Remarks of the 2016-2017 President

Third Session of the House of Delegates
Tuesday, September 20, 2016

As oral and maxillofacial surgeons, each of us can recall certain seminal events that helped shape our careers and form our characters – perhaps it was the day you were matched to your OMS residency program, or the “nice job,” you heard from your residency chair when you successfully completed that complicated surgery. Maybe it was your first day in practice, or the first time you took your seat in the AAOMS House of Delegates and voted on resolutions that would affect OMS practice for your colleagues across the United States. Such memories leave a lasting impression that warm us as the years go by.

And while I, too, have many career altering memories that have helped bring me to this podium today, they pale in comparison to this moment, as I stand before you as the incoming president of the American Association of Oral and Maxillofacial Surgeons – our professional organization that represents more than 11,000 OMSs and their staff. Truly, I am humbled by the confidence you have placed in me and I am awed by the responsibility. As this year unfolds, we may confront a number of new and unexpected challenges; but I can promise you that whatever the next 12 months bring, I and your board of trustees will continue to meet the future head-on and with a measured, but compelling response that reflects the best interests of our members and our specialty.

As I look ahead to the coming year, there are several areas that I believe will strengthen this association and advance the practices of our fellows and members.

Over the next few months, you will hear a lot about the new OMS Quality Outcomes Registry, or OMSQOR.

The AAOMS, like a number of medical specialty organizations, recognizes the importance of continuous quality improvement in clinical practice. We also understand that it is increasingly difficult to demonstrate the correlation between what we do; the benefits, or outcomes, derived by our patients; and the cost of providing these services. These are not negligible concerns; the evidence is critical to maintaining our scope of practice and to assuring we are appropriately reimbursed for our surgical efforts.

Recently, AAOMS entered into an agreement with FIGMd, Inc to develop OMSQOR. FIGMd has created outcome registries for a host of medical specialty groups, including the American Academy of Ophthalmology, American College of Cardiology, American Academy of Dermatology and the American College of Rheumatology. When fully operational, the OMSQOR® Registry will be able to measure the continuum of care from your initial patient contact through their treatment and follow up. The collected data will support AAOMS’s state and federal advocacy efforts in the areas of anesthesia, third molar extractions, practice expense benchmarks and payment reform. We can also expect the data to help us develop practice-based research projects, and outcomes and quality measures for the specialty.

Those of you who participate in OMSQOR will also have full access to the registry’s integrated practice expense calculator. The calculator will allow you to determine the exact cost of your procedures, including such indirect expenses as salaries, utilities and rent. On Thursday morning, representatives from FIGMd will lead a discussion about the new registry. Please attend “OMS Quality...
Outcomes Registry (OMSQOR) - Insights into Your Practice,” at 10:30 am in the Mandalay Bay Convention Center, I urge you to learn more about this important new program and I sincerely hope you will participate in the OMSQOR registry.

The AAOMS Informational Campaign continues to promote oral and maxillofacial surgeons, the procedures they perform and the conditions they treat. As we heard during Sunday’s reference committee hearings, we can expect the focus of the campaign to remain on such professional audiences as dental hygienists and dental students, and on the public audiences that have formed the core of the campaign for the last few years. This year, however, we are shifting our sights to include the OMSs role in treating obstructive sleep apnea. You have seen our new OSA public service announcement, and going forward you will see promotions discussing corrective jaw surgeries as an important treatment for certain OSA patients. In addition, we will enlarge our public reach by taking the campaign to new and important online healthcare sites, including Healthline and the Mayo Clinic online patient website.

The OMS anesthesia team model is the cornerstone of our specialty. In recent years, concerns about the safety of office-based anesthesia have been raised in the media, at state dental board hearings and in state legislatures. I am pleased to say that AAOMS has taken a proactive and evidence-based stance on this issue, but there is more that must be done; particularly in the area of simulation training. For many years AAOMS offered SimMan training during the annual meeting programs. These sessions were held daily throughout the meeting and in 2012 and 2013, we held SimWar challenges during the Anesthesia Update preconference programs.

Today as the Committee on Anesthesia will attest, the SimMan program is considered old technology. The CAN has responded by developing a new three-module simulation training program. The first of the three simulation modules addresses Basic Emergency Airway Management. Known by its acronym “BEAM,” the program is currently undergoing pilot testing in several OMS programs around the country. I invite you to preview this exciting new educational opportunity during tomorrow’s anesthesia Update preconference program. CAN Chair Dr. David Todd has helped us develop a video that illustrates the BEAM training program. If you are unable to attend the Anesthesia Update, I understand that the video will be shown on monitors outside the session room. It is our hope that the BEAM simulation module will be offered at next year’s annual meeting.

