2009 INAUGURAL ADDRESS
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October 15, 2009 – House of Delegates, Session III
Toronto, Ontario, Canada

Mr. Speaker, officers, trustees, members of the House of Delegates, past presidents, colleagues and guests. I have heard many incoming presidents say that assuming the presidency of the AAOMS is the culmination of a lifelong dream. But for me, it is the culmination of a dream I never knew I had.

It is strange how life unfolds and how seemingly small events can dramatically influence your future. I have always been an active participant in organized general dentistry and oral and maxillofacial surgery. Nationally, I had served on an AAOMS presidential task force, and as a member and chair of the Committee for Professional and Allied Staff. For more than 15 years, I was privileged to serve as a member of this House of Delegates.

Everything changed in late November 2002, when I received a phone call from Dan Daley, who at that time was Vice President of the AAOMS, and a former District II trustee.

"Had I given any thought to running for the office of treasurer?" he asked.

Quite honestly I hadn't. "Give me a few days to think about it and I'll get back to you," I replied. To say the least, I was intrigued. I have always felt that giving back to the specialty was important and after considerable thought about the commitment and level of involvement required of an AAOMS officer, I felt that I would bring a great deal of experience and knowledge to the position and could successfully serve as Treasurer.

You know the rest of this story - I ran for office, you elected me to two terms as your Treasurer, and further honored me by supporting my candidacies for Vice President and President-Elect. And here I am today - on the threshold of my presidential year.

Standing on this side of the podium, I am encouraged to see the familiar faces of those who have served in this House for so many years. And I am gratified to see new faces among you; those who have been here for only a few years and those who are serving for the first time. I welcome each of you, and hope to inspire you this morning to help move this great Association and our specialty forward. During the next few minutes I wish to share some thoughts about our organization and the issues confronting us as a specialty. I would like us to consider not only how we can respond to these issues, but how we can redefine them and transform challenges into opportunities for the future.

As an AAOMS officer, I have been privileged to meet with oral and maxillofacial surgeons from every region of the country. And while the districts and states I visited were different, there were several themes that were echoed wherever I went.

The first of these concerns, not surprisingly, is third molars. We have known empirically for many years that untreated third molars are likely to cause problems. Now we have the evidence-based data to back us up. The Third Molar Clinical Trials, undertaken jointly by the AAOMS and the OMS Foundation, has shown a correlation between third molars, their associated biofilm, and systemic disease. Despite the reams of evidence reported by this ongoing study, the American Public Health Association recently released a policy statement that notes, ". . . the removal of 'asymptomatic' third molars is unnecessary and is a drain on the resources of the health care system".

How do we respond to this challenge? Recognizing the effect this position could have on our fellows and members and the public's health, the AAOMS took immediate steps to address this incorrect and potentially dangerous policy. The Third Molar Task Force was appointed to respond to the media and others who inquire about the APHA policy. Using the AAOMS White Paper on Third Molars and the evidence reported by the Third Molar Clinical Trials, we are able to supply solid information quickly to dispel misconceptions, innuendo, and stale, unreliable data. On other fronts, the AAOMS meets regularly with representatives of the insurance industry and third party payers to explain our position and present our research. Our science is unassailable and

can easily withstand in-depth scrutiny from any individual or group willing to put aside a preconceived agenda and examine the facts. We have and will continue to make this information available to all communities of interest.

From our earliest days as a group of exodontists, the expansion of our scope of practice has made us better practitioners. Our ability to manage the traumatic, pathologic, developmental and acquired deformities of our patients has improved the quality of life for thousands of individuals around the world. Our groundbreaking treatments employed for saving the faces and changing the lives of our armed forces who served in Viet Nam and the recent Middle East conflicts have been adopted by other medical specialties and used in the public sector with great success.

Our techniques for managing skeletal deformities, including the development of endoscopic procedures, have reduced the number of hospitalizations for our patients, and have led to a shorter post-operative recovery and course of treatment that benefits thousands of patients every year. Yet, in spite of our innovations and technical advances, we must fight the battle every day - locally, within our states, and nationally - to ensure that hospitals, legislatures and insurance companies are aware of our talents and skills.

