AAOMS Annual Meeting Comes Up a Winner

More than 5,300 oral and maxillofacial surgeons, professional allied staff, guests and exhibitors gathered at the beautiful Mandalay Bay Resort in Las Vegas, NV, September 18-23, for the 98th AAOMS Annual Meeting, Scientific Sessions and Exhibition. Professional allied staff presence was at its strongest ever, with more than 1,000 individuals in attendance.

Meeting registrants were presented an extensive array of educational options: two preconferences, three module programs, 52 clinics, 12 symposia, 46 oral abstract presentations, 63 posters and a full complement of practice management and professional allied staff sessions. Also available were coding workshops, risk management seminars, a number of open forums and the educational programs and meetings of the AAOMS Clinical Interest Groups.

The popular module programs – with in-depth, day-long sessions – were focused on the topics of dental implants, anesthetic management of the patient with obstructive sleep apnea and non-invasive facial cosmetic procedures. The cosmetic module included a live facial injection workshop.

continued on page 14
IN MY VIEW

Douglas W. Fain, DDS, MD, FACS
AAOMS President

Douglas W. Fain, DDS, MD, FACS, was installed as the 2016-2017 AAOMS president during the third session of the House of Delegates at the association’s 98th Annual Meeting, Scientific Sessions and Exhibition. The following is excerpted from his remarks to the House following his installation. The complete text of his address can be viewed at aaoms.org.

As I stand before you this morning as the incoming president of the American Association of Oral and Maxillofacial Surgeons, 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 Board 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. Such evidence is critical to maintain our scope of practice and assure 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 also can expect the data to help us develop practice-based research projects, and outcomes and quality measures for the specialty.

AAOMS fellows and members who participate in OMSQOR also will have full access to the registry’s integrated practice expense calculator. The calculator will help you determine the exact cost of your procedures, including such indirect expenses as salaries, utilities and rent. I urge you to learn more about this important new program and sincerely hope you will participate in the OMSQOR registry.
The AAOMS Informational Campaign continues to promote oral and maxillofacial surgeons, the conditions we treat and the procedures we perform. In the coming year, we can expect the campaign to remain focused 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's campaign will expand to include obstructive sleep apnea. We have developed a new OSA public service announcement and going forward, you will see promotions discussing corrective jaw surgery as an important treatment for certain OSA patients. In addition, we will enlarge our public outreach by taking the campaign to new and important online healthcare sites, including Healthline and the Mayo Clinic online patient website.

“Opioid abuse continues to be in the news and oral and maxillofacial surgeons, by virtue of the fact that we prescribe opioids to our teenaged 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, AAOMS has reached out to healthcare organizations and government agencies to identify appropriate solutions that guard against opioid abuse while safeguarding appropriate prescribing practices.

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.

Over the last two years, AAOMS has reached out to healthcare organizations and government agencies to identify appropriate solutions that guard against opioid abuse while safeguarding appropriate prescribing practices.

“The OMS anesthesia team model is the cornerstone of our specialty.”

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 (CAN) 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 training programs around the country. 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 Schaumburg, Illinois, on April 27, 2017, 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.
In My View

Continued from page 3

• Advocates support for the patient/practitioner relationship, noting that practitioners are in the best position to decide the most appropriate course of pain management for their patients.

In the September 7 issue in his President’s Letter, Dr. Lou Rafetto discussed TurnTheTideRX.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 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. I am especially gratified to see so many women considering dentistry, and particularly OMS, as their career of choice. While women comprise a little over 5 percent of our practicing fellows and members, 16 percent of OMS residents are women. 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.

“A diverse specialty is a strong specialty that is better able to meet whatever challenges and obstacles are placed in its path.”

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 met informally during the Annual Meeting in Las Vegas. They also have established a Special Interest Group with the goal of identifying 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 year’s 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.
GROW YOUR PRACTICE WITH A NEW SILENT PARTNER

The Silent Partner TV is a tiny, high tech computer stick that transforms your HDTV or display into a complete OMS Internet video streaming system.

- Streaming oral surgery tutorials, illustrations and 3D animations
- Showcase exciting patient testimonials
- Customized with personalized office videos
- Engaging OMS digital signage that promotes implant awareness
- Integrated posts from your social media channels
- Real time news-feed tickers

For more information call: 800.840.5383 or visit: www.pbhs.com
Following weeks of intense negotiations, Congress on September 29 passed, and the president signed into law, a continuing resolution to fund the government beyond September 30, which was the end of the 2016 Fiscal Year. The resolution, which prevented a temporary government shutdown, will fund the government at FY 2016 levels until December 9 when a lame-duck Congress will seek agreement on a longer-term FY2017 budget.

Congressional efforts to pass a comprehensive medical innovation bill, the 21st Century Cures Act (HR 6), were overshadowed by disagreements on how to fund government operations beyond September 30. Congressional leaders pledge that HR 6 will take priority during the post-election, lame-duck session.

A coalition of healthcare organizations interested in dental and craniofacial research, including AAOMS, sent a letter to House and Senate Labor-HHS-Education Appropriations chairs and ranking members on September 21 urging them to approve a FY 2017 omnibus appropriation bill that provides the Senate Appropriations Committee - approved allocation of $430.5 million for the National Institute for Dental and Craniofacial Research.

The US Drug Enforcement Administration (DEA) announced on October 4 that it will reduce by 25 percent or more the amount of every Schedule II opiate and opioid medication allowed to be manufactured in the United States in 2017. The DEA’s Aggregated Production Quota (APQ) seeks to estimate how much each type of drug should be produced based on scientific, medical, research, industrial and export needs while preventing an excess supply from being available on the market that can be diverted for abuse. DEA says the quota reduction is largely due to eliminating a 25 percent buffer that was added to the APQ from 2013 to 2016 to avoid potential drug shortages. The DEA also claims there has been a decrease in demand for Schedule II drugs as evidenced by prescriptions written by DEA-registered prescribers according to sales data from IMS Health, a company that provides insurers with data on prescriptions written and medications sold in the US.

California legislation (AB 2235) was recently signed into law requiring the Dental Board of California to study anesthesia provided to young patients. The legislation also revised provisions involving informed consent and anesthesia, plus dentist reporting of adverse events.

CVS Pharmacy will begin notifying Massachusetts Attorney General Maura Healey of doctors and other prescribers it suspects of over-prescribing prescription opiates. The move was a part of a settlement agreement reached between the state and the chain. CVS pharmacists were found to accept out-of-pocket payments for controlled substances from state Medicaid patients even after the state’s Medicaid program had denied the prescription, which is a violation of state law.

2016 been a busy year in the state legislatures. More than 25,500 bills were enacted, 200 of which will affect OMS practices. Several of these new state laws will take effect on January 1, 2017. Contact your state OMS or dental societies to determine what you may need to do to ensure your compliance!

OMSPAC

As of September, OMSPAC raised $470,880 in contributions from AAOMS members. Additionally, OMSPAC has contributed $492,700 to federal candidates as of September 30, 2016. For additional information on OMSPAC, visit www.omspac.org.
We Take Care of Your Office
So You Can Take Care of Your Patients

OMSVision is truly visionary. For over 10 years, the exclusive partnership between the American Association of Oral and Maxillofacial Surgeons (AAOMS) and OMSVision has delivered the most comprehensive practice management technology on the market today. With OMSVision you will:

• Achieve paperless charting with embedded EHR
• Keep your practice compliant with cross coding to ICD10
• Cultivate relationships that drive profitability with the best referral tracking features
• Use the technologies you choose, thanks to an open integration policy

It is time to take a look at how OMSVision can improve your patient care and practice profitability. Download a brochure at OMSVision.com/LearnMore.
Heralding a momentous change in Medicare claims and reimbursement, the Centers for Medicare and Medicaid Services on October 14 released a final rule providing the framework for the new Quality Payment Program, which implements key parts of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 and replaces the current Medicare fee-for-service program. AAOMS will publish additional details on this final rule on aaoms.org and in future AAOMS Today columns.

The Quality Payment Program has two paths:

- The Merit-based Incentive Payment System (MIPS) that streamlines the multiple quality reporting programs.
- Advanced Alternative Payment Models (APMs).

MIPS is a new payment mechanism that will provide annual reimbursement updates to doctors beginning in 2019 based on their performance in four categories: quality, resource use, clinical practice improvement activities and meaningful use of an electronic health record system.

The MIPS program will combine the incentive programs such as the Physician Quality Reporting System (PQRS), Meaningful Use (MU) and the EHR Incentive Program and will eliminate their associated penalties. Their performance measure rating, along with other factors, will be used to calculate a single composite score for each eligible professional (EP). EPs who achieve a composite score above a designated performance threshold are eligible for positive incentive payments. Those who do not successfully perform will receive penalties similar to those associated with the existing quality programs.

Medicare Part B providers may be exempted from MIPS if they:

- Are newly enrolled in Medicare in 2017.
- Have less than or equal to $30,000 in allowed charges or less than or equal to 100 Medicare patients.
- Are significantly participating in an Advanced Alternative Payment Model.

The final rule not only increased the minimum allowed charges to $30,000 from $10,000, it also has responded to comments by lowering the minimum reporting threshold for small providers to only 50 percent of their Medicare patients in the first year of the program (2017). Small providers will be expected to report on a minimum of 60 percent of their Medicare patients in 2018. This threshold was set in the proposed rule at 90 percent for those who report electronically and 80 percent for those who report via claims.

The final rule also creates a transitional period in 2017 and 2018 that allows providers to ease into the MIPS program using one of four different options:

- Report to MIPS for the full reporting year, and qualify for a positive adjustment.
- Report some data (one measure in the quality performance category; one activity in the improvement activities performance category, or the four required ACI measures and avoid a negative MIPS payment adjustment.
- Report to MIPS for part of the reporting year, but at a minimum of a full 90-day period and avoid a negative payment adjustment and possibly receive a modest MIPS incentive.

continued on page 11
THE LATEST DENTAL TECHNOLOGY MAKES INNOVATION POSSIBLE. TOGETHER WE MAKE IT HAPPEN.

Be a part of an outstanding dental network as a U.S. Army or Army Reserve Oral and Maxillofacial Surgeon. You’ll have access to the latest innovative technology, and you may receive both financial and professional rewards.

• Receive an accession bonus.
• Qualify for education loan repayment.

Learn more about moving medicine forward with the U.S. Army health care team at 800-431-6712 or visit healthcare.goarmy.com/du42

©2016. Paid for by the United States Army. All rights reserved.
ASI has your OMS practice covered with a variety of approved programs. Visit [aaomsservices.org](http://aaomsservices.org) or call the numbers below to learn more about the unique benefits of each program developed exclusively for AAOMS members.

**Bank of America Merchant Services**  
(Credit card processing) 888/317-5402  
**Bank of America Practice Solutions**  
(Practice financing) 800/497-6076  
**CareCredit**  
(Patient financing) 800/300-3046, option 5  
**MedXCom**  
(Hybrid medical answering service) 877/633-9776  
**NEA, Powered by Vyne**  
(Transmit claim attachments electronically) 800/782-5150, ext 2  
**Nuell, Inc.**  
(Rem年 powered dental instruments) 800/829-7694  
**Office Depot/Office Max**  
(Office supplies & printing) Call ASI at 800/822-6637, ext. 4319 to enroll  
**Optum360™**  
(OMS Coding Guide & other coding essentials) 800/464-3649, option 1  
**PCHIPAA**  
(Free HIPAA Risk Assessment)  
www.pchipaa.com/AAOMS or contact 800/588-0254  
**PD-Rx Pharmaceuticals, Inc.**  
(Prepackaged medications for in-office dispensing) 800/299-7379  
**Practice Quotient, Inc.**  
(INCREASES practice income by negotiating PPO plan) 470/592-1680  
**Scientific Metals**  
(Metal refinement) 888/949-0008  
**SoFi**  
(Student loan refinancing) $500 welcome bonus for AAOMS members through sofi.com/AAOMS. 855/456-7634  
**Southern Anesthesia & Surgical, Inc.**  
(Pharmaceuticals, surgical supplies & OMS specialty products) 800/624-5926  
**StemSave, Inc.**  
(Stem cell banking) 877/783-6728  
**TSI (formerly Transworld Systems, Inc.)**  
(Debt collection management services) 800/294-3710

---

**Bank of America Practice Solutions**

When you need financing for your OMS practice, you want to work with someone who understands your industry. For almost two decades, Bank of America Practice Solutions has helped dental professionals across the nation reach their goals through smart financial solutions* and expert guidance. Whether you own a practice or are just getting started, we can provide customized financial solutions for your short-term needs and long-term aspirations.

**Purchase and start-up:**  
- Practice sales and purchases  
- New practice start-ups  
- Owner-occupied commercial real estate products†  

**Growth and restructuring:**  
- Improvement and expansion financing  
- Equipment financing  
- Practice debt consolidation‡

**Expert guidance. Personal attention. Real solutions.**  
Association members receive 50% reduction in loan administration fees.† To learn more, call us toll free at 800.497.6076 Monday through Thursday, 8 a.m. to 5 p.m., and Friday, 8 a.m. to 7 p.m. EST. You can also visit bankofamerica.com/practicesolutions for more information or to schedule a phone consultation.

---

* All programs are subject to credit approval and loan amounts are subject to credit worthiness. Some restrictions may apply.

§ 51% owner occupancy required.

† Bank of America may prohibit use of account to pay off or pay down another Bank of America account.

‡ To be eligible for this reduction, applicants must provide association name and membership number at time of approval.

Bank of America is a registered trademark of Bank of America Corporation. Bank of America Practice Solutions is a division of Bank of America, N.A. ©2016 Bank of America Corporation  |  ARJQRYXH
• Don’t report any data in 2017; a negative 4 percent payment adjustment will be applied in 2019.

