

## **2009 PRESIDENTIAL ADDRESS**

**R. LYNN WHITE, D.D.S.**

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Toronto, Ontario, Canada

Mr. Speaker, fellow officers, trustees, delegates, alternates, past presidents, staff, friends, family and welcomed guests, I bid you a good afternoon and a hearty welcome to the 91<sup>st</sup> Annual Meeting of the American Association of Oral and Maxillofacial Surgeons. I am especially happy that we can share in this meeting and this venue with our good friends and valued colleagues of the Canadian Association of Oral and Maxillofacial Surgeons.

Allow me to take a moment to thank the officers, fellows and members of the CAOMS for their contributions to this year's program and for the warm welcome they have extended us as visitors to this beautiful city. Dr. Omura, it has been a pleasure and a privilege to work with you and the members of the CAOMS Executive Counsel.

It has been 13 months since I took my oath of office in Seattle; it seems like only a month or two ago. This past year has been one of hard work and much travel, and, yes, there have been many labors; and yet they have been labors of love. I truly love this association, and by extension, this specialty. I have been deeply enriched by the experience. I have gained greatly through the friendships I have made, and the ever-expanding appreciation of oral and maxillofacial surgery as the premier specialty in all of healthcare. As my friend and predecessor Lee Pollan said last year, "This is a great time to be an oral and maxillofacial surgeon."

It is my charge as your President to give an accounting of the past year of your Association. During the past few months I have heard many of you say, "This seems to have been a really smooth year without any real challenges." I just smile and don't say very much. Actually, I am very pleased that it seems that way to most of you. I will tell you that the appearance of tranquility is due to the vigilance of your committee members, your AAOMS staff and the Board of Trustees. The diligent performance of these individuals has served the members of this Association very well throughout this past year.

The truth is there have been significant challenges that have come before this association during the past year. And while I am pleased to report that these challenges are being handled well, there is still work to be done. This year we have seen major challenges in two areas that lie at the heart of most oral and maxillofacial surgery practices: third molar surgery and office-based anesthesia.

The challenge to third molar surgery was issued last fall when the American Public Health Association's House of Delegates passed a resolution against the "prophylactic" removal of impacted third molars. They took this action despite testimony by the AAOMS that included the presentation of our well-documented position paper, based on the large number of studies and data produced by Dr. Ray White and his research colleagues. Over the ensuing few months, some investigative reports appeared in the media about third molar surgery. In every case, the APHA resolution was cited.

In March of this year, I appointed a task force to proactively address these third molar issues. This task force has met twice and has developed many strong recommendations which the Board has approved and begun to implement. I especially want to thank Drs Lou Rafetto and Tom Dodson for their efforts in getting these issues in focus and handled efficiently.

The next issue concerns our ability to provide office-based anesthesia for our patients; essentially, to continue doing what we have always done and done well. Last fall, the Society for Ambulatory Anesthesia, also known as SAMBA, published a manual entitled "Guidelines for Office-Based Anesthesia." There is a section of that manual, which was also written by the American Society of Anesthesiologists' Committee on Ambulatory Anesthesia, which deals with anesthesia in the dental office. While generally acknowledging that oral and maxillofacial surgeons are trained to administer anesthesia, there are a couple of statements that are problematic. One statement notes: "When general anesthesia is provided . . . the operating surgeon cannot be simultaneously providing the

anesthesia.”

During our annual meeting with the ASA officers, we discussed this issue and updated them on our Anesthesia Outcomes Study, the Office Anesthesia Evaluation program and our new Dental Anesthesia Assistant National Certification Examination program. As a result of this meeting, I am working with Dr. Jeff Apfelbaum, immediate past president of the ASA and a past president of SAMBA, as well as Dr. Alex Hannenberg, the president elect of ASA, to revise the language in their Office-Based Anesthesia Manual as it affects our model of anesthesia delivery.

I now want to address some issues concerning specific segments of our membership. In regards to our dual degreed fellows and members, I want you to know that we are working with the American College of Surgeons to establish an advisory council specifically for oral and maxillofacial surgery. When we met with ACS Executive Director Dr. Tom Russell on this issue, we were also assured that the ACS will take additional steps to reinforce the requirement of Level I trauma centers to have the oral and maxillofacial surgery services included for facial trauma.

