certain substances can increase risk of anesthesia complications in surgery.
  - **Integrating TMD and Corrective Jaw Surgery: A Comprehensive Approach** – Dr. Derek Steinbacher examines when jaw surgery and TMD treatment can be combined.

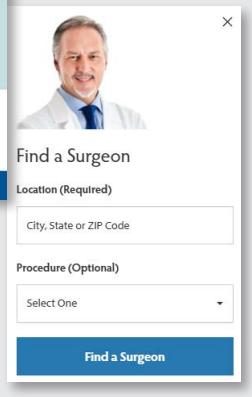




- **Videos** – An expansive library of AAOMS-produced videos is available for members to download and use at no cost on their websites and social media. These videos include patient testimonial videos, animated explainer videos, promotional videos, PSAs, educational videos and OMS Experts videos.
- **Infographics** – 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.

AAOMS GOVERNANCE

Review Board actions online

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

ONLINE CE

Take coding, billing courses

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

Save with coding bundles

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.

OMS FACULTY

SCORE benefits surgical trainees

The Surgical Council on Resident Education (SCORE) for OMS is a learning management system for residency programs. The system improves the education of surgical trainees through a standardized, peer-reviewed curriculum.

Developed by the AAOMS Committee on Education and Training, a SCORE Subcommittee and the OMS Faculty Section, OMS-specific content includes more than 85 modules and 300 questions. The learning system includes a This Week in SCORE sequence with associated module topics. Residents also have direct access to select chapters of Dr. Raymond Fonseca's Oral and Maxillofacial Surgery three-volume set.

Visit SurgicalCore.org to learn more.

ONLINE CE

CE available 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. Visit AAOMS.org/CEsubscription to learn more.

PUBLICATIONS

Seeking OMSs' 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

Various learning options offered

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

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

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

Dec. 4–6

Dental Implant Conference
Sheraton Grand Chicago Riverwalk in Chicago, Ill., with on-demand access
AAOMS.org/DIC

AAOMS Summer Caucuses

2025 Annual Meeting Delegates and Alternates are asked to attend their District Summer Caucus. Fellows and members from their respective Districts also are invited to witness Caucuses on a space-available basis and should contact the Caucus Chair to participate. Chair email addresses are provided.

Aug. 2

AAOMS District IV Caucus
AAOMS headquarters in Rosemont, Ill.
malou.sabino@gmail.com

AAOMS District V Caucus
Hilton Austin Airport in Austin, Texas
bjordan@wt.net

Aug. 9

AAOMS District I Caucus
Mariott Hartford/Windsor Airport in Windsor, Conn.
jawbreaker65@cox.net

AAOMS District II Caucus
Pier 5 Hotel in Baltimore, Md.
lmgorzelnik@gmail.com

AAOMS District III Caucus
Porsche Experience Center Atlanta in Atlanta, Ga.
glennm@jawsoms.com

AAOMS District VI Caucus
UNLV School of Dental Medicine in Las Vegas, Nev.
libbyk@seattleoralsurgeon.com

Regional & State Society Meetings

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

2025

July 16–20

Florida Society of OMS Summer Meeting
Ritz-Carlton, Sarasota in Sarasota, Fla.
FSOMS.org

Aug. 1–3

Georgia Society of OMS Summer Meeting
The Cloister at Sea Island in Sea Island, Ga.
GA-OMS.org

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TH-25-001

5 10 20

Congratulations!

In 2025, 688 AAOMS fellows and members are reaching milestone anniversaries…

215 – Celebrating 20 years

290 – Celebrating 10 years

183 – Celebrating 5 years

View the full list at AAOMS.org/Anniversaries

2025 AAOMS Webinar Schedule

May 14: Tracking Inventory in the OMS Practice



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

May 20: Orthognathic Surgery in Gender Affirmation



Elda L. Fisher, DMD, MD, FACS
● Topic: Orthognathic Surgery
1.0 CDE/CME

May 27: Enhanced Recovery After Surgery (ERAS) Protocols in Oral and Maxillofacial Surgery



Christopher F. Viozzi, DDS, MD, FACS
● Topic: Orthognathic Surgery
1.0 CDE/CME

July 16: The Contemporary Management of Patients with Temporomandibular Joint Intra-articular Pain and Dysfunction (IPD)



Gary F. Bouloux, DDS, MD, MDSc, FRACDS, FRACDS(OMS), FRCS, FACS
● Topic: TMJ
1.0 CDE/CME

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

Visit AAOMS.org/Webinars for more information.