The size of one’s payment adjustment will depend both on how much data are submitted and one’s quality results.

When participating in Advanced Alternative Payment Models, providers accept the risk for providing coordinated, high-quality care. CMS will annually add or modify payment models that qualify to be an Advanced APM. Not all bundled payment models or APMs qualify. The final rule includes a list of models that would qualify under the terms of the proposed rule as Advanced APMs.

CODING COURSES

AAOMS presented a webinar on June 21 titled “Chasing your hard-earned dollar: Learn how best to use your PM software to decrease your accounts receivable.” AAOMS will continue developing and hosting 90-minute webinars focusing on various coding and reimbursement issues in 2017. Those who are unable to participate in the webinar when scheduled may subsequently purchase the audio recording. Audio recordings of past webinars are available online at AAOMS.org/CEonDemand.

This was the fifth year AAOMS offered ICD-10 education, and although this will be the final year the ICD-10 in-person course will be offered to its members, AAOMS will continue to educate using the ICD-10 online course. AAOMS also has continued to educate its members on the implementation of ICD-10 with a number of articles on the AAOMS website and in AAOMS Today. Additionally, AAOMS offers the ICD-9 to ICD-10-CM Reference Card, a two-sided, laminated chart listing some of the most commonly used OMS-related codes in the ICD-9-CM diagnosis coding system and comparing them to their counterparts in the ICD-10-CM system. The ICD-10-CM Reference Card is available for purchase at the AAOMS e-Store.

AAOMS continues to offer its ever-popular Beyond the Basics coding workshop three times a year in different locations around the country. This year’s workshop locations included Charlotte, NC, Las Vegas, NV, and Kansas City, MO. The Beyond the Basics course was revised with new material to explain key healthcare reimbursement issues, the Health Insurance Portability and Accountability Act (HIPAA) as well as an overview of health reform and fraud and abuse. In addition to the new material, Beyond the Basics continues to give a clear understanding of the anesthesia guidelines for coding anesthesia services and provides clinical case studies to code OMS-specific procedures such as fractures and biopsies. Beyond the Basics also describes the relationship of coding to third-party reimbursement and more. AAOMS also continues to offer the Basic coding course, Medical Terminology and Oral Facial Anatomy 101, OMS Billing, Medicare 101 and the ICD-10-CM courses online.

CODING

OMS and allied staff’s diligence in preparing for the transition to ICD-10-CM seems to have paid off as there was every indication of a smooth transition for most OMSs in 2016. The one-year grace period provided by a number of private payers and the CMS, during which claims would not be denied due to incorrect ICD-10-CM codes so long as a valid ICD-10-CM code from the correct coding family was used, ended October 1. All claim submissions, including those to Medicare, now require ICD-10-CM codes of precise specificity. Since it is unknown how many OMS claims will be affected by closing this grace period, all OMS
Retirement Planning Is Much More Than Investing

Contributed by Jeffrey E. Wherry, CFP, CLU, ChFC, Managing Director, Wealth Management, Treloar & Heisel, Inc.

Perhaps you’ve started setting aside some money toward retirement in one or more different savings vehicles. Or maybe you’d like to save, but you don’t know where to get started. What we frequently come across in our practice are clients who haven’t given much thought to how much they ought to be saving. More often than not, it’s because they worked with financial professionals who didn’t challenge them to examine how much they really should save. Instead, the focus is on the actual investments and, of course, the return on those investments.

As a financial planner, I find an excessive focus on returns troubling. If there is one thing over which we have no control, it is the performance of the stock market. What can we control? Our saving and spending! As basic as it sounds, the most useful thing a financial advisor can do for you in the introductory phase of your relationship is to help you figure out how much you need to save and how to create those savings.

MAKE A PLAN

Once you know how much you can save, you can then establish a realistic timeframe for your retirement. Most importantly, a good advisor will talk to you about your vision for retirement, the kind of lifestyle you would like to lead. This conversation is necessary for determining how much retirement will cost. Once you know what you can afford versus how much you can expect to spend, the real work begins. Your advisor should present some strategies to help you bridge the gap between where you are today and where you would like to be.

THINK TAXES FIRST

Tax efficiency is one of the last things average investors look for when thinking about where to put their money. It should be their first priority. Some investment vehicles are tax-preferred at the time of contribution; others are tax efficient when you take withdrawals. You need to know your options (Roth, defined benefit plans, IRAs, etc.) and choose wisely for your particular situation.

NEXT STOP: ALLOCATION

OK, now that we are in the correct tax bucket, let’s talk allocation. Allocation means how much of your overall portfolio is apportioned to stocks, to bonds and to cash. Your investments must be aligned with your retirement goals. If you have plenty of time, you can afford to take more risk. If retirement is around the corner, you’ll want to allocate more conservatively. Research shows that 90 percent of your investment success is based on allocation of your portfolio and not based on the actual funds in which you invest*. Let’s recap because this is important: the allocation is more important than the actual investments.

A SOLID RETIREMENT PLAN LOOKS AT RISK, TOO

It’s easy, in the zeal of the saving, to lose track of things that could easily derail your dream of sipping frosty beverages against a beautiful sunset. Gaps in your overall financial plan could hold you back from your goals. What would happen if you were to become disabled or too ill to work? What if you had major damage to your property?

A properly designed retirement plan integrates disability income insurance, life insurance, and property and casualty insurance, wherever the need exists. Any risk that you absorb now takes money away from your future. Why not shift that burden to an insurance company? For a modest premium, you can avoid the potential for a large out-of-pocket payment that could jeopardize your larger plans.

STRESS-TEST YOUR PLAN

Yes, seriously. Your existing retirement program needs the equivalent of a boot camp. Will it be able to withstand the ups and downs of the markets? How much before it breaks? Thankfully, in the financial industry we have access to tools that can simulate stormy seas without risking your real cash. Your advisor should be using Monte Carlo simulations to assess the realism of your assumptions. Granted, there are no guarantees in life, but your retirement plan definitely needs a reality check.

WORK WITH A PROFESSIONAL

If you’re like most of our specialist clients, you are probably too busy to figure this out on your own. Sit down with a financial planner early on to do some big-picture thinking. Understand what’s feasible and what’s not, and create a game plan. We frequently hear: “I didn’t realize it would take so long or cost so much... if I had known this 10, 15 or 20 years ago, I could have made it work with less pain.” That said, it’s never too late to start planning.

Good luck!


Securities, investment advisory services and financial planning services offered through duly qualified Registered Representatives of MML Investors Services, LLC, member FINRA / SIPC. Supervisory Office: Six PPG Place, Suite 600, Pittsburgh, PA, 15222, Phone: 412-562-1600. Treloar & Heisel, Inc. is not a subsidiary or affiliate of MML Investors Services, LLC or its affiliated companies. CRN201806-202756
“Treloar & Heisel has a deep understanding of every phase of my career.”

“As a specialist, I have a particular appreciation for people who are experts in their field. What I value most about Treloar & Heisel is their deep understanding of our line of work: I don’t need to explain to them the nuances of my business. That’s why I have turned to them for guidance from residency into practice, and beyond.”

Daniel H. DeTolla, DDS, MD
Portsmouth, NH

Securities, investment advisory and financial planning services are offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC
www.spc.org. Supervisory Office: Six PPG Place, Suite 600, Pittsburgh, PA 15222 • (412) 562-1600. Treloar & Heisel Wealth Management is not a subsidiary or affiliate of MML Investors Services, LLC or its affiliated companies. MML Investors Services, LLC, its employees and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.

CRN201803-201000
Nearly 100 Annual Meeting sessions were recorded and are available for purchase individually or as a set at www.aaaoms.org/recordings. The recordings are an excellent way to catch a session you missed or revisit one you especially enjoyed.

Professional photographs taken at the Annual Meeting are now available for you to view and purchase at thephotogroup.com website using the access code aamsgallery16.

No other dental or medical conference in the world brings together so many products, services and types of equipment specifically developed for the oral and maxillofacial surgery practice. This year, 230 companies displayed their products and services in the exhibit hall.

Longtime DAANCE Advisory Committee member, Roni Lockhart, RN, was honored for her contributions to the DAANCE program and staff development courses. Dr. Jerry Halpern, past DAANCE committee chair, presented her with a certificate of recognition.

Congratulations to Aaron Sterling Card, DMD, MD of Olathe, KS, on winning the Post-Meeting Survey drawing! He won free registration to the 2017 Annual Meeting in San Francisco, CA.
Practice management clinics presented valuable ready-to-implement advice on the “business” of OMS practice.

The Cosmetic Module featured live facial injection demonstrations.

The Pediatric Advanced Life Support (PALS) course offered specialized training.

The exhibit hall was the place to see and touch the latest in OMS armamentarium – and even meet Elvis!

Six Corporate Forums were held Wednesday afternoon and featured the following hosted programs:

**Keystone Dental:** Tips Learned in Fifteen Years of Immediate Loading of Dental Implants

**Pacira Pharmaceuticals:** Patient Perspectives and Insights – New Treatment Option for Addressing Pain Management With Reduction of Opioid Use

**Dentsply Sirona:** 3D Imaging, CAD/CAM and Digital Technology in Oral and Maxillofacial Surgery

**Nobel Biocare:** Refinements Using Optimized Planning Concepts and Tools: The Value of Planning for Final Results Before Treatment Initiation and the Quad-Zygoma Experience

**DePuy Synthes:** Orthognathic Virtual Surgical Planning: Intraoral Scanning and an Algorithm for Planning Without Dental Models Using TRUMATCH®

**Daiichi Sankyo:** Improving Perioperative Patient Care During Opioid Therapy for Postoperative Pain - Focusing on Opioid Induced Nausea and Vomiting

**Z-Systems USA:** Clinical Applications of Two-piece All-Zirconia Implants

**Pacira Pharmaceuticals:** Set New Expectation with EXPAREL for Your Oral and Maxillofacial Surgery Patients

A number of exhibitors donated prizes for the Exhibit Excursion game played by OMS residents and professional allied staff who were registered for the meeting. Many thanks to the more than 35 companies that donated equipment, complimentary services, gift certificates

continued on page 16
Sessions were engaging and animated.

The 2016-2017 ROAAOMS Executive Committee.

2017 ANNUAL MEETING SPEAKER APPLICATIONS

Beginning December 5, applications for the 2017 Annual Meeting in San Francisco, CA, will be available at www.aaaoms.org/speakers in the following areas:

- Oral abstracts
- Posters
- Module How I Do It presentations

Applications will be accepted until February 19, 2017.

Annual Meeting

Continued from page 15

and other items valued at more than $37,000 for the prize pool. And, congrats to the 53 lucky residents and 16 allied staff who carried home prizes!

The Frisco Frenzy game, available only to AAOMS fellows and members, also was conducted throughout the exhibition. Congratulations to Melanie Lang, DDS, MD, who won a grand prize package valued at over $4,000 for the 2017 Annual Meeting in San Francisco!

VIRTUAL EXHIBIT HALL

Stay in touch with your favorite annual meeting exhibitors. Visit the 2016 Virtual Exhibit Hall online at aaoms.org/amVXH for contact and company information.

SEE YOU NEXT YEAR!

Join AAOMS President Dr. Douglas Fain October 9-14, 2017, in the “city by the bay,” exciting San Francisco, CA for the 99th Annual Meeting, Scientific Sessions and Exhibition. Don’t forget to book your 2017 Annual Meeting hotel. The AAOMS rooms in 2016 filled up quickly, so don’t miss out in 2017! Reservations will be available in mid-December. We look forward to seeing you again next year!
Offer your patients long-lasting, non-opioid postsurgical analgesia

- EXPAREL provides significant pain control during the first few days after surgery¹
- EXPAREL significantly decreases opioid consumption¹,²*
- Only EXPAREL uses DepoFoam® technology to deliver bupivacaine over time
- EXPAREL has a proven safety and tolerability profile²

*The clinical benefit of the difference in opioid consumption was not demonstrated in the clinical trials.

EXPAREL is available for purchase at EXPAREL.com/OMFS

Please see brief summary of Prescribing Information on reverse side.

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

EXPAREL has not been studied for use in patients younger than 18 years of age.

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. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

Monitoring of cardiovascular and neurological status as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations. In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

EXPAREL (bupivacaine liposome injectable suspension)

**Brief Summary**

**For additional information call 1-866-RIX-EXPAREL (1-866-779-3973)**

- **Brand Name**: EXPAREL
- **Generic Name**: Bupivacaine liposome injectable suspension
- **Class**: Local anesthetic

**INDICATIONS AND USAGE**

EXPAREL is indicated for administration into the surgical site to provide single-dose, short-term pain relief for up to 24 hours following surgical procedures in adult patients at least 18 years of age.

**CONTRAINDICATIONS**

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

**WARNINGS AND PRECAUTIONS**

- **Use in Specific Populations**
  - Pregnancy
  - Breastfeeding

**ADVERSE REACTIONS**

**Clinical Trial Experience**

- The safety of EXPAREL was evaluated in 1 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 60 to 352 mg of EXPAREL. In these studies, the most common adverse reactions (>5% of patients) are shown in the table below.

**Drug Interactions**

- **Intravenous Intercostal Nerve Blocks**
- **Intravenous Intramuscular Bupivacaine**

**OVERDOSAGE**

- The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and 29 mg for patients treated with placebo.

**Usual Adult Dose**

- **Local Infiltration**
  - **Regional Nerve Blocks**
  - **Intrathecal**
  - **Epidural**

**Pharmacokinetics**

- **S:7.625**
- **B:8.75**
- **T:8.5**

**Clinical Considerations**

- For those patients who did require rescue medication, the mean amount of rescue medication at 72 hours compared to 10% treated with placebo.