I also want to speak to the concerns of our oncologic surgeons and our craniofacial surgeons. In response to issues raised during their recent meeting in Portland, Oregon, which was attended by two AAOMS trustees, AAOMS staff and our Special Committee on Oral Cancer, we have recognized the need to have a separate one-day symposium for oncologic surgery as a component of our Annual Meeting. The Board and the Committee on Continuing Education and Professional Development will fast-track this program. We hope to have it available in time for our Chicago Annual Meeting next year. If that timeline proves unattainable, we will definitely have the program in place for our 2011 meeting in Philadelphia.

We will continue to have a three-hour symposium for craniofacial surgery, which may be expanded in the next year or two.

This response on the part of the Association highlights our ability to be responsive to our Clinical Interest Groups, or CIGs, when supported by membership survey data or strong interest by our members. Just as the Dental Implant CIG meetings eventually became our outstanding Dental Implant Conference, and our Anesthesia CIG meeting morphed into the day-and-a-half Anesthesia Update for the OMS, we are now addressing the needs of our oncologic and craniofacial surgeons. I believe that the AAOMS umbrella is large and flexible enough to accommodate all of our clinical interests, and that the strength of this Association is great enough to provide and protect the political and educational needs of these special groups.

Let me now highlight some of your Association’s accomplishments during the year in which I served as your President.

When I spoke to you last year as the incoming president, I discussed the need to preserve the delivery of anesthesia in the OMS office; the importance of maintaining hospital privileges and accepting trauma call; and the necessity of providing orthognathic surgery, TMJ surgery and other procedures that comprise the full scope of OMS practice. To that end:

- We developed a new advocacy DVD on anesthesia delivery in the OMS office. You will have a chance to preview this DVD during the second business session of this House on Wednesday.
- AAOMS leadership visited Capitol Hill on two separate occasions this year to discuss AAOMS’ legislative issues and to further promote the scope of OMS practice.
- Under the auspices of the Committee on Public and Professional Communication, we also developed a Third Molar DVD to help OMSs market their practice to referring dentists and their patients. We will also show this DVD during Wednesday’s session of the House of Delegates, and you can obtain your own personal copy at the AAOMS resource center located in the exhibit hall.
- We worked with the Journal of Oral and Maxillofacial Surgery editorial office to produce three supplement issues to the Journal. The supplement on BRONJ, a topic first recognized and brought forward to the dental and medical communities by AAOMS members, was published in March. The second supplement on orthognathic surgery, appeared as a section of the September issue of JOMS; and the third supplement on dental implants, will accompany the November issue of the

Journal, just in time for the 2009 Dental Implant Conference.

I am very pleased to report that the financial health of the association remains strong.

- Despite the economic downturn, the AAOMS is projected to end the year with a positive bottom line. This is the 11<sup>th</sup> year in a row the Association will end the year having met its programmatic goals and placing money back into the operating reserves.
- Once again, the 2008 audit resulted in an unqualified, or "Clean," opinion.
- If you haven't heard, we have leased 15,000 of the available 20,000 square feet on the second floor of the headquarters building to the American Association of Physical Medicine and Rehabilitation, assuring AAOMS of more than five million dollars in non-dues revenue over the 15 year life of the contract.
- We have secured a new 7-year contract with Elsevier, publisher of our JOMS, which provides nearly 1.3 million dollars in new revenue.
- 862,500 dollars in corporate support has been raised. Quite an achievement in a down economy.
- Member participation in the Treloar & Heisel insurance programs resulted in record royalties this year. And by the way, our sincere congratulations to Treloar & Heisel on their 40<sup>th</sup> anniversary.
- Outside counsel was successful in appealing AAOMS' property assessment, resulting in a 115,000 dollar savings to the association.
- And lastly, the financial results for the 2008 Dental Implant Conference reflected record attendance. We also seem to be on track for a similar performance at this December's meeting. AAOMS membership continued to be strong this year.
- Thus far in 2009, more than 63% of graduating residents have applied for AAOMS membership, surpassing the 2008 record.
- We have developed an enhanced mentor program, which is now being rolled out to the membership. Along with this, a separate page for the New OMS has been developed on the Association's Web site and a column for the New OMS will appear in AAOMS Today.
- Our Insurance Industry Fly-in meetings continue to provide an excellent forum where issues of concern to oral and maxillofacial surgery are discussed. As a by-product of these meetings, a working group composed of two AAOMS officers and representatives of the dental insurance industry is being formed to meet on a semi-annual basis.
- AAOMS partnered with Decision Health to provide a new coding publication and an online program to our members, and
- The popular AAOMS OMAAP program was replaced with the new Dental Anesthesia Assistant National Certification Examination, or DAANCE. While still a continuing education opportunity, the DAANCE now carries national recognition associated with a higher level of accomplishment and experience.