In addition to redesigning our anesthesia simulation education offerings, AAOMS will convene an Anesthesia Safety Summit in Rosemont, Illinois, this Spring to discuss the current issues surrounding the administration of anesthesia in dental offices. The program will address the presurgical identification of at-risk patients, anesthesia administration and monitoring techniques, emergency preparedness protocols and the value of simulation training for the anesthesia team members. We will have more information about this vital conference in the coming weeks.

Opioid abuse continues to be in the news and oral and maxillofacial surgeons, by virtue of the fact that we prescribe opioids to our teenage and young adult patients following third molar surgery, are on the front lines of the campaign to curb misuse of these drugs. While we certainly understand the magnitude of the opioid and prescription medication abuse problem, we also know that effective pain management is essential to the healing process. Over the last two years, the AAOMS has reached out to healthcare organizations and government agencies to identify appropriate solutions that guard against opioid abuse while safeguarding appropriate prescribing practices. To that end, we have:

- Partnered with the Substance Abuse and Mental Health Administration to create the free online continuing education program, Safe Opioid Prescribing for Acute Dental Pain, specifically for dentist prescribers;
- Partnered with National Institute for Drug Abuse to develop continuing education programs that teach medical and dental prescribers how to talk to adolescents about substance abuse.
- Hosted continuing education programs at our annual meetings that address pain management alternatives to opioids; and
- Promote the Drug Enforcement Administration’s National Prescription Drug Take Back Days to our membership and encourage them to inform their patients.

Most recently, we released the AAOMS Advocacy White Paper on Prescription Drug Abuse and Prevention which reiterates AAOMS’s position that only the treating practitioner can appropriately determine a patient’s medical needs. This white paper also:

- supports properly funded and implemented prescription drug monitoring programs that are regularly updated by dispensers;
- encourages the development of continuing education programs that focus on drug abuse and responsible prescribing practice; and
advocates support for the patient/practitioner relationship, noting that practitioners are in the best position to decide the most appropriate course of pain management treatment for their patients.

In the September 7 issue of his President’s Letter, Dr. Lou Rafetto discussed Turn The Tide RX.org, a new website developed through a partnership between the US Surgeon General’s office and Public Health Foundation Enterprises. The site asks prescribers like OMSs to pledge their commitment to turning the tide on the opioid addiction crisis. I invite you all to visit this site. You’ll find a wealth of information about alternatives to opioid painkillers, patient assessment tools and educational materials to help you discuss opioid dependence with your patients. I encourage all oral and maxillofacial surgeons to reevaluate their prescribing practices and make whatever changes they deem appropriate.

I have always viewed oral and maxillofacial surgery as an inclusive specialty and taken pride in our diversity and the fact that we are a community that welcomes all surgeons regardless of one’s race, ethnicity or gender. It has been especially gratifying to me personally to see so many women considering dentistry, and particularly OMS as their career of choice. This year, a little over 5 percent of our practicing fellows and members are women. However, women comprise 16% of OMS residents. As the number of women entering practice continues to grow, it is incumbent upon us all to help them join the ranks of AAOMS leadership. Ten percent of our committee members are women – a good start, but we can do better.

Last year, President Bill Nelson appointed the Special Committee on Women in OMS to identify opportunities for encouraging the women in our specialty to take a more active, leadership role, not only in AAOMS, but in those allied organizations and decision-making bodies with whom we interact throughout the year. The Special Committee has had several conference calls to date and the members plan to meet informally here in Las Vegas. They have also established a Special Interest Group with the goal of providing mentor their colleagues and identify pathways for leadership. The SIG will hold its first meeting during the 2017 AAOMS Annual Meeting in San Francisco.

It is my firm belief that a diverse specialty is a strong specialty that is better able to meet whatever challenges and obstacles are placed in its path. For this reason, during my year as President, I will do all I can to ensure diversity in every area of our association.

The challenges over the next year are no different from the challenges we have faced in the past. But we have the most important resources available to us to ensure our success: a dedicated and brilliant staff at headquarters, an Executive Director who can lead them, a tireless and selfless Board of Trustees, and a membership composed of bright and talented practitioners who can move mountains when called upon.

As we move forward from this annual meeting, I ask that you continue to call on me and your district representatives with your concerns - just as we may call upon you as issues arise in your area. Together we comprise a formidable alliance that can and will keep our specialty strong.

Thank you.