How do we respond to this challenge? The AAOMS has a dedicated staff that not only monitors scope of practice issues, but is ready and able to counter these challenges with accurate, timely information. Your officers meet regularly with insurance companies to keep them abreast of our training, experience and cost effective methodologies in order to advocate for appropriate benefits for our patients. We have active advocacy campaigns that showcase to state and national legislators our abilities based on education, training and experience. The AAOMS officers meet at least twice a year with influential members of Congress, and attendance at our annual Day on the Hill event continues to increase as our membership becomes more active in the advocacy process. In addition, our fellows and members frequently visit their individual state representatives and state legislative bodies to advocate for the specialty and to dispel misconceptions about OMS resident training and practice.

Unique among health care providers, the oral and maxillofacial surgery operator/anesthetist model stands second to none when it comes to employing safe outpatient anesthetic techniques, including the delivery of local anesthesia, moderate and deep sedation, and general anesthesia. Our residency training programs prepare future practitioners in the state of the art delivery of outpatient anesthesia and, as practicing OMSs, we improve on our skills and refine our talents regularly. And we do this in a very cost efficient and extremely safe environment.

Nonetheless, this is another area of daily practice that is under constant scrutiny by the media, allied health specialties and legislative bodies. Despite data testifying to our low morbidity and mortality experience, we are confronted by entities, both professional and regulatory, that seek to change this proven method of anesthesia delivery.

How do we respond to this challenge? Our Residency Review Committee continually assesses our training programs to make sure that OMS residents receive the highest level of anesthesia training and experience in the delivery of all levels of outpatient anesthesia.

This past August we met with the officers of the American Society of Anesthesiologists (ASA). This annual meeting provides an excellent opportunity for the leaders of our two organizations to discuss areas of mutual interest and ensure that ASA regulations are not contrary to the OMS anesthesia delivery model. I am pleased to tell you that this year's discussion was energetic and positive.

We routinely work with state legislators to reinforce our education, training and experience in this arena, and we have a vigorous Committee on Anesthesia that monitors state activities related to anesthesia delivery and care. This committee also developed our *Office Anesthesia Evaluation Manual*, which allows us to self-regulate and continually improve on our delivery system. And we have developed the Dental Anesthesia Assistant National Certifying Examination to train and certify our surgical assistants in order to further provide our patients the best and safest care.

The OMS faculty shortage has been an ongoing concern for several years, not only from the perspective of having enough educators, but of having educators well trained in surgical technique and in employing effective methods to train our future colleagues. Very simply, if we can't support our residency programs with enough well trained educators, our programs will close. This, in turn, will diminish our presence and reduce our influence in dental schools and hospitals, and damage relationships with our dental and medical colleagues.

How do we respond to this challenge? We have a newly constituted task force to address the faculty shortage, and we meet regularly with our Faculty Section to better understand and respond to the issues that confront them. In addition, we are currently seeking opportunities to introduce recently retired oral and maxillofacial surgeons and part time private practitioners into the educational workforce.

A recurring theme at the AAOMS is that it is important for oral and maxillofacial surgeons to maintain their hospital privileges and remain active in their local institutions. Taking trauma call and caring for the trauma patient are cornerstones of our specialty. Our presence in the hospital reinforces our relationships, our strengths, and our value to our medical colleagues. Unfortunately we hear that an increasing number of OMSs no longer join hospital staffs, or if they do, no longer take ER call. Adopting this posture will slowly erode our stature in the health care community and among our colleagues.

How do we respond to this challenge? The AAOMS Committee on Hospital and Interprofessional Affairs monitors issues involving hospital privileging, hospital bylaws, and hospital-imposed restrictions that impinge on our ability to practice the full scope of our specialty. The Committee for the New OMS not only encourages participation in the organizational aspects of our specialty and the hospital community, it actively assists the new OMS in navigating the issues that confronted all of us when we started practice. We meet with officers of the Joint Commission® to make certain that oral and maxillofacial surgeons have the ability to independently admit patients to the hospital and perform a history and physical.

In July, your officers met with the officers of the American College of Surgeons (ACS) to ensure that oral and maxillofacial surgeons are included in all future publications of the ACS Guidelines as essential providers for level one trauma centers. The ACS is beginning to review the next version of the Guidelines and, as they agreed last year, the AAOMS will be included in the revision process.

