

AAOMS TODAY



January / February 2019
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A publication of the
American Association of Oral and Maxillofacial Surgeons

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Extending our reach

Informational Campaign spreads OMS message

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AAOMS TODAY

January / February 2019

Volume 17, Issue 1

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COVER STORY

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Extending our reach

*Informational Campaign
spreads OMS message*

*“The survey results demonstrate
that the public recognizes the
importance of AAOMS membership.”*

*– AAOMS President
Dr. A. Thomas Indresano*

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A. Thomas Indresano, DMD, FACS
AAOMS President

AAOMS greatly anticipates the development of the OMS Institute for Education and Innovation that will provide our members greater opportunity for education and enrichment.

IN MY VIEW

New center to provide

Perhaps the most significant decision made at the House of Delegates during the 100th AAOMS Annual Meeting in October called for developing a center that will expand the availability of AAOMS's educational offerings.

The House of Delegates passed a resolution that authorized the use of \$2.5 million from reserves to construct a state-of-the-art simulation and education center on the second floor of AAOMS headquarters in Rosemont, Ill.

Space on the floor became available at the end of 2018, and construction is expected to begin during the new year. The first educational session may be hosted at the new center – already named the OMS Institute for Education and Innovation – in the fall or winter of 2019.

This project will reap numerous benefits. Hosting events at headquarters instead of hotels will reduce costs and provide convenience to our members, who will be able to fly into O'Hare International Airport and take a short ride to headquarters to attend these courses and events in the center's large classroom, meeting space and simulation labs.

Examples of courses that could be held at the center include sessions in the new AAOMS National Simulation Program – which addresses the needs of the OMS office-based anesthesia team – as well as conferences and other courses in advanced education, professional affairs, practice management and other arenas crucial to our membership's development.

Why this center

Three factors drove the AAOMS Board of Trustees to study the feasibility of turning the vacant space into a simulation and education center:

- Costs related to hosting educational sessions at hotels – especially those for food, beverages and audio-visual rental – continue to rise.
- Rental costs have been high for holding simulation sessions at regional centers. The Board of Trustees is committed to expanding the availability of these simulation sessions, which uphold the patient safety culture.
- More than one-fourth of the space on the second floor of headquarters became available when the tenant's lease ended, but finding a new tenant would be a challenge in the current market. The space was on the market for four years before this previous tenant was found.



more convenience and opportunity for education

AAOMS contracted with an architectural firm to develop design drawings. The Board of Trustees approved a floor plan featuring four simulation labs with two control rooms, 16 total simulators and a classroom large enough for 100 attendees.

As mentioned, through the development of this center, costs can be controlled and limited. Conferences and workshops held at AAOMS rather than at local hotels would result in an estimated annual cost savings of \$150,000 in food, beverages and audio-visual fees.

Another advantage of the center is material and data for simulation can be standardized, which will be highly valuable for hosting the modules of the new National Simulation Program.

History of AAOMS simulation

AAOMS hopes to offer more modules through its National Simulation Program at the center. The AAOMS Committee on Anesthesia has discussed the benefits of anesthesia simulation for enhancing office-based anesthesia and developed the National Simulation Program with three parts: Basic Emergency Airway Management (BEAM), Office-Based Crisis Management (OBCM) and online sedation training (in development).

The program offers OMSs and their staff a way of assessing their preparedness for office anesthesia emergency situations and allows participants to practice and master critical techniques for administering and monitoring office-based anesthesia.

In addition, the program is standardized to ensure all participants experience the same simulated events. The state-of-the-art technology automatically evaluates every participant's performance and identifies areas that may benefit from further training.

AAOMS offered BEAM sessions in 2018 in Minneapolis and Charleston, S.C. The Association hopes to offer additional sessions in BEAM and OBCM in 2019. The new center will allow us to make these valuable modules even more accessible to our membership.



Mock-ups depict one of the center's simulation labs and a large classroom.

Enhanced opportunities

Courses and programs offered at the center will not be limited to the modules of the National Simulation Program. Examples of other events that could be held at the center include:

- Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference
- Clinical Trials Methods Course
- Patient Safety Conference
- Resident Transitions into Practice Conference
- Emerging Leaders Workshop
- Regional and State Leadership Conference
- Hands-on courses
- Coding workshops
- Skills labs
- Practice management sessions

Through offering a wide range of beneficial courses and conferences in a central location that is both convenient and familiar, the center will help fulfill the second priority objective of the 2018-20 AAOMS Strategic Plan that strives to enhance member value and engagement.

AAOMS greatly anticipates the development of the OMS Institute for Education and Innovation that will provide our members greater opportunity for education and enrichment. We hope you also are looking forward to increased convenience and availability of your favorite courses and other events and those you are interested in pursuing. AAOMS is dedicated to member advancement and growth, and this new center will surely bolster that mission. ■



Conference to discuss pediatric anesthesia safety

A AOMS sponsored its first Anesthesia Patient Safety Conference in 2017, as 100 doctors representing various dental and anesthesia specialties reviewed topics including anesthesia education, identification of at-risk patients, techniques for anesthesia administration and monitoring, emergency preparedness and the importance of simulation training for team members.

In 2019, the conference will take a different turn with a focus on pediatric anesthesia safety.

The AAOMS Pediatric Anesthesia Patient Safety Conference being held April 25 at the Hilton Rosemont/Chicago O'Hare in Rosemont, Ill., will address updates on anesthesia and related topics relevant to the safe and efficient administration of pediatric anesthesia. The program also will highlight protocols that promote practice models providing and sustaining the culture of safety.

"The 2017 program placed an emphasis on safety and using data to make evidence-based decisions for anesthesia care," said Thomas Trowbridge, DDS, MD, a member of the AAOMS Committee on Anesthesia. "The 2019 program will continue with an emphasis on these topics – risks of surgical and anesthesia care should not be managed on an anecdotal or empirical basis, but rather by complete analysis of well-collected statistics. AAOMS continues to realize the importance of using best management practices and the value of using data analysis."

The conference will outline strategies for the future of anesthesia in the specialty with an emphasis on enhancing the OMS anesthesia team model and pediatric patient safety. Differences between pediatric and adult patients will be explained, and approaches to the delivery and management of techniques in pediatric anesthesia will be described.

In addition, the conference will address elements of emergency management unique to the pediatric patient, responsible prescribing protocols to manage pain in the pediatric patient as well as anesthesia incidents and risk management techniques to enhance patient care quality.

"The 2019 anesthesia program will place emphasis on pediatric care, with emphasis on techniques that differ from adult techniques," Dr. Trowbridge said. "Airway management in children can differ from adults as well as procedures. Many pediatric procedures may be shorter in time than adult procedures, which allows for changes in handling the airway, drug choices and recovery management.

AAOMS Pediatric Anesthesia Patient Safety Conference

When: April 25

Where: Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Who: AAOMS members

AAOMS.org/SafetyConference



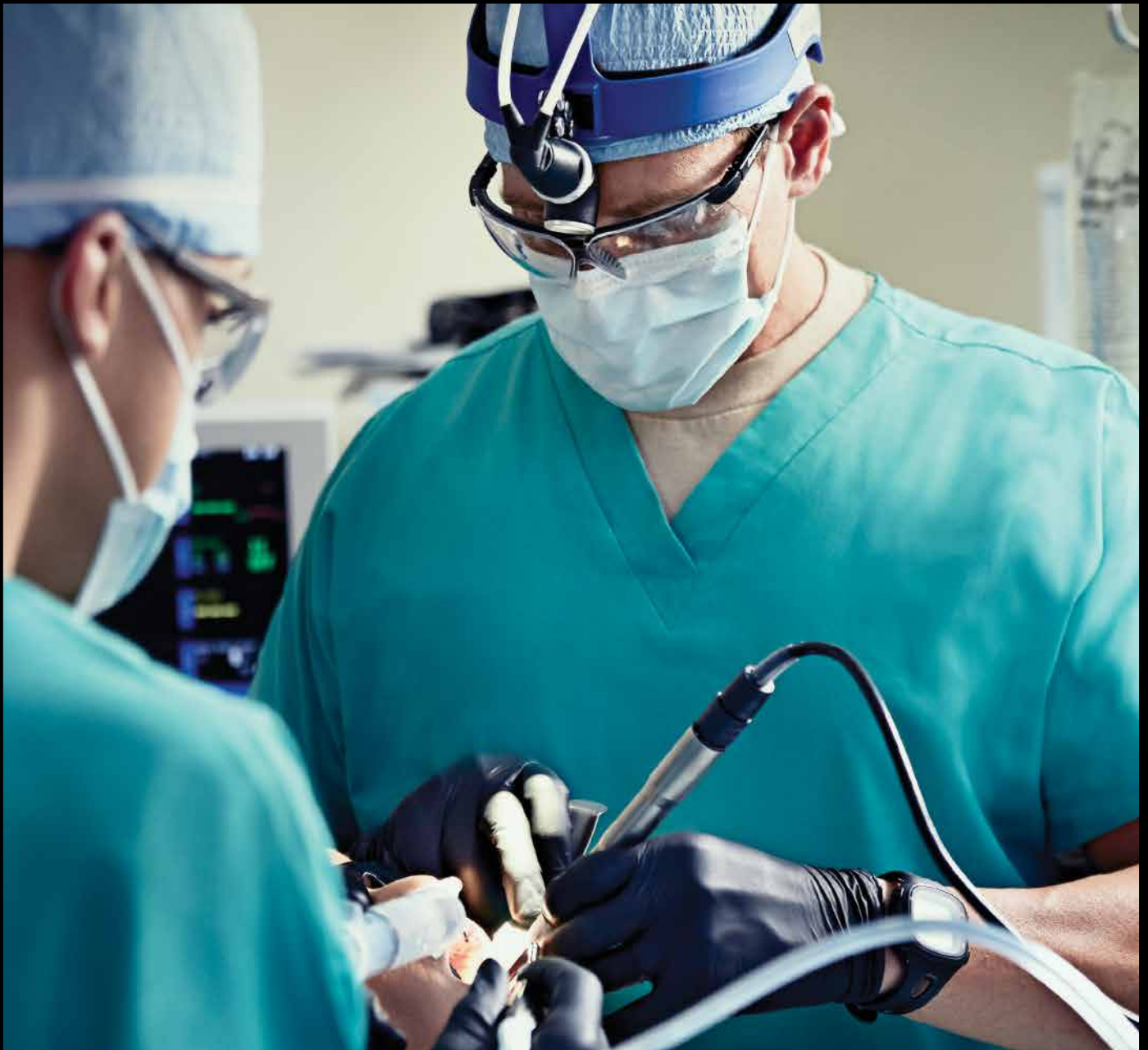
"As anesthesia providers, it is important oral surgeons realize children are not just little adults, and they require different choices in terms of surgical management and anesthesia selection," Dr. Trowbridge said. "Members should attend in order to further their continual education on anesthesia. We must be prepared to have well-informed discussions with parents about anesthesia options for their children and to be able to provide up-to-date anesthesia care."

More than a dozen speakers from various specialties will present on topics ranging from oral sedation techniques, intravenous techniques, laryngeal mask airway and intubated closed airway techniques to patient selection criteria and opioid prescribing.

Sessions also will describe AAOMS's new National Simulation Program, which addresses the needs of the OMS office-based anesthesia team, and the AAOMS Dental Anesthesia Incident Reporting System (DAIRS), which collects and analyzes anesthesia incidents in order to improve the quality of care.

"Oral and maxillofacial surgeons attending this Pediatric Anesthesia Patient Safety Conference will learn from recognized experts to increase their expertise in anesthesia techniques," said Charles Weber, DMD, chair of the AAOMS Committee on Anesthesia. "They will improve decision-making and understanding of pediatric patient pre-anesthetic risk management, selection guidelines for office-based anesthesia and how to decide which patients are best treated in hospitals or surgery centers. Management of pediatric anesthesia emergencies and ways to develop a culture of safety also will be emphasized."

Additional information is available at AAOMS.org/SafetyConference. ■



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Extending our reach

*Informational Campaign
spreads OMS message*



In a testament to the increased effectiveness of AAOMS's Informational Campaign, 25 percent of consumers in 2018 said they have seen or heard advertising or promotions about consulting an OMS – up from 14 percent in 2017 and 7 percent in 2016.

The double-digit percentage point increase can be attributed to a cost-effective focus on a combination of digital marketing, public service announcements, videos and search engine optimization.

The sixth annual AAOMS consumer survey again measured the reach (awareness), frequency (recall) and overall effectiveness of the messaging of the Informational Campaign.

Among key results: After seeing these advertisements or promotions, 58 percent of consumers said they are more likely to choose an OMS and 28 percent visited MyOMS.org. Of those website visitors, 73 percent used the “Find a Surgeon” service that connects AAOMS members with prospective patients.

“With one in four consumers touched by OMS communications, we’re seeing exponential growth in the return-on-investment of our Informational Campaign in the past two years,” said AAOMS President A. Thomas Indresano, DMD, FACS. “The special assessment funding provided by our members is truly making a difference in strengthening public awareness of our specialty.”

Consumer survey questions focusing on preferred professionals, importance of AAOMS membership and decision-making factors (both to pursue or delay treatment) were asked of the three audiences for a second year: baby boomers for dental implants; mothers of teens for third molars; and young adults for third molars.

Baby boomers regarding dental implants

Almost 60 percent of baby boomers are extremely/very familiar with dental implants – up 10 percentage points from 2017. About one in three respondents said they are extremely/very likely to pursue dental implants in the next six months. Follow-up questions included:

Q *If you were making the decision today, **which dental professional would you be most likely to choose** for a dental implant procedure?*

- **OMS: 59%** (up from 55% in 2017)
- Your general dentist: 20%
- Periodontist: 11%
- Another dental specialist: 6%
- Endodontist: 3%

Q *What are the three most important factors influencing **your choice of which professional** would perform the procedure? (Twelve choices were provided.)*

- The professional has the education and training to perform the procedure: 53%
- The professional was referred to you by another medical or dental professional: 52%
- You have a pre-existing relationship with the professional performing the procedure: 47%

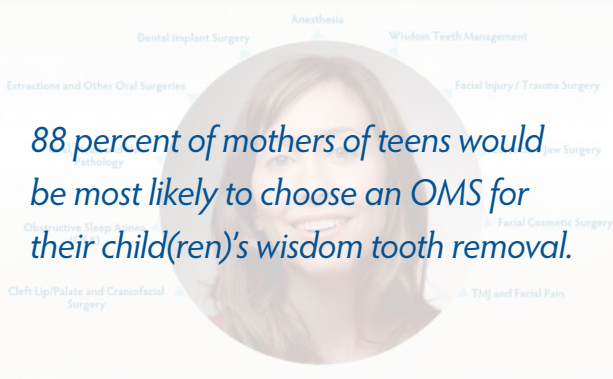
Q *How important would it be for you to know the surgeon you choose is an AAOMS member?*

- **Extremely or very important: 83%** (also 83% in 2017)

Dental Implant Surgery, Anesthesia, Wisdom Teeth Management, Extractions and Other Oral Surgeries, Facial Injury / Trauma Surgery, Facial Cosmetic Surgery, TMJ and Facial Pain, Cleft Lip/Palate and Craniofacial Surgery, Orthodontic Sleep Apnea, Periodontics, Oral and Maxillofacial Surgery, Jaw Surgery

58 percent of consumers said they are more likely to choose an OMS, and 28 percent visited MyOMS.org.

continued on next page



Q What are the three most important factors influencing your **decision to likely pursue dental implants** in the next six months? (Thirteen choices were provided.)

- You want to get this treatment instead of a bridge or dentures: 23%
- You received a diagnosis or recommendation from a medical or dental professional: 18%
- They will improve your smile (cosmetic improvement): 16%

Q What are the three most important factors influencing your **hesitation to pursue dental implants** in the next six months? (Ten choices were provided.)

- The total out-of-pocket costs of the procedure is too expensive at this time: 44%
- The procedure is not covered by your insurance: 36%
- They are not medically necessary: 27%

Mothers of teens regarding third molars

Two-thirds of mothers are extremely/very familiar with the procedure for wisdom tooth removal. About one in three respondents said they are extremely/very likely to pursue the procedure for their child in the next six months. Follow-up questions included:

Q If you were making the decision today, **which dental professional would you be most likely to choose** for your child(ren)'s wisdom tooth removal?

- **OMS: 88%** (75% in 2017)
- Your general dentist: 5%
- Your child's general or pediatric dentist: 3%
- Endodontist: 2%

- Another dental specialist: 1%
- Periodontist: 1%

Q What are the three most important factors influencing **your choice of which professional** would perform the procedure? (Fourteen choices were provided.)

- The professional is referred to you by your/your child(ren)'s general or pediatric dentist: 75%
- The professional is "in-network" on your insurance coverage: 55%
- You have a pre-existing relationship with the professional performing the procedure: 47%

Q How important would it be for you to know the surgeon you choose is an AAOMS member?

- **Extremely or very important: 80%** (71% in 2017)

Q What are the three most important factors influencing your **decision to likely pursue the procedure** for your child(ren) in the next six months? (Eleven choices were provided.)

- You received a diagnosis or recommendation from your/your child(ren)'s general or pediatric dentist: 23%
- The procedure is medically necessary (wisdom teeth are painful/problematic): 21%
- You want to get them taken out now to prevent problems later on: 13%

Q What are the three most important factors influencing your **hesitation to pursue treatment** for your child(ren) in the next six months? (Ten choices were provided.)

- You have not received a diagnosis or recommendation from your/your child's general/pediatric dentist: 50%
- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 48%
- The timing is not convenient with your family/child's schedule: 39%

Young adults regarding third molars

About 69 percent of young adults are extremely/very familiar with the procedure for wisdom tooth removal – a significant increase from 61 percent in 2017. About half of the respondents said they are extremely/very likely to pursue the procedure in the next six months. Follow-up questions included:

Q If you were making the decision today, which dental professional would you be most likely to choose for your wisdom tooth removal?



- OMS: 75% (77% in 2017)
- Your general or pediatric dentist: 15%
- Endodontist: 4%
- Periodontist: 3%
- Another dental specialist: 3%

Q What are the three most important factors influencing your choice of which professional would perform the procedure? (Fourteen choices were provided.)

- The professional is referred to you by your general or pediatric dentist: 66%
- The professional is “in-network” on your/your family’s insurance coverage: 55%
- You have a pre-existing relationship with the professional performing the procedure: 39%

Q How important would it be for you to know the surgeon you choose is an AAOMS member?

- Extremely or very important: 56% (also 56% in 2017)

Q What are the three most important factors influencing your decision to likely pursue the procedure in the next six months? (Eleven choices were provided.)

- The procedure is medically necessary (wisdom teeth are painful/problematic): 20%
- You received a diagnosis or recommendation from your general or pediatric dentist: 15%
- The procedure is covered by your/your family’s insurance: 8%

Q What are the three most important factors influencing your hesitation to pursue treatment in the next six months? (Ten choices were provided.)

- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 49%
- You have not received a diagnosis or recommendation from your general or pediatric dentist: 38%
- The total out-of-pocket cost of the procedure is too expensive at this time: 31%

“We were heartened to learn that prospective patients would choose an oral and maxillofacial surgeon more often than any other dental specialist for both dental implants as well as third molar removal,” Dr. Indresano said. “The survey results also demonstrate that the public recognizes the importance of AAOMS membership, and it reinforces the importance of referrals for all of us.”

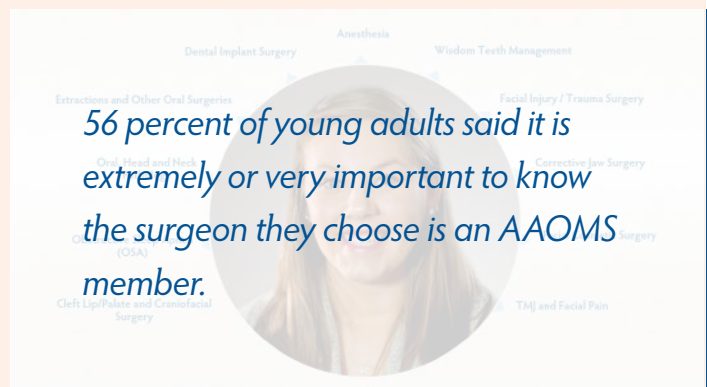


1 in 3 aware of oral cancer-HPV link

About one in three adults were aware of the link between HPV and oral cancer in the 2018 AAOMS consumer survey – a percentage unchanged from the previous year. Awareness did increase in the baby boomer segment, with nearly 60 percent of respondents seeing or reading information recently about the linkage.

Regarding oral cancer self-exams, a slightly higher percentage of respondents (33 percent in 2018 vs. 29 percent in 2017) say they know how to conduct an oral self-examination. The largest increases were with young adults and baby boomers.

When asked which healthcare professional they would see if they found an unusual sore or lesion during an oral self-exam, 16 percent of consumers chose an OMS – about even with the 2017 totals but up from 6 percent in 2016.



The survey results will guide Informational Campaign decisions in 2019 in terms of messaging, targeted audiences and web copy development. ■

Campaign tactics making a difference

The AAOMS Informational Campaign includes a variety of tactics to reach as many prospective patients using the most cost-effective methods to spread the word of the training and expertise of oral and maxillofacial surgeons. Among the newer tactics creating the largest impact on the campaign in 2018:

■ **Digital marketing** – A combination of Google Ads, Yahoo/Bing ads and national display networks in 2018 generated the most impressions, or ad views, of the campaign to date: more than 100 million. That total easily surpasses the 68 million tallied in 2017 and the 1.7 million in 2016. Prospective patients are encouraged to click on these digital ads. The ads are connected to MyOMS.org, which

offers information on various OMS treatments and the “Find a Surgeon” service.

■ **WebMD** – AAOMS’s six-page microsite on the popular health and wellness website continues to drive referral traffic to MyOMS.org. The OMS-specific content includes a “What is an OMS?” overview page (WebMD.com/OMS) and condition/treatment pages focusing on third molars, corrective jaw surgery, dental implants, obstructive sleep apnea and oral, head and neck cancer. WebMD also features AAOMS digital ads on other relevant web pages.

■ **Public service announcements** – All three of the previously produced television PSAs – focusing on 1) how to do an oral self-exam, 2) the connection between HPV

Videos available for members to use on their websites, social media

All of the AAOMS-produced educational, promotional and public service videos are available for members to download at no cost and use on their practice websites or in social media.

All videos can be downloaded from the Member Center (choose Downloadable Media). The digital library includes:

Animated explainer (YouTube) videos

- Dental Implants
- Wisdom Teeth: Pain or No Pain
- What is an OMS?



Promotional videos

- Administration of Anesthesia
- Corrective Jaw Surgery
- Dental Implant Surgery
- Get to Know OMS
- Oral, Head and Neck Cancer
- What is an OMS?
- Wisdom Teeth Management



Patient videos

- Corrective Jaw Surgery – Brenna (three versions)

Public Service Announcement videos

- Are you at risk for oral cancer? Learn the facts. (HPV link)
- Are you at risk for oral cancer? Learn to perform a self-exam.
- Obstructive sleep apnea is a serious and life-threatening condition.



Educational videos

- Anesthesia: Safety and Comfort in the OMS Office
- Having Frenectomy Surgery
- Having Impacted Canine Surgery
- Having Orthognathic Surgery
- Having Third Molar Surgery
- Temporary Anchorage Devices





and oral cancer and 3) obstructive sleep apnea – were edited to shorter lengths requested by TV stations, then repackaged and distributed nationally. To date, the three videos have reached a broadcast audience of 710 million with an equivalent ad dollar value of \$17.5 million. Two radio PSAs distributed in 2018 have reached more than 100 million listeners with a \$654,000 ad dollar value.

■ **Videos** – Three sets of videos focusing on dental implants, wisdom teeth and “What is an OMS” were developed as a video marketing tactic for YouTube. The videos play as in-stream advertising (also called pre-roll). Each encourages the viewer to visit MyOMS.org. Overall, the YouTube videos generated more than 1.5 million impressions in 2018.

New sets of patient videos also are being developed for every keyword group featured on the MyOMS.org home page. The first award-winning set features Brenna, a corrective jaw surgery patient. The next set due in early 2019 will focus on dental implants.

All of the videos are available for members to download at no cost and use on their practice websites or in social media (see story on page 12).

■ **Search engine optimization** – With MyOMS.org generating about 56,000 page views per month in 2018, AAOMS knew it was time to focus on enhancing and expanding the content available on the website. With the new pages, search engine optimization will be improved and allow MyOMS.org web pages to appear higher on Google search result pages.



Informational Campaign wins awards

AAOMS continues to garner awards for its communications materials and its Informational Campaign, which informs the public about the expertise of OMSs.

AAOMS won two Platinum Awards and three Gold Awards in the MarCom Awards contest administered by the Association of Marketing and Communication Professionals. The honors include:

- Platinum Awards
 - Medical web video: Patient Video Series – Brenna
 - Medical film: Patient Video Series – Brenna
- Gold Awards
 - Animated video: What is an OMS?
 - Radio PSA: Oral cancer
 - Radio PSA: Sleep apnea

In the Aster Awards competition, the Informational Campaign was honored with four Gold Awards and one Silver Award, including:

- Gold Awards
 - AAOMS Oral Health Supplement ad
 - National Facial Protection Month PSA poster
 - MyOMS.org Find a Surgeon directory
 - AAOMS series of Informational Campaign video PSAs
- Silver Award
 - AAOMS radio PSA – Oral Cancer

In the Hermes Awards contest, the campaign was honored with two awards:

- Platinum Award for the OSA PSA video
- Gold Award for the OSA radio PSA



Dental hygienists are familiar with OMS and provide implant, extraction data

AAOMS also annually surveys dental hygienists to track any changes in perceptions benchmarked against the 2013 baseline measure as well as subsequent surveys. The 2018 survey examined:

- Familiarity of procedures (specifically dental implants and third molar extractions).
- Sources of information on procedures typically conducted by OMSs.
- Awareness of the specialty, but specifically the roles and procedures performed by OMSs.
- Awareness of the range of procedures conducted by OMSs.

For the second year in a row, a significantly higher percentage of respondents have seen or heard advertising or promotion of oral and maxillofacial surgery – 57 percent in 2018, 38 percent in 2017 vs. 18 percent in 2016.

In terms of the profession and the procedures performed, nine out of 10 hygienists are at least “somewhat familiar” with oral and maxillofacial surgeons. A slightly higher majority of hygienists more closely associate OMSs with dentists than medical doctors (64 percent in 2018 vs. 58 percent in 2017).



The survey also included detailed questions on specific topics:

■ **Dental implants** – A significantly lower percentage of hygienists report their practices handling no cases in-house (20 percent in 2018 vs. 32 percent in 2017). However, the percentage of those who handle all or most of their dental implant procedures in-house went up (58 percent in 2018, 55 percent in 2017 vs. 40 percent in 2016). Other key findings:

- For those who work in offices that handle at least some cases in-house, about two-thirds are performed by a general dentist.
- For those who refer out at least some of their cases, 63 percent go to an OMS.

■ **Third molars** – There has been a significant increase in the percentage of dental offices handling all or most third molar extraction cases in-house (50 percent in 2018, 43 percent in 2017 vs. 21 percent in 2016). Other key findings:

- For those who handle at least some in-house, 58 percent are performed by a general dentist.
- For those who refer out at least some, nearly 90 percent go to an OMS.
- Hygienists are more familiar with the discussion of asymptomatic removal than the previous year.

■ **Oral cancer-HPV link** – Fewer hygienists had seen or read any information about the link between oral cancer and HPV compared to 2017 or 2016. Also, a significantly lower percentage of hygienists are personally performing screenings in their practice (49 percent in 2018, 62 percent in 2017 vs. 76 percent in 2016). When referred out, the majority of patients (68 percent) are being sent to an OMS.



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Dental Implant Conference caters to OMSs, their

Those attending the AAOMS Dental Implant Conference praised its inclusiveness that sets it apart from similar meetings because the educational content is designed for the entire dental implant team – including OMSs, their staff and referring dentists.

“This is a conference that anybody in dentistry, including an assistant or a lab technician or a prosthodontist – all the parts of dentistry or even physicians – could find useful,” said AAOMS fellow Timothy Fallon, DDS, MD, of Syracuse, N.Y., who has attended the conference for more than 15 years, typically with a group of at least four others, including some from beyond OMS. “There’s no hiding anything and saying, ‘This is just for oral surgeons.’ You’ll find periodontists here and orthodontists. It’s really great because it’s open for all the branches of the specialty and it’s useful.”

More than 1,000 AAOMS members, dental professionals, residents, office assistants and other guests attended the annual conference from Nov. 29 to Dec. 1 in Chicago.

Dr. Fallon said he appreciated discussions about new practical technology, including presentations on navigation.

“It’s been useful, modern advances that are helpful for us in private practice,” Dr. Fallon said.

Keynote lectures addressed social media and dentistry as well as reconstruction of cancer patients using CAD/CAM digital technology.

Speaker Rui Fernandes, DMD, MD, FACS, discussed the transformation of surgery following the revolutionary contributions of Harry Buncke, credited as the father of microsurgery.

Previously, “it was not because surgeons didn’t want to deliver better outcomes to patients – but they were limited to what they could offer the patients because technology could not match to what they wanted to deliver at the time,” Dr. Fernandes said. “The limiting factor at that time was the ability to connect blood vessels together, small blood vessels on average about 1 millimeter to 3 millimeters in size.”

The well-attended keynote on social media discussed how to protect professional identity and practices.

“If you’re going to tackle social media, you better make it organic. And if you pay people to push your social media out there, make sure it reflects your brand, not something

canned,” said speaker Jesse Miller, MA.

Two full days of general sessions focused on such topics as managing and avoiding complications, ridge augmentation and prosthetic solutions, and controversy.

In recognition of AAOMS’s 100th anniversary, a general session honored the Association’s history, addressing soft-tissue substitutes, the application of technology to place implants with immediate provisionalization and the development of patient-specific implants to match tooth-root dimensions.

In addition, more than 100 companies showed off the latest products and services in the Exhibit Hall at the Sheraton Grand Chicago. Corporate

Forums and the Anesthesia Assistants Review Course and the Anesthesia Assistants Skills Lab filled out the schedule. For a second year, a simulcast of the general sessions was offered.

Three preconference sessions designed for OMSs and their restorative dental colleagues discussed transforming surgical practices with new digital technology, approaches to augment the narrow ridge and full-arch esthetic management.

“We can show you what’s out there – what we show you will lead you to then investigate,” speaker Richard Martin, DDS, said during the preconference session on new digital technology. “This meeting was created so we were not left behind.”

The preconference schedule also featured three hands-on sessions covering peri-implant soft-tissue augmentation, digital scanning for the OMS and the evolution of implant dentistry.

“I had heard about navigation, but seeing it and doing the hands-on at the conference definitely brought it all together for me,” said first-year resident Paramjeet Kaur Sagoo, DDS, of Nashville, Tenn., who attended a hands-on workshop on transitioning from freehand to guided navigation surgery.

“I wanted to come to the conference and gain advanced knowledge,” she added. ■



Recorded sessions available

Recordings of select educational sessions from the Dental Implant Conference are available for purchase at AAOMS.org/Recordings.



staff and other dental professionals



The annual Dental Implant Conference provides a variety of educational opportunities, including lectures, the Exhibit Hall and hands-on sessions.

Meeting in Boston to spotlight research, innovation

With a theme of “Envisioning the Future of Research and Innovation,” the 2019 Annual Meeting will propel AAOMS into the start of its second century with clinical education featuring 10 half-day tracks, master classes, team-based sessions, hands-on courses and research-focused breakout sessions.

All OMS practitioners, faculty, residents and professional allied staff are invited to mark their calendars for the 101st AAOMS Annual Meeting being held Sept. 16 to 21 in Boston, Mass. The meeting is being held in conjunction with the Dutch Association of Oral and Maxillofacial Surgeons (NVMKA).

This comprehensive educational program and exhibition are set to promote advances in the OMS specialty and provide attendees numerous opportunities to earn continuing education credits for a variety of clinical and practice management interests.

Clinical education to feature tracks

Following the successful introduction of **clinical tracks** at last year’s centennial meeting in Chicago, the clinical education program again will break into a series of tracks.

Ten tracks will be offered. Topics include anesthesia, orthognathic surgery and obstructive sleep apnea, cleft and pediatric surgery, dental implants, dentoalveolar surgery, cosmetic surgery, head and neck oncology and pathology, reconstruction, TMJ and trauma management.

Each track will include a large plenary session during which renowned speakers will lead attendees through the latest evidence-based research. The plenary session will then split into breakout sessions, including one focused specifically on research and innovation. These interactive breakouts will allow for greater engagement on the topic as well as the opportunity for discussion among participants. Given the meeting’s central theme of research and innovation, oral abstract sessions will be held when no other clinical sessions are scheduled on the morning of Sept. 19.

The popular **Preconference on Office-based Anesthesia** program on Sept. 18 will provide an update on challenging patients. The program will focus on assessment and safe anesthetic management for patients with significant medical issues. Case studies will be discussed.

Several **hands-on courses** will be offered, including a full-day cadaveric workshop on cosmetic surgery, a session on nerve repair, a session on the national campaign “Stop the Bleed,”



Clockwise from left: The Annual Meeting will offer a dental implant track, the Anesthesia Assistants Skills Lab and a cadaver course.



in the specialty

Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

The annual **Chalmers J. Lyons Memorial Lecture** will discuss the latest updates on concussions and repeated head impact exposure.

Master Classes will cover such topics as airway management and anesthesia for high-risk patients, advanced dentoalveolar surgery, implants and reconstruction.

Attendees will be able to participate in **team-based sessions** ranging from robotic-assisted dental implant surgery to the cleft and craniofacial team.

Sessions to focus on practice management

Rounding out the educational curriculum are an array of practice management courses that address the day-to-day operations of the OMS practice:

■ **Anesthesia Assistants Skills Lab** – The lab on Sept. 20 and 21 will provide OMS assistants with hands-on clinical training to aid OMSs with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code.

■ **Beyond the Basics Coding Workshop** – All OMSs and their coding staff are encouraged to attend this workshop held in conjunction with the Annual Meeting. This two-day workshop allows for greater engagement on the topic of coding and billing to teach OMSs how to more efficiently run their practices.

For more details about the Annual Meeting, visit AAOMS.org/Boston. ■



101st AAOMS Annual Meeting

Envisioning the Future of Research and Innovation

When: Sept. 16 to 21

Where: Boston, Mass.

Registration: Opens in March. Watch for email announcements or visit AAOMS.org/Boston.

Housing: AAOMS is the only official housing agent for the Annual Meeting. For more information, visit AAOMS.org/AMhousing.

Discounts: Early-bird discounts are available.

- AAOMS members and fellows save \$200 if they register before July 2.
- Allied staff are eligible for a \$100 discount if they register before July 2.
- Retired fellows and members receive a reduced registration rate.

AAOMS.org/Boston

President's Event at Fenway Park

AAOMS President Dr. A. Thomas Indresano and his wife, Rita, will be celebrated at the annual AAOMS President's Event on Sept. 20 at Fenway Park, home of the Boston Red Sox. This event will feature live music, food and entertainment.





CSIOMS to discuss latest research, technologies

Led by experts in both the specialty of OMS and beyond, the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference will deliver the latest in OMS research and innovations relevant to patient care.

“CSIOMS seeks to foster collaboration with clinical and basic science innovators in cutting-edge topics,” said Zachary S. Peacock, DMD, MD, chair of the AAOMS Committee on Research Planning and Technology Assessment.

Registration is open for the complimentary conference being held April 26 to 28 in Rosemont, Ill. Wide-ranging session topics will include:

- **State-of-the-art of Facial Transplantation** – Technical aspects of vascularized composite allotransplantation, advances in immunosuppressive regimens and ethical and psychological implications of this evolving field will be reviewed.
- **Advances in Imaging for Oral and Maxillofacial Surgery** – This session will cover basics of magnetic resonance (MR) neurography, normal anatomy and pathology of the trigeminal nerve, injuries identified on MR neurography, and the role of nuclear medicine imaging technique in the assessment of inflammatory disease of the maxillofacial region.
- **Diseases of Immune Function** – Autoimmune processes for diseases affecting the maxillofacial region, mechanisms for modulation of autoimmune diseases and the role of immunotherapy in anti-tumor therapy will be addressed.
- **Surgeon Wellness and Longevity** – This session will focus on preventing surgeon burnout, building and sustaining a carrier, reinventing oneself, and ergonomics in surgery.

More than a dozen speakers will present on the latest technologies and research impacting the full scope of oral and



CSIOMS will present the latest in research.

AAOMS Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference

When: April 26 to 28

Where: Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Who: AAOMS members and residents

AAOMS.org/CSIOMS



maxillofacial surgery, leading into panel question-and-answer segments.

“Attendees will hear from speakers within and outside of the specialty about advances in the care of oral and maxillofacial patients,” Dr. Peacock said. “Updates in facial transplantation will be provided by those on the front lines of this powerful yet controversial tool in facial reconstruction. Advances in imaging of the trigeminal nerve that directly impact a surgeon’s daily practice will be outlined as well as sessions on immune function. For the first time, attendees will hear about surgeon wellness and longevity.”

In addition, a wound-healing symposium will detail the processes, principles and clinical management of wound healing in the oral and maxillofacial region. The symposium also will address basic biological processes of wound healing through research and offer more detailed information and discussion on processes such as platelet-derived growth factors, molecular and microscopic mechanisms of epithelialization, angiogenesis and tissue engineering.

A resident oral abstract session will help round out the program.

Held biennially, CSIOMS is exclusive to AAOMS fellows and members and OMS residents. Attendees can earn complimentary CDE/CME credits.

“The 2019 CSIOMS will provide attendees with updates on innovations in diverse aspects of the specialty of oral and maxillofacial surgery,” Dr. Peacock said.