- Twenty-eight percent of patients treated with EXPAREL required no rescue medication at 72 hours compared to 4% of patients treated with placebo.

- The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and 29 mg for patients treated with placebo.

- There was a significant treatment effect for EXPAREL compared to placebo.

- The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and 29 mg for patients treated with placebo.

- Pacira Pharmaceuticals, Inc.
  - Patient Drug Information
  - Prescription Information
  - Prescribing Information
  - Safety Information
  - Warnings and Precautions
  - Additional Information

- American Association of Oral and Maxillofacial Surgeons
  - Oral and Maxillofacial Surgery
  - The experts in mouth, mind and jaw surgery

- AAOMS Today | aaoms.org
Time to Play

WELCOME RECEPTION FESTIVITIES

A welcome reception for all meeting attendees commenced immediately following Tuesday evening’s Opening Ceremony and awards presentations. It was the perfect time to congratulate awardees, catch up with old friends and make new acquaintances before the meeting began in earnest.

PRESIDENT’S EVENT A FAMILY AFFAIR

Over 850 registrants and their guests headed to Vegas hot-spot Brooklyn Bowl for the President’s Event honoring AAOMS President Louis K. Rafetto, DMD, and his family. Revelers of all ages hit the lanes, dined on Wolfgang Puck-created culinary delights and danced to the prohibition-era musical stylings of The Moonshiners.
Annual Meeting Oral Abstract and Scientific Poster Winners Chosen

The 2016 Annual Meeting oral abstract and scientific poster winners are as follows:

**ORAL ABSTRACT WINNERS**

**Oral Abstract Track 1**  
**TMJ Stem Cells Regenerate Intramembranous Bone and Recruit Blood Vessel Formation**  
John Nathan, DDS 2017, New York, NY

**Oral Abstract Track 2**  
**A New Approach in Generating Object Reference Frame for Maxillary Dental Arch**  
Dennis Ho, DDS, MS, Taipei, Taiwan; Jianfu Li, PhD; Chien-Ming Chang, DDS; Peng Yuan, MS; John Teichgraeber, MD; Jaime Gateno, DDS, MD; James J. Xia, MD, PhD

**Oral Abstract Track 3**  
**Immediate Nerve Allograft Reconstruction with Ablation of Mandible for Benign Pathology**  
John Zuniga, DMD, PhD, Dallas, TX; Fayette C. Williams, DDS, MD; Daniel Petrisor, DMD, MD

**Oral Abstract Track 4**  
**Prevention of Medication-Related Osteonecrosis of the Jaw in a Rat Animal Model**  
Gary Brierly, BDSc, Brisbane, Australia; Jeremy Baldwin, BSc; Edward Hsu, BDSc (Hon), MBBS, FRACDS (OMS); Dimitri Nikolarakos, BDSc, MBBS, FRACDS (OMS), FRCSEng (OMS); Maria Woodruff, Msc, PhD; Dietmar Hutmacher, BSc, MBA, PhD

**SCIENTIFIC POSTER WINNERS**

**Poster 3**  
**Most AAOMS Members Have Not Adopted the ASA Recommended NPO Guidelines**  
Robert E. Johnson, III, BA, Boston, MA; Pasquale P. Eckert, BA; William C. Gilmore, DMD, MS; Archana Viswanath, BDS, MS; Matthew Finkelman, PhD; Morton Rosenberg, DMD

**Poster 20**  
**Atypical Mycobacterial Lymphadenitis in the Head and Neck of Pediatric Patients**  
Justine Moe, MD, DDS, Atlanta, GA; Shelly Abramowicz, DMD, MPH

**Poster 23**  
**Is Diagonal Ear Lobe Crease Associated With Carotid Calcifications on Panoramic Radiograph or Cone Beam Computed Tomography?**  
Daniel Bienstock, DMD, MD, New York, NY; Mark Goodenough, BA; Cleber Silva, DDS, FICO; Bridget Ferguson, DDS, FACS

Poster and abstract sessions (above and on facing page) spotlighted the latest specialty investigations.
Poster 25
Outcome of Immediate Allograft Reconstruction of Long Span Defects of the Inferior Alveolar Nerve
David Salomon, DDS, Chicago, IL; Michael Miloro, DMD, MD, FACS

Poster 38
Samuel Liu, DDS, Washington, DC; Natoya Reid, DMD; Diego Gallardo, DMD; Ren Chang, DDS; Xiaowu Pang, PhD; Indra Mustapha, PhD; Andrea Bonnick, DDS

E-posters are available for viewing at http://aaoms.scientificposters.com
Elected Bernard J. Costello, DDS, to an eight-year term as a director on the American Board of Oral and Maxillofacial Surgery (ABOMS) Board of Directors.

Elected Karin Wittich, AAOMS associate executive director of Practice Management and Governmental Affairs, to honorary fellowship.

President Louis K. Rafetto, DMD, delivered his presidential address to the House, recapping association activities during his term of office. The full text of his address is available at aaoms.org.

During Session II of the House, the delegates turned their attention to the reference committee reports and resolutions.

In major actions, the house:

- Elected 106 candidates to fellowship or membership at the 2016 Annual Meeting, and another 147 were elected to provisional fellowship or membership. Additionally, 91 provisional fellows and members were transferred to full membership, having completed the required anesthesia evaluation.

- Changed the name of the Committee on Practice Management and Professional Allied Staff (CPMPAS) to the Committee on Practice Management and Professional Staff Development.

- Approved a three-year special assessment of $350 per year with proportionate reductions for members in discounted categories to fund the AAOMS Informational Campaign.

- Adopted a resolution amending the AAOMS bylaws to impose dues for actively practicing life fellows and members equal to 50 percent of dues...
of membership dues. Life fellows and members also will pay 50 percent of the Annual Meeting registration fee and assessments, and may also subscribe to the Journal of Oral and Maxillofacial Surgery at a rate equal to 50 percent of the member price. The resolution also requires active practice life fellows and members to maintain membership in their state OMS societies.

- Adopted a 2017 operational budget.

Session III consisted of election and installation of the 2016-2017 AAOMS officers and trustees. See story at right for more information.

Further details of the house actions can be found in the Report of the Annual Meeting, which will available on AAOMS.org.

### Officers and Trustees Installed

2016-2017 AAOMS officers and trustees were installed during the third session of the House of Delegates on September 30. Douglas W. Fain, DDS, MD, FACS, was installed as president; Brett L. Ferguson, DDS, FACS, as president-elect; A. Thomas Indresano, DMD, FACS, as vice president; Louis K. Rafetto, DMD, as immediate past president, and Steven R. Nelson, DDS, MS, as speaker of the House of Delegates. Also sworn into office were newly elected trustees Paul J. Schwartz, DMD, District II; J. David Morrison, DMD, District IV; and Mark A. Egbert, DDS, FACS, District VI. B.D. Tiner, DDS, MD, FACS, was re-elected to a two-year term as District V trustee.

*Seated* (from left): Steven R. Nelson, DDS, MS, speaker, House of Delegates; A. Thomas Indresano, DMD, FACS, vice president; Louis K. Rafetto, DMD, immediate past president; Douglas W. Fain, DDS, MD, FACS, president; Brett L. Ferguson, DDS, FACS, president-elect; J. David Johnson, Jr., DDS, treasurer; Scott C. Farrell, MBA, CPA, secretary/executive director. *Standing* (from left): J. David Morrison, Jr., DMD, District IV trustee; Victor L. Nannini, DDS, FACS, District I trustee; Paul J. Schwartz, DMD, District II trustee; Robert S. Clark, DMD, District III trustee; B.D. Tiner, DDS, MD, FACS, District V trustee; Mark A. Egbert, DDS, FACS, District VI trustee.
The Meeting Dedication, Opening Ceremony and Awards Presentation was held Tuesday evening, September 20. During the awards presentation, individuals were honored for their outstanding achievements and contributions to the specialty.

Please see page 26 for a list of OMS Foundation awardees recognized during the Opening Ceremony.
Ceremonies in Las Vegas

Daniel M. Laskin Award for an Outstanding Predoctoral Educator
O. Ross Beime, DMD, PhD

Donald B. Osbon Award for an Outstanding Educator
Joseph Edward Van Sickels, DDS

Outstanding Legislator of the Year Award
Congressman Eric Swalwell (D-CA-15)

John F. Freihaut Political Activist Award
Lionel M. Candelaria, DDS

2016 Resident Scientific Award
Chi T. Viet, DDS, MD, PhD

2016 Resident Scientific Award
Pouya Vakilian, DMD

Pharmaceutical LIFEcycle SERVICES

VISIT US AT BOOTH 506

To learn more about our LIFEcycle services, come see us at the 2016 Dental Implant Conference!

From the time of purchase, through documenting drug administration, to any required destruction of pharmaceuticals, SAS has the services and tools to keep your practice in compliance with DEA and DQSA guidelines and regulations.

SERVICES

DEA COMPLIANCE TRAINING

SAS offers online access to compliance training videos and a compliance policy template with the purchase of an annual subscription.

MEDICAL WASTE DISPOSAL

Regulated pick-up, transportation, treatment and disposal services for regulated medical waste, biohazard waste, sharps and pharmaceuticals.

DQSA/DSCSA

SAS is providing, FREE OF CHARGE, a portal granting access to the DQSA required information through Tracelink (tracelink.com).

Everything you need to know - SASrx.com

One Southern Court
West Columbia, SC 29169
P: 1.800.624.5926 | M-F 8am to 7pm EST
SASrx.com
OMS Foundation Presents 3 Awards at 2016 AAOMS Annual Meeting

TORCH AWARD

Dr. Daniel J. Daley Jr. is the recipient of the 2016 OMS Foundation Torch Award. The Torch Award is the highest award given by the OMS Foundation and recognizes individuals or organizations that have provided exemplary service to the OMS Foundation.

Dr. Daley has a long history of service to the specialty. He began as an assistant professor of oral and maxillofacial surgery at Temple University for three years. He then entered private practice in the Philadelphia area and has practiced there for more than 35 years. He served as AAOMS president in 2005-2006, as president of the Delaware Valley Society of OMS, as chairman of OMSPAC and as a delegate to the AAOMS House of Delegates.

As chair of the Robert V. Walker Society, he promoted planned giving to benefit the Foundation and planned giving commitments grew by more than 30 percent. In addition, he was instrumental in establishing a major giving program as a way for donors to make larger, more meaningful gifts to the Foundation. To effectively communicate the Foundation’s important work, he established the Robert V. Walker Society newsletter and reinstated the Foundation’s Annual Report.

Dr. Daley’s tenure on the OMS Foundation Board of Directors began in 2006. He became chairman in 2013.

RESEARCH RECOGNITION AWARD

Richard H. Haug, DDS, is the recipient of the 2016 OMS Foundation Research Recognition Award, which recognizes individuals who have made outstanding contributions to the specialty through their research.

His research interests have included maxillofacial infections, infected or rejected implants, biomechanical properties of the craniofacial skeleton when reconstructed with titanium plates and screws, and involvement in the Multi-Center Third Molar Clinical Trial.

Dr. Haug is in private practice at the Carolinas Center for Oral Health. His career highlights include private practice on Long Island as well as teaching. He was the residency director for oral and maxillofacial surgery at the Metrohealth Medical Center and served as full professor and then Distinguished Service Professor at the University of Kentucky.

Dr. Haug has contributed to more than 125 peer-reviewed publications. He has also edited six books, published.
28 book chapters and almost 400 abstracts, in addition to participating in numerous teaching activities and presenting at conferences worldwide. Dr. Haug has served on multiple editorial boards and served for two decades as a section editor for “Current Therapy” and “Craniomaxillofacial Trauma” for the Journal of Oral and Maxillofacial Surgery. He currently serves as the consulting editor for the Oral and Maxillofacial Surgery Clinics of North America and its accompanying Atlas, a series that has published more than 75 issues to date.

**DANIEL M. LASKIN AWARD**

The OMS Foundation Daniel M. Laskin Award is presented annually to the authors of the most outstanding article published in the Journal of Oral and Maxillofacial Surgery (JOMS) in the previous year. The article is selected by the JOMS Editorial Board. The 2016 OMS Foundation Daniel M. Laskin Award was awarded to the article titled “Vascular Endothelial Growth Factor Receptor Isoforms: Are They Present in Oral Squamous Cell Carcinoma?” Journal of Oral and Maxillofacial Surgery, Vol. 73, Issue 5, p897–904 by Alix Pianka, Thomas Knösel, MD, PhD, Florian Andreas Probst, MD, DMD, Markus Tröltzsch, MD, DMD, Timothy Woodlock, MD, Sven Otto, MD, DMD, PhD, Michael Ehrenfeld, MD, DMD, PhD, Matthias Tröltzsch, MD, DMD.

AAOMS also welcomed 137 fellows and members to life fellowship or membership. AAOMS awards life status to those fellows or members who have completed 30 years of dues-paying membership and have reached the age of 65 or who have completed 35 years of membership, regardless of age. Years as a candidate, resident or as a retired member do not accrue toward life membership.

Many thanks to all fellows and members for their longtime support of the practice of oral and maxillofacial surgery. A listing of all the newly elected can be found on AAOMS.org.

**2017 MEMBERSHIP DUES REMINDER**

All fellows, members and candidates were mailed 2017 Membership Dues notices in September. If you sponsored allied staff members in 2016, they also will be included on your annual statement to allow for convenient renewal of their membership. Retired fellows and members also received an annual notice (without the dues charge), which provided an opportunity to subscribe to the JOMS at the member rate and to remit voluntary contributions to the OMS Foundation and Alliance, the IAOMS and OMSPAC.