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

Dr. Roszkowski named to Minnesota Board of Dentistry



Dr. Roszkowski

Mark T. Roszkowski, DDS, PhD, of Burnsville, Minn., was appointed to the Minnesota Board of Dentistry. Dr. Roskowski attended and completed his residency at the University of Minnesota School of Dentistry before serving as an Assistant Professor at UT Health Science Center at San Antonio. He returned to Minnesota and transitioned to private practice in 2002. Dr. Roszkowski is the CEO of South Suburban Oral and Maxillofacial Surgeons, which has four clinics in the Twin Cities. He also represents Minnesota in the AAOMS House of Delegates.

Surgical center in Virginia named for retired OMS Dr. Priest



Dr. Priest

The new Sentara Halifax Regional Hospital surgical area in Virginia will be named the James H. Priest Surgical Center in honor of James H. Priest, DDS, who has spent his oral and maxillofacial surgery career in the Halifax community. After graduating from Virginia Commonwealth University in 1979, Dr. Priest opened a private practice in the area, which he ran for more than 45 years. In 2024, he retired from his role as Chief Medical Officer for SHRH, in which he monitored and ensured the quality of care and patient safety at the hospital.

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



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Faculty Positions

New York

The Department of Oral and Maxillofacial Surgery at the University at Buffalo invites applications for two full-time faculty positions; one will be a broad scope trained OMFS (i.e.: interests in TMJ, cosmetic, dental implant, dentoalveolar and/or trauma surgery), and the other requires fellowship training in head and neck and microvascular reconstructive surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. These positions are both clinical and academic, and candidates should have an interest in building and fostering a practice and conducting research. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Fellowship training required for head and neck position. Candidates must have ABOMS Diplomate or Candidate status. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu. The University at Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

Ohio

University Hospitals Cleveland Medical Center invites applicants for a full-time faculty position in oral and maxillofacial surgery. Opportunity Highlights: Excellence in teaching should be demonstrated with evidence of scholarly activity, including clinical pursuits and research. Responsibilities for the position include clinical and didactic teaching of residents and dental students, scholarly activity, research and service. A specific emphasis in trauma surgery, TMJ surgery and orthognathic surgery is desirable. The University Hospitals Heath System includes 18 hospitals throughout Northeast Ohio as well as the UH Cleveland Medical Center, adjacent to the campus of Case Western Reserve University. Compensation is highly competitive, with productivity incentives, travel and clinical support teams available. Qualifications: Candidates must be American board-certified or an active candidate for board certification. Qualifications for this position include completion of accredited oral and maxillofacial surgery residency program. Active Ohio dental license. Interested applicants should submit a curriculum vitae to: Andy Bailey, MHA, FACHE, University Hospitals, andrew.bailey@uhhospitals.org.

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.

New York

Stony Brook University School of Dental Medicine and Stony Brook Medicine sponsor this one-year fellowship program. The hospital-based component at Stony Brook University Hospital, a level 1 trauma center on Long Island, provides extensive experience in orthognathic, temporomandibular joint, reconstructive and maxillofacial trauma surgery. Dentoalveolar and implant surgical experiences are at the School of Dental Medicine's outpatient facility. Candidates must be eligible for a New York State dental or medical license and must have completed a CODA-accredited OMFS residency. Application Instructions: Evaluation of applications will begin immediately. Candidates should submit a personal statement that delineates professional qualifications for the position, along with curriculum vitae and three professional references. Three letters of recommendation will be required for final candidates. For questions regarding this position, please contact Rosie Casaceli (rosemarie.casaceli@stonybrookmedicine.edu) at 631-638-7965.

Fellowships Non-CODA

Calgary

Every year the Calgary OMFS section accepts one fellow for a year-long advanced orthognathic fellowship. The fellow will gain extensive exposure to the consultation, diagnostic and treatment planning processes, and surgical correction of dentofacial disorders, maxillofacial pathology and TMJ disorders. The fellow will participate in approximately 250 orthognathic surgeries with our teaching faculty, with a significant volume of reconstruction, total joint replacements and full-arch implant rehabilitation. Salary expectations >$100k/year. Please forward your curriculum vitae, letter of intent and 2-3 letters of recommendation to graham.cobb@albertahealthservices.ca. southcalgaryoralsurgery.com/education

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/ craniofacialtraumafellowship. 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 practice located near Birmingham, Ala. 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.

Arizona

Well-established, busy, OMS-owned, two-office practice in the Phoenix area seeking a skilled, personable associate or partner. Please send resume to petern739@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.

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

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

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.