Additional information is available at AAOMS.org/CSIOMS. ■



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Photo: Michele S. Bergen, DMD, MD, FACS, oral and maxillofacial surgeon at Infinity Oral Surgery, Greenwich, Connecticut and New York, New York.



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¹To view protocols please visit versah.com/versatility/

²Scientific Poster Presentation at the AAP 101st Annual Meeting, November 2015

³Huwais S, Meyer EG. A Novel Osseous Densification Approach in Implant Osteotomy Preparation to Increase Biomechanical Primary Stability, Bone Mineral Density, and Bone-to-Implant Contact. Int J Oral Maxillofac Implants 2017;32:27-36

⁴Lipton D, Neiva R, Trahan W, Hasan F, Waldrop T, Koutouzies T, and Huwais S. Osseodensification is a novel implant preparation technique that facilitates ridge expansion by compaction autografting. Poster presented at American Academy of Periodontology Annual Meeting; 2015 Nov 14-17; Orlando, FL.



Daniel M. Laskin, DDS, MS
AAOMS Today Editor

Dealing with smokers and vapers

The association between smoking and delayed wound healing is a well-recognized phenomenon that has been established in numerous experimental studies and confirmed across a wide range of clinical disciplines and procedures.

The nicotine in cigarettes reduces blood flow to tissues, increases platelet adhesiveness and raises the risk of thrombotic microvascular occlusion and tissue ischemia, and reduces the proliferation of red blood cells, fibroblasts and macrophages.

Cigarette smoke also contains carbon monoxide, which diminishes oxygen transport and tissue metabolism, and hydrogen cyanide, which inhibits the enzyme systems needed for oxidative metabolism and oxygen transport.

Because of these adverse effects on tissue healing, it is common practice to advise patients who are having impacted third molars or other elective forms of oral and maxillofacial surgery to refrain from smoking preoperatively and for a time postoperatively to avoid complications.

Now, we are faced with a new group of patients who were previous smokers and have turned to e-cigarettes as an alternative to the tobacco-containing form, as well as those who are engaged in vaping for the first time. Among the latter group are many people in the age range of those undergoing the removal of impacted third molars or

orthognathic surgery. Do all these individuals also run the risk of impaired wound healing?

Although e-cigarettes have been promoted as a healthier alternative to traditional cigarette smoking, they still often contain nicotine in varying amounts. Thus, one would suspect vaping could produce similar adverse effects in certain instances.

However, previously there have been no studies to support or refute this idea. Now, however, a recent study published

in *JAMA Facial and Plastic Surgery* provides important information on this subject.

In this study, animals were exposed to traditional cigarette smoke, electronic cigarette vapor or neither for 30 days and then the healing of skin flaps created on their backs was observed. The results showed cigarette smoke and e-cigarette vapor

were equally detrimental to wound healing compared to the unexposed group.

Based on these findings, it is evident patients need to be asked preoperatively about vaping as well as smoking and informed about the need to stop prior to and after their surgery in order to avoid impaired healing.

It is also a good opportunity to counsel both smokers and vapers about the general and oral health risks of such habits and the availability of smoking cessation programs. ■

Although e-cigarettes have been promoted as a healthier alternative to traditional cigarette smoking, they still often contain nicotine in varying amounts.



Kathy A. Banks, DMD
OMS Foundation Chair

Harvesting the fruit of the Centennial Tree

How do you wrap up a successful \$1 million fundraising campaign? With gratitude, humility and a commitment to make the best use of every donated dollar.

The OMS Foundation begins its 60th year energized by the events of 2018 and grateful to every donor whose gifts, large and small, filled the canopy of AAOMS's Centennial Tree. Its shimmering leaves reflect our shared optimism, confidence and commitment to the upward trajectory our Board charted for the Foundation nearly two years ago.

Ultimately, its fruit will be these research and education programs that keep our specialty at the forefront of the dental surgical specialties:

- Research Support Grants underwrite the ongoing discovery of new knowledge, tested and proven by world-class researchers, and provide essential seed money to help innovative investigations get traction and get noticed by larger funders.
- Faculty Educator Development Awards (FEDA), jointly funded by the Foundation and AAOMS, provide a welcome infusion of financial support for early-career academics, encouraging the specialty's most promising educators to stay on and teach the next generation. If you scratch a successful Program Director, you are likely to reveal a past FEDA recipient; it is a natural progression and a good investment of our resources.
- Resident education and enrichment is always a high priority, and the Resident Transitions into Practice Conference and the Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) research symposium are offered at no charge to residents and other attendees, thanks to financial support from the Foundation, AAOMS and other partners. The Foundation also offers travel scholarships for residents, ensuring distance does not deter anyone from attending.

- Our new Global Initiative for Volunteerism and Education (GIVE) program adds a humanitarian service opportunity for residents, offering a chance to travel with experienced volunteer surgical teams to deliver healthcare to underserved communities.
- The OMS Foundation's Norma L. Kelly Resident Spouse Scholarships defray the costs of travel for spouses and life partners traveling with a resident to the AAOMS Annual Meeting.

Collaboration was a critical component of our success in 2018, and we are looking forward to developing our existing partnerships and cultivating new ones in 2019.

OMSNIC, always a strong supporter, stepped up to a starring role last year, adding a \$100,000 gift-match challenge to its perennial support of the Foundation and the OMS Foundation Alliance. The Alliance took a star turn of its own, welcoming a record nine Kelly Scholarship recipients (including its first male Kelly scholar) to Chicago and raising more than \$12,500 to fund five \$2,500 GIVE travel stipends in 2019.

AAOMS and Treloar & Heisel contributed \$50,000 and \$25,000, respectively, to support additional gift-match challenges that energized and inspired our donors all the way to the campaign finish line. Corporate partnerships open the door to new opportunities, and expanding this roster is a high priority for us.

Our challenge this year, and in the years ahead, is to sustain the momentum of 2018, engage our donors, convey our gratitude and prove ourselves worthy of their confidence and continued investment.

I am confident we will succeed. We planted our tree and watched it grow in 2018; the next step is to ensure it bears fruit.

Thank you for joining me in this important (and ongoing) work. ■



States gain tools for defense of specialty



By Herbert D. Stith, DDS
*Chair, AAOMS
 Committee on
 Government Affairs*

With the constant barrage of issues at the state level, I am so pleased that AAOMS hosts the State Advocates Forum – the Association’s annual lobbyist conference – which prepares our advocates for the issues that may pop up in the state legislatures and regulatory boards.

As chair of the AAOMS Committee on Governmental Affairs (CGA), I participated in the 23rd annual conference held in November in Amelia Island, Fla.

Attendees discussed more than 30 topics, including challenges to the OMS team model of anesthesia delivery, dental specialty recognition, midlevel dental providers, dental service organizations and out-of-network billing. Discussion was quite remarkable, as attendees received updates and strategized on how to address these issues in their own states. It was quite evident attendees were gaining the tools necessary to defend our specialty.

“The AAOMS State Advocates Forum provides me opportunities to share ideas and strategies with those in other states,” said Ed Popchuff, Director of Government Affairs at the Indiana Dental Association. “It is a great resource and allows me to develop

relationships that serve me well in meeting the needs of OMSs in the public policy arena.”

In total, 36 advocates from 25 states participated in the meeting, including myself, AAOMS President Dr. A. Thomas Indresano, President-Elect Dr. Victor L. Nannini, Immediate Past President Dr. Brett L. Ferguson and Dr. John J. Hillgen, chair of the AAOMS Committee on Healthcare Policy, Coding and Reimbursement (CHPCR).

All forum participants must be approved by their respective state OMS society president to attend the meeting representing the state society.

One topic that received significant discussion during the meeting was prescription drug abuse. Attendees discussed issues such as continuing education, mandatory prescription drug monitoring checks and limits on opioid prescriptions. Attendees who had already faced these issues in their states provided guidance to those that may address them in 2019, including tips on how to negotiate situations to achieve the best outcome for the specialty.

“I had a great experience at the AAOMS State Advocates Forum,” said William Sherwin, executive director for the North Dakota Dental Association. “The discussions on the various topics impacting OMSs across the country were extremely informative, and I will have plenty to take back to our members. I’m already looking forward to next year.”

Every state should be represented at this important meeting, and limited funding is available to offset costs. The 2019 AAOMS State Advocates Forum will be held Nov. 1-2 in Las Vegas, Nev. ■



More information available

Anyone with questions about their state’s representation or who would like more information about the State Advocates Forum can contact AAOMS Government Affairs staff at 800-822-6637.

Reviewing the 2018 election; looking forward to

The first midterm elections under President Donald Trump went largely as most observers thought they might with Republicans maintaining control of the U.S. Senate and Democrats gaining control of the U.S. House.

Senate Democrats faced an uphill battle having to defend 10 seats in states President Trump won and 26 of 34 total seats that were up for reelection. House Democrats needed to pick up only 24 seats to gain the majority and significantly surpassed that number on election night.

House overview

So far, Democrats have gained 39 seats and will have at least a 34-seat majority in the 116th Congress. At last count, 28 incumbent Republicans lost their seats after Election Day, and no incumbent Democrats lost. The new session of Congress will see an almost unprecedented number of new faces with 104 members of Congress not returning for one reason or another.

House leadership elections

House Minority Leader Nancy Pelosi (D-Calif.) secured the Democrat party nomination for Speaker of the House on Nov. 28. She will face a full House vote for Speaker on Jan. 3, and she is expected to win.

Reps. Steny Hoyer (D-Md.) and James Clyburn (D-S.C.) are running unopposed for majority leader and majority whip, respectively. On the Republican side, Reps. Kevin McCarthy of California and Steve Scalise of Louisiana were elected minority leader and minority whip, respectively.

Key House committee leadership

Rep. Frank Pallone (D-N.J.) will become new chair of the House Energy and Commerce Committee while Rep. Greg Walden (R-Ore.) will move to ranking member. Rep. Michael Burgess (R-Texas) is expected to remain the top Republican on the Health Subcommittee.

Rep. Richard Neal (D-Mass.) will become the new chair of the Ways and Means Committee while Rep. Kevin Brady (R-Texas) will move to ranking member. Rep. Mike Thompson (D-Calif.) is next in line to become chair of the Health Subcommittee but has yet to be confirmed for the position. Rep. Bobby Scott (D-Va.) will lead the Education and Labor Committee as chair while Rep. Virginia Foxx will move to ranking member.

Senate overview

Republicans hold 53 seats in the Senate after Mississippi Sen. Cindy Hyde-Smith won a Nov. 27 runoff while Democrats hold 47 seats. Republicans flipped a total of three seats in Indiana, Missouri and North Dakota while Democrats took Arizona and Nevada away from Republicans.

Senate leadership elections

The Senate has already voted on its leadership for the next session of Congress, and things remain largely unchanged, especially at the top with Sens. Mitch McConnell (R-Ky.) and Chuck Schumer (D-N.Y.) voted to lead their respective parties in the Senate. John Thune of South Dakota moves up to Republican whip, replacing John Cornyn of Texas while Dick Durbin of Illinois retains his role as Democratic whip.

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healthcare policy votes in new year

Key Senate committee leadership

Sen. Chuck Grassley (R-Iowa) will become Senate Finance Committee chair while Sen. Ron Wyden (D-Ore.) will remain ranking member. Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.) will remain chair and ranking member, respectively, of the Senate Health, Education, Labor and Pensions Committee.

What to expect in 2019

Even with a divided Congress, hope remains the House and Senate can get together to address needed changes in healthcare policy. AAOMS priority bills that have passed the House and are awaiting final action in the Senate before

the end of the year include those to remove the antitrust exemption for health insurers, reform medical malpractice laws, expand tax-free consumer healthcare spending and permanently repeal the Medical Device Tax.

If Congress does not address these bills during the lame-duck session, a Democratic House could possibly take up a few of these priorities. However, House Democrats will likely want to move these bills in a broader package to help stabilize the ACA health insurance market.

Following the repeal of the tax penalty for the individual mandate to purchase health insurance, which takes effect in 2019, bipartisan action will be needed by Congress to help stabilize the health insurance marketplace in the 116th Congress. ■

AAOMS priority advocacy issues result in federal successes in 2018

AAOMS enjoyed the following successes in 2018 with the following advocacy priority issues:

• Craniofacial anomalies coverage

- Legislation: Ensuring Lasting Smiles Act (HR 6689 and S 3369)
- Result: AAOMS-drafted bills introduced in the House and Senate

• Student loan reform

- Legislation: Resident Education Deferred Interest Act (HR 5734)
- Result: AAOMS-drafted bill introduced in the House

• FSA/HSA reform

- Legislation: RAISE Benefits Act (HR 1204) and Health Savings Act (HR 35)
- Result: Passed the House as part of HR 6311

• Antitrust reform

- Legislation: Competitive Health Insurance Reform Act (HR 372)
- Result: Passed the House

• Medical malpractice reform

- Legislation: Protecting Access to Care Act (HR 1215)
- Result: Passed the House

• Non-covered services

- Legislation: Dental and Optometric Access Act (HR 1606)
- Result: Cosponsors have reached more than 100 members

• IPAB repeal

- Legislation: The Protecting Seniors' Access to Medicare Act (HR 849)
- Result: Signed into law as part of 2018 appropriations bill

• Medical Device Tax repeal

- Legislation: The Protect Medical Innovation Act (HR 184)
- Result: Passed the House

More information is available at AAOMS.org/action.



Registration open for 19th annual Day on the Hill

The 19th annual AAOMS Day on the Hill will be held April 9 and 10 in Washington, D.C.

The event will begin with an afternoon session on “Tips for Conducting Congressional Visits.” A reception and dinner are scheduled for the evening of April 9, with a breakfast and morning program discussing AAOMS issues to start the day on April 10.

All events will be held at the Washington Marriott at Metro Center in Washington, D.C.

Complimentary airfare and one-night hotel accommodations to attend this program will be offered on a first-come, first-served basis to the first 30 AAOMS fellows or members who have not attended a Day on the Hill event within the last five years.

No political or advocacy experience is necessary. AAOMS welcomes first-time attendees and will ensure they are adequately prepared for Congressional meetings.

Online registration is now open at AAOMS.org/DayontheHill. ■

Day on the Hill

What: Advocate to members of Congress

When: April 9 and 10

Where: Washington Marriott at Metro Center in Washington, D.C.

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

Questions?

Contact Adam Walaszek at 800-822-6637, ext. 4392, or awalaszek@aaoms.org.






For more information,
visit AAOMS.org/Boston

101st AAOMS Annual Meeting, Scientific Sessions and Exhibition

Envisioning the Future of Research and Innovation

Sept. 16-21

Boston Convention and Exhibition Center
Westin Boston Waterfront Hotel

Save the date!





Annual report: Previewing the 2018 figures

As the OMSPAC Board of Directors prepares its 2018 Annual Report, which will be published in February, a few statistics are available based on OMSPAC operations as of Oct. 31.

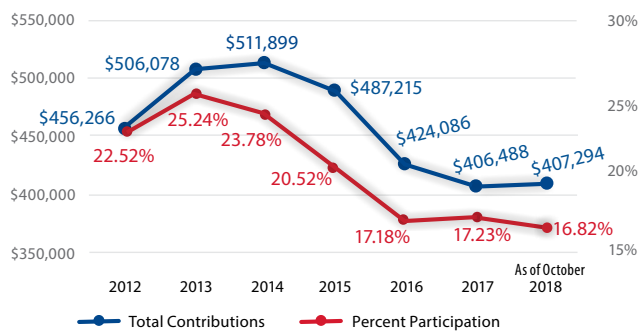
Competing interests in Washington are pushing agendas that would hurt OMS practices. Since 1971, OMSPAC has served as the specialty's first line of defense as the only OMS organization able to work to elect federal candidates to Congress who understand the important role of OMSs and the issues facing the specialty. OMSPAC protects the specialty by helping elect federal candidates who support OMSs, the specialty and their patients.



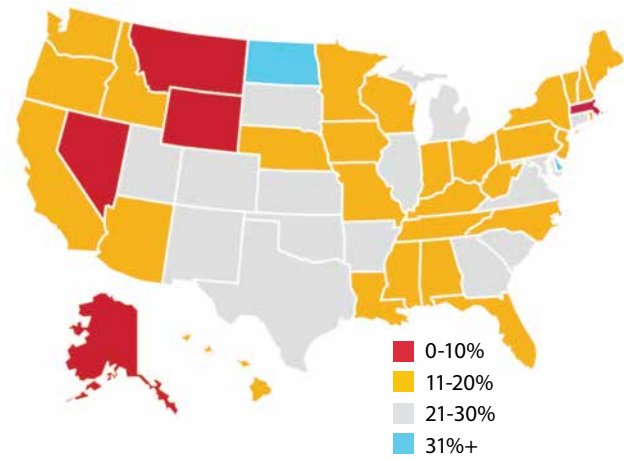
The OMSPAC Board thanks all AAOMS members who contributed to OMSPAC in 2018.

More information is available at OMSPAC.org. ■

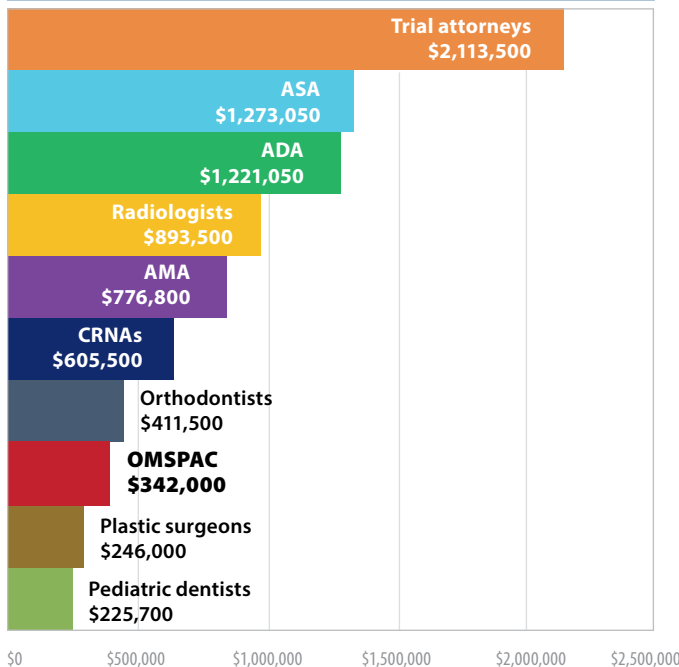
Annual Receipt & Participation Trends



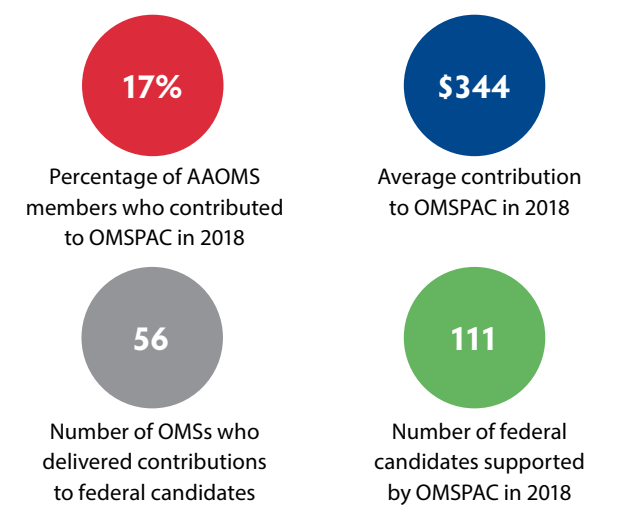
2018 Participation by State



2018 Federal Candidate Contributions



Facts about Contributions



Understanding the importance of coding, billing

In the context of coding and billing, auditing is a process of verifying the adequacy of medical record documentation and subsequent code selection. Monitoring may encompass audits or computerized report reviews and normally results from an audit that identified coding errors or questionable coding behavior.