**New this year:** The 2016 House of Delegates approved resolutions to the AAOMS Bylaws resulting in a change in benefits for life fellows and members. Beginning with the 2017 dues statement, practicing life fellows and members will be assessed partial dues at a rate of 50 percent of the active membership dues amount. They also will be required to pay a partial rate toward the new assessment, also approved by the House of Delegates to support the AAOMS Informational Campaign.

Life fellows who are not deriving income in faculty or private practice – as well as members who are solely employed as faculty – will not be assessed dues. If this applies to your practice situation and you received a billing notice with dues assessed, please contact the AAOMS Membership Services Department.

Dues payments can be made in one of three convenient ways: fax, mail or online at aaoms.org by logging in with your AAOMS membership ID number. As always, payment will be due by December 31 to avoid any late fees or discontinuation of membership benefits.

If you do not receive your annual statement or need to report a change in status, please email membership@aaoms.org or call toll-free, 800/822-6637.
Membership Minute
Continued from page 27

2017 MEMBERSHIP DIRECTORY UPDATES AND PROFILE VERIFICATIONS

Included in the Membership Dues mailing were Directory Verification forms and Member Profile information. Membership Directory Verification forms should be returned to AAOMS (by fax, mail or email) to ensure correct listing(s) on the Find a Surgeon database on MyOMS.org and the Membership Directory on AAOMS.org. Updates to the online directory can be made throughout the year.

The Member Profile section includes information previously provided to AAOMS and is for internal purposes only. These updates can be returned at your convenience.

Health Policy: Year-End Review
Continued from page 11

and coding staff should thoroughly review their ICD-10 coding to be certain it is accurate and coded to the highest level of specificity to avoid claim denials.

Also this year, the National Center for Health Statistics lifted its partial freeze on the ICD-10 code set on October 1. Since the implementation of ICD-10 on October 1, 2015, code additions have been limited to those needed to account for new technologies and diseases. The ICD-10 manual will now be updated annually. In the 2017 ICD-10-CM manual, there are 1,943 new or revised codes – 445 of which pertain to OMS-related diagnoses. Many of these codes stem from an AAOMS proposal submitted for the March 2013 ICD-10 Coordination and Maintenance Committee Meeting and relate to new codes for bilateral temporomandibular joint disorders, bilateral dislocation and sprain of joints and ligaments of the head, and bilateral fracture repairs. Because additions, revisions and deletions are likely to occur annually, it is critical that all OMSs purchase updated ICD-10-CM books every year to ensure claims include the most current ICD-10-CM codes.

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 © 2016 American Medical Association. Current Dental Terminology copyright © 2016 American Dental Association. All rights reserved.
Enhance your profile

myOMS Profile

New AAOMS directory listings that promote your expertise.

BOOST your standard AAOMS listing at MyOMS.org with an authoritative profile that enhances your online presence.

A Cost Effective Way To:

- Maximize the benefits of your AAOMS Information Campaign
- Turbocharge your MyOMS.org directory listing with a personalized micro-site
- AAOMS Integrated Videos, Images and Patient Content
- Mobile device optimized for GPS and click to call features
- Optional integrated reputation marketing campaign

Powered by PBHS Inc.
800-840-5383  http://www.MyOMSProfile.com
Despite continued efforts to improve the diagnosis and treatment of oral and oropharyngeal cancer, the American Cancer Society estimates that over 48,000 people will develop such cancers in 2016 and over 9,500 will die of this disease.

Such poor survival among oral cancer patients can, at least partially, be attributed to the advanced stage of the disease at the time of diagnosis, with over 60 percent of patients presenting in Stage III or IV. Since the oral region is so readily accessible to visual and digital examination, the obvious conclusion is that some of these lesions are ignored or missed by patients.

However, studies also have shown that even though a careful clinical examination by a healthcare professional can detect many early premalignant and malignant lesions, there are still a small proportion of these lesions that escape detection. In order to improve upon this situation, there have been a variety of commercially available diagnostic aids and adjunctive techniques developed to assist in the detection of otherwise occult precancerous or cancerous tissue changes.

One of the earliest systems involves the use of a fluorescent light to look for abnormal mucosal changes after the application of a dilute acetic acid oral rinse. However, several studies have shown there is no significant difference in the detection rate between the use of this system and the ordinary incandescent light for doing the conventional visual examination.

Another system involves the use of an instrument that emits a blue spectrum light that causes normal oral mucosa to fluoresce. When this pattern is altered, the area is suspect for being a potentially premalignant or malignant lesion.

However, one of the problems with this system is that it does not always distinguish between a dysplasia and a benign inflammatory condition and, therefore, can lead to a false positive test and unnecessary biopsy.

A different type of approach to the early detection of oral cancer has been the possible use of salivary biomarkers. While such an approach, when ultimately perfected, could potentially be used as a screening mechanism for the presence of oral cancer, it still requires identification of the actual location of the lesion and, thus, does not solve the problem of detecting the earliest lesions, which may be occult.

Despite all of these attempts to improve the early detection of oral cancer, the true efficacy of these diagnostic techniques remains to be proven. Moreover, we need to remember that, at best, they are still only diagnostic aids and thus do not supplant the basic, carefully done, visual and digital examination.

However, early detection alone is not sufficient. We also need to stress prevention by educating our patients about the oral cancer risk factors such as smoking, alcohol abuse, chronic exposure to sunlight and the role of the human papilloma virus. Such efforts – plus emphasis on self-examination and the importance of periodic professional evaluation – may not completely solve the problem, but they can do much to improve the adverse oral cancer statistics.
Refine Your Old Crowns and Bridges with Scientific Metals’ ASI Approved Program

AAOMS Member Benefits:

- Complete Refining Report
- Discount Refining Rates
- Special Rates on Gold Bullion
  1 oz gold as low as $20 above spot
- Free Insured Fedex Pickup

Testimonial:

“I would like to thank AAOMS for having Scientific Metals for the approved refining program for AAOMS members. I have used Scientific Metals in dealing with scrap metal. I have found them to be an honest, fair and reliable company. I highly recommend the company and their service. I feel this Approved Program with Scientific Metals provides an important service for AAOMS members. I have recommended them to all my partners at Atlanta Oral and Facial Surgery.”

Thank you again,
Barton L. McGhee DDS

www.scientificmetals.com
Call: 1-888-949-0008
The 2016 AAOMS Annual Meeting in Las Vegas was a tremendous success, with strong attendance, great support from our corporate partners and two outstanding preconference offerings. While we are still finalizing the financial accounting, it appears that the meeting was equally successful on the financial end. The original budget for the 98th Annual Meeting anticipated revenues over expenses of approximately $750,000; it appears that final results for the meeting will be better than budget.

Two well-attended educational offerings – the Anesthesia Update for the OMS and the Maxillofacial Oncology and Reconstructive Surgery (MORS) course – were held just prior to the official start of the meeting. Now in its tenth year, approximately 300 meeting registrants participated in the Anesthesia Update, while 130 registrants took part in the MORS program.

One significant change for this year’s meeting was in the fee structure. For the first time, registrants were granted access to most clinical sessions at no additional cost. This decision was implemented by the Board of Trustees based on feedback from registrants at prior meetings. The structure appears to be a success, as all sessions were well-attended and registration fees for the meeting itself exceeded our expectations by approximately $110,000. Also notable was the attendance by professional allied staff, which hit a record high of over 1,000 individuals.

Meeting attendees also enjoyed the many opportunities for recreation and relaxation in and around Las Vegas. We kicked off the meeting with an animated Opening Ceremony, which recognized important accomplishments of AAOMS and OMSF leaders. This was immediately followed by a vibrant and fun Welcome Reception. Later in the week, the President’s Event, honoring AAOMS President Louis K. Rafetto and his family, was held at Brooklyn Bowl. Over 850 attendees and their guests enjoyed 32 lanes of bowling, a lavish buffet and dancing to the music of the band, The Moonshiners.

Business also was accomplished at the meeting as the House of Delegates convened during the week and, among the measures before the delegates, adopted three resolutions with financial impact, along with the 2017 budget. The House approved the proposed three-year $350 member assessment to fund the informational campaign, with proportionate reductions for members in discounted dues categories and an exemption given to current, active-duty military members. The assessment, as I discussed in my last “Treasurer’s Account,” is expected to provide $5.4 million to fund the campaign over the next three years. The House also approved the incorporation of the House of Delegates Reserve Fund into the AAOMS Operating Reserves; this consolidation should allow for better future returns on the investments.

Finally, the House approved an amendment to the bylaws that imposes dues upon practicing life fellows/members. We have seen an increase in members becoming eligible for life status over the last several years, and that number has exceeded the number of members who are graduating and entering practice. This trend is expected to continue for several years to come. As the new OMS graduates

continued on page 34
OMSNIC provides protection and support for your OMS practice with the comprehensive OMSGuard Professional Liability Policy, aggressive Claims Defense, and exclusive Patient Safety and Risk Management education. Practicing OMS oversee OMSGuard and review member claims, unlike other insurance companies who don’t view your practice from a peer perspective. OMSGuard is the only liability insurance program designed just for OMS, and it’s only available from OMSNIC. Join us in strengthening the specialty. 800-522-6670

Photo: Sanford L. Ratner, DDS and Monty C. Wilson, DDS, oral and maxillofacial surgeons at Ratner & Wilson DDS, Orange and Santa Ana, California

OMSNIC provides protection and support for your OMS practice with the comprehensive OMSGuard Professional Liability Policy, aggressive Claims Defense, and exclusive Patient Safety and Risk Management education. Practicing OMS oversee OMSGuard and review member claims, unlike other insurance companies who don’t view your practice from a peer perspective. OMSGuard is the only liability insurance program designed just for OMS, and it’s only available from OMSNIC. Join us in strengthening the specialty. 800-522-6670

Photo: Sanford L. Ratner, DDS and Monty C. Wilson, DDS, oral and maxillofacial surgeons at Ratner & Wilson DDS, Orange and Santa Ana, California

OMSNIC is Exclusively Endorsed by AAOMS

While We Care for Our Patients, OMSGuard® Cares for Our Practice.
do not pay full dues until three years following graduation, the association’s resources are being significantly impacted.

The House of Delegates voted in favor of the bylaws amendment to help ensure the future of the specialty and allow the association to continue providing quality programs and services to our membership. The amended bylaws require practicing life fellows/members to pay 50 percent of dues, assessments and Annual Meeting registration fees. Life fellows/members may also elect to receive the JOMS by paid subscription at a 50 percent rate and are required to maintain their state OMS society membership. Retired life fellows/members will not be required to pay dues and assessments. In my next column, I will review the 2017 budget in more detail along with the anticipated financial effects of these changes.

It is important to acknowledge our corporate supporters who provide financial support in addition to their exhibit booth payments. A number of services and activities, both meeting and non-meeting related, would not be possible without their generosity. Corporate support from exhibition partners and the revenues from the exhibition at the Mandalay Bay Convention Center also exceeded our budget expectations, with many new exhibitors in attendance at the show. Please join me in thanking the companies, shown at right, that provided corporate support at the 2016 AAOMS Annual Meeting.

In summary, there are many groups whose efforts contributed to the tremendous success of the 98th Annual Meeting: our committees, the exhibitors and other corporate sponsors, clinicians and other presenters, the AAOMS staff and, of course, all the members and guests who attended.

The members of the Board of Trustees are extremely excited about next year’s Annual Meeting, scheduled for October 9-14. We hope that you, your staff and guests will be able to join us when AAOMS travels to San Francisco.

A Big Thank You to Our Corporate Supporters

AAOMS thanks our corporate supporters, whose generosity made so many of the meetings and activities possible. We couldn’t have done it without you!

HEALTH IT BYTES

- The Office of the National Coordinator for Health Information Technology (ONC) launched an online tool to help practitioners implement their health information technology more efficiently. The Health IT Playbook will help practitioners navigate the complex world of health IT by providing information on a wide ranging of topics. To view the Playbook, visit https://www.healthit.gov/playbook/

- A recent Government Accountability Office (GAO) report indicates that guidance given by the Department of Health and Human Services (HHS) on security and privacy requirements for protected health information and HIPAA compliance fails to meet federal guidelines. The GAO also indicates that HHS’s guidance neglects to incorporate aspects of the National Institute of Standards and Technology’s (NIST) Cybersecurity Framework, leaving EHR data vulnerable. HHS responded, “They intended their guidance to be minimally prescriptive to allow flexible implementation by a wide variety of covered entities.” HHS has agreed to make some of the changes recommended by the GAO, and we expect that information in the near future.
Practice Management and Professional Staff Development Year in Review

The April Practice Management Stand-Alone program, “The Business of Implant Dentistry: Concepts of Practice Management and Growth in Today’s Economy,” was very well-received as AAOMS Past President Dr. Jay P. Malmquist shared how oral and maxillofacial surgeons can increase their bottom lines and patient-case acceptance while making their practices the choice for dental implants. Dr. Malmquist focused on adjusting to the evolving healthcare marketplace, communicating the right messages to patients, maximizing profitability of services, marketing and creating an implant center in the OMS office.

In September, AAOMS held a webinar on “The Importance of Correct Instrument Processing in the OMS Office.” The webinar included explanation of the Spaulding Classification and its categories of medical devices and associated levels of disinfection, the four critical steps in instrument processing and monitoring of the sterilization process. For those unable to participate in the original broadcast, the MP4 recording of this event is available for purchase at http://www.aaoms.org/continuing-education/ce-ondemand.