Many of you have contacted me asking what AAOMS is doing to promote the specialty during the healthcare debate. Let me assure you, the Association is closely monitoring all aspects of national healthcare reform. Just three weeks ago I was in Washington, DC to meet with several members of Congress. We discussed issues of concern to AAOMS and, in turn, gathered the most current information on health care reform. If you wish to keep abreast of our progress and Congress' activities, check the Governmental Affairs page on the AAOMS Website. You'll find up-to-the-moment reports on the status of various bills and AAOMS initiatives. We are very pleased with the interest our

members have shown in the political process.

- More than 100 OMSs representing 37 states participated in the ninth annual Day on the Hill held in Washington, DC this past April.
- In November of last year, AAOMS hosted 33 participants from 19 states at our annual State Advocates Forum. This is an excellent venue for the exchange of ideas and information related to state advocacy. This annual program will be held again next month.

The faculty shortage we have discussed for several years continues to be an issue for the specialty.

- I have reconstituted the Task Force on Faculty Workforce to continue identifying opportunities to increase the number of OMS faculty members in our residency programs, concentrating on an untapped resource of retiring or recently retired private practitioners who have expressed an interest in giving back to a residency program.
- Since 2002, 33 FEDA awards have been given to young OMS faculty and new oral and maxillofacial surgeons who are considering a career in academia. Over three years, the OMS receives a total of 90,000 dollars with an additional 10,000 dollars provided to his or her institution. As the cost of living continues to rise, we have seen the need to increase the value of this award. Beginning in 2010, FEDA recipients will receive an additional 10,000 dollars, bringing the value of the grant to 40,000 dollars per year, or 120,000 dollars over the three-year life of the award.

You have heard me say many times that research is critical to the future of our specialty. This past year we have achieved a number of successes in encouraging the research efforts of our faculty and young OMSs who wish to become involved in this area.

- The Third Molar Clinical Trials is in its 11<sup>th</sup> year and continues to provide evidence for removing asymptomatic third molars in adolescents young adults. Findings have conclusively shown that the microbes surrounding third molars may lead to periodontal disease, systemic infections and other health problems.
- In May, we successfully implemented the 2009 Research Summit and Young Investigators Day. The Research Summit was held in conjunction with the International Association of Oral and Maxillofacial Surgeons and the OMS Foundation, and through a \$7,000 dollar grant from the National Institute of Dental and Craniofacial Research. A Webinar of the Summit was produced and is available on the AAOMS Website. In addition, the Research Summit materials were provided to the IAOMS newsletter with a link to the Webinar.

This year has been one in which the staff and Board of Trustees have continuously strived to make AAOMS as effective as possible in advocating for the needs of the specialty, as well as each individual member.

Earlier I discussed the financial resources of the association, now I would like to highlight the human resources of the AAOMS.

Before I thank the members of the Senior Management Team, I want to say how much I appreciate each and every member of the AAOMS staff for all of their efforts in making this Association run so very well. Don't think for a moment that I don't know how much each of you means to the Board and the membership. And now the Senior Management Team:

Let me begin by thanking Barb Choyke, Associate Executive Director of Continuing Education, Meetings and Exhibition. Barb is the newest member of the SMT. In a little over a year Barb has brought a special spark and "can do" attitude to the development of our continuing education programs.

Next, I want to thank our General Counsel, Mark Adams. Mark epitomizes the term "counselor." Underneath his easy going persona, he has a fierce determination to protect this Association and, thankfully, its Board of Trustees.