Practice and payers alike may conduct audits and/or monitor claim behavior. OMS practices should have procedures in place not only to conduct periodic internal audits but also to respond to a carrier audit. Understanding the EOB and accompanying remark codes may provide the OMS some insight as to claim behavior that carriers may be monitoring.

Internal audits

OMS practices should create internal auditing procedures as well as a compliance plan. This compliance plan will help ensure your practice is in compliance with proper coding principles, provider contracts and state and federal laws.

A staff person experienced in this area should be appointed as your practice's compliance officer to not only oversee your practice's compliance plan and resolve compliance issues as quickly as possible but also to stand ready to respond should your practice be subjected to a payer audit. Depending on the type of audit, the practice's attorney may need to be notified.

Steps to conducting internal audits

1. Determine who in the practice will conduct internal audits. Responsibility for conducting internal audits should be assigned to someone other than the individual who usually posts carrier payments.

This may be the practice administrator or coding/billing supervisor and also may include the OMS. If no individual is skilled to perform these important audits, AAOMS recommends staff be educated through its coding and billing courses. Under no circumstance should members of the coding and billing staff review their own work, as this could be considered a conflict of interest.

2. Select records to be reviewed. When creating a protocol, consider the following:



- Will the audit be performed after the claim has been submitted or payment has been received? Will the audit be performed before the claim has been submitted to the carrier? The auditing process is used to not only review claim accuracy but to ensure proper billing is being done and payments are being applied appropriately. Performing audits before submitting the initial claim will delay the initial claims processing step, which is not a preferred option for most OMS offices. Post-payment audits offer the most information for review.
 - The type and size of sample to be collected. While the OIG has its own recommendations, AAOMS recommends this be done on an ongoing basis, with spontaneous reviews conducted by selecting random patient records for each doctor in the practice.
- 3. Establish compliance goals.** Determine what is considered an acceptable claims submission. An example is audits should identify if errors are made prior to submission, by whom and how best to correct inadvertent or intentional errors.
- 4. Review entire record.** Use a standardized audit form to identify and document the appropriateness of the coding, thoroughness of medical record documentation and accuracy of claim submissions. Conversations with staff and the doctors will be more efficient if a standard audit form is used that



audits

can easily describe the opportunities for improvement.

- 5. Prepare a final report.** The audit report should summarize any findings and identify areas of improvement, internal or external problems and a corrective action plan.
- 6. Hold a meeting.** A meeting should be held with the practice's coding/billing staff and OMSs to discuss the findings of the audit. These meetings should be used as an opportunity to improve accuracy and efficiency as well as reinforce the importance of documentation. Significant problems identified through the audit should be reported to the managing OMS and/or practice manager.
- 7. Document actions taken.** Record the practice's efforts to improve the problems identified during the audit. Follow up with specific areas identified through the initial audit process to make certain the implementation of the corrective action plan was followed. This is a very important step, as many problems – either human or electronic – are often not corrected after the first or initial audit.

Again, this process will affirm the importance and quality of your plan. As necessary, adjustments to the timing, number of charts reviewed and/or other areas identified can be made to the written compliance plan. The plan by its design should change, improve and evolve over time. ■

Coding resources available

Additional information on this topic may be found in the AAOMS coding paper, "Understanding Explanation of Benefits and Reimbursement Audits," on the AAOMS website at AAOMS.org/practice-resources/codingreimbursements/coding-billing-papers.

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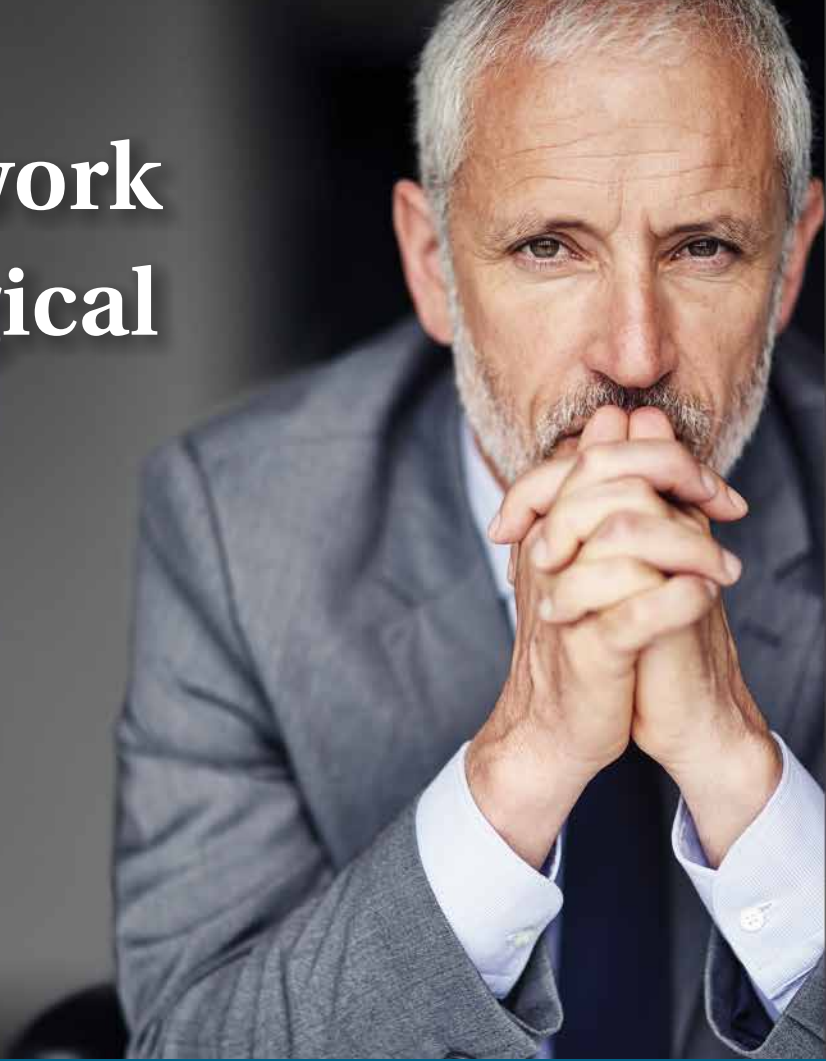
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Outlining guidelines for practice valuations

By Joseph W. Gallagher, JD, LLM
Principal consultant, The Health Care Group, Inc.
Principal attorney, Health Care Law Associates

The need to assess the value of your practice can arise in a variety of settings, such as when your associate doctor becomes a partner, when you or an existing partner will be exiting the practice, in divorce, or when you are preparing to sell the practice.

While there are times when a formal appraisal by an independent party is necessary, there also are times when you can make a pretty good estimate of your own practice value without having to purchase a third-party valuation.

Nearly all oral surgery practices have three basic categories of “value”: the tangible or “hard” assets, accounts receivable, and intangible value or “goodwill.” While there are important income tax concerns to be addressed in any particular transaction, there are nonetheless some rules of thumb that are able to provide at least an estimate of your practice value.

Quantifiable ‘hard assets’

Every oral surgery practice has equipment, furnishings, fixtures, accumulated cash and/or invested earnings. Each of these hard assets is both specifically identifiable and therefore quantifiable. In fact, these very assets enable the practice to make money in the first instance.

You have two choices. You might employ an appraiser to value your physical assets whenever that information is required, or you might use an equity-formula approach. The latter approach systematically calculates the value of your capital assets that may result in a different amount over time but always uses the same principles.

The equity formula valuation is usually based on the practice “net book value” calculated on a cash basis as of the last day of the fiscal year preceding the transaction date. Alternatively, the number can be determined as of the end of the month preceding the transaction date.

The hard asset values are available on the practice tax return, where the details of the assets are shown: original cost, type of assets and date of acquisition. These

balance sheet values are modified in three ways. These modifications are appropriate in order to accurately state the real value of the practice hard assets.

First, you must add the non-depreciated asset values. These are the items that your accountant “expensed” under Internal Revenue Code Section 179.

Second, if your practice owns items that would not be sold if the practice was sold (such as an owner’s car, artwork or other items that one particular owner personally claims to), such items would be excluded from the overall practice valuation.

The third modification is to restate the depreciation actually taken on the assets (for purposes of this valuation only) to more realistically take into account that you are actually using many of the items that are now fully written off the balance sheet yet do have “value.” The usual restatement method is on a “straight-line” basis over a 10- to 12-year useful life. (Perhaps your computers or other rapidly depreciating items might nevertheless be restated over a five-year basis, as you may need to replace them – at least in part – in this shorter time period.)

In fact, because most OMS equipment generally does not lose significant value over time, this is fair. For those fully depreciated assets that are still in use on the valuation date, a maximum depreciation of 80 percent of the original cost (therefore valuing any asset in use at no less than 20 percent of its original cost) is a common and fair secondary adjustment.

Most advisors do not restate the depreciation on leasehold improvements. In fact, all practices should be very careful when including values for leasehold improvements, the benefit of which may actually run to the landlord if the lease is short and/or not renewed by the practice doctors. Also, the value remains high on a book value basis because the useful life of those improvements for IRS purposes is 30-plus years.

Next for consideration is the value of your dental, medical and business supplies or inventories. Many office administrators can fairly well estimate the actual cost-basis value of items on hand with a visual audit checked against internal accounting records. Alternatively, rather than valuing your inventory of supplies, you might ask yourself, if we stopped ordering supplies (implants, etc.) tomorrow,

continued on next page

about how long would the practice continue on average before it could no longer operate? Usually the answer is about one to three months. If that sounds right to you, then you might want to add 1/12th of the amount you spent on clinical supplies to the “balance sheet” for last year as an estimate of your investment in the practice inventory.

Of course on most valuations, either the buyer does not assume any liability (such as in the case of an outright sale) or if he or she does, then the book value must be adjusted downward to account for the assumption of those liabilities (or the relief therefrom) when the purchasing doctor becomes an owner or when the selling doctor is bought out.



Calculate accounts receivable

Your first decision is to determine if you have accounts receivable worth measuring. On average, OMS practices usually report about one-half to three-quarters of one month’s income being tied up in receivables, but this is highly dependent on the type of OMS practice you have at the time.

To appropriately value the practice accounts receivable, first eliminate any delinquent accounts (including claims to which all collection efforts have ceased) along with those that have a substantial likelihood of non-payment, such as amounts that have been turned over for collection or are older than 180 days and not subject to an agreed payment plan.

The remaining accounts receivable should be reduced from their face value to their collectible value by multiplying the (adjusted) face value by an appropriate gross collection ratio. This ratio should employ data from a recent 12-month period and be calculated as:

$$\frac{\text{Total Cash Receipts}}{\text{Total Charges}} = \text{Collection Ratio}$$

These calculations are generally reliable, assuming the practice systems accurately track receivables, balances, payments and charges, and it routinely writes off and

removes uncollectible charges. The goal is to come up with a fair approximation of those collectible receivables without having to actually wait and see what happened, although that is an alternative as well.

Determine a goodwill value

In practical terms, having goodwill means having the reputation and business and operational systems needed to run an oral surgery practice. Its components include:

- A workforce of experienced clinical, clerical, administrative personnel and oral surgeon in place and working.
- Effective billing, information, data and scheduling systems.
- Restrictions on competitive practice by the practice’s providers.
- Patient charts and records.

Goodwill also includes the capacity to transfer an established referral network as well as the existing patient base and managed care or other contracts from which to generate immediate cash flow, regardless of specific clinical staffing.

Variables that commonly affect goodwill value include the vitality and strength of the referral network, location of the practice, patient demographics, the impact of managed care on the local healthcare delivery market, range and scope of services offered and competition.



A particular practice's goodwill value is, to some extent, a matter of conjecture, for there is no truly active public market in the sale and purchase of OMS practices by which price patterns become readily known and established. Nonetheless, based on experience with valuing OMS practices for various reasons, including actual sales and purchases including buy-ins and pay-outs, some firm guidelines have developed for what a ready, willing and able practice buyer would pay to acquire a full or partial interest in a practice.

The average OMS specialty practice tends to have overall goodwill values in the range of 38 percent to 45 percent of the practice gross income.

This methodology is focused on the comparable sales valuation principle because it is the most common methodology used in valuing healthcare practices. Nevertheless, it holds up under other methods (e.g., discounted cash flow or excess earnings).

Stated as a percentage of gross income over recent years, the results for general dental and OMS practices appear this way:

Goodwill percentages		
Year(s)	Average General Dentistry Goodwill	Average OMS Goodwill
2017	50.05%	45.29%
2016	48.55%	41.55%
2015	49.13%	41.28%
2010-14	48.15%	41.57%

Source: *Goodwill Registry 2018* © The Health Care Group 2018

This report includes 1,585 entries for the general and dental subspecialties. Of those, only 14 (or about 1 percent) reported no goodwill. Of the 159 OMS practice valuations, only two reported not assessing a goodwill value.

So, with all of this said about the intangible value, what is it worth in your practice? There are a number of factors that affect the goodwill of a practice; two are particularly important, as they have the most pronounced affect on value. Those two factors are geography and profitability. Practices in less desirable or "out-of-the-way" locations may be immensely

profitable and may present an ideal income opportunity. However, to attract a doctor to such a location, a practice may have to pay an associate a higher-than-typical starting salary and may have to give up some (or all) of the goodwill simply to entice the associate to the area.

In addition, in states that do not enforce restrictive covenants, unless the practice is immensely profitable and the associate cannot replicate that success independently, the practice may find itself giving up some part of this value simply to retain the associate as a partner.

Finally, in truly remote areas or ones in which the practice is essentially "the only game in town," the courts may be unwilling to enforce a restrictive covenant where doing so would effectively grant a monopoly to the existing practice. This may shift the negotiation power to the associate or buyer and may again be used to reduce any goodwill obligation. In fact, it is unlikely an associate would pay more than the opportunity cost and income loss in opening a competing practice.

There is little doubt overall practice profitability plays an important role in valuing goodwill. The math is very straightforward: the more than "average" the practice returns to its owners, the more that practice is "worth." Who would not pay more to receive an annuity that earned and paid more?

Practices with well-developed referral sources, good management systems and a strong (group) market position tend to be worth more. An associate projecting a future (higher) income stream in such a practice would likely pay more to join the practice than to join one that earned substantially less for its partners. The same principle applies to oral surgery practices. A practice with above-average profitability is likely to command a higher goodwill value.

On this point, consider that barring a geographically undesirable location, the typical practice valuation (in addition to its equity) is usually about one year's net income (meaning, the compensation of wages, bonus, retirement contribution and other perquisites available to the surgeons in the practice). While there is certainly variation, and one should not mitigate the local factors and other issues that affect the intangible values, there are some reasons why this tends to hold true for the "average" practice.

continued on next page



Consider the data in the table shown at right.

Consider all variables

If the average practice has about a 55-plus percent overhead and slightly under one month's income in receivables, you can see that tends to correspond – roughly – to the net income. On the other hand, if you have one of those OMS practices with a 65 percent overhead because you have multiple offices, etc., then you might be less profitable overall, but that may depend upon the income you actually earn.

In the context of bringing on a new partner, consider it also is important to take into account the supply of associates who complete their training and how that has affected the salary price of associates. In many cases, the buyout may be predicated on the ability to leverage the new associate. That is, you will need to bring someone in to buy a senior out. This can be tricky if the senior is doing something unique, of a special interest only to him or her and not easily replicable, etc.

Also, if you divide your income on a full productivity model, thereby putting the burden on the associate to develop his or her own business “within your practice,” then you may not be as able to command a significant valuation along the

	Average Practice	Average More Profitable Practice	Practice A	Practice B
Gross Income	\$1,500,000	\$1,500,000	\$1,200,000	\$2,000,000
Overhead	55%	45%	55%	55%
Net Income	\$675,000	\$825,000	\$540,000	\$900,000
One-year Net Income as a Percent of GI	45%	55%	45%	45%
Selling One-half Interest for	\$337,500	\$412,500	\$270,000	\$450,000

lines that were already addressed because the associate did not benefit as much from your practice as he or she would have in another setting where the income was more easily achievable based on the transfer of the referral bases. So, the motives behind some of these transactions also will be a factor. ■



This is number 165 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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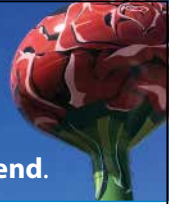
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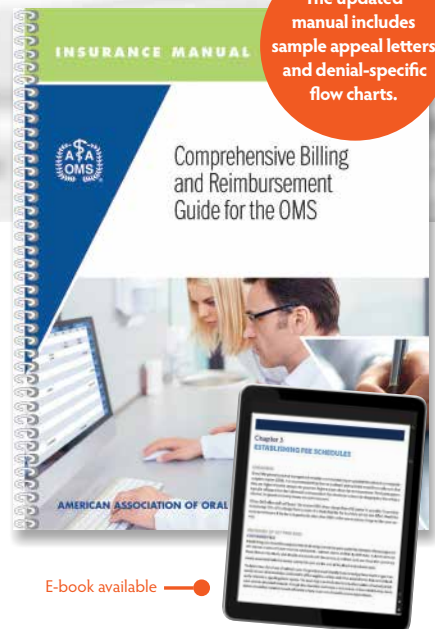


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Understanding Medically Unlikely Edits

The Centers for Medicare and Medicaid Services (CMS) developed the Medically Unlikely Edits (MUE) program to reduce the paid claims error rate for Part B claims. The first edits were implemented Jan. 1, 2007.

Subsequently, there have been quarterly updates increasing the number of edits. The edits were developed based on anatomic considerations, Healthcare Common Procedure Coding System (HCPCS)/CPT code descriptors, CPT instructions, CMS policies, nature of service/procedure, nature of analyte, nature of equipment and clinical judgment. Prior to implementation, all edits were reviewed by national healthcare organizations.

An MUE is a Medicare unit of service claim edit applied to medical claims and some commercial carriers against a procedure code for medical services rendered by one provider/supplier to one patient on one day. For example, code 41874 (Alveoloplasty) has a MUE of four units because the code can only be performed on four quadrants in a single day to one patient per provider.

The MUE value for a HCPCS code was only decided against the units of service (UOS) reported on each line of a claim. In April 2013, CMS modified the MUE program so some MUE values would be date-of-service edits rather than claim-line edits. At that time, CMS introduced a new data field to the MUE edit table termed “MUE adjudication indicator,” or MAI.