Professional staff development courses offered in 2016 included two Anesthesia Assistants Review Courses (AARC), the Advanced Protocols for Medical Emergencies (APME) course, three Anesthesia Assistants Skills Labs (AASL), the On-Line Anesthesia Review for Dental Anesthesia Assistants, and the year-round Dental Anesthesia Assistant National Certification Examination (DAANCE). The DAANCE is a two-part, self-study CE program exclusively for all dental anesthesia assistants employed by dental specialists holding an anesthesia permit. Successful completion of the comprehensive self-study material and quizzes, as well as a standardized computer-based exam, earns participants 36 continuing education credits through AAOMS as an ADA-Recognized Provider, a lapel pin and DAANCE recognition. DAANCE certificates expire every five years and recertification requirements can be found in the DAANCE Candidate Handbook. Registration for the six-month course is available year-round. For program requirements and details, frequently asked questions and the handbook, visit www.aaoms.org/daance. For more information on any of the professional staff development courses, including the On-Line Anesthesia Review for Dental Anesthesia Assistants offered year-round, please visit www.aaoms.org/pas.

ANNUAL MEETING PRACTICE MANAGEMENT AND PROFESSIONAL ALLIED STAFF COURSES

For the fourth year in a row, the Practice Management and Professional Staff Development educational “Day Pass” attendees enjoyed record-breaking success at the AAOMS Annual Meeting. The pass allows OMS administrators and clinical staff to attend as many sessions as their schedules permit. In total, 32 practice management and professional staff development courses were offered at this year’s

continued on page 36

Practice Quotient, Inc., a national managed dental care contract negotiation firm, is partnering with ASI, Inc. to help AAOMS members increase practice revenue by negotiating fair market discounts with third party payors (i.e. insurance carriers).

Visit www.practicequotient.com to learn more about this new ASI approved program, or call 470-592-1680.
Practice Management
Continued from page 35

meeting, with noted speakers such as Leslie Canham, Lois Banta and JoAn Majors presenting on such topics as “Got OSHA? Easy Steps to Office Safety,” “Infection Control for 2016, and One and Only One Safe Injection Practices in the OMS Practice,” “Top 10 Management Tools for a Successful Practice,” and “Creating the Win-Win Relationship with Implant Dentistry.” James Arnold from the Drug Enforcement Agency also presented on “DEA Trends and Updates.”

For the first time, the DAANCE Advisory Committee hosted a booth in the Annual Meeting exhibit hall. The booth was visited by numerous meeting attendees, and committee members were available to answer their questions about the examination process. DAANCE Candidate Handbooks and information about professional staff development courses were distributed at the booth, and one lucky exhibit hall game participant won a free webinar recording.

At this year’s Annual Meeting, allied staff members enjoyed the first annual AAOMS Allied Staff Reception in Las Vegas. Longtime DAANCE Advisory Committee member, Roni Lockhart, was honored for her several decades of contributions to the DAANCE program and allied staff courses. Dr. Jerry Halpern, past DAANCE committee chair, was present to award her with a certificate of recognition.

The Anesthesia Assistants Skills Lab was offered twice at the Annual Meeting and will be held in conjunction with the December Dental Implant Conference in Chicago. All of the skills labs have sold out. Because of its popularity, the lab will again be offered at the 2017 AAOMS Annual Meeting and Dental Implant Conference.

For the latest information about all upcoming practice management and professional staff development courses, remember to visit the continuing education section on www.aaoms.org.

Q & A

Question: How does the Department of Labor’s interim final rule on OSHA violations affect providers?

Answer: The Department of Labor interim final rule – published on July 1, 2016 – significantly increases fines for OSHA violations. As of August 1, violations categorized as “serious,” “other-than-serious” and “posting requirements” will be fined at $12,471 each – up from $7,000 per violation. “Failure-to-abate” penalties will accumulate for each day the violation continues beyond the deadline OSHA sets for rectifying it. Civil penalties also will increase for each willful or repeated violation. The maximum penalty has been increased from $70,000 per violation to $124,709. If cited after August 1 for a violation that occurred after November 2, 2015, providers are subject to these new fines. For more information, visit www.osha.gov.

Question: How does the recent final rule on overtime regulations impact my practice?

Answer: On May 18, 2016, the Department of Labor published the Final Rule updating overtime regulations, impacting the salary and compensation levels needed for executive, administrative and professional workers to be considered “exempt.” The rule is effective December 1, 2016. The Final Rule also establishes a mechanism for automatically updating salary and compensation levels every three years to maintain the levels at the new required percentiles. Previously, employees making $455/week ($23,660/year) who qualified as executives, administrators or professionals were not owed overtime by their employers. The final rule now increases this threshold to $913/week ($47,476/year), and the next update to this threshold will take place on January 1, 2020. To learn more and find out how this may affect your practice and employees, visit https://www.dol.gov/whd/overtime/final2016/.

Question: How do I comply with the emergency preparedness requirements for Medicare and Medicaid participating providers?

Answer: On September 8, 2016, the final rule “Emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers,” was published in the Federal Register. This rule established emergency preparedness Medicare Conditions of Participation. To comply, there are four key requirements. First, an emergency plan based on a risk assessment must be developed. Second, stemming from this emergency plan and risk assessment, policies and procedures must be developed and implemented. Next, a communication plan that complies with both state and federal law must be developed and maintained. Finally, training and testing programs must be developed and maintained. The new regulations must be implemented by November 15, 2017. Training and drills must test a provider’s plan, and it must be done annually. CMS also has stated that “individual physicians are not required, but are encouraged, to develop and maintain emergency preparedness plans,” while physicians that work in facilities are “encouraged to provide feedback or suggestions for best practices.” For more information, visit www.cms.gov.
**Question:** Do I need to monitor dental unit water quality?

**Answer:** The Centers for Disease Control and Prevention (CDC) states that monitoring dental unit water quality is helpful in identifying problems in performance or compliance with maintenance protocols and provides documentation. It suggests following recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product. Commercial self-contained test kits or water-testing laboratories exist and are available for this purpose. For surgical procedures, the CDC states that sterile saline or sterile water should be used as a coolant/irrigant. The CDC also notes that “conventional dental units cannot reliably deliver sterile water even when equipped with independent water reservoirs containing sterile water because the water-bearing pathway cannot be reliably sterilized. Appropriate delivery devices (e.g., bulb syringe; sterile, single-use disposable products; or sterile water delivery systems that bypass the dental unit by using sterile single-use disposable or sterilizable tubing) should be used to deliver sterile water during surgery.” For more information, visit www.cdc.gov.

---

The Department of Craniofacial Sciences, Division of Oral and Maxillofacial Surgery (OMFS). The division is responsible for predoctoral and postdoctoral instruction in oral and maxillofacial surgery and anesthesia/pain control.

The position requirements are as follows:
- DDS/DMD degree
- Formal training program in Oral and Maxillofacial Surgery from a CODA accredited program
- Board eligibility/certification
- Eligible to obtain a Connecticut dental license

Additional consideration will be given to candidates with advanced degrees, including an M.D. or Ph.D. and advanced clinical fellowship training in OMFS.

Responsibilities will include but will not be limited to the following:
- Instruction in the student and resident OMFS clinic
- Didactic instruction in both the pre- and postdoctoral OMFS programs
- Patient care in the division’s faculty practice
- Assigned call for patient care and emergencies at John Dempsey Hospital and the School of Dental Medicine
- Research related to oral and maxillofacial surgery

Send curriculum vitae to: David M. Shafer, DMD, Division Chair, Oral and Maxillofacial Surgery, UConn Health School of Dental Medicine, 263 Farmington Avenue MC-1720, Farmington, CT 06030-1720 or email: dshafer@uchc.edu. Applicants must also apply online at: jobs.uchc.edu (faculty position 2016-833).

The University of Connecticut is an equal opportunity employer M/F/V/PwD.

---

**1ST Annual Contemporary Review of Head & Neck Pathology & Reconstructive Surgery**

This course will prepare you to identify a full spectrum of head & neck disease and develop a differential diagnosis with subsequent management strategies. Interspersed throughout the course will be challenging case presentations giving you an opportunity to have interactive discussion among other attendees and course faculty.

This 2 day course is designed to provide a comprehensive case based review of head & neck pathology & reconstructive surgery for residents, fellow, academic faculty & providers in oral & maxillofacial surgery as well as other related dental & medical specialties.

**Cadaver Dissection Lab**

This conference will give attendees an opportunity to participate in an optional cadaver lab on Sunday, January 8. Registrations are on a first come-first serve basis.

Cadaver lab sponsored by grants from:

---

**Friday, Saturday & Sunday**

**January 6-8, 2017**

**Hilton Hotel Minneapolis/Bloomington**

Course Director: Ketan Patel, DDS, PhD
Course Chairman: Deepak Kademani, DMD, MD, FACS
Paul Trivana, DDS, MD, MS, FACS

Approved for 15.25 Category 1 AMA™ hours & 15.25 CDE hours.

For more information, contact Andrea Cox at andrea.cox@northmemorial.com, or (763)581-3699.
facultypositions

California (Oakland): The Department of Oral and Maxillofacial Surgery at the University of the Pacific and Highland Hospital invites applications for a full-time faculty position at the rank of assistant professor. Responsibilities will include clinical teaching in oral and maxillofacial surgery, ambulatory surgery and dental implants. Teaching experience would be preferred. The University of the Pacific Arthur A. Dugoni School of Dentistry is one of the nation’s top dental schools. Please apply through our applicant portal: https://system.pacific.uop.edu/ and choose the San Francisco campus and search for employment qualified applicants with vacation records. Pacific is an AA/EEO employer and does not discriminate on the basis of any protected category.

District of Columbia: The Department of OMS at Howard University College of Dentistry is seeking applications for a full-time tenure track or clinical track position at the assistant/associate professor level. The applicant must have a DDS/DMD recognized by the Council on Dental Education of the American Dental Association and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. Applicants must be eligible for licensure in the District of Columbia. Applicants must be board certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Responsibilities include didactic and clinical teaching in the predoctoral and postdoctoral programs with some teaching responsibility for residents of the AEGD, GPR and pediatric programs. Independent research and scholarly activity are expected and collaboration with other faculty in both research and teaching is strongly encouraged. Academic rank and salary are commensurate with experience and qualifications. Send a letter of inquiry, curriculum vitae and names of three references to Dr. Andrea Bonnick, DDS, program director, Oral and Maxillofacial Surgery Training Program, Howard University Hospital, 2041 Georgia Ave., Suite 2066, Washington, DC 20060. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University. Howard University is an equal opportunity employer and strongly encourages applications from minorities and women.

Georgia: The Division of Oral and Maxillofacial Surgery at the Emory University School of Medicine, is seeking applicants for two full-time faculty positions at the assistant or associate professor level. The applicants must have a DDS/DMD recognized by the Council on Dental Education of the American Dental Association or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. An MD is desirable. Applicants must be eligible for licensure in Georgia. Applicants must be board certified by the American Board of Oral and Maxillofacial Surgery or candidates for board certification. Responsibilities will include patient care and resident supervision at Grady Memorial Hospital, a Level I trauma center, as well as the Emory Healthcare Hospitals and Children’s Healthcare of Atlanta. Pursuit of scholarly activities will also be required. Salary and academic rank are to be commensurate with experience and qualifications. Please send a letter of intent, curriculum vitae, and the names of three references to: Steven Roser, DMD, MD, FACS, chief, Division of Oral and Maxillofacial Surgery Department of Surgery, Emory University School of Medicine, 1365 Clifton Road NE, Building B, Suite 2300, Atlanta, Georgia 30322. Applications will be accepted until the position is filled. Emory University is an equal opportunity employer and encourages applications from minorities and women.

Illinois (Chicago): The Department of Oral and Maxillofacial Surgery in the College of Dentistry at the University of Illinois at Chicago is seeking applications for several full-time, 12-month, tenure-track, faculty positions at the rank of assistant professor. Salary and rank will be commensurate with experience. Applicants must be board-certified/active candidates for certification and have a CODA-accredited DDS or DMD degree, preferably also an MD degree, and be eligible for licensure in Illinois. Completion of a full-scope oral and maxillofacial surgery residency program, with additional fellowship training, and advanced research experience are desirable. Responsibilities include resident and dental student training and education, participation in an intramural practice, professional service, and scholarly activity, including basic and clinical research. For fullest consideration, applicants should submit a letter of intent, a current curriculum vitae, and the names of three professional references to http://jobs.uic.edu/job-board/job-detai1es?jobID=47421 by July 1, 2017. Inquiries regarding this position may be addressed to: Michael Miloro, DMD, MD, Search Committee chairperson, University of Illinois at Chicago, Department of Oral and Maxillofacial Surgery, College of Dentistry MC 835, 801 S. Paulina St., Chicago, IL 60612, Phone: 312/996-1052, e-mail: mmiloro@uic.edu The University of Illinois is an affirmative action/equal opportunity employer. The College encourages applications
The University of Kentucky College of Dentistry is seeking applications for a full-time faculty position at assistant or associate professor level in the division of Oral and Maxillofacial Surgery with the University of Kentucky College of Dentistry. Candidates must have a DMD/DDS degree, have completed an accredited oral and maxillofacial surgery residency and be eligible for a Kentucky dental license. Individuals with an MD degree and oncology fellowship training are encouraged to apply. Opportunities include developing a dynamic, challenging and diverse academic oral and maxillofacial surgery practice, mentoring residents and dental students, participating in professional development and leadership activities consistent with the job description. Salary and rank will be commensurate with training and experience. Major responsibilities include patient care predoctoral education, clinical and didactic teaching of dental students and residents in the dental school primarily. The successful candidate will have a commitment to an academic career that combines outstanding patient care with excellent teaching abilities. The LSU OMS Department in New Orleans is one of the busiest training programs in head and neck surgery and craniofacial surgery. The successful candidate will have a commitment to resident education as well as the opportunity to augment their salary through the private faculty practice plan. LSUHSC-Shreveport is a Level 1 trauma center and the department has a fully accredited OMS training program as well as fellowship programs in head and neck surgery and craniofacial surgery. Surgeons retiring from military service or private practice are encouraged to apply. LSUHSC is an affirmative action/equal employment opportunity employer. For more information, please contact G.E. Ghali, DDS, MD, FACS, FRCS(Ed), Jack W. Gamble, professor and chairman, Department of Oral and Maxillofacial Surgery, 1501 Kings Highway, Shreveport, LA 71103; call 318/675-8068 or e-mail: gghali@lsuhsc.edu.