Now I want to thank Jan Teplitz, Associate Executive Director of Communications and Publications. Amongst her many duties, she is the chief organizer and advisor for the Presidential e-newsletters and the President columns in AAOMS Today. Fortunately for me, Jan has made my letters and columns read and sound much better than they would without her expertise.

I want to especially thank Karin Wittich, our Associate Executive Director of Practice Management and Governmental Affairs. As a former chairman of the Committee on Practice Management and Professional Allied Staff, I saw Karin develop from a rookie manager to the executive position she currently holds. I am personally very proud of the way she has increased her knowledge base and become such a vital asset to these two extremely important areas of AAOMS involvement.

Let me also express my appreciation for our CFO, Scott Farrell. Scott has brought the financial status of the Association onto a continually firm footing and has produced a completely transparent and understandable picture for all of us. Along the way, he has served the likes of Boyd Tomasetti, Jay Malmquist, Ira Cheifetz, and Ed Slade and enabled them to become among the most astute treasurers this association has ever known—a good job indeed, Scott. A last note: beneath that mild CPA exterior lays a very disarming sense of humor.

And now I wish to thank the “Grand Dame” of the Associate Executive Directors, Randi Andresen, who I have labelled the “human archive” of AAOMS. Her legacy increases with every year. Her importance to this membership is immense and cannot be expressed in any way that accurately conveys her value. Thank you, Randi for all that you mean, and have meant, to the AAOMS.

And speaking of fine Danish imports, let me thank Anne-Marie Rogowski, known to you as our House Mother and to the Board as Amar. While she may be the “mother” of the House, she is the chief scribe, task master and performance artist of the Board of Trustee meetings. As with Randi, it is difficult to appropriately express how much she means to all of us in this Hall.

Now let me mention how indebted I am, and how very much I appreciate, Caroline Lee. Caroline, you have been my guardian angel, and I love you for having looked over Barbara and me as we prepared for the many activities of the Board of Trustees. You are very dear to me and you will always have a special place in my heart.

So I have told you about the Senior Management Team, but what about their boss? Well, Dr. Bob Rinaldi is someone who is loved, admired and respected by the AAOMS staff, just as he is by this Board of Trustees. Not only is he the consummate professional, he is also a trusted counselor to me and, indeed, to our entire board. I have depended on Bob for many things, and he has never disappointed or failed to keep my presidential compass pointed in the right direction. Bob, thank you for your friendship, wise counsel and complete support this past year. Ladies and gentlemen, please join me in a round of applause for our wonderful AAOMS staff.

Before I thank the “official” Board of Trustees, I want to single out someone who, although by our bylaws is not officially on our Board, is someone who is an extremely important asset to our Board and our agendas. That someone is our Speaker of this House, Dr. Steve Nelson. Steve, you run the proceedings of this House with skill, aplomb and understanding. You have grown into this role and contribute so very much to the needs of our Association, and I thank you for it.

It is time that I mention my appreciation for your Board of Trustees, which in my private moments, and with pride and affection, I consider to be “my Board.” This group is completely dedicated, considerate, informed, analytical and incisive in their deliberations of all the issues that come before them. I feel that the decisions they have made, and the votes they have cast have always been in the best interests of the specialty as a whole and the members of this Association.

Dr. Joe Picuch, District I trustee, is the first dual degreed OMS to serve on the Board of Trustees. Joe deeply considers matters of the heart as well as of the mind. I have truly valued your insightful and meaningful perspectives these past four years, Joe, and I have also appreciated your dedication.

Dr. Arthur Jee, District II trustee, is the resident Zen master on our board. I have frequently sought out Art’s opinion on Board agenda items because I have such high regard for his wisdom and

judgment. He also tolerates my bad golf game – no easy task. Thank you so much, Art, for all you have done.

Next, let me mention Drs. Eric Geist and Bill Nelson, trustees of Districts III and IV respectively. Eric and Bill joined our board last year after serving separate terms as president of the American Board of Oral and Maxillofacial Surgery, a point that had unexpected benefits for the AAOMS Board. The proven heritage and culture of the ABOMS, as well as their ability to think independently and express their opinions on all matters, enabled them to hit the ground running when they joined the board last September. They have proved to be true assets to our Board, and have made significant contributions in their roles as Board liaisons to committees and task forces.