CMS is currently assigning an MAI to each HCPCS code. The MAIs being assigned can either be “1,” “2” or “3.” The following are details of each of the edits:

- **MUEs for HCPCS codes with an MAI of “1”** – MUEs for HCPCS codes with an MAI of “1” will continue to be adjudicated as a claim-line edit.
- **MUEs for HCPCS codes with an MAI of “2”** – MUEs for HCPCS codes with an MAI of “2” are absolute date-of-service edits. These are “per day edits based on policy.”
- **MUEs for HCPCS codes with an MAI of “3”** – MUEs for HCPCS codes with an MAI of “3” are date-of-service edits. These are “per day edits based on clinical benchmarks.” If claim denials based on these edits are appealed, Medicare Administrative Contractors may pay UOS in excess of the MUE value if there is adequate



documentation of medical necessity of correctly reported units.

With MUEs already being utilized, it is becoming increasingly important to bill the correct modifiers so services that are separately billable do not get inappropriately bundled.

It is important to remember that documentation must support the use of the modifier. According to CMS, there will be an appeals process in place to ensure payment for medically reasonable and necessary services that exceed the established MUEs.

For more information on MUEs and MUE adjudication indicators and general processing information, visit the CMS website at [CMS.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1421OTN.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1421OTN.pdf).

A complete list of CPT codes and MUEs and MUE adjudication indicators associated with these codes is on the CMS website at [CMS.gov/medicare/coding/nationalcorrectcodinedit/mue.html](https://www.cms.gov/medicare/coding/nationalcorrectcodinedit/mue.html). ■

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 to you 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, you need to consult your own professional advisers. CPT® only © 2018 American Medical Association Current Dental Terminology® (CDT) © 2018 American Dental Association. All rights reserved.

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Controlled substance loss; PDMP use; breaches

Q What steps must be taken in the event of theft or loss of a controlled substance?

A Per the Drug Enforcement Administration (DEA) website, federal regulations require registrants notify the DEA Field Division Office in their area in writing of the theft or significant loss of any controlled substance within one business day of discovery of such loss or theft.

The registrant also must submit DEA Form 106 regarding the theft or loss, and this can be done online. This form requires the National Drug Code (NDC) to be recorded on the form, as it identifies the manufacturer, product, dosage form and package size.

To access DEA Form 106, or for more information, visit DEAdiversion.USDOJ.gov.

Q When are prescribers required to use Prescription Drug Monitoring Programs (PDMPs)?

A Prescriber use mandates are state laws that require healthcare providers, under specific circumstances, to check the PDMP – jurisdictionally operated electronic databases that collect, maintain and disseminate controlled substance prescription information specific to each jurisdiction's laws and regulations.

A majority of states have these mandates. However, requirements vary state to state regarding when the PDMP must be checked.

Among other actions, PDMPs identify and deter or prevent drug abuse and diversion; facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs; and inform public health initiatives through outlining use and abuse trends. Each state designates a state agency to oversee its PDMP.

The Alliance of States with Prescription Monitoring Programs maintains a list of state contacts at NASCSA.org. For information on state statutes and regulations for PDMPs, visit the National Alliance for Model State Drug Laws at NAMSDL.org.

Q What is the proper method to dispose of single-use items in the OMS practice?

A Most single-use (disposable) items used in dental settings can be discarded with the regular trash.

However, the Centers for Disease Control and Prevention (CDC) states some single-use items meet the definition of



“regulated medical waste” and are required to be handled and disposed of according to federal, state and local rules and regulation. The example the CDC gives is that of solid waste soaked or saturated with blood or saliva or contaminated sharp items such as needles and scalpel blades.

The CDC also asserts a single leak-resistant biohazard bag is usually adequate for containment of non-sharp regulated medical waste so long as the bag is sturdy, can be securely closed and waste can be discarded without contaminating the bag's exterior.

As always, puncture-resistant containers with a biohazard label, located at the point of use, are used to dispose of sharp items. For more information, visit CDC.gov/oralhealth/infectioncontrol.

Q What steps should be taken to manage any breaches in infection practices and control practices?

A The CDC's website posts guidance for evaluating in its “Steps for Evaluating an Infection Control Breach.” These six steps include identification of an infection control breach; additional data gathering; notifying and involving key stakeholders; qualitative assessment of the breach; a decision regarding patient notification and testing; and communications and logistical issues.

The CDC is available to provide assistance and specific contacts for state health departments. For more information or to review the six steps, visit CDC.gov/oralhealth/infectioncontrol/faqs/managing-breaches.html. ■

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Maintaining board certification – changes ahead

On Jan. 1, 2020, the ABOMS Certification Maintenance (CM) program will transition to its newest format.

The CM process will transform to a more interactive and engaging format while consisting of the existing modules: Evidence of Professional Standing, Evidence of Lifelong Learning & Self-Assessment, Evaluation of Performance in Practice and Evidence of Cognitive Expertise.

With the new program, diplomates will no longer be required to go to a testing center and can instead answer questions on their own time from the comfort of their computer throughout the year. In 2020, every diplomate with a time-limited certificate will be responsible for submitting a part of CM on their diplomate portal.

A few of the biggest changes are:

- Each year, a diplomate must attest to having 20 hours of continuing education recognized by ADA CERP or AMA certified.

- Twice during a certification cycle, a diplomate must attest to having completed an Office Anesthesia Evaluation administered by AAOMS or his or her jurisdictional licensing body (or an ABOMS alternative pathway) and having completed quality improvement initiatives.
- Every year, a diplomate must answer 10 questions (five questions each) from two referenced articles.
- During specific years, a diplomate must answer 20 questions (10 questions each) based on two clinical case scenarios.

The CM program is an ever-evolving process involving many facets. The ABOMS website provides further information on what is required. Those who have additional questions about where to begin in the process can visit the In the Know section of the ABOMS website or contact an ABOMS staff member. ■

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ORAL AND MAXILLOFACIAL SURGERY FELLOWSHIP 2019



Reza Movahed, D.M.D.
Saint Louis, Missouri

Movahed OMS is offering an opportunity for a recent graduate of an accredited Oral and Maxillofacial Surgery program to perform current and cutting edge techniques in temporomandibular joint, orthognathic and reconstructive surgery. Involvement in research projects and academic publishing is a must for completion of the year. A highly competitive salary and benefits are in place for the chosen candidate. Trauma or emergency room call is not included as part of the responsibility of the fellow. Presenting research at national and local meetings will be required. This one year fellowship begins July 1, 2019. Upon the completion of the fellowship program, the Fellow would have completed a minimum of 100 major surgical procedures. These surgeries would include a combination of orthognathic/TMJ surgery, complicated orthognathic cases, and TMJ procedures. For further questions regarding the application process, please contact Courtney Wright at courtney@movahedom.com.



MOVAHED OMS



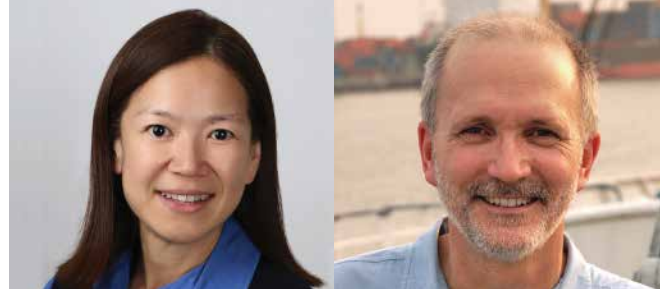
Grants to support volunteer efforts of OMSs

Through the Global Outreach Program, AAOMS and the Henry Schein Cares Foundation are supporting oral and maxillofacial surgeons' volunteer efforts for the fourth consecutive year.

AAOMS and the Foundation awarded \$2,500 grants to four doctors to fund their volunteer service in the United States or overseas. The program also offers each recipient \$2,000 in healthcare products from the Foundation, which looks to increase the delivery of healthcare services and information to at-risk and underserved communities.

The recipients are:

- **Joli Chou, DMD, MD, FACS, of Philadelphia, Pa.** – Dr. Chou plans to use the grant for a two-week surgical mission trip with Africa Mercy to Guinea. Dr. Chou, general dentists, anesthesiologists, nurses and other healthcare providers from more than 30 countries will conduct approximately 60 major oral and maxillofacial surgeries on patients of all ages. Continuing education also will be provided to local healthcare providers. She has received four grants from the program to fund trips with Mercy Ships.
- **Gary R. Parker, DDS, of Lindale, Texas** – During approximately nine months in Conakry, Guinea, Dr. Parker and his team plan to treat about 250 patients. He also expects to participate in a full-time surgical mentoring program for surgeons. The program will be similar to his mentoring of six surgeons last year in Cameroon for approximately 1,285 hours. He has been a full-time volunteer OMS with Mercy Ships for 31 years. Every year since 2015, he has received a grant from the Global Outreach program for his service with Mercy Ships.
- **Clay Van Leeuwen, DMD, MD, of Fairbanks, Alaska** – The grant will cover licensing, supplies as well as hospitalization, food and travel for patients from remote locations treated by Global Medical and Surgical Teams, a small group of doctors and nurses. Last year, the group partnered with



Dr. Chou

Dr. Parker



Dr. Van Leeuwen

Dr. Zebovitz

a clinic in Kyotera, Uganda, to perform cleft lip and palate surgeries. The group is scheduled to return this year for follow-up and to perform additional primary lip and palate repairs.

- **Edward Zebovitz, DDS, of Bowie, Md.** – The grant will cover supplies and medications for procedures performed during Surgeons for Smiles' trip to Eritrea, Africa. The procedures will include prosthetic reconstruction of the TMJ, facial reconstruction, tumor management and cleft lip and palate reconstruction. One mission trip can provide 35 to 50 surgeries, and patients range in age from 8 months to 80 years. ■

PRACTICE MANAGEMENT



Courses offered for practice management, staff development

AAOMS offers a variety of courses every year for oral and maxillofacial surgeons, practice managers and assistants. These are the offerings for 2019:

■ **Anesthesia Assistants Review Course (AARC)** – AARC being held March 2 and 3 at the Grand Hyatt in Tampa, Fla., is taught by OMSs and covers material on basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring and emergency procedures.

OMS assistants who attend will receive 12 hours of CDE credit. This course also will be held in conjunction with the 2019 Dental Implant Conference being held Dec. 5-7 in Chicago, Ill.

■ **AAOMS Educational Weekend** – AAOMS will present its annual Educational Weekend on May 4 and 5 in Rosemont, Ill., where assistants will have another opportunity to build their knowledge at the Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME). Course attendees will learn about emergencies in the office setting they may encounter as OMS assistants, and the course will assist in learning how to handle such situations. All assistants in attendance will receive 12 hours CDE credit.

The Educational Weekend also will be home to the 2019 Practice Management Stand-Alone (PMSA), where Laci Phillips will present a one-day seminar on the topics of Systems, Teams & Technology – Creating Balance Driven Success in your Practice; The Numbers Start the Story, but They Don't Tell the Whole Story; and Dynamic Branding & Marketing – Bringing Your Story to Life. All who attend will receive six hours of CDE credit.

■ **Practice Management and Professional Staff Development** – At the 101st AAOMS Annual Meeting being held Sept. 16-21 in Boston, Mass., the Practice Management and Professional Staff Development schedule will offer approximately 30 educational courses designed to address the particular needs of OMS practices. Topics include everything from emergency preparedness to financial management, infection control, leadership, legal matters, practice building, HIPAA requirements, practice organization and social media.

■ **Anesthesia Assistants Skills Lab (AASL)** – In addition to these courses, OMS assistants will have the opportunity to attend AASL in Boston during the Annual Meeting. This hands-on training is taught by OMSs who will guide participants through stations on airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash cart. Assistants who participate will receive four hours of CDE credit. This course also will be presented in conjunction with the 2019 Dental Implant Conference in Chicago.

■ **Dental Anesthesia Assistant National Certification Examination (DAANCE)** – In addition to the scheduled calendar of events, AAOMS offers year-round opportunities for professional staff development. DAANCE is a two-part, self-study CE program exclusive to all dental anesthesia assistants employed by dental specialists holding an anesthesia permit. Registration for this six-month course is available year-round. Successful completion of the comprehensive self-study material and quizzes, as well as a standardized computer-based exam, earns participants 36 CE credits through AAOMS as an ADA-recognized provider, a lapel pin and DAANCE recognition.

■ **On-Line Anesthesia Review for Dental Anesthesia Assistants** – This program also is available to assistants year-round and is a condensed version of the Anesthesia Assistants Review Course (AARC) and offers participants the flexibility to study at their own pace and learn from the comfort of their offices and homes. The review course material includes information on basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring and emergency procedures. Participants who successfully complete the course within the required 45-day timeframe receive four hours of CDE credit.

Additional information about Professional Staff Development Courses is available at AAOMS.org/OMSstaff. DAANCE information is available at AAOMS.org/DAANCE.

AAOMS's website has information on newly available webinars at AAOMS.org/continuing-education/practice-management-workshops-webinars.

ADVANCED EDUCATION



AAOMS helps with single-, dual-degree applications for ACS Fellowship

In a new development, AAOMS is now offering assistance with application review for American College of Surgeons Fellowship to dual-degree OMSs that is similar to the assistance it has offered to single-degree OMSs.

Dual-degree surgeons will still directly apply to ACS. The change merely provides case log review for dual-degree applicants. Case logs for dual-degree applicants should be sent to acsfellowship@aaoms.org by May 1.

ACS and AAOMS previously forged a way for single-degree OMSs who meet eligibility criteria to apply for full Fellowship to ACS. AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. Single-degree applicants can submit the following materials to acsfellowship@aaoms.org by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.

- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS Fellows (who may be OMSs or otherwise). A directory of Fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS.org/member-center/acs-fellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

Applicants should note whether they are single- or dual-degree. Acceptance of a waiver does not guarantee Fellowship in ACS. For more information about the waiver application, contact acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application.

Visit FACS.org/member-services/join/fellows for additional information.

ADVANCED EDUCATION



Conference to instruct residents on post-residency experience

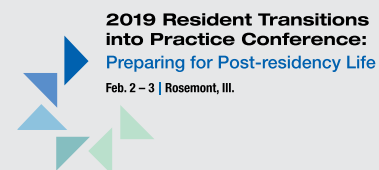
The 2019 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the transition from residency to practice.

The free conference will be held Feb. 2 and 3 at the Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Topics will include:

- Leadership, practice models and early career prep

- OMSNIC Breakfast and Learn
- Incorporation of "full scope" OMS into practices



The conference includes a reception and exhibits at AAOMS headquarters on the evening of Feb. 2.

Visit AAOMS.org/Transitions for more information and to register.

MEMBERSHIP



Members encouraged to help change Google My Business

AAOMS members are asked to call Google My Business to help all OMSs who offer dental implants.

Under current options, when a Google My Business account is set up so a practice appears on Google searches and Google Maps, the only category choice regarding implants is “Dental Implants Periodontist.” The generic choice of “Dental Implants” does not exist. An OMS has to self-identify as a periodontist to appear in Google searches related to dental implants.

Staff has been working with Google technical support for more than a year to change this category. Google has stated multiple complaints about an issue bring about change faster.

AAOMS asks members to take these steps for those who have Google My Business accounts:

1. Call 844-491-9665.
2. Provide name, business name and email.
3. Ask for the category of “Dental Implants” to be made available – one that does not have a specialty name attached at the end. Mention Google needs to stop this forced linking of dental implants with a single dental specialty because it may legally be considered in violation of antitrust and unprofessional conduct laws and regulations.
4. Ask for a “ticket” to be created. The request will be ignored if a ticket is not generated. Write down that ticket number.

PRACTICE MANAGEMENT



AAOMS reminds members to stay aware of hacking attempts

Unfortunately, many members have received phishing/spam emails claiming to be from AAOMS or the AAOMS President.

Scammers use these emails to try to trick members into providing personal information. Please immediately delete fraudulent emails.

AAOMS is sharing the following guidance to help recognize fraudulent emails:

- Look at the sender’s email address. Some hackers use a company name similar to the real one, but may change a letter or use a zero instead of an “o.”
- Check the name at the end of the message. Does that person work at that company?
- See if the email uses the word “immediately” or has a warning about missing out on an opportunity.
- Review the text. Fraudulent emails often have generic greetings and/or incorrect spellings, punctuation and grammar.
- Check if the email was sent at an unusual time (such as 3 a.m.).
- Fraudulent emails often ask recipients to open an attachment or click on a link. The only type of file that is always safe to click on is a .txt file. Don’t click on a link or open an attachment if there is a suspicion the email is from a hacker.

MEMBERSHIP



Senior residents save by joining AAOMS before completing residency

AAOMS encourages those whose resident membership expires later this year to begin the membership application process to become a candidate for active membership to take advantage of the full array of AAOMS membership benefits. Some of these member benefits include:

- Eligibility for malpractice insurance coverage through OMSNIC.
- Discounted costs for all items offered in the current product catalog.
- Access to all sponsored programs and services offered by AAOMS and its for-profit subsidiary, ASI.
- A countless number of practice management resources.
- Significantly reduced conference and meeting costs and one free Annual Meeting registration once one is elected to membership.
- Assistance in gaining hospital privileges.
- Discounted subscription rate to *JOMS*.
- *AAOMS Today*, an important information resource on all Association activities, including updates and articles on practice management, coding and reimbursement, and advocacy.
- Access to the AAOMS Career Line, an interactive employment resource accessible through AAOMS.org.

When applying for AAOMS candidate status before completing training, the first year of dues will be waived. In addition to enjoying more savings and membership benefits at no charge through the end of 2020, the following years' dues are discounted as well. In 2021, charges will be one-third of the full dues level established for AAOMS members and, in 2022, charges will be two-thirds of the full dues level. The full member rate does not have to be paid until 2023.

Those entering a fellowship program post-residency are encouraged to apply for candidacy now. By doing so, the dues discount will be extended through fellowship years. Fees do not have to begin being paid until the next dues cycle following the end of the program. To ensure the dues discount, the fellowship letter (with dates of duration) should be forwarded when submitting the application for candidacy.

Unfortunately, OMSs practicing outside the United States do not qualify for the graduated dues discount. However, they can apply for affiliate candidate status, which has substantially reduced annual membership fees. Visit AAOMS.org/affiliate to apply.

The application process is available online at AAOMS.org/apply. All application components are available to download at AAOMS.org. Membership services can be contacted via email membership@aaoms.org or toll-free at 800-822-6637.

MEMBERSHIP



Online community gives AAOMS members a chance to network

AAOMS Connect – a new online community for AAOMS members – features a discussion forum, private messaging and more. AAOMS Connect is a resource to network with colleagues or become involved in Clinical Interest Groups (CIGs) outside of the AAOMS Annual Meeting.

To access AAOMS Connect, log in to AAOMS.org, click on

AAOMS Connect under Member Center. Then click Join Group to request access to the CIGs. Requests to join are approved within 24 to 48 hours. To participate in a discussion, click Forum on the top-most navigation bar. In each CIG thread, the corresponding officers and liaisons are listed.

Questions? Contact conteducate@aaoms.org.