<table>
<thead>
<tr>
<th>Position</th>
<th>Institution</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant/Associate Professor</td>
<td>University of Kentucky College of Dentistry</td>
<td>The University of Kentucky College of Dentistry is seeking applications for a full-time faculty position at assistant or associate professor level in the division of Oral and Maxillofacial Surgery with the University of Kentucky College of Dentistry. Candidates must have a DMD/DDS degree, have completed an accredited oral and maxillofacial surgery residency and be eligible for a Kentucky dental license. Individuals with an MD degree and oncology fellowship training are encouraged to apply. Opportunities include developing a dynamic, challenging and diverse academic oral and maxillofacial surgery practice, mentoring residents and dental students, participating in professional development and leadership activities consistent with the job description. Salary and rank will be commensurate with training and experience. Major responsibilities include patient care predoctoral education, clinical and didactic teaching of dental students and residents in the dental school primarily. The successful candidate will have a commitment to an academic career that combines outstanding patient care with excellent teaching abilities. The LSU OMS Department in New Orleans is one of the busiest training programs in head and neck surgery and craniofacial surgery. The successful candidate will have a commitment to resident education as well as the opportunity to augment their salary through the private faculty practice plan. LSUHSC-Shreveport is a Level 1 trauma center and the department has a fully accredited OMS training program as well as fellowship programs in head and neck surgery and craniofacial surgery. Surgeons retiring from military service or private practice are encouraged to apply. LSUHSC is an affirmative action/equal employment opportunity employer. For more information, please contact G.E. Ghali, DDS, MD, FACS, FRCS(Ed), Jack W. Gamble, professor and chairman, Department of Oral and Maxillofacial Surgery, 1501 Kings Highway, Shreveport, LA 71103; call 318/675-8068 or e-mail: <a href="mailto:gghali@lsuhsc.edu">gghali@lsuhsc.edu</a>.</td>
</tr>
</tbody>
</table>
MASSACHUSETTS:
The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine and Boston University Medical Center invites applications for a full-time faculty position to augment its oncological surgery services. This position requires graduation in oral and maxillofacial surgery from an ADA-accredited program and formal, fellowship training in oncological and microvascular surgery. Applicants must be eligible for independent, full medical and/or dental licensure in the Commonwealth of Massachusetts and be board certified or active candidates for certification. The department has an expanded scope training program and enrolls four residents per year. Responsibilities will include resident and dental student education, scholarly activity, and participation in the intramural faculty practice. Multiple opportunities for research are readily available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications, is available. Interested candidates should submit a letter of interest including experience and qualifications, letter of application and curriculum vitae to: Dr. Maria J. Troulis, chair, Oral and Maxillofacial Surgery Program Search Committee, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

MASSACHUSETTS:
The Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital and Harvard School of Dental Medicine seek a program director to lead the oral and maxillofacial surgery residency program and serve as assistant/associate professor of oral and maxillofacial surgery at the Harvard School of Dental Medicine. The program director will lead all aspects of the clinical practice and education of the residency program and oversee CODA (Commission on Dental Accreditation) and Graduate Medical Education requirements and administrative functions. The program director will participate in strategic planning, curriculum development and all initiatives as related to education and resident staff and will represent the department on a number of important committees. The program director will also serve as simulation officer for the department. Research initiatives would be aimed toward education and simulation. The program director must be a role model for physicians in training. The position, therefore, requires an outstanding clinician and dedicated teacher who would supervise residents and trainees for broad scope oral and maxillofacial surgery, from dentoalveolar to major trauma reconstruction. Academic rank and salary will be commensurate with the candidate’s qualifications. Massachusetts General Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Interested candidates should submit a letter of application and curriculum vitae to: Dr. Maria J. Troulis, chair, Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114.

MASSACHUSETTS:
The University of Mississippi Medical Center School of Dentistry is seeking a bone biologist to augment the department’s research efforts in the areas of bone biology, tissue engineering and rare jaw tumors. Existing grant support is preferred. The researcher would actively partake in all of the department’s research initiatives, supervise dental and medical students as well as graduate and postgraduate students. Academic rank and salary will be commensurate with the candidate’s qualifications. The University of Mississippi Medical Center School of Dentistry is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Interested candidates should submit a letter of application and curriculum vitae to: Dr. Ravi Chandran, chair, Oral and Maxillofacial Surgery and Pathology, University of Mississippi Medical Center School of Dentistry, 2500 North State Street, Jackson, MS 39216. Applications will be accepted until the position is filled. Upon acceptance of a contingent offer, background checks and pre-employment drug screen are required. UMMC is an equal opportunity employer, M/F/D/V.

MISSISSIPPI: The University of Mississippi-Kansas City School of Dentistry is seeking to fill the position of department chair of Oral Surgery and Hospital Dentistry at the rank of associate professor/professor (tenure track). The position is a 100% benefit eligible, full-time position for 5 days per week. One day per week may be reserved for private practice, research, development and other school-related activities. Rank will be determined based on experience and...
credentials. This department is responsible for predoctoral and advanced education training for students, patient care, service and research in oral surgery and hospital dentistry. Responsibilities of this position include predoctoral classroom and clinical instruction, oversight and general oversight responsibility for the advanced education program in oral and maxillofacial surgery. A DDS or DMD with eligibility for Missouri licensure and board certification in oral and maxillofacial surgery preferred. Specific position responsibilities include: leadership in oversight of the daily operations of the department including advanced education program in OMS; supervision of the activities of the department including scheduling, staffing responsibility, management of faculty workloads and assignment; accountability of department faculty and staff for advancing the goals of the department and the school of dentistry; decision-making regarding departmental goals and operations; development, articulation and support for a departmental culture of teamwork, responsibility, accountability for educating predoctoral students primarily; support of other departmental goals within that context, such as honors students, and advanced education student clinical supervision – all in the context of educating quality practitioners and caring for the patient; communication back to faculty and staff regarding important issues from the administrator’s meeting; regular meetings with the dean to advance important departmental issues; participation in the monthly administrator’s meeting; compliance with CODA standards, UMKC school and campus policies and the UM collected rules and regulations; valuing diversity and appreciating inclusion. UMKC is part of the University of Missouri, with excellent fringe benefits package www.umkc.edu. Applicants should submit a letter of interest, a CV, names and contact information for three references in one document online to: Dr. Pamela Overman, associate dean for Academic Affairs, UMKC School of Dentistry at overmanp@umkc.edu. Equal opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, genetic information, disability status, protected veteran status of any other characteristic protected by law. All final candidates will be required to pass a criminal background check prior to beginning employment.

NEW JERSEY:
Rutgers School of Dental Medicine, The Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the rank of assistant/associate professor as predoctoral program and clinic director. Responsibilities will include coordination of predoctoral oral and maxillofacial surgery curriculum, clinical staff supervision, scholarly activities and eligibility to participate in the intramural faculty practice. Successful candidate will be expected to have some administrative experience with management of a clinical practice and teaching. Requirements for this position include dental degree and surgical training from a CODA-approved residency training program and ABOMS certification or an active candidate for board certification. The candidate must be licensed to practice dentistry in New Jersey. Position will remain open until filled. Salary and rank will be commensurate with experience. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an affirmative action/equal opportunity employer. All final candidates will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should submit a letter of intent including references and curriculum vitae to: Vincent B. Ziccardi, DDS, MD, FACS, professor, chair and residency director, Department of Oral and Maxillofacial Surgery, 110 Bergen Street, Room B-854, Newark, NJ 07103-2400; phone: 973/972-7462 or e-mail: ziccardvb@sdm.rutgers.edu.

OHIO:
The College of Medicine, Department of Surgery at the University of Cincinnati is seeking an oral and maxillofacial surgeon for a full-time non-tenure track position. This position will join an active faculty group dedicated to supporting the university’s mission and commitment to excellence and diversity in our students, faculty, staff and all our activities. Responsibilities of this position include, but are not limited to, clinical practice, resident teaching activities of oral and maxillofacial surgery residents, and research. Patient care responsibilities include diagnosis of problems of the oral and maxillofacial regions and performing surgery for maxillofacial trauma, orthognathic surgery, TMJ disorders, dental implantology, pathology of the jaws, ambulatory anesthesia and dentoalveolar surgery. Plan, direct and coordinate research activities. Participate in operating room and ward teaching, and advise, train and direct activities of surgical trainees and medical students. Minimum qualifications: DDS or DMD; completion of a four-year or more CODA-accredited residency in oral and maxillofacial surgery, board certification by the American Board of Oral and Maxillofacial Surgery by time of appointment; licensure by Ohio Dental Board by time of appointment. Submit CV to Robert Marciani, DMD, professor and division director, Oral and Maxillofacial Surgery, Department of Surgery, Attn: Julie Valente, University of Cincinnati College of Medicine, 231 Albert Sabin Way, P.O. Box 670558, Cincinnati, Ohio 45267-0558. Online application will be required https://jobs.uc.edu/. The University of Cincinnati is an affirmative action/equal opportunity employer.

PENNSYLVANIA (PHILADELPHIA):
Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery is seeking applications for a full-time faculty position. The full-time position is available at the assistant or associate professor level. Candidates must be board certified or active candidates for board certification and a graduate of an American or Canadian ADA-accredited dental school. Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery Residency Program is fully accredited by the American Dental Association. The position is salaried with a generous benefit and retirement program. Interested candidates should send a letter of intent and curriculum vitae, to: Dr. Robert J. Diecidue, chairman and Dr. Daniel Taub, program director, Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery, 909 Walnut St., Suite 300, Philadelphia, PA 19107-3109.
PENNSYLVANIA (PHILADELPHIA):  Cont’d
Philadelphia, PA 19107-5211, e-mail: robert.diecidue@jeffersonhospital.org and daniel.taub@jefferson.edu. Jefferson is an equal opportunity employer. Jefferson values diversity and encourages applications from women, members of minority groups, LGBTQ individuals, disabled individuals, and veterans.

SOUTH CAROLINA:
The Medical University of South Carolina (MUSC) Jami B. Edwards College of Dental Medicine in Charleston, SC is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited US or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for South Carolina dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, and senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives. Must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Please forward a letter of intent, CV and contact information for three professional references to: Martin B. Steed, DDS, chair, Department of Oral and Maxillofacial Surgery, 173 Ashley Ave, BSF Room 453, MSC 507, Charleston, SC 29425 or e-mail: steedma@musc.edu.

TEXAS (HOUSTON):
The University of Texas Health Science Center at Houston – School of Dentistry invites applicants for two full-time (1.0 FTE) funded, non-tenured, clinical educator position at the assistant/associate professor level in the Department of Oral and Maxillofacial Surgery. Predoctoral educational experience is highly desirable. Responsibilities will include supervision of students and residents in both clinic and hospital settings. Participation in the department’s intramural practice and pursuit of scholarly activities is strongly encouraged. The applicant must have a dental degree recognized by the Commission on Dental Education of the American Dental Association, or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. A current license to practice dentistry or be eligible for licensure in Texas, and board certification or an active candidate for board certification in oral and maxillofacial surgery are required. Academic rank and salary are commensurate with qualifications and experience. The UTHSC at Houston is an equal opportunity employer, M/F/V/D and a non-smoking environment. Women, minorities, veterans and disabled are encouraged to apply. This is a security-sensitive position and subject to Texas Education Code #51.215. A background check will be required for the final candidate. Please submit letters of application, curriculum vitae and three letters of reference to the UTHSC at Houston online job application site at: jobs.uth.tmc.edu/applicants/Central?quickFind=93461. Requisition #170273, Dr. James Wilson, vice chairman, Faculty Search Committee, The University of Texas Health Science Center at Houston-School of Dentistry, 7500 Cambridge St., Suite 6510, Houston, TX 77054.

Fellowship Non-Coda Accredited

FLORIDA:
A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for July 2018. This one-year fellowship is in a private practice environment in Tampa, Florida 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.floridacranio.com. Please e-mail 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 dento-facial 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, e-mail: jposnick@dposnick.com or phone: 301/986-9475.

MISSOURI (ST. LOUIS):
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 1 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 Dallas Road, Suite 16A, St. Louis, MO 63141, phone: 314/251-6725, fax: 314/251-6726, e-mail: scott@ofsinstitute.com or visit our website at www.ofsinstitute.com

NATIONWIDE:
The American Academy of Cosmetic Surgery certifies facial and general cosmetic surgery fellowship programs to advance a doctor’s education in cosmetic surgery and enhance their clinical skills. These post-residency fellowships around the country provide comprehensive training from the brightest minds in cosmetic surgery. The AACS-certified cosmetic surgery fellowship programs are post-residency programs. Eligible candidates must complete a formal residency education from programs accredited by the ACGME, AOA-BOS, the Royal College of Physicians and Surgeons of Canada, or the ADA-CODA. To learn more about the AACS fellowship programs and application details, visit www.cosmeticsurgery.org.