In addition, we petitioned the College to establish a separate section for oral and maxillofacial surgery; we offer symposia at our annual meeting to discuss reimbursement issues for ER call; and we have fellows and members who hold leadership positions within their hospital or hospital systems. Their presence and participation preserves our status and raises the profile of our specialty within the hospital environment.

Why do I bring these issues to you this morning? Of course I want you to realize the many ways in which your Association supports the membership. But more importantly, I want to use this opportunity to stress that for all its efforts, for all its gains, for all its activities, the Association is impotent without the hard work of its individual fellows and members. The AAOMS' strength rests with each of us.

Each of you sitting in this House is a leader; not just during the four days each year when the House of Delegates meets, but every day throughout the year. Each of you is an OMS ambassador to the professional and public community, and we need you to lead every day, whether it is in your hospital, your state or your district.

The AAOMS has a well defined mission statement and strategic plan which are updated regularly and revised every three years to guide us as an Association. You may not have considered it, but each of you has a mission statement and strategic plan as well. Your mission statement should consider the issues that affect your professional life, including the need to promote our specialty and the AAOMS at every opportunity. There is strength in numbers when dealing with hospital administrations, state legislatures, and third party entities.

In this rapidly changing health care environment, we need to actively ensure that our needs as providers are met. It is, therefore, incumbent upon each of us to reach out to our colleagues, whether they are in established practices or just starting out, and encourage them to become as involved as you. The more we exercise the powers and privileges we have, the more power and privileges we will maintain.

In order to strengthen our specialty, you also need to be an active participant in our sister organizations. OMSPAC, the political action committee for oral and maxillofacial surgery, advocates on our behalf and monitors proposed legislation and regulations on the state and federal levels. Today, OMSPAC is more necessary than ever before. Our legislators in Washington, DC are in the process of overhauling our health care system. We must participate in this process and occupy a seat at their table. Your contributions to our political action committee in terms of money and time are vital to the future of our specialty and your practice. There should be 100% participation by the members of this House of Delegates in OMSPAC. And please, encourage your colleagues to participate as well.

The Oral and Maxillofacial Surgery Foundation, the research arm of our specialty, annually provides funds for innovative research that will advance our specialty. Cancer detection through salivary proteonomics; medication delivery through resorbable sponges; molecular science and pulpal tissue as a source of stem cells – these are only a few of the exciting new technologies discussed at our Research Summit.

Co-sponsored by the AAOMS, the Foundation and the International Association of Oral and Maxillofacial Surgeons, and supported by a grant from the National Institute of Dental and Craniofacial Research, the Research Summit and the one-day Young Investigators Day, which preceded it, provided an exciting glimpse into the future of oral and maxillofacial surgery. If we have the desire and the will to work together, the research projects underway today in laboratories around the country have the capacity to redefine the way we practice our specialty, and offer new procedures and care for our patients.

The OMS Foundation is also a co-supporter of the Faculty Educator Development Award (FEDA) program. Since it was created in 2002, we have provided 33 FEDAs to promising young OMSs interested in pursuing a career in academia, and to faculty members with up to five years experience who are willing to remain in the educational institution.

This year, the AAOMS and the OMSF have agreed to increase the amount of the award to further attract young educators. In doing so, the Foundation moves our Association forward by helping to address the faculty shortage.

Recognizing the importance of this organization to our future, your Board of Trustees issued a fundraising challenge to the Foundation last year. As you know, the AAOMS contributed $200,000 to the corpus of the Foundation, with an added stipulation that if donations to the OMSF REAP program this year totaled 600,000 dollars by this annual meeting, the AAOMS would contribute an additional 200,000 dollars, for a total of one million dollars that will be used to fund OMS research. As we learned, the Foundation has met and exceeded the challenge, but our participation should not stop now. In his remarks, Dr. Frost noted that only 70% of this House contributed to the campaign. I encourage each of you to financially support the Foundation through <u>sustained</u> <u>annual</u> giving and by becoming an ambassador in the REAP program. Again, I would like to see 100% participation by the members of the House of Delegates in this program, and I encourage you to urge you colleagues back home to participate as well.