MEETINGS



Abstracts being accepted for joint BAOMS-AAOMS meeting

The British Association of Oral and Maxillofacial Surgeons is accepting online abstract submissions for the joint BAOMS-AAOMS Annual Scientific Meeting being held July 3-5 at the International Convention Centre in Birmingham, United Kingdom.

The call for abstracts will close at noon GMT Jan. 22. The theme of the meeting is controversies. Abstracts will be accepted in the following categories: aesthetic; audit; cancer; cleft; craniofacial; dentoalveolar; facial skin cancer; head and neck reconstruction; implants; oral medicine/pathology; orthognathic; quality of life and oral facial rehab; research; salivary; TMJ; trauma/maxillofacial trauma; and miscellaneous.

In addition to a full three-day educational and social program, the conference aims to provide attendees with the opportunity to gain up-to-date knowledge on the latest developments in research, audit, education, surgical techniques, clinical patient management and outcomes in

the field of oral and maxillofacial surgery. This is delivered through seminars led by experts in their field, master classes, short papers and e-posters presenting the latest research and developments.

Accepted abstracts also will appear as citable references in the online *British Journal of Oral and Maxillofacial Surgery*, helping enhance CVs. If a paper or poster is accepted, the main author will be required to register and attend at least one day of the conference.

BAOMS has a paperless, electronic process for all abstracts, and online submission is open at BAOMS.meeting.org.uk/abstracts. Online registration for the conference will open in February.

Decisions about free paper and poster abstracts will be communicated to submitters in March. Additional information about the meeting is available at BAOMS.org.uk. Questions? Contact BAOMS at office@baoms.org.uk.

MEMBERSHIP



AAOMS awards members

Every year, AAOMS honors its members and fellows for their outstanding accomplishments in research, education, humanitarianism and other areas. These awards are presented at each AAOMS Annual Meeting.

Members are encouraged to consider nominating their colleagues. The deadline for nominations is Jan. 31. The Awards Nominating Committee reviews nominations from Association fellows and members.

More information about these awards, including nomination forms and previous winners, is available at AAOMS.org/Awards.

CONTINUING EDUCATION



OMSKU V Winter Bundle available

The OMSKU V Winter Bundle is now available. Including chapters on anesthesia, patient assessment, head and neck infection and pathology, the bundle offers up to 40 CDE/CME credits.

Discounted bundle and member pricing also are available. Visit www.PathLMS.com/AAOMS and click on Product Bundles in the top navigation.

ANNUAL MEETING

100th

Annual Meeting photos available

Photos from the 2018 AAOMS Annual Meeting are available for purchase on The Photo Group's website at thephotogroup.com. The access code is AAOMS2018smile. The gallery will be closed after Feb. 6.

ANNUAL MEETING



Abstracts, posters can be submitted for Annual Meeting

Applications are being accepted through March 24 for posters and oral abstracts to be presented during the 2019 AAOMS Annual Meeting being held Sept. 16-21 in Boston, Mass.

With the meeting theme of “Envisioning the Future of Research and Innovation,” oral abstract tracks will be featured as the first sessions of the day on Sept. 19.

Submissions are being accepted for these topics: anesthesia, cleft and craniofacial surgery, cosmetic surgery, dental implants, dentoalveolar surgery, head and neck surgery, obstructive sleep apnea (OSA), orthognathic surgery, other, nerve repair, pathology, pediatrics, reconstruction, TMJ and trauma management.

Scientific posters are visual displays of research highlights. Authors have the opportunity to present their research through poster boards and online e-posters.

Oral abstracts are six- to seven-minute lectures on research followed by a brief question-and-answer period.

OMS residents submitting oral abstracts also are eligible to apply for AAOMS Resident Scientific Presentation Awards, which are selected on the basis of scientific manuscript quality.

More information is available at AAOMS.org/Speakers.

MEMBERSHIP



Office Anesthesia Evaluation recertification due for some members

Office Anesthesia Evaluation (OAE) recertification is now due for current fellows and members who last completed an OAE or exemption form in 2013 (or 2012 in New Jersey and Delaware).

Members of their state OMS society should contact the state society to schedule the next evaluation. Those grandfathered from state society membership and where the OMS state society is unable to evaluate them should contact the AAOMS Department of Professional Affairs for assistance.

Members whose AAOMS records show they are due for evaluation were sent correspondence late last year. This

correspondence included information regarding exemption from the requirement. Eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

Confirmations of successful completion of the reevaluation are due to AAOMS Membership Services no later than July 31. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

Questions regarding membership status should be referred to AAOMS Membership Services at membership@aaoms.org or by calling 800-822-6637.

CONTINUING EDUCATION



CE credit, course evaluations due

Those who attended the 2018 Annual Meeting have until Jan. 31 to view sessions and claim CE credit.

To do so, visit AAOMS.org/MyCE and click on the 2018 Annual Meeting. Attendees can log in using their eight-digit membership/badge ID and last name.



AAOMS Opportunities

2019

Feb. 2–3

Resident Transitions into Practice Conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

April 9–10

Day on the Hill
Washington Marriott at Metro Center in Washington, D.C.

April 25

Pediatric Anesthesia Patient Safety Conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

April 26–28

Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

May 4–5

AAOMS Educational Weekend
Loews Chicago O'Hare in Rosemont, Ill.

Sept. 16–21

101st AAOMS Annual Meeting, Scientific Sessions and Exhibition
Boston Convention Center
The Westin Boston Waterfront in Boston, Mass.

Dec. 5–7

Dental Implant Conference
Sheraton Grand Chicago in Chicago, Ill.

Regional & State Society Meetings

2019

Feb. 9

TSOMS Mid-winter Meeting
Franklin Marriott Cool Springs in Franklin, Tenn.

Feb. 23

GSOMS Mid-winter Meeting
Druid Hills Golf Club in Atlanta, Ga.

March 8–10

SCSOMS Annual Meeting
Belmond Charleston Place Hotel in Charleston, S.C.

March 9–12

Western Society of OMS Annual Meeting
Scottsdale Resort at McCormick Ranch in Scottsdale, Ariz.

April 5–7

VSOMS Annual Meeting
Hilton Norfolk the Main in Norfolk, Va.

April 12–13

Jack Kent OMS Foundation and Louisiana Society of OMS
Pearls of Office-based Anesthesia, Digital Implants and Marketing
New Orleans Marriott in New Orleans, La.

April 26–27

Houston Society of OMS Hinds Symposium
Houstonian Hotel in Houston, Texas

May 1

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

May 4–5

CALAOMS 19th Annual Meeting & Anesthesia Update
Island Hotel in Newport Beach, Calif.

May 7–12

Southeastern Society of OMS Annual Meeting
The Europe Hotel and Resort in Killarney, Ireland

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UCLA

Section Chair - Oral and Maxillofacial Surgery

The University of California, Los Angeles School of Dentistry invites qualified applications for the chair position in the Section of Oral and Maxillofacial Surgery.

This is an outstanding opportunity for a full-time, faculty position offered at the tenured or non-tenured level to lead a vibrant and well-established Section. We encourage interested candidates to apply to both positions.

The UCLA School of Dentistry seeks a visionary leader to build upon the school's tradition of excellence; further advance scholarship, education, clinical service, and community engagement; enhance diversity; and promote an environment and community that supports its members. The ideal candidate will be nationally recognized with strong scholarly visibility; substantial administrative and program-building experience; and demonstrated leadership as an innovator, ambassador, and partner in collaborating with leaders from medical and community sectors. Minimum requirements include a record of distinguished scholarly accomplishment; intellectual and administrative leadership in the field; success in external and alumni relations; and credentials that merit appointment at the rank of professor at UCLA.

The responsibilities of the chair include accomplishing priorities set by the dean and the school based on our strategic plan. The section chair also has responsibility for the overall administration and leadership of the academic section, including planning and goal setting, financial stewardship, personnel management, oversight of graduate and DDS educational programs, and support of school and university service missions.

The successful candidate will possess a DDS/DMD or equivalent degree, and will have an outstanding record of accomplishment in the field of oral and maxillofacial surgery and an understanding of key aspects of dental education. She/he will have demonstrated administrative effectiveness; an international reputation of scholarship and teaching effectiveness; an ability to interact effectively with faculty members, administrators, and students; and a commitment to diversity in higher education. Salary is commensurate with education and experience.

Applicants should submit curriculum vitae, statement of interests and goals, Equity, Diversity and Inclusion (EDI) statement, and names of three references via UCLA Recruit. Applications will be accepted and evaluated on an on-going basis until the position is filled.

• For the tenured position (Professor), apply via UCLA Recruit at:
<http://apptrkr.com/1317412>

• For the non-tenure track position (Professor of Clinical Dentistry), apply via UCLA Recruit at:
<http://apptrkr.com/1317419>

Questions for this search should be directed to Steven Shaevel, Academic Personnel Director, via UCLA Recruit.

The University of California seeks to recruit and retain a diverse workforce as a reflection of our commitment to serve the people of California, to maintain the excellence of the University, and to offer our students richly varied disciplines, perspectives and ways of knowing and learning.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. For the complete University of California nondiscrimination and affirmative action policy see: UC Nondiscrimination & Affirmative Action Policy.



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J. David Johnson Jr., DDS
Treasurer

“The Board of Trustees believes the 2019 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan.”

TREASURER'S ACCOUNT

Looking ahead to 2019:

Financial results were still being finalized at press time, but I am happy to report we are anticipating positive financial results for 2018 that will exceed original budget expectations.

Although volatility in the markets during the fourth quarter impacted investment returns, positive variances in other programs offset the decline. Significant salary and benefits savings as well as a successful 2018 Annual Meeting in Chicago are largely responsible for the positive variance.

In November, the Board's Finance and Audit Committee met with the auditors to discuss the 2018 audit plan. The audit fieldwork will take place in late March, and we will provide a report on the final numbers and results of the audit in a future issue.

With a new year upon us, AAOMS's activities are guided by the 2019 operating budget the House of Delegates approved at the Annual Meeting. This year's budget includes revenues of \$21.59 million and expenses of \$21.49 million, resulting in anticipated revenues over expenses of \$103,000. The budget also includes revenue from the annual member assessment for the Informational Campaign approved at the 2016 House of Delegates and implemented in 2017 to begin a three-year term.

Membership dues continue to be the single largest revenue source, and with a budget of slightly more than \$6.8 million, dues comprise approximately 31 percent of total revenue for 2019.

Other significant revenue generators include:

- Annual Meeting – with revenues at \$4 million
- Member assessment – \$1.8 million
- Royalties – \$1.6 million (including OMSNIC royalties of \$600,000)
- *Journal of Oral and Maxillofacial Surgery* – \$1.3 million
- Dental Implant Conference – \$1.3 million
- Building operations – \$861,000
- Assistant programs – \$787,000
- Sales of publications and electronic products in the *AAOMS Product Catalog* – \$387,000
- Coding workshops – \$376,000



New budget arrives with new year

On the expense side, \$3.3 million is budgeted to support the programs offered at the 2019 AAOMS Annual Meeting in Boston. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – \$1 million
- Building operations – \$916,000
- Assistant programs – \$454,000
- JOMS – \$297,000
- Production and fulfillment costs of items sold in the *AAOMS Product Catalog* – \$267,000
- Coding workshops – \$239,000



Budgeted expenses also include \$5.5 million (representing 25 percent of total budgeted expenses) for program-related activities. These include:

- \$1.55 million for the Informational Campaign.
- \$1.02 million to support residency programs, including \$260,000 to fund Faculty Educator Development Awards (FEDA). (The total projected funding of \$530,000 for 2019 FEDA also includes \$270,000 committed by the OMS Foundation.)
- \$542,000 for communications and the Association's website.
- \$485,000 for support of the Association's advocacy activities in Washington, D.C., and at the state level.
- \$442,000 for coding and reimbursement initiatives.
- \$433,000 for anesthesia programs.
- \$271,000 for research and professional affairs activities.
- \$263,000 for representation at allied meetings (state and regional meetings, international meetings and meetings of affiliate organizations).
- \$228,000 for ADA representation activities.
- \$124,000 for continuing education and professional development activities, including practice management.
- \$121,000 for grants and awards.

The approved operating expense budget also includes a \$200,000 contingency fund, which enables the Association to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The House of Delegates also passed a resolution authorizing the use of \$2.5 million from reserves to build a state-of-the-art simulation and education center at the AAOMS headquarters in Rosemont, Ill. Space on the second floor of headquarters will become available at year-end, and construction is set to begin in 2019. Hosting events at headquarters rather than local hotels will provide cost savings and convenience.

The Board of Trustees believes the 2019 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan. ■

Faculty Positions

Michigan

Oral and Maxillofacial Surgery Faculty. The Division of Oral and Maxillofacial Surgery at Ascension-St. John Michigan is seeking applications for a full-time faculty position available July 1, 2020. The position is available at the assistant or associate professor level. Candidates must have a Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Medicine (MD) or equivalent and be board certified or active candidates for board certification. Responsibilities of the faculty member will include didactic and clinical instruction at the pre- and post-doctoral levels, patient care as well as scholarly activity. The position offers the unique opportunity to develop a full scope academic practice while continuing to help develop the didactic curriculum. Candidate must display initiative, flexibility and a commitment to the goals and objectives of the program. Salary and benefits will be commensurate with qualification and experience. Please send a letter of intent and a curriculum vitae to Dr. Carlos A. Ramirez e-mail: carlos.ramirez@ascension.org.

Nebraska

The University of Nebraska Medical Center in Omaha is currently seeking a BC/BE oral and maxillofacial surgeon to join our faculty. This career opportunity provides excellent opportunities to provide clinical care to patients and actively engage in teaching residents in academic and clinical setting in a 72-month, fully accredited OMFS residency program. Depending on interests and experiences of the candidate, there is potential for research activities. The faculty member will join the medical staff of Nebraska Medicine, the only state-designated Comprehensive Trauma Center serving both pediatric and adult patients. The range of services we provide includes (but is not limited to) corrective jaw surgery, temporomandibular joint disorders, pathology and reconstruction, facial injury treatment, wisdom tooth removal, and dental implant procedures. The ideal candidate must be an energetic, well-trained professional with good interpersonal skills who utilizes a team approach. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century healthcare workforce, to finding cures and treatments for devastating

diseases, to providing best care for patients and to serve Nebraska and its communities through award-winning outreach. We offer a highly competitive benefits package and rank and salary commensurate with qualifications. Candidates interested in working within a dynamic and stimulation setting are encouraged to apply online. Applications are currently being accepted online at unmc.peopleadmin.com/postings/30992. Individuals from diverse backgrounds are encouraged to apply.

Nebraska

The University of Nebraska Medical Center in Omaha is currently seeking a BC/BE oral and maxillofacial surgeon to join our faculty. This career opportunity provides excellent opportunities to provide clinical care to patients and actively engage in teaching residents in academic and clinical setting in a 72-month, fully accredited OMFS residency program. Depending on interests and experiences of the candidate, there is potential for research activities. The faculty member will join the medical staff of Nebraska Medicine, the only state-designated Comprehensive Trauma Center serving both pediatric and adult patients. The range of services we provide includes (but is not limited to) corrective jaw surgery, temporomandibular joint disorders, pathology and reconstruction, facial injury treatment, wisdom tooth removal, and dental implant procedures. The ideal candidate must be an energetic, well-trained professional with good interpersonal skills who utilizes a team approach. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century healthcare workforce, to finding cures and treatments for devastating diseases, to providing best care for patients and to serve Nebraska and its communities through award-winning outreach. We offer a highly competitive benefits package and rank and salary commensurate with qualifications. Candidates interested in working within a dynamic and stimulation setting are encouraged to apply online. Applications are currently being accepted online at unmc.peopleadmin.com/postings/30992. Individuals from diverse backgrounds are encouraged to apply.

Ohio

Assistant Professor of Clinical Division of Oral & Maxillofacial Surgery Department of Surgery; College of Medicine University Of Cincinnati. Full-time, non-tenure clinical service track position including

clinical, research and teaching activities of OMS residents. Patient care: diagnosis of problems of the oral and maxillofacial regions, surgery for maxillofacial trauma, orthognathic surgery, TMJ disorders, dental implants, pathology of the jaws, ambulatory anesthesia, and dentoalveolar surgery. Plan, direct and coordinate research activities, supervise resident/medical students in operating room and ward teaching. Committed to education of surgeons and students and demonstrate a commitment to an academic career through research, teaching. Required: DDS or DMD; completion of CODA-accredited OMS residency, Ohio Dental Board licensure, Certification by ABOMS. Apply online 34662 <https://jobs.uc.edu>. FOR ALL FACULTY HIRES OFFICIAL ACADEMIC TRANSCRIPTS WILL BE REQUIRED AT THE TIME OF HIRE. The University of Cincinnati, as a multi-national and culturally diverse university, is committed to providing an inclusive, equitable and diverse place of learning and employment. As part of a complete job application you will be asked to include a Contribution to Diversity and Inclusion statement. As a UC employee, and an employee of an Ohio public institution, if hired you will not contribute to the federal Social Security system, other than contributions to Medicare. Instead, UC employees have the option to contribute to a state retirement plan (OPERS, STRS) or an alternative retirement plan (ARP). The University of Cincinnati is an Affirmative Action / Equal Opportunity Employer / M / F / Veteran / Disabled.

Ohio

Associate/Professor of Clinical Division Chief - Division of Oral & Maxillofacial Surgery Department of Surgery; College of Medicine University Of Cincinnati. Vibrant OMS practice with well-respected, accredited residency training program affiliated with UC Health and Cincinnati Children's Hospital Medical Center, both Level I trauma centers, and Cincinnati Veteran's Medical Center. Candidate should have strong vision to promote divisional growth effective leadership, administrative skills with experience in resident education/research, strong interpersonal skills to nurture/expand existing collaborations within/beyond the rich UC Health network. Required: DDS or DMD; completion of CODA-accredited OMS residency, Ohio Dental Board licensure, Certification by the American Board of Oral and Maxillofacial Surgery. Apply online 34661 <https://jobs.uc.edu>. FOR ALL FACULTY HIRES OFFICIAL ACADEMIC TRANSCRIPTS WILL BE REQUIRED



AT THE TIME OF HIRE The University of Cincinnati, as a multi-national and culturally diverse university, is committed to providing an inclusive, equitable and diverse place of learning and employment. As part of a complete job application you will be asked to include a Contribution to Diversity and Inclusion statement. As a UC employee, and an employee of an Ohio public institution, if hired you will not contribute to the federal Social Security system, other than contributions to Medicare. Instead, UC employees have the option to contribute to a state retirement plan (OPERS, STRS) or an alternative retirement plan (ARP). The University of Cincinnati is an Affirmative Action / Equal Opportunity Employer / M / F / Veteran / Disabled.

Pennsylvania

Temple University Kornberg School of Dentistry is seeking applicants for a full-time faculty position in the clinical-track at an assistant or associate professor level for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Major responsibilities of this position will include didactic and clinical teaching at the pre- and postdoctoral levels, in addition to direct patient care at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association and must have successfully completed advanced training in oral and maxillofacial surgery at a CODA-accredited institution. Applicants must be eligible for full licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Expertise in pre-doctoral education and full-scope of oral and maxillofacial surgery with emphasis on office anesthesia, sleep apnea and orthognathic surgery are highly desirable. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae, and three references to: Mehran Hossaini, DMD, Professor and Chair, Department of Oral and Maxillofacial Pathology, Medicine and Surgery, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, mhossaini@temple.edu.