Michigan

A well-respected OMS practice in southwest Michigan searching for an oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status for a full-time position. Our practice was established over 40 years ago and has grown to be the premier oral surgery practice in Southwest Michigan. We are a full-scope practice, which allows you to guide how you want to practice oral and maxillofacial surgery. We have four surgeons, two offices and a strong referral base. Southwest Michigan is known for its beautiful inland lakes, ski slopes, walking/hiking/biking trails, hunting and fishing. Each season has something to offer the outdoor enthusiast! We are about a 40-minute drive from Lake Michigan beaches including South Haven and St. Joseph. Academics are important to this location as well. Kalamazoo is home to Western Michigan University and the distinguished Kalamazoo College, a private liberal arts university with an outstanding reputation for academics. We are also home to the Stryker Corporation, Pfizer, Bronson Health Group and Borgess Hospital. The most impressive thing about Southwest Michigan is our community. It offers a great family atmosphere and a wonderful place to raise a family. Kalamazoo is a smaller community which offers a lower cost of living, affordable housing and ease of travel from home to the office and the hospital. This is a great location to perfect your career in oral and maxillofacial surgery. For additional information please email at dwilson@kaloms.com.

New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural and recreational offerings), seeking a well-trained, highly-motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to dr.edkozlovsky@gmail.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.

New York

Join an OMFS practice as a full partner. This practice had two surgeons and two offices. One recently retired. Both offices are located in the suburbs of Rochester, N.Y. Can attend at University of Rochester Department of OMFS. Contact omfseric@aol.com. 585-223-1200. 6800 Pittsford-Palmyra Road, Suite 120, Fairport, NY 14450.

Available Positions

continued from previous page

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.

Ohio

The MetroHealth System in Cleveland, Ohio, Department of Dental Medicine is seeking an oral and maxillofacial surgeon with Diplomate or Candidate ABOMS status to join our dynamic team. Applicants must be eligible for licensure in Ohio. We offer a competitive compensation package, health insurance, paid time off, liability insurance, an academic appointment to the Case Western Reserve School of Medicine faculty at a rank commensurate with experience, CME opportunities, malpractice coverage and an impressive pension program with a generous employer match through the Ohio Public Employees Retirement System (OPERS) and ability to participate in the State of Ohio's 457 Deferred Compensation Plan. DMD or DDS from a school accredited by the Commission on Dental Accreditation (CODA) with a preference for a dual degree with an MD. If you would like to be a part of our team, please send cover letter and CV to the attention of: Eloy Vazquez, Provider Recruitment evazquez@metrohealth.org. To apply: careers.metrohealth.org/Search/JobDetails/oral--maxillofacial-surgeon/f845f7e0-1768-42c2-a807-624c6ad9509e

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.

Tennessee

Full- or part-time surgeon needed for a high-volume, full-scope practice in Jackson and East Memphis, Tenn. The practice is privately owned and will not sell to equity. This practice has a very high income potential and quick opportunity for partnership. For more information, please contact Matthew McLaughlin at mclaugmw@gmail.com or 615-418-0301.

Virginia

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

Washington

Pacific Northwest lifestyle! Wonderful opportunity to practice oral surgery with work-life balance. Well-established, highly respected oral surgery practice in Vancouver, WA, is seeking a qualified oral and maxillofacial surgeon for a part or full-time position, based on the negotiated needs and preferences of the Associate and the Practice. Candidate must be personable, possess excellent surgical skills, with the ability to establish and maintain relationships with existing and new referring doctors. Board certification is preferred. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-061124.

Practices for Sale

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 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.

New York

Solo practice in desirable Lower Westchester County. Office-based dentoalveolar and implant surgery. Three treatment rooms, CBCT, integrated EMR. Motivated seller, will facilitate smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-031025.

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.

Pennsylvania

Oral and maxillofacial surgeons with ABOMS Diplomate or Candidate status. St. Luke's University Health Network (SLUHN) seeks passionate oral and maxillofacial surgeons for our OMS Center for Oral Surgery in the Lehigh Valley, Pa. Conveniently located near NYC, Philadelphia and Newark Airport, we are ranked top 1% nationally in dental implant surgery, specializing in "All-on-4," 3D virtual treatment planning and complex bone grafting. The practice is affiliated with a Level 1 trauma center offering facial trauma, orthognathic, TMJ and cosmetic surgeries. Benefits include: Competitive compensation, rich benefits package, team-based care with dedicated support staff and professional growth opportunities. About SLUHN: A nonprofit network with 20,000 employees and 15 campuses, serving 11 counties in Pennsylvania and New Jersey. Contact: Skye Billig Physician Talent Acquisition Specialist, SLUHN Skye.Billig@sluhn.org.

Practice Transitions

New York

Modern, established, private dentoalveolar practice (potential full-scope) in midtown Manhattan seeks half-/full-time associate for fast-track partnership. Ideal opportunity to maintain a stable presence in the city. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0124.