Let me now introduce my old District V buddy, Trustee Dr. Miro Pavelka. Oh, Miro, I think back on those days 20 years ago, when we were alternate delegates for Texas and roommates during the District V caucuses. I appreciated who you were then, but you have become so much more as you contribute such value with your sage advice and also add much to our Board discussions and the needs of this Association.

Last, and certainly not least, is Dr. Hank Windell, District VI trustee. Hank, I consider you to be my rock; the one who I know will search his mind and his conscience before stating an opinion on a Board matter. You represent your District with dignity and grace, and your contributions are greatly appreciated.

I would now like to discuss the officers of your Association.

Our Treasurer Dr. Ed Slade is a good friend who also tolerates my golf game. I was so pleased when Ed decided to run for Treasurer and rejoin our Board of Trustees. While Ed is usually very mainstream in his thinking, he has the unique ability to present ideas that I'm not sure the rest of us on the Board could come up with – it must be that "legal eagle" training. Whatever it is, Ed, I appreciate having you back and making such significant contributions.

Vice President Dr. Larry Moore, who I spotted as a rising star when he came on the CPMPAS several years ago, brings a wealth of knowledge to the Board of Trustees. He is frequently my "go to" guy on issues of depth and complexity. This association will be in very good hands when Larry takes the helm in 2010-2011.

And speaking of being in good hands, you are going to be very impressed with the job my New Jersey buddy President-Elect Dr. Ira Cheifetz will do beginning in just a few days. I have been blessed to have Ira backing me up this past year. Ira's attention to detail is unsurpassed and the quality and validity of the AAOMS Board reports are due in part to Dr. Cheifetz. He and Dr. Moore will make a great leadership team. I am very grateful for the opportunity to sit on Dr. Cheifetz's Board next year. Ira, you will be a fabulous President for our Association.

Let's see, who am I leaving out? Oh yes, Dr. Pollan! Ladies and gentlemen, you have heard me describe the members of "my Board," and hopefully you have perceived the obvious affection and appreciation I have for each of the Board members I have mentioned so far. They are men of impeccable character and integrity. And yet, no one has made this year more memorable and meaningful for me than Dr. Lee Pollan. He has not only been a dear friend and mentor, but also my confidante on the sometimes difficult issues that confront the President of this Association. He never wavered in lending his support and providing an honest appraisal of the situation. As I have told you before, Lee, you are "my President." It was an honor to serve you – thank you for serving me when I needed it most.

Once again, please join me in a round of applause as I salute the hard working and dedicated individuals on your Board of Trustees.

I cannot finish (no I am not done yet), without acknowledging a few other folks. Let me again, as I did last year, thank my partners and staff in Austin OMS Associates for covering the needs of my patients when I had to be away. I was out of my practice 40 to 45% of the time, and since many of our meetings were on the weekend, out of Austin 70 to 75% of the time. That didn't leave me much time for family or Austin friends, but I will make it up to them.

I need to definitely thank my dear and deserving family. Unfortunately, "Doc," as I am known to my grandkids, had to make cell phone calls, and frequently only voicemail calls, to these little guys for their birthday wishes and other important events. On balance, the payoff for having the opportunity for AAOMS leadership has been worth it, but I am very aware of the debt owed to my family.

This again brings me to the love of my life. I think you all know my wife Barbara, who has sacrificed so that I could pursue this dream. As I said last year, she has been my greatest supporter and my most incisive critic. I feel she understands the reasons she has had to share me with AAOMS. This has been a year of great experiences, and occasionally, travel nightmares. The friends we have made have been tremendous and have greatly offset the hassles and the times we have had to leave our beloved home and friends in Austin. I thank you, Barbara, for the love that has sustained us and will always sustain us. This is a journey I could not have even considered without you by my side.

So there you have it – the year's accounting by yet another AAOMS President. I told you last year that I was but a country boy from a small town in Texas. I am still that country boy. I saw my charge, then and now, as simply that of being a good steward of this amazing Association; an Association of smart, talented and dedicated surgeons who are ever trying to do the right thing for their patients. This has been a great year for me and a tremendous yet humbling experience to realize I was in this position. As sincerely and honestly as I can possibly express, I thank you for the opportunity to serve AAOMS, and for being here to share in this moment.