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, 2017 through June 30, 2018. 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, North Carolina. CCOPS is a 12-surgeon practice over five-offices, each possessing OR facilities and accredited by the AAHAC. The surgeons are well known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by October 31 of each year. The selection will be made on December 31 of each year in order to allow time for licensure. Interested candidates can e-mail dktola@mycenters.com for an application. For more information on the practice, log on to: mycenters.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 e-mail: dpsinnoms@gmail.com.

WEST VIRGINIA:
Charleston area medical center and the department of surgery are pleased to offer a one-year post-residency fellowship in cranio-maxillofacial surgery available July 1, 2018-June 30, 2019. The post involves the care of cleft/craniofacial and pediatric maxillofacial patients in all aspects of surgical and multi-disciplinary management. Exposure to cranio-maxillofacial trauma and reconstruction, orthognathic surgery, orofacial cancer, pathology, pediatric otolaryngology and cosmetic 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: Bruce B. Horwell, MD, DDS, MS, FACS, director and Paul Kloostra, MD, DDS, co-director, FACES-CAMC, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; e-mail: bruce.horwell@camc.org; paul.kloostra@camc.org or fax 304/388-2951.

Positions Available

ARKANSAS:
Busy, 24-year-old well-established and well-respected OMS practice in central Arkansas with two locations and two full-time surgeons. Senior surgeon transitioning to retirement. Seeking well-trained, hardworking, highly motivated candidate with excellent interpersonal skills for full-time associate leading to partner in 1 to 2 years. Board certified or active candidate for board certification required. Opportunity for full-scope practice in both locations. Both office locations are state-of-the-art 5,000 sq. ft. free-standing buildings built in 2006 and 2014. Please send resume to schoenomfs@gmail.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 925/935-6890 or e-mail CV to scottp_brady@sbcglobal.net.

AAOMS Today | aaoms.org | 43

NOVEMBER/DECEMBER 2016 | VOLUME 14, ISSUE 6
CLASSIFIEDS

November/December 2016

CALIFORNIA:
Full-time oral and maxillofacial surgeon needed immediately in southern California’s Inland Empire. We promote a workplace with a supportive and efficient staff, individual growth and personal achievement. The right individual should demonstrate creativity, interpersonal skill and have a team player attitude. We emphasize dental-veolar surgery, dental implants and pathology but also practice orthognathic, TMJ and trauma surgery. Compensation includes competitive salary, incentive bonus system, health insurance stipend and relocation advancement. Interested applicants should call 909/331-0277 or e-mail: MDudzjak@inlandempiresomfs.com.

COLORADO (DENVER):
Well-respected oral and maxillofacial surgery practice in Denver looking for an OMS board certified or active candidate for board certification. Full-scope practice with core values of incredible patient care and work-life balance. Competitive collection based salary in multiple offices with new offices on the horizon. Ultimate goal is an associate that generates a referral network to be an active contributing member of the practice and desires partnership within two years. Please e-mail CV to omfsopportunity@gmail.com.

FLORIDA:
Looking for a well-trained broad scope OMS for an established practice in Tampa/ St. Petersburg, Florida. This is a private practice that specializes in hospital cases. Mandatory experience with trauma, orthognathic surgery, pathology. Prefer applicants to have subspecialty training in cosmetic surgery, head and neck surgery, or TMJ. Research and teaching opportunities are available. Applicants looking solely for office-based dental-veolar surgery need not apply. Please e-mail CV to admin@flcranio.com.

FLORIDA (ORLANDO/ DAYTONA/JACKSONVILLE/ TAMPA):
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 dgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

GEORGIA:
Oral surgery practice in Atlanta for over 30 years. Multi-doctor, multi-location. Privately owned. Seeking well-qualified applicant over next year. Please e-mail CV to dana@altantaoral surgery.com.

GEORGIA:
Well-respected private oral and maxillofacial surgery practice with multiple locations in the metro Atlanta area looking for an OMS board certified or active candidate for board certification. Full-scope practice has an established referral base with great potential for further growth and development. Candidate should demonstrate interpersonal skill, be highly motivated and have a team player attitude. Compensation includes competitive salary, malpractice insurance, health insurance and an incentive bonus system for this full-time position. Please forward your letter of interest and CV to e-mail: bridgit@nworalmax.com or fax to 770/924.4096.
ILLINOIS (CHICAGO):
Excellent opportunity for an oral surgeon who is board certified or an active candidate for certification to join state-of-the-art multi-specialty practice in Chicago and southwest suburb. Established referral base and limitless growth potential. Please reply to AAOMS Classified Box A-4357.

ILLINOIS (CHICAGO):
Excellent opportunity for an oral surgeon in the Chicagoland area. Two office practice, busy. Looking for an associate with early partnership through tenure. Ideal candidate will receive a solid base salary with incentive collection goals. State-of-the-art facility. Reply to AAOMS Classified Box A-5000.

ILLINOIS (CHICAGO):
Seeking a full-time oral surgeon to join our multi-specialty dental group in Chicagoland. You will be the second full-time surgeon to join our team. Earn a percentage of collections with a $400,000 per year guarantee. Benefits include health insurance, 401K match, malpractice insurance and more. Please email resume to ChicagoOMS@gmail.com.

ILLINOIS:
Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join their team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly-respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please e-mail CV to omaxdoc@gmail.com.

ILLINOIS:
Looking for an oral and maxillofacial surgeon - Potential for partnership! Premier, full-scope, with offices in the Gold Coast of Chicago and south and west suburbs, seeks a full-time associate to join an experienced team of three doctors and an extensive support staff. The candidate should be motivated to provide outstanding care to patients in all areas of OMS and be interested in growing the practice with new and existing referrals. Looking for an associate with the potential to lead to partnership. Competitive salary and includes a comprehensive benefits package (paid vacation, malpractice coverage, health insurance, 401k, professional dues, CE reimbursement). Please send your CV and cover letter to the following e-mail: jchan@chicagoareaoms.com.

ILLINOIS:
Excellent employment opportunity. We are a full-scope practice located in a very well-established west suburban Chicago community. A single office group practice seeking a future partner. Modern facility, state-of-the-art equipment including CBCT scanner, digital radiographs, multiple dental implant systems, digital intraoral scanning. Vast referral network and excellent reputation over 30 years. Privileges at two major hospitals without formal call. Professional and experienced staff. Will offer a competitive starting salary and benefits package with a rapid growth potential to partnership. Position available to start now. Contact our office at 630/941-3400 or e-mail: rob@advoms.com with interest in pursuing this great opportunity.

MARYLAND:
Immediate and Summer 2017 positions are available for associates leading to partnership in a highly successful, expanding, multi-location, full-scope oral and maxillofacial surgery practice in the Maryland/DC/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 and dentosseal, implant, TMJ, orthognathic and cosmetic surgeries. Board certified or an active candidate for board certification a must. Highly competitive salary, incentives, benefits and GENEROUS SIGNING BONUS 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:
Well-estabished OMS practice in DC/MD metro area seeking a part-time OMS board certified or an active candidate for board certification. Excellent compensation and opportunity for a newly established or retired surgeon. Please send CV to AAOMS Classified Box A-4589.

MARYLAND:
Well-established oral surgery, multi-office practice seeking a full-time OMS board certified or an active candidate for board certification for a rapidly growing solo practice. A third office is being prepared this fall and this is an excellent opportunity to get involved at the ground level with early partnership as our business plan. This is the perfect situation for someone who is settled into living in the DC/MD metro area. Please send CV to AAOMS Classified Box A-4590.

MARYLAND:
Spectacular opportunity to live in some of the most beautiful country the Mid-Atlantic region has to offer. Well-established, two-office practice in western Maryland and south central Pennsylvania. Both offices are new state-of-the-art. A short 70-minute drive to Baltimore/Washington areas but without the congestion. We have a full-scope practice. This is an excellent opportunity for an OMS board certified or an active candidate for board certification to establish a career. Associateship leading to partnership. E-mail: richard.ofs@myactv.net.
MARYLAND/WEST VIRGINIA/VIRGINIA/DC METRO:
Excellent opportunity for an OMS board-certified or an active candidate for board certification in a multi-doctor, two–office practice just west of the Washington, DC/Baltimore/Virginia Metro area in Frederick and Hagerstown, MD and Martinsburg, WV. Modern, state-of-the-art facilities. Full-scope busy practice close to the amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities: hiking, cycling, skiing and golf. Competitive salary and benefit package will be offered to an energetic, enthusiastic, motivated, and well-trained individual. Send CV to fax: 301/733-9600, e-mail: hnelson@omaxdocs.com or michele@omaxdocs.com.

MASSACHUSETTS:
Secure your financial future and join a well-established, hospital-based, full-scope OMS private practice seeking a full-time OMS. Call one week out of six. Excellent benefits and compensation. Send CV to jhterailt@oms.com. Visit our website at omscare.com.

MICHIGAN:
Oral surgeon needed to join practice in southeast Michigan. Base compensation $250K. Our goal is to establish a long-term business relationship with an associate. We are a growing practice with a forward-thinking owner-doctor. Please send resumes to businessmcos@gmail.com.

MICHIGAN:

MISSOURI (ST. LOUIS):
Two-surgeon, two–office, established practice in suburbs. Senior doctor retiring. Full scope. Qualifications include good training, integrity, work ethic, professional appearance, skill. Contact Dr. Kenneth Kram, e-mail: drkram@sbcglobal.net or fax: 314/569-2320.

MISSOURI (KANSAS CITY):
Busy Kansas City practice seeking the right associate to continue rapid growth. Full-scope including cosmetic orthognathic and trauma in addition to dentoalveolar and implants. Potential one year associate to partner position. Call option at a level one trauma center which is paid. New modern facility including OR suite and pleasant work environment. Board certified or an active candidate for board certification only. Competitive salary with bonus and benefits. Contact Bob at info@kansascitysurgicalarts.com.

MISSOURI:
Well-established oral surgery practice seeks an associate OMS who is board certified or an active candidate for board certification. We are a full-scope, two–office private practice in a university setting. An appointment at Washington University School of Medicine will be given in the Department of Otolaryngology, Head and Neck surgery. Our practice is very active in the teaching hospital. Procedures include: tumor excision and reconstruction, TMJ arthroplasty and replacement, orthognathic surgery, dentoalveolar, dental implants, facial implants, trauma, and hard and soft tissue grafting. We are looking for an associate to participate in all of the above as well as take care of tertiary care patients, ie, pre- and post-cardiac, liver, lung, stem cell transplants, LVAD patients, etc. Contact Allen Sclaroff, DDS, professor of otolaryngology and oral and maxillofacial surgery, Department of Otolaryngology, Head and Neck Surgery, Washington University School of Medicine, St. Louis, MO; phone: 314/361-6006; e-mail: asclaroff@aol.com or Michael Kurtz, practice administrator at 314/402-3427; e-mail: mkurtz@uomfs.com.

MONTANA:

NEW HAMPSHIRE:

NEW JERSEY (ESSEX/MORRIS COUNTY):
Well-established, four-doctor OMS practice, strongly committed to quality patient care, seeking an OMS board certified or an active candidate for board certification for associateship and partnership if desired. Three state-of-the-art offices with surgical suite and I-cat. Excellent referral base with strong growth potential. Competitive salary with benefits including health and malpractice insurance and pension plan. Please forward CV to AAOMS Classified Box A-4560.

NEW JERSEY (OCEAN COUNTY-SHORE AREA):
A private OMS practice opportunity is available due to the forthcoming retirement of a senior partner. A full-time position with a comprehensive benefits package, fast tracking to a well-defined equal partnership. We have a well-established, ever-evolving three–office practice that consists of four-doctors of excellent reputation who encourage a collegial...
relationship. Our practice revolves around an excellent, large, dependable referral base. Our focus is on dentoalveolar surgery, third molars, implants and office anesthesia. There is unlimited potential to expand the scope of our practice if desired. E-mail CV to tkolbl1199@gmail.com.

NEW YORK:
Outstanding opportunity to join an innovative multi-location OMS practice in Manhattan. New York City is an excellent place to live/work with a vast array of cultural/recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. Practice is office-based full-scope, dentoalveolar and implant surgery under general anesthesia. High quality, high-tech digital office. Emergency room call and academic affiliations available. Competitive compensation and future partnership for ideal candidate. Will sponsor green card candidates. E-mail CV to: robert.bodey@mofsny.com or contact Robert Bodey at 212/567-5536.

NEW YORK:
Excellent opportunity for an oral surgeon board certified or an active candidate for board certification to join our very successful multi-doctor, multi-office team. Established office more than 30 years in practice expanding and in need of the perfect candidate. Please reply to AAOMS Classified Box A-4598.

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-4416.

NEW YORK (SARATOGA SPRINGS):
Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, New York. 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.

NORTH CAROLINA:
Excellent opportunity for a motivated and personable OMS in a fast growing practice located in south central Oklahoma. Practice focus is on implants and dentoalveolar surgery. Great income potential with guaranteed beginning salary leading to eventual partnership. Reply to AAOMS Classified Box A-4573 or e-mail: Mike.Gliddon@LiveOakOMS.com.

OREGON:
Excellent opportunity to join a well-established full scope, solo practice in beautiful southern Oregon. Highly respected board certified OMS practicing in newer state-of-the-art facility is looking for an associate. Potentially leading to a partnership opportunity. Single or dual degree, must be board certified or an active candidate for board certification. If you love the beautiful outdoors and recreation, southern Oregon is a fabulous place to work, raise a family, live and retire. Reply to AAOMS Classified Box A-4593.