Classified Advertising Deadlines
Sept/Oct 2025 issue: July 3, 2025
Nov/Dec 2025 issue: Sept. 5, 2025
Jan/Feb 2026 issue: Nov. 7, 2025

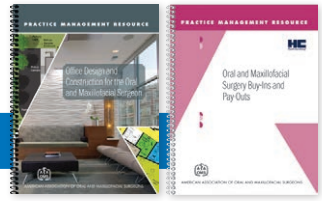
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- *Office Design and Construction for the Oral and Maxillofacial Surgeon,* **3rd Edition** ©2016 | Member: $199
- *Oral and Maxillofacial Surgery Buy-Ins and Pay-Outs* ©2018 | Member: $142



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- *Selling Your Oral and Maxillofacial Surgery Practice* ©2017 | Member: $138
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20 percent off
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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

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Every 40 words thereafter: additional $300

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Signature _____

☐ Check enclosed Amount _____ Check # _____

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☐ Practice for Sale
☐ Position Wanted
☐ Practice Transitions
☐ Miscellaneous

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☐ **This is a confidential ad.**
Contact only the following staff members with questions:

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

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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 _____

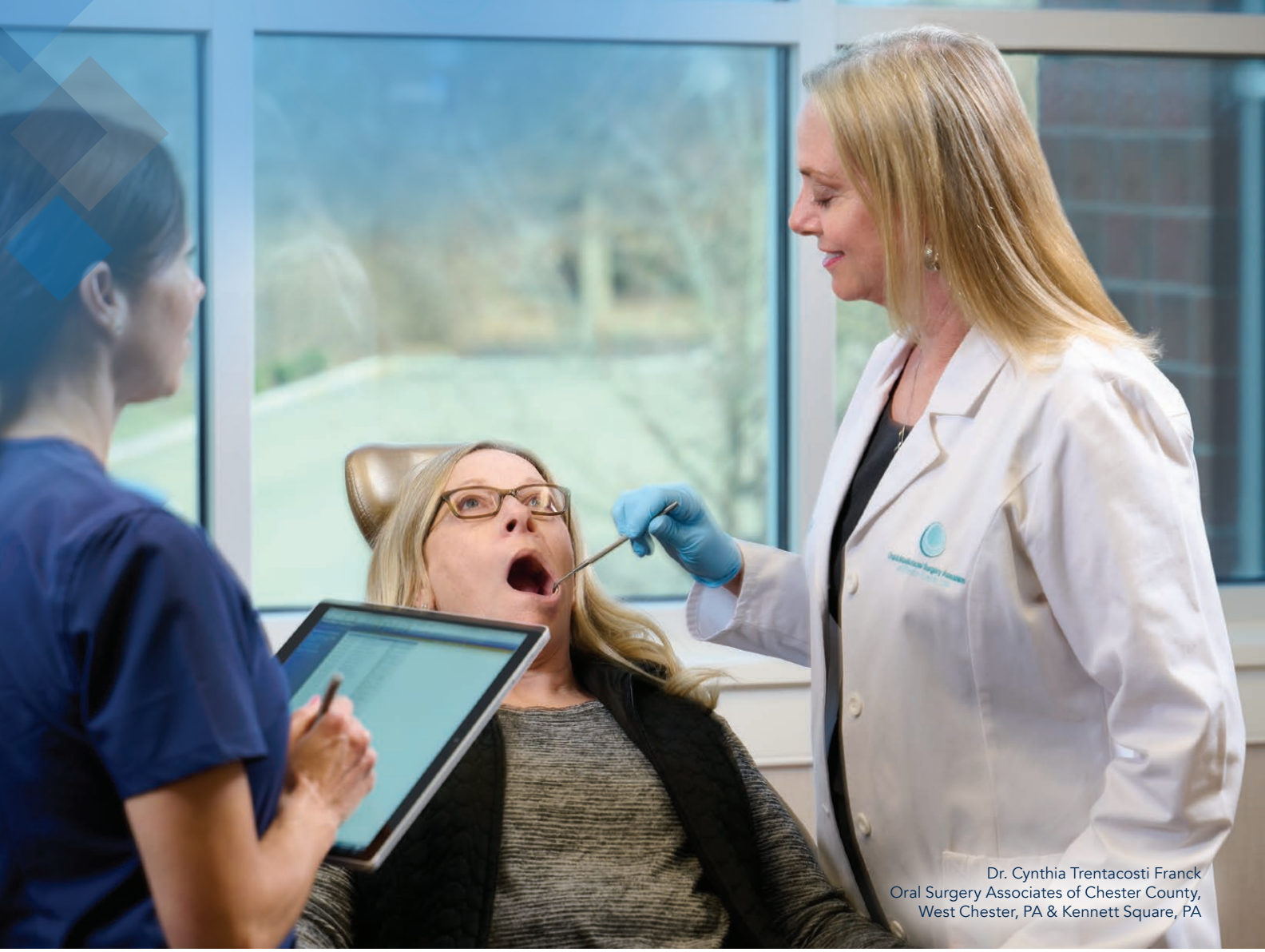
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Jan/Feb 2026 issue: **Nov. 7, 2025**



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

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