Washington

The Department of Oral and Maxillofacial Surgery (OMS) at the University of Washington is searching for a full-time faculty member at the rank of clinical assistant or associate professor, salaried (non-tenure). Minimum requirements include a DMD/DDS degree from an ADA-accredited institution or equivalent and completion of a residency program in oral and maxillofacial surgery. MD or secondary degree in a related field is preferred. Candidates must be ABOMS-eligible or qualified and eligible for dental licensure in the state of Washington. Salary and academic rank will be commensurate with qualifications and experience. The Department seeks candidates who can engage productively in clinical activities as part of the faculty practice and contribute to the Department's research mission. The ideal candidate will practice the full scope of oral and maxillofacial surgery with a proven track record of building a clinical practice and a niche clinical interest, e.g. trauma, microvascular reconstruction, orthognathic, TMJ. The candidate will demonstrate a personal commitment to the goals and ideals of academic service including a desire to work in a teaching environment, collaborate in a dialectic culture and observe evidence-based clinical practices. Interested, qualified applicants should submit a personal statement along with a CV, the names and addresses of three references to Ms. Bridget Doyle (badw@uw.edu). Position is open until filled. For questions, please contact: Thomas B. Dodson, DMD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: tbdodson@uw.edu.

Fellowships Non-CODA

Alabama

A one-year post graduate fellowship in orthognathic surgery & pediatric surgery is offered to recent graduates of accredited oral and maxillofacial surgery programs. The fellowship is sponsored by the University of Alabama at Birmingham Department of Oral and Maxillofacial Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the state of Alabama. A clinical appointment in the Department of Oral & Maxillofacial Surgery will be obtained. The philosophy of the fellowship is to enhance skills in facial esthetic analysis; assessment of head and neck functions, including the upper airway;

the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentofacial deformities, the airway, the secondary cleft lip and palate issues. This intensive fellowship program will focus on facial cosmetics, reconstruction, and some amount of trauma, TMJ and complex dental implants. Each patient is followed through their initial consultation, further evaluation, collaborative treatment, immediate preoperative workup, operation, postoperative care and long-term follow up. The fellow will work closely with Dr. Waite and other select faculty, evaluating and managing the patient through all phases of care. There will be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Dr. Peter Waite, MPH, DDS, MD, FACS: email pwaite@uab.edu or phone 205-934-4345.

California

UCSF Fresno Department of Oral and Maxillofacial Surgery offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow position per year. Clinical activities include: head and neck cancer and benign tumor surgery – neck dissections, resections such as glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; trans oral robotic surgery and skull base surgery; airway management – tracheostomies and its variations including emergency airway management; reconstructive surgery of major oral/head and neck defects – microvascular free flaps, pedicled and other conventional flaps to reconstruct complex composite head, face and neck defects; radiation and medical oncology – one month rotating with radiation oncology, and one rotating with medical oncology to fully comprehend the multidisciplinary aspects of care for the head and neck cancer patient; craniomaxillofacial trauma – also will be involved in trauma ranging from frontal sinus/skull base fractures to penetrating tracheoesophageal injuries. Large avulsive soft tissue injury management also is included. The fellow will act in a teaching capacity supervising residents in the surgical treatment of craniomaxillofacial trauma; sleep apnea surgery – not officially part of the fellowship, the fellow will have involvement in the work-up and treatment of sleep apnea patients; research activities – complete at least 2 clinical research papers related to head and neck oncology and reconstructive surgery or other topics of interest. Interested

continued on next page

Fellowships Non-CODA Accredited *continued from previous page*

applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include a CV, photo, two letters of recommendation and a letter describing your intentions/plans after fellowship training. If additional questions, also can email Brian Woo, DDS, MD, bwoo@communitymedical.org.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for the July 2020 as well as July 2021 positions. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Maryland/District of Columbia

A one-year postgraduate fellowship in orthognathic surgery is offered to recent graduates of accredited OMS programs. The fellowship is sponsored by Posnick Center for Facial Plastic Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the State of Maryland and the District of Columbia. A clinical appointment in the Department of Otolaryngology/Head and Neck Surgery at Georgetown University Hospital will be obtained. The philosophy of the fellowship is to enhance skills in facial esthetic analysis; assessment of head and neck functions, including the upper airway; the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentofacial deformities, the airway, and secondary cleft lip and palate issues. Each patient is followed through their initial consultation, further evaluation, collaborative treatment, immediate preoperative workup, operation, postoperative care and long-term follow

up. The fellow will be Dr. Posnick's right-hand person, evaluating and managing the patient through all phases of care. There will be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Jeffrey C. Posnick, DMD, MD, email jposnick@drposnick.com or phone 301-986-9475.

Massachusetts

Junior faculty/fellowship position. Massachusetts General Hospital, Department of Oral and Maxillofacial Surgery. Massachusetts General Hospital (Partners Education Committee approved) announces the offering of a 2-year fellowship in endoscopic oral and maxillofacial surgery under the direction of Dr. Joseph McCain, Program Director. The goal of this unique educational opportunity is to train surgeons in the skills of endoscopic surgery of the maxillofacial region including temporomandibular joint (arthroscopy), salivary gland sialendoscopy, trauma repair and reconstruction. During the two-year fellowship period, scholarly activity and education on translational research, clinical trials, prospective and retrospective studies will be available. Great opportunity for clinical outcomes studies and translational bench work will be provided. The fellow will practice as an attending and gain experience in an academic "protected" environment. They will be expected to function as a primary attending for Level I Trauma, elective OMS and resident case coverage. They are fully expected to teach residents endoscopy and general OMS. Massachusetts dental license is required. Interested candidates should submit a letter of interest, curriculum vitae and two letters of recommendation to Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02111.

Massachusetts

The Department of Plastic and Oral Surgery and Boston Children's Hospital is pleased to offer a one-year fellowship in Pediatric Craniomaxillofacial Surgery available July 2019. The fellowship provides a unique opportunity for an additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates

must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Bonnie Padwa, DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email bonnie.padwa@childrens.harvard.edu.

Missouri (St. Louis)

2020-21 oral and maxillofacial fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced accredited opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial cosmetic, reconstructive, orthognathic, and TMJ surgery, facial trauma and complex dental implantology. 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: Dr. Michael W. Noble, chairman and director of oral and maxillofacial surgery, Attention: Scott E. Graham, MHA, FACMPE, FAADOM, Chief Operating Officer, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email scott@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the US. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/Surgeons of Canada, or ADA program. Apply at cosmeticsurgery.org or 312-265-3735.

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 10-year history have subsequently applied their experience to both academic and private



practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2019, through June 30, 2020. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery is located in Charlotte, N.C. CCOFS is a 12-surgeon practice over five offices in N.C. and two in S.C., each possessing OR facilities and accredited by the AAAHC. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Oct. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

Oregon

The Head and Neck Surgical Associates (HNSA) and the Head and Neck Institute (HNI) are offering a 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). We are now accepting interested candidates for the 2020-21 academic year. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Oregon, and covers advanced training in head and neck surgery, maxillofacial trauma, and airway management. The faculty includes Dr. Eric Dierks, DMD, MD, FACS, Dr. Bryan Bell, DDS, MD, FACS, Dr. Allen Cheng DDS, MD, FACS, Dr. Ashish Patel, DDS, MD, FACS, and Dr. Melissa Amundson, DDS. Please contact us directly for more detailed information about the program. Information about our practice can be found at www.head-neck.com. Applications will be accepted until Oct. 7, 2019. Please email us at amundsonm@hnsa1.com.

Texas

Postgraduate fellowship in orthognathic and TMJ surgery offered to recent graduate from accredited OMS program. Expand your skills while working with an accomplished surgeon. Exposure to all aspects of OMS practice is included. All applicants must

be eligible to receive a Texas dental license. Contact Dr. Sinn at 817-225-3223 or email dpinnoms@gmail.com.

West Virginia

Charleston Area Medical Center and the Department of Surgery are pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 2020, to June 30, 2021. The position involves all aspects of surgical and multi-disciplinary management of children with congenital and acquired deformities. Primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, and pediatric otolaryngology surgery is also provided. Approximately half of the time is spent caring for pediatric patients. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package including assistance with housing. Send inquiries to: Paul Kloostra, MD, DDS, Director & Bruce Horswell, MD, DDS, FACS, at FACES-CAMC, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email paul.kloostra@camc.org, bruce.horswell@camc.org, and natalie.sims@camcs.org fax 304-388-2951.

Available Positions

Arizona

Well-established, well-respected, busy oral and maxillofacial surgery practice located in the greater Phoenix area seeks a surgeon who is board-certified or board-eligible for association leading to full partnership/ownership. Practice emphasis in dentoalveolar, implants, pathology, orthognathic and trauma. State-of-the-art facility and equipment. Candidate should be energetic, motivated and passionate. Excellent clinical/surgical skills are important with an emphasis on providing compassionate patient care. Send CV to AAOMS Box A-011901.

British Columbia, Vancouver

Immediate associate position in busy OMS practice located in central Richmond within the Vancouver metropolitan region. Practice focused on dentoalveolar surgery and implants. Must be eligible for OMS license in British Columbia. Email RLCHAU@hotmail.com.

California

Multiple OMS opportunities currently available throughout California. Full- and part-time positions. Interested parties: please contact Scott Price at Brady Price & Associates at 925-935-0890 or email CV to scott@bradyprice.net.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hard-working and efficient oral surgeon for a full-time position in the Bay Area, Calif. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have Calif. 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.oralurgery@gmail.com.

Colorado

Well-established OMS practice in Denver/Aurora/Thornton area seeking a part-time OMS. No trauma call. Excellent compensation and opportunity. Please send CV to oscad2010@yahoo.com.

Delaware

Well-established, two-office practice in Wilmington, Del., is seeking a board-eligible/certified OMS. Associate to partner pathway desired. Affiliated with ChristianaCare and A.I. DuPont Hospital for Children, including part-time resident training in all aspects of OMS. An excellent opportunity with a large referral base for the motivated individual. Conveniently located close to shore points, Baltimore, D.C., Philadelphia and New York City. Competitive compensation and benefits. Submit inquiries to lefort3@comcast.net.

Florida

Florida Craniofacial Institute is looking for an associate to join our practice located in sunny Tampa, Fla. We are a growing OMFS practice, with opportunities for continued

continued on next page

Available Positions*continued from previous page*

expansion. This is a great opportunity for a surgeon to join a collegial group practice. We practice full-scope OMS in a unique setting, with the founding surgeon focused on pediatric cleft and craniofacial surgery. We offer competitive compensation package with benefits. Please send CV and inquiries to Peter Kemp at 813-870-6000, admin@flcranio.com.

Florida

We are seeking a full-time or part-time board-certified/board-eligible oral & maxillofacial surgeon with a caring attitude and a focus on treating patients as family. The expanding practice currently involves one oral surgeon in two offices in the beautiful Daytona Beach area. The practice has a focus on office-based procedures. Partnership opportunities are available! We offer a very competitive salary with a host of benefits. Please contact 386-212-4852 or email arunreddy@hotmail.com for further details.

Florida

Full-time oral and maxillofacial surgeon. Our practice allows you to live urban or suburban, as both offices are equidistant from Tampa's growing urban core. We are offering competitive salary plus bonus structure, 401K retirement plan, malpractice insurance and a genuine opportunity for partnership. Our team is motivated, fun, diverse, high-functioning and capable of supporting a wide scope of OMS procedures at both locations. The offices are well-managed, fully digital and integrated to allow secure remote access. We have outgrown our single owner/operator model. The practice can readily accommodate at least one additional OMS and we're still growing due to our pattern of high case acceptance and substantial number of referrals. BE/BC single or dual degree OMS are welcome to apply. We ensure confidentiality. Reply to advancedOStampa@gmail.com.

**Florida (Orlando/Daytona/
Jacksonville/Tampa/
Ft. Lauderdale)**

Join our 70-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

Georgia

Oral surgeon needed for large, multispecialty, multi-location group practice in Atlanta suburbs. No managed care. Full- or part-time positions available. Contact Vicky Jorgensen at 770-446-8000, ext. 0003, or email vjorgensen@dentfirst.com. Visit us online at www.dentfirst.com.

Georgia

Successful private practice searching for a full-time associate to join our office in a very family-friendly planned community outside of Atlanta. The oral surgeon would work in our specialty office, backed by a tremendous team who would handle referral building and new patient marketing. The practice is looking for someone to start as early as January 2019. Full-scope practice; emphasis on reconstruction and implant rehabilitation; fee-for-service and insurance patient base; state-of-the-art equipment; referral and marketing system in place; competitive compensation. Requirements: board-certified or board-eligible oral maxillofacial surgeon. Interview today! Email Chris today to arrange for an interview. Email christina@peachtreeomfs.com.

Georgia

Oral surgeon needed FT for busy practice in Atlanta. Opportunity offers an established, strong revenue-producing practice flow with great earning potential and a RICH benefits including a path to ownership along with great compensation: generous yearly continuing education reimbursement, health, 401(k), malpractice, membership/dues, bonuses, and car/travel allowance. To learn more, please send resume to colleen@dmacares.com.

Illinois

Excellent opportunity for a hardworking, personable OMS in northern Illinois. Fee-for-service with emphasis on implants, dentoalveolar surgery. Trauma, TMJ, and orthognathic surgery opportunities are available. Laser, I-cat, digital X-rays, and a wonderful team to work with. Salary plus incentives. Email CV to os1161732@aol.com.

Illinois

Fifty-year-old established practice, located in an affluent suburb, 60 miles northwest of Chicago, is looking to hire a full-time associate that can transition to partnership when senior doctor retires. Our practice is state-of-the-art, set in a casual loft design. It's supported by a community with strong growth in housing and retail. Public transportation via the Metra, which runs between the suburbs and Chicago, is one mile from our office. We are looking for an associate who exhibits leadership, great work ethic, compassion and professionalism in taking care of our patients as well as our support team. Our practice is a full-scope oral surgery office with emphasis on dentoalveolar, pathology and implant surgery. The doctors are on staff at a hospital that is five miles from our office. Benefits will include medical and malpractice insurance, hospital dues, society memberships, retirement contributions, board examination fees and vacation. Reply to jtrlthomp@aol.com.

Illinois

Prominent oral and maxillofacial surgery practice with several offices in metropolitan and northwest suburban Chicago area actively seeking an associate with progression to partner position. Ideally looking for a resident currently in position to complete training in the summer of 2019 or 2020. Our doctors practice the full scope of oral and maxillofacial surgery with emphasis on dentoalveolar and implant surgery. Recently renovated practice-owned offices and state-of-the-art equipment. This is an excellent opportunity to join a high quality, well-established and respected surgical practice with an over 60-year history. Benefits include medical & malpractice insurance, society membership, hospital dues, retirement contributions and board examination dues. This is an equal partnership with long-term stability providing quality of life and a fulfilling career in a great location in the Chicagoland area. Reply to AAOMS Classified Box A-31801.



Illinois

Well-established, three-doctor, multi-office oral surgery practice located in central Illinois is seeking a BE/BC oral and maxillofacial surgeon to join our busy practice. Our practice is a high-grossing, top-tier practice with low overhead and a dedicated referral base. We also have an excellent reputation in the community of providing outstanding care to our patients for over 45 years. All our locations are updated and have state-of-the-art equipment. Excellent opportunity to join an OS office that practices the full scope of oral surgery! Complete benefit package offered to all new associates includes a generous starting salary with a signing bonus, 401(k), profit sharing, paid time off, insurance and much more! After one year, associates become eligible to transfer to partner, which includes a salary increase, monthly bonuses and additional retirement benefits just to name a few. Please call Leigh Slavens at 309-282-1316 for more information or email CV to lslavens@aosillinois.com.

Kentucky

Looking for an energetic board-certified/eligible oral and maxillofacial surgeon to join our growing, multi-location, five-surgeon OMS practice in Lexington, Ky. We offer an excellent compensation and benefit package to include a guaranteed base salary, bonus plan, 401K, life insurance, paid vacation, medical/dental/vision plans, and malpractice insurance. Relocation assistance for the right candidate is possible. Please send your CV and cover letter to reda@kentuckyoms.com or contact Reda Vaughn at 859-278-9376 ext. 108.

Maryland

Beautiful living but close to Baltimore, Washington and Pennsylvania cities. Looking for a BC/BE person to join a busy, two-office practice doing the full scope of oral surgery. Two new state-of-the-art offices. Scenic western Maryland and south-central Pennsylvania. Competitive package will be offered to the right person. Email richard ofs@myactv.net.

Maryland

Associate wanted for busy full-scope oral surgery practice in College Park, Md., area. Paying 40 percent collections but negotiable. Reply to AAOMS Box A-110118.

Maryland

Immediate and summer positions (2019) are available for associates leading to partnerships in a state-of-the-art, highly successful, expanding, multi-location, full-scope oral and maxillofacial surgery practice in Maryland/D.C./Virginia metro area. Our team is looking for a bright, ambitious and caring individual. Our future partner must be proficient in all phases of OMS including outpatient general anesthesia, dentoalveolar, implant, TMJ, orthognathic and cosmetic procedures. Board-certified or an active candidate for board certification a must. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to Ms. Petersen at mdmosa20850@gmail.com.

Maryland

Seeking a qualified oral and maxillofacial surgeon with a Maryland license to join our well-established group practice. Multiple locations in Baltimore County. FT. Email resume to dentalapplicant1900@gmail.com.

Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20 years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington, D.C. We have access to big-city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax 301-694-7372.

Massachusetts

Well-established practice spanning over 50 years, located in a sea-coast community of southeastern Massachusetts is looking to hire a full-time associate with strong potential for partnership. This three surgeon

office-based practice has a strong referral base and an emphasis on dentoalveolar and implant surgery. Affiliated with the local hospital (0.4 miles). Competitive financial package and benefits available including pension and profit sharing plan. Reply to AAOMS Box A-010419.

Michigan

Board-certified or board eligible full time Oral Surgeon in Plymouth, Mich. Well-established, multiple-location, busy OMS group practice. We have a 25+ year practice with locations in the Plymouth, Ann Arbor/Ypsilanti and Chelsea, Mich., areas. We have a very strong referral base supported by excellent referral relationships throughout the area. 4.5-day work week – no evenings or weekends; collegial practice – surgeon-owned office with modern equipment including cone beam CT; host of a Seattle-Study-Club-based study club; safe and diverse cities; excellent public and private school opportunities; lakes and rivers within the community allow for a variety of outdoor activities – kayaking, boating, swimming, hiking, biking, fishing, hunting, zip lining and much more; outstanding cultural opportunities and sporting events including all Detroit sports teams only twenty minutes away. Contact information: please visit paaoralsurg.com or email Dr. Jeffrey Wasielewski at jeffwasdds@gmail.com.