Don’t neglect the activities of the American Dental Association (ADA). While we may not always agree with the actions and positions of the ADA, it is the home of every dental specialty, including oral and maxillofacial surgery. We are dentists first, and unless we understand all the issues and contribute to the solution, we can’t object to the outcome. If we are not at the ADA’s table, we won’t have a voice. Be aware and participate in the actions of your state dental association and the ADA

Meanwhile, the AAOMS offers a wealth of programs, services and support for its fellows and members. As I mentioned earlier, our third molar study continues to provide evidence-based research that supports our everyday clinical activities. Our Resident Organization (ROAAOMS) continues to involve interested, bright and active young members in our Association. We need to take advantage of their enthusiasm and mentor them to become active fellows and members of the AAOMS.

Our biennial Research Summit and Young Investigators Day bring together the best and the brightest in the national and international arena of OMS research to discuss their current projects and results. These activities will advance our specialty for years to come.

Our annual meeting is second to none when it comes to providing our fellows and members with high quality continuing education.

Our Dental Implant Conference held each December is the premier implant educational meeting in the world today.

The success of these programs is due to the dedication of the Committee on Continuing Education and Professional Development, its Subcommittee on Dental Implant Conferences, the Committee on Practice Management and Professional Allied Staff and the many other AAOMS committees that contribute to these educational programs.

Our Committee on Anesthesia works diligently to keep our anesthesia privileges secure around the country.

Our Committee on Governmental Affairs spends hours poring over proposed state and national regulations, rules and legislation, monitoring the impact that these might have on our specialty.

I could speak just as highly about all our AAOMS committees if time allowed. The point I want to make is that everything we accomplish is made possible through the efforts of about 300 AAOMS fellows and members who volunteer their time and expertise at the committee level. Does that sound like a lot of participation? We have a membership of about 9,000 fellows and members. That equates to about 4% involvement. Imagine; if we could double that participation to 8%, how much more we could accomplish?

My goal this year is to increase the grassroots involvement of our membership. I will stress this wherever and whenever I speak to fellows and members of our Association. But I can't do this alone. I ask each of you for your help and support in this important endeavor. Go back to your communities and be a catalyst for member involvement.

Encourage the young OMSs in your state to become involved. We need them to bring new ideas to the table because new ideas bring innovation. Encourage the practitioners who have established a practice to be more involved. We need their experience to keep us linked to the reality of everyday practice. Remember that for all of our individual talents, not a single one of us can lift a pebble with one finger; we need each other to achieve even the smallest success.

In closing, I would like to thank the staff of the Association. From our Executive Director, Dr. Robert Rinaldi, for his guidance and leadership and our CFO, Scott Farrell, who was invaluable to me during my four years as Treasurer, to the entire Senior Management Team and support staff; thank you for all that you do for our Association and for all your support. I look forward to working with you in the coming year.

I would be remiss if I didn't collectively thank all of the presidents with whom I have served. Each has contributed to the success of our Association, and I hope that I have learned from them and that I may continue their efforts in the coming year.

The pursuit of this position and the achievement of this goal can only be accomplished with the understanding, cooperation, and sacrifice of others. I would like to thank my partners, Drs. Sean Bradley and Jonathon Sasportas, for their understanding, cooperation and sacrifice that have allowed me to stand here before you.

Thanks also to my office staff, represented here today by Valerie Seiler and Heather Hunt, who together have worked for me for 63 years. As a group they make sure I am out of the office on time so I don't miss my planes, and they remember to schedule patients for me for when I return. Thanks to all of them.

Thanks to my children. Stacy could not be here today. She is home. Pregnant. With twins and her husband Renzo. Paul, who is here today, and his wife, Keri; and Julie, for their understanding about the amount of time and energy being involved requires.

Finally, to my wife, Linda, who has supported and encouraged me from early in my career throughout my involvement in my local dental society, my state OMS society and in this endeavor. When I ran for Treasurer in 2003, I told her that it would only be a two-year commitment. Now in my eighth year, she is still there beside me, offering the same unwavering support. Linda, thank you.

It has been said that we are not prisoners of the past, but architects of our future. We are part of a great health care community, practicing in a most rewarding specialty; one that positively changes our patients' lives every day. Let's continue to work together to make sure that oral and maxillofacial surgery remains that way.

Thank you again for this singular honor.

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