Michigan

Busy southeast Michigan oral surgery practice looking for part-time or full-time associate with partnership opportunity if desired. Current practice is concentrated in dentoalveolar surgery, implants and pathology; however, the opportunity exists to develop your own scope of practice. Please send resume to OMScorp@yahoo.com.

Minnesota

A well-established OMS practice in Minneapolis/St. Paul area is looking for a board-certified or active candidate to join our 3-doctor team serving 2 locations as an associate leading to partnership. We are a full-scope practice with a loyal referral base that is well respected in the area. The Twin Cities consistently ranks in the top places to live in the U.S. Please send letter of interest & CV to DrT@stpauloralsurgery.com or call ph. 651-645-6429.

Available Positions*continued from previous page***Minnesota**

Long-standing, successful group practice in Twin Cities, Minn., is seeking a motivated, personable, board-certified or eligible surgeon to practice full-scope OMS across multiple locations. Compensation includes base salary plus production incentives, auto allowance, and a competitive benefits package. The Twin Cities offer some of the best school districts in the country with fun year-round outdoor recreation. Famous for cultural features such as theater, dining, the arts, shopping and all major sports leagues. This is a great opportunity for anyone looking for a position rooted in work-life-balance with professional growth. Thank you for your interest! Contact oralandmaxillofacialsurgery@outlook.com.

Missouri (St. Louis)

Outstanding opportunity for an Oral and Maxillofacial Surgeon to join a full-scope, hospital-based, group, private practice that also sponsors a nationally recognized, multi-focused Fellowship Training Program. The Oral Facial Surgery Institute is a professionally managed practice with an excellent reputation and a vast network of regional referrals rendering complex care to a large region of the Midwest. Our facilities include seven private practice offices in outstanding, closely surrounding communities. All of our surgeons work directly with our fellows in an academic/private practice environment. We pride ourselves in providing superb, comprehensive care to our patients. St. Louis is a delightful city with a small-town feel and an excellent community to raise a family. No buy-in necessary for the right person. For confidential consideration, interested individuals should send a letter of intent and CV to Oral Facial Surgery Institute Attn: Michael W. Noble, DMD, Chairman of the Division of Oral and Maxillofacial Surgery and/or Scott Graham, MHA, FAADOM, FACMPE, Chief Executive Officer, 621 South New Ballas Rd., Suite 16A, St. Louis, MO 63141; phone 314-251-6725; fax 314-251-6726; email mwnoble@aol.com or scott@ofsinstitute.com; www.offsinstitute.com.

New Jersey

Upscale, well-established private practice with three locations in northern N.J. offering unique full-time associate and a distinct part-time opportunity to board-eligible or board-certified OMFS leading to partnership. 20 minutes from Manhattan. Multiple area and N.Y.C. hospital affiliations available. Excellent compensation with comprehensive benefits. Long-term experienced staff to assist with transition. Email resumes to info@njcosa.com.

New Jersey

A well-established and respected OMS practice in northern New Jersey has an exciting opportunity for a full-time oral surgeon. We are seeking a well-trained, highly motivated candidate with excellent surgical and interpersonal skills for a full-time associate position. Board-certified or active candidate for board certification preferred. Opportunity for full-scope practice in our state-of-the-art modern and well-equipped facility. Competitive compensation package with great benefits. Please email ecaola422@gmail.com.

New Jersey

A well-established oral and maxillofacial surgery practice that has been serving our community for over 45 years is seeking an associate. The candidate must be board-certified or board-eligible and committed to a high level of patient care. We are a multi-doctor practice with multiple locations in northern N.J. Our office provides i-CAT 3D imaging as well as a dedicated operating suite and facility for continuing education. Our practice has excellent growth potential. Early partnership opportunities are available for a motivated individual. Compensation package includes a guaranteed salary along with incentive program, as well as health benefits and expenses. Please send CV to AAOMS Classified Box A-010319.

New Jersey

Looking for an enthusiastic oral surgeon to join a highly reputable private practice with multiple locations throughout the beautiful suburban areas of Northern New Jersey and near the Jersey Shore. Randolph Center for Oral & Maxillofacial Surgery is a comprehensive provider for oral and maxillofacial surgery with affiliations at Morristown Medical Center and New York

Presbyterian Weill-Cornell Medical Center. This well-established, growing practice now has a great opportunity for a new and upcoming oral surgeon looking to gain experience at a state-of-the-art, full-scope practice. Randolph Oral Surgery is offering a full-time position to a board-eligible surgeon – an excellent salary and benefits package is included in this exciting opportunity! If interested in this position, please fax resumes to 973-328-3405. We are looking forward to hearing from you soon!

New York

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

New York

Excellent opportunity to join a successful OMS practice in Westchester. Our practice focus is office based with a strong emphasis on dentoalveolar surgery, general anesthesia/sedation, implant surgery, bone grafting, major and minor pathology, and TMD. Excellent financial package and benefits available. Associateship leading to partnership for a motivated, friendly, hardworking and skilled surgeon. A great opportunity to live near NYC and experience the culture. Must have N.Y. state dental license and GA permit. Reply to OMSneeded@gmail.com.



New York

Our office is looking for an oral surgeon in our New York City area. Fresh graduates welcome. Part-time associate or full-time associate with partnership is possible. Please call 845-664-0584 or send an email at ajbaman@optonline.net.

New York

Well-established, 38-year-old practice looking for a full-time (4 days a week) OMS. The practice is located near the beautiful Great Sacandaga Lake and a short drive from Saratoga Springs. We have a large referral base and this is an excellent opportunity for an association leading to early partnership. The practice has full-scope dentoalveolar, pathology and implant surgery under IV sedation in office or general anesthesia in hospital located next to office. Very competitive salary with benefit package. Send CV and inquiry to FoxOralSurgery@gmail.com.

New York (Long Island)

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

New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working and highly skilled full-time OMS. Reply to AAOMS Classified Box A-4416.

New York (Lower Hudson Valley)

Established, 64-year-old practice looking for board-certified/active candidate for certification OMFS for full-time position leading to early partnership. Emphasis on dentoalveolar, office-based, implants. General anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box A-11803.

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia. Orthognathic, reconstruction, cleft lip and palate, pathology, and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401K and profit sharing. Send resumes to dwhitacre@scomsa.com.

Ohio

Solo practitioner wishing to retire in the next three years is seeking a partner to transition his orthognathic surgery-centered OMS practice in the Midwest. Located in large metropolitan area that features a well-diversified economy, major league sports and year-round cultural activities. It is unusual to find a practice that truly has a full-scope referral pattern. The OMS practice draws from a referral base all over the metropolitan area and receives referrals for orthognathic surgery from over 20 orthodontic practices within a 75-mile radius. One hundred orthognathic surgery cases are in the pipeline with insurance predetermination and patients in orthodontic treatment. Many cases are performed on a full-fee basis. Insurance payment for other orthognathic surgery cases average approximately \$8,000 per case. Practice averages 30-40 orthognathic surgery cases each year. Average gross of 1.5 million per year for a 4-4.5-day week. Owner has loyal referral base for dental implants, dentoalveolar surgery, temporomandibular joint arthroscopy and trigeminal nerve reconstruction. OMS does minimal cosmetic surgery trauma. The practice is in good alignment for growth in these areas. Office located next to large and growing suburban hospital. This is an excellent opportunity for OMS who wishes to truly practice full-scope oral and maxillofacial surgery starting the first day. Interested buyer must sign confidentiality/non-disclosure agreement. Reply to AAOMS Box A-010119.

Ohio

Well-established OMS practice located on the shores of Lake Erie is looking for an associate looking to become a partner. Busy, up-to-date, two-office practice located in a beautiful vacation area with an enormous opportunity. Reply to AAOMS Box A-110318.

Ohio

Well-established solo practice in NE Ohio seeking BE/BC candidate for associateship leading to ownership upon surgeon's retirement. The focus is on dentoalveolar surgery, third molar surgery, implant surgery and office anesthesia with unlimited opportunity for a full-scope practice. CBCT recently upgraded. Close proximity to regional trauma center. Excellent opportunity for recent graduate, retired military or satellite office. Reply to AAOMS Box A-010219.

Pennsylvania

Well-established, highly respected, thriving, two-office OMS practice in southern Chester County seeking an energetic, personable, highly motivated, team-oriented oral surgeon. Our practice mission is to provide exceptional patient care in a comfortable and safe manner with a well-trained staff and the most modern amenities. We are offering an associate position, which will transition into a partnership opportunity, with a competitive salary, malpractice, and health insurance, pension, continuing education compensation included. Our two state-of-the-art offices provide an excellent setting to provide full-scope OMS. Our offices are centrally located between New York, Philadelphia, and Washington, D.C. Chester County is an excellent place to establish a residence with school districts that are consistently ranked among the best in the nation. Reply to AAOMS Classified Box A-5001.

Toronto, Ontario

Full-scope oral surgery practice has an immediate need for a full-time associate. May lead to possible partnership opportunity. This high-volume, multi-doctor practice with mid- and downtown Toronto, Canada, locations has a well-established referral base and potential hospital availability. Onsite CBCT/digital X-rays. The position requires a board-certified or board-eligible oral and maxillofacial surgeon who has ambition! Email: admin@metropolitanoms.com.

Available Positions

continued from previous page

Virginia

Coastal Virginia/Virginia Beach practice seeking FT surgeon. 3.5 hours to D.C., 1.5 hours to Richmond, 6 hours to NYC. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding oral surgery business, contact drg@myoralsurgeon.com.

Virginia

Well-established OMS practice in the historic, colonial capital of Williamsburg looking for an associate who would like to become a partner. This is a great college town with excellent medical facilities. Transition period prior to partnership is negotiable. This is an enormous opportunity for the right person. Reply to paul.hartmann@omsp.com.

**Washington, D.C./
 Baltimore/Virginia Metro Area,
 District of Columbia**

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/Virginia Metro area in Hagerstown & Frederick, Md., and Martinsburg, W.V. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board-certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

West Virginia

An opportunity of a lifetime for an exceptional oral and maxillofacial surgeon. Mountain State Oral and Facial Surgery is growing again! Mountain State Oral and Facial Surgery is an innovative, state-of-the-art group practice based out of Charleston, W.V. with offices in N.C. and S.C. as well. We have nine locations and are looking for an exceptional, outgoing, energetic, board-certified/eligible candidate for certification. Our practice encompasses the full scope of oral and maxillofacial surgery, dentoalveolar, orthognathic, trauma, implants, head and neck pathology, and facial cosmetic surgery. We offer a \$350,000 base salary with earning potential. Student loan reimbursement opportunities and continuing education. If interested or have any additional questions, please contact Jarod Zelaska 304-720-6672 or email jzelaska@mtstateoms.com.

Wisconsin

Join a well-established group of four oral and maxillofacial surgeons with a built-in referral base and a geographic area of 500,000+ people. Practice in state-of-the-art facilities, we offer multiple offices which provide the latest in dental and surgical technology. We offer competitive compensation and generous benefits with either partnership track or associate surgeon options. Oral and Maxillofacial Surgeons BayCare Clinic is based in Green Bay, Wisconsin, a beautiful, safe, and family-oriented city, known for its outstanding quality of life and superb education systems. Contact Pam Seidl at pseidl@baycare.net or 877-269-9895.

Miscellaneous

OMS Consulting Firm

We offer full-scope consulting services for Oral and Maxillofacial Surgery practice management. Our team specializes in OMS Practice Development, Practice Management, and Accounting and Financial Management. For more details on our services, contact Scott E. Graham, MHA, FACMPE, FAADOM, OMS Consulting Firm, 833-OMS-FIRM, scott@omsconsultingfirm.com or visit www.omsconsultingfirm.com.

OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

Practices for Sale

Arizona

Long history of goodwill. Seller aims for a short-term transition or flexible with partnership transition. \$794,000 collected annually. 1,600 square feet, three spacious, modern surgical suites, excellent Phoenix West Valley location, growing community. Send inquiries to fheppner1959@gmail.com.

Arizona

Well-established in Phoenix. Grossed \$735k. Priced at \$295k! ~6 patients per day and ~50 new patients monthly! This beautiful office is ideally situated in the heart of town! 2,000 sq. ft. with two ops and one additional. Inquire at wps@succeed.net.

California

Desirable Sacramento-area community. Stable patient base that won't be affected by transition! ~10-15 patients per day and ~60 new patients monthly! Gross: \$1.1M; net: \$466k; priced below net: \$450k! ~2,282 sq. ft. with five ops. Send inquiries to: wps@succeed.net.

California

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. Calif. dental licensure by credentialing and financing available to qualified



parties. Contact Brady Price & Associates, specializing in oral surgery practice sales via email at scott@bradyprice.net or call Scott Price, 925-935-0890.

California

Premier OMS practice available for sale with transition. Northern California, very desirable community. Opportunities abound for an active outdoor lifestyle. Collection \$1.75M, pre-tax income \$1.2M. Send inquiries with a letter of interest and a CV to bizdocjay@mac.com.

Colorado

Beautiful OMS practice for sale in Colorado Springs, CO. Value \$352,000. Yearly collections \$550,000; net income \$251,000. Complete buyer's app/sign NDA. <https://ctc-associates.com/buyers-application>. Contact us at 303-795-8800 or info@ctc-associates.com and reference listing #CO18-120.

Florida

OMS practice for sale in Southeast Florida. Strong referral base. Flexible transition. Digital with CBCT, 40% implants, 28% dentoalveolar, WinOMS practice management. Coastal location with growth potential. Contact Stuart M. Auerbach, DDS, 954-298-4575.

Georgia

Successful modern solo practice for sale in SW Georgia. Includes CBCT, building, equipment: \$200,000. Gross receipts exceed national average. Wonderful staff will stay. Don't miss this opportunity. Reply to AAOMS Classified Box S-2295.

Kentucky

Established in 1985 serving eastern and southeastern Kentucky; southwestern Virginia; and southwestern West Virginia. Located two miles from Pikeville Medical Center, a 300 bed hospital, and a member of the Mayo Clinic Care Network. Owner is retiring at the end of 2018, but will continue to live in the area to help with transition. Reply to wranderson53@bellsouth.net. The office address and phone numbers are as follows: 1152 South Mayo Trail, Pikeville, KY 41501, 606-432-0805, 800-848-5494, or 606-434-2212 (cell).

Kentucky

Excellent 35-year-old established solo practice for sale with immediate or extended transition. Primarily office-based dentoalveolar and implant practice with many nearby hospitals for easy expansion, if desired. Beautiful recently redecorated office in a great location with long-term office staff and referral base. Flexible options available for purchase and transition. Please reply to AAOMS Classified Box S-110218.

North Carolina

Great opportunity! OMS practice available for sale including two locations ready for immediate transition. Updated equipment and attractive price allows for minimal updates if desired. Overall, region has potential for significant growth. Email dave@practiceevolutions.com.

Rhode Island

Exceptional opportunity! OMS practice available for sale and ready for immediate transition. Modernized equipment and appealing price allows for minimal changes if desired. Region has potential for significant growth. Email dave@practiceevolutions.com.

Rhode Island

Providence County, R.I. Motivated seller! Beautiful oral surgery practice at a great location at the corner of a major intersection – high visibility! Nicely updated facility featuring 2,700 sq. ft. of office space, 4 operators, laser and OMS vision software. No competition and well-established referral base. 2017 collections \$1.1 million. Email info@almontefallagroup.com or call 866-211-9602.

Virginia

Oral surgery practice in Virginia. New listing! Gross one million in an area of exceptional and continued growth! Excellent referral and patient base. State-of-the-art equipment, digital radiography, CBCT, new computers and server. Practice has high collections with low overhead. Practice focuses on dentoalveolar, implant and office-based anesthesia. Doctor is very flexible with transition timetable. Call or email Tom Bonsack, DDS, at 410-218-4061 or tom@midatlanticdentaltransitions.com for more details.

Practice Transitions

OMS Exclusively-Premier Transition Specialists for Oral Surgeons

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

Classified Advertising Deadlines

May/June 2019 issue:
March 6, 2019

July/August 2019 issue:
May 2, 2019

Sept/Oct 2019 issue:
July 3, 2019

AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position (please check all that apply):

- Chairman
- Program Director
- Professor (clinical or research track)
- Associate Professor (clinical or research track)
- Assistant Professor (clinical or research track)
- Fellowship
 - CODA Accredited
 - Non-CODA Accredited
- AAOMS Box Number requested** (No additional cost)
- This is a confidential ad.** Please contact only the following members of my staff if you have questions:

AAOMS Member Non-member **AAOMS Member ID No.** _____
**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Faculty Ad Costs:
1-250 words: \$0 251-290 words: \$125 291-330 words: \$250 331-370 words: \$375

Visa MasterCard Discover American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

Check enclosed Amount _____ Check # _____

General Classified Advertising Order Form

Ad type:

- Position Available
- Practice for Sale
- Position Wanted
- Practice Transitions
- Miscellaneous
- AAOMS Box Number requested** (No additional cost)
- This is a confidential ad.** Please contact only the following members of my staff if you have questions:

AAOMS Member Non-member **AAOMS Member ID No.** _____
**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General Classified Ad Costs:
1-40 words: \$125 41-80 words: \$250 81-120 words: \$375 121-160 words: \$500

Visa MasterCard Discover American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

Check enclosed Amount _____ Check # _____

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 AAOMS Today Classified Ads
 9700 W. Bryn Mawr Ave.
 Rosemont, IL 60018-5701
Or email form to jwalker@aaoms.org
Or fax form to 847-678-6279

Please attach a copy of your ad text when returning this form.
Questions?
 Visit AAOMS.org/classifieds,
 or email jwalker@aaoms.org.

Classified Advertising Deadlines
 May/June 2019 issue: **March 6, 2019**
 July/August 2019 issue: **May 2, 2019**
 Sept/Oct 2019 issue: **July 3, 2019**

EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary
(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity. Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

Non-bupivacaine Local Anesthetics

EXPAREL should not be administered with local anesthetics other than bupivacaine. Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD), respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipercoloylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

OVERDOSAGE

Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of

circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water for injection or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

Recommended Dosing in Adults

Local Analgesia via Infiltration

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache, rapid heart rate; shortness of breath; lightheadedness; or fatigue.

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Patent Numbers:

6,132,766

5,891,467

5,766,627

8,182,835

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For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

Rx only

November 2018

NEW DENTAL CODE FOR USE IN OMFS PROCEDURES

Effective January 1, 2019

D9613

- Infiltration of a sustained-release therapeutic drug—single or multiple sites
 - Infiltration of a sustained-release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes



For reimbursement questions, please call
1-855-RX-EXPAREL (793-9727),
email reimbursement@pacira.com,
or visit www.EXPAREL.com/reimbursement.



OMFS, oral and maxillofacial surgery.

Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to Brief Summary of full Prescribing Information on the following page.

For more information, please visit www.EXPAREL.com or call 1-855-RX-EXPAREL (793-9727).



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Parsippany, NJ 07054 PP-EX-US-4290 12/18

EXPAREL[®]
(bupivacaine liposome injectable suspension)

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