OHIO (NORTHERN):
Well-established, two-doctor practice seeking an OMS who is board certified or an active candidate for certification for a busy, up-to-date, two-office practice in northern Ohio. Early partnership available. Please reply to AAOMS Classified Box A-4519.

OHIO:
Southwest Ohio solo practitioner with two locations. Looking for associate/potential partner. 26+ years, well-established referral-based practice. Hospitals in the area offer a broad-based trauma experience, if desired. Salary and benefits negotiable based on experience and interview. Please call 937/878-8694 or e-mail: pettit1762@sbcglobal.net Attn: Tracey McMillin.

OKLAHOMA:
Excellent opportunity for a motivated and personable OMS in a fast growing practice located in south central Oklahoma. Practice focus is on implants and dentoalveolar surgery. Great income potential with guaranteed beginning salary leading to eventual partnership. Reply to AAOMS Classified Box A-4573 or e-mail: Mike.Gliddon@LiveOakOMS.com.
RHODE ISLAND:
University Oral and Maxillofacial Associates is seeking a highly motivated individual to join our practice as an associate leading to partnership. This is an excellent opportunity for an OMS board certified or an active candidate for board certification. Founded in 1946, University OMS is a multi-surgeon, multi-office group practice based in northern and central Rhode Island. Affiliated with two major teaching hospitals of the Brown University School of Medicine, our practice enjoys the full-scope of modern surgical practice, including dentoalveolar, implant, reconstructive and orthognathic surgery. Full hospital privileges, including all aspects of trauma, reconstructive surgery await the qualified individual. E-mail CV to: lbrown@ruoms.com.

SOUTH CAROLINA:
A well-established, multi-surgeon, three-office, oral and maxillofacial surgery practice is seeking a full-time associate leading to partnership. Candidate must be board certified or an active candidate for board certification. This very busy, fee-for-service practice is located in central South Carolina. Compensation includes a competitive salary and benefits package. This is an excellent opportunity to join a growing practice. Please forward your letter of interest and CV to omsjob.columbia@gmail.com.

TENNESSEE:
Well-established OMS practice with two locations in the middle Tennessee area. Both office locations have easy access to hospitals and surgery centers in a very desirable and growing market with a strong referral base. Full- or part-time position. For more information feel free to contact us at TNOralSurgery@gmail.com.

TEXAS (DALLAS/ FT. WORTH/AUSTIN/ HOUSTON):
Multi-office, multi-specialty group practice seeking a motivated and energetic OMS to work 1–4 days per month or more. Dentoalveolar, bone grafting and implant-focused procedures. This will instantly augment the income from your private practice without the expense of establishing a satellite office. Please send letter of interest and CV to Surgeonrecruitment@ surgicsynergistics.com.

TEXAS (SAN ANTONIO):
Unparalleled opportunity in a well-established practice that has a 20-year history in San Antonio and the surrounding area. A highly successful non-Medicaid, multi-doctor group with multiple, modern offices. Five locations of which two are new. Each office is equipped with a 3D cone beam machine. Full-scope of oral and maxillofacial surgery with an emphasis on complex implant surgeries (full-arch reconstruction, zygomatic implants). We host continuing education lectures on a regular basis. This outstanding opportunity in one of the best places to enjoy life and raise a family. If you are looking for a practice and ready to make a quick transition, this is a practice that is guaranteed to bring you immediate success. Staff is well trained and has a lot of longevity with the practice. Associate position leading to ownership available within one year. Ideal candidate will be honest and hard-working with superior interpersonal skills and outstanding surgical skills. Fax resume to 210/491-0015 or e-mail directly to RobertSA@me.com.

VIRGINIA:
Three-office, three-doctor practice in southwest Virginia looking for an associate to advance to partnership. Average collections $2.6 million. Servicing five-state area. Great opportunity in a rural setting. If interested please contact our office at halpmarion@ embarqgmail.com.

WISCONSIN:
Outstanding opportunity to join a growing, well-established practice located in a major midwestern metropolitan market. We have three full-time offices located in suburban growth areas. We are a full-scope practice with emphasis on dentoalveolar and implant surgery. Well-known for its quality of life, family oriented communities and good schools, Milwaukee is a great place to raise a family and enjoy a wide variety of recreational opportunities. We are seeking an energetic, full-time associate surgeon who is currently board certified or actively seeking board certification. The ideal candidate would possess excellent surgical skills as well as interpersonal skills in dealing with both our patients and our staff. Excellent financial package and benefits. Please reply with letter of interest and CV to AAOMS Classified Box A-4582.

WISCONSIN:
Excellent opportunity for an OMS to secure their financial and professional future. Very busy, two-doctor, two-office practice seeks a personable and energetic OMS with a strong work ethic for association leading to partnership. Senior partner looking to phase out over the next few years. The practice has an exceptionally large referral base that is implant-trained and oriented. Candidate must be well-trained in all phases of our specialty. Offices are located in beautiful southeast Wisconsin. If you enjoy golf, fishing, hunting or any of the wonderful activities that the outdoors has to offer and also enjoy being close to the arts, please send resume with references to Dr. Guy Jensen, 464 S. Hickory St., Suite A, Fond du Lac, WI 54935 or fax CV to 920/923-0366.

WISCONSIN:
Premier Oral and Maxillofacial Surgery is seeking a personable, energetic, and motivated oral surgeon board certified or an active candidate for board certification to join a very established private practice. This four surgeon practice provides a comprehensive scope of services. Locations include Janesville, WI; Monroe, WI; and Roscoe, IL. Near Madison, Milwaukee and Chicago. Visit www.PremierOralMaxSurgery.com. Strong referral base for over 25 years has contributed to continued growth and highly productive offices. Candidate must be well-trained in all phases of specialty. This high quality, team-oriented practice offers a very competitive compensation and benefit package. Oral surgeons seeking a great lifestyle and secure career leading to an early partnership are encouraged to contact Dr. Jason Swantek at 608/756-8744 or jswantekdds@gmail.com.

Miscellaneous

PRACTICE ADVISORY GROUP:
Whether your focus is on starting your own practice or relieving yourself of the management challenges of your existing practice, The Practice Advisory Group 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 The Practice Advisory Group, contact us today! Call Austin Leavitt at 832/683-5084 or e-mail: austin.leavitt@practiceadvisorygroup.com

**SHARE LEASE SPACE AVAILABLE:**
If you would like to share 5000 sq. ft. OMS office space in Nashville/Cool Springs/Williamson County, the 11th most affluent county in the U.S. and the fastest growing county in the state of Tennessee, contact me at 615/364-9425; e-mail: tonyurbaneck@earthlink.net or www.drurbaneck.com.

**EQUIPMENT FOR SALE:**
Stryker Command System with Command II handpieces. Foot control. All cables and power cord. Additional cross cut fissure burs. Excellent condition. Contact by email: drmgreene@sbcglobal.net or call 210/508-3341.

**Practices For Sale**

**ALASKA:**
Exceptional OMS practice for sale in a sportsman’s paradise! Highly profitable practice collecting over $2.8 million annually. Beautiful, spacious, modern office and excellent staff. Long-established seller is willing to transition. Call Professional Practice Specialists at 800/645-7590 or e-mail: Aaron@PracticeSales.com.

**CALIFORNIA:**
Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. CA dental licensure by credentialing and financing available to qualified parties. Contact Brady Price & Associates, specializing in oral surgery practice sales, via e-mail at scott_brady@sbcglobal.net or call Scott Price, 925/935-0890.

**CALIFORNIA:**
Seeking a personable, qualified candidate to buy into a two-doctor, two-office, well-established OMS practice, 40 plus years, in Palm Springs and Palm Desert, California. Senior partner retiring in July 2017. Purchase 50% of shares immediately. Average collections over the last five years $3.3 million. High earning potential with an excellent opportunity to grow and expand the practice in the prestigious Coachella Valley in southern California. Reply to AAOMS Classified Box S-2293 or e-mail: desertoralsurgery@verizon.net.

**COLORADO:**
Multiple well-established OMS practices for sale in Metro Denver $1.1M revenue; Central Mountains, $840K revenue, both have three ops, doctor retiring. Ads Precise Consultants at 303/759-8425 or e-mail: frontdesk@adprecise.com, www.adprecise.com.

**FLORIDA:**
Palm Beach County. Well-established solo practice for sale in growing coastal community. 1932 sq. ft. in recently renovated, upscale medical building. Three surgical suites, 1 exam suite, and a dedicated consultation room. Primarily dentoalveolar, implants, and pathology, but great potential for development of orthognathic and/or facial cosmetic surgery. Please contact Dr. Stuart Auerbach, Licensed Real Estate Broker, Henry Schein Professional Practice Transitions, www.adsflorida.com; call 954/298-4575 or 800/262-4119.

**GEORGIA:**
Profitable oral and maxillofacial surgery practice in North Atlanta for sale, 2500 sq. ft. with three operators. Over $690K in revenue with strong cash flow. Established referral network. E-mail: lynn@5thavec.com for more information.

**GEORGIA:**
Solo oral surgeon is hoping to retire in 2017-2019 from practice located in south Georgia. Excellent location serving multiple counties. Referral base established. Ideal opportunity for retired military/educator 3-4 days week. CBCT. Reply to AAOMS Classified Box S-2295.

**IDAHO:**
Ideal lifestyle or semi-retirement OMS practice in an upscale ski resort area in Idaho. Modern facility. Only OMS in valley wishes to retire, offering an immediate opportunity for full-scope practice. Excellent hospital and everything for the outdoor enthusiast. E-mail: spengler@svskylan.net or reply to AAOMS Classified Box S-2286.

**ILLINOIS:**
1.5-man established practice, at same location for 34 years, grossing $2.7 million in Chicago south suburb seeking to sell practice, as one partner is retiring. The other partner is willing to stay on, as needed, if associateship to buy-in is desired. Not associated with Public Aid or Level 1 trauma. Willing to sell our 5,000 sq. ft. building with 5 operatories. Reply to: n8603u@aol.com with “Practice” in the subject line or AAOMS Classified Box S-2288.

**MASSACHUSETTS:**
Great Boston Area. A true gem! Solid practice with a 30-plus year history of satisfied referrals. Excellent full-scope. Located in highly desirable part of greater Boston area. Seller will provide ample transition assistance. Contact Dick Jackson at OMS-Exclusively at 888/656-0843 or Dick@OMS-Exclusively.com.

**MASSACHUSETTS/ RHODE ISLAND:**
Highly profitable OMS practice (2 locations) with solid referral sources for sale. Collecting $1.6 million. Well-equipped with CT Scanner, Cerec, lasers, etc. Motivated sellers willing to assist in a transition and priced to sell at less than one times net. Asking $675K. Call Dan Baccari at National Practice Transitions at 401/732-0505.

**NEVADA:**
Busy denture practice grossing $1.44 million in 2014. Doctor retiring and wishes to sell practice. Our current oral surgeon is retiring in June. Reno is a great place for skiing and outdoors. Contact Suzanne or Dr. Stasiewicz at 775/829-8222 or e-mail: rendonutresmile@yahoo.com.

**NEW HAMPSHIRE:**
Established practice in a beautiful northern New Hampshire town. There is little competition and excellent opportunity for expanding the practice. For more information, please respond to AAOMS Classified Box S-2291.

**NEW JERSEY (NORTHERN):**
Well-established, modern setting surgical practice. Currently functioning as a satellite location. Very motivated to sell. Will entertain all offers. Please e-mail me at vomspa@gmail.com.
NEW JERSEY (CENTRAL): Well-established modern setting surgical practice. It is a satellite office. Will entertain all offers. Call 732/874-5157 or e-mail: flugard@fixmyface.org.

NEW YORK (LONG ISLAND): Seeking immediate partner to eventually buy out established, well-equipped office located on the scenic North Shore of Long Island. Timing of transition is negotiable. Full-scope, insurance and fee-for-service-based practice guarantees. Immediate income. Excellent opportunity for recent graduate or retired military. Owner will help with financing. Reply to AAOMS Classified Box S-2284.

NEW YORK (LONG ISLAND): Excellent opportunity, busy practice for sale (+condominium). Upscale, great location North Shore, minutes to Queens, 30 minutes to Manhattan. Ground floor, corner, luxury condo, great investment. Fully-equipped, new cone beam. Grossing $1 million on 3 days/week. E-mail: oralsurgbond@gmail.com.

NEW YORK: Busy OMS practice for sale, unique opportunity. Fully updated EMR and digital panorex winoms integration. Prime location in heart of Queens steps from the subway located in an upscale building. Reply to AAOMS Classified Box S-2296.

OHIO: OMS practice for sale, Cleveland area. Annual revenues $900K, three OPS, 2,500 sq. ft. Dr. retiring. Ads Precise Consultants at 303/759-8425 or e-mail: frontdesk@adprecise.com, www.adprecise.com.

OHIO: Successful practice is updated, modern and ready to transition. A full-scope OMS practice located 35 minutes from Pittsburgh in the lovely Ohio valley. Flexible transition. Gross receipts exceed national average. The practitioner is ready to scale back by taking in a full-time partner or selling the entire practice. Great referral base and great staff. Reply to nlsc10@comcast.net.

OREGON: Western Oregon OMS - Dr. retiring after 30+ years, flexible transition and strong referral base serving 250,000 population. High profit practice collects $1.3M on 170 days/year. Exceptional, newer five-op office with state-of-the-art equipment, including Carestream 3D CT scan. Contact Randy Harrison at RandyH@practicesales.com.

PENNSYLVANIA: Central Pennsylvania! Great practice located in family friendly area. Above average profitability for a single surgeon full-scope practice. Long-term staff will stay after sale. New equipment and fantastic space. Contact Ruth at OMS-Exclusively at 866/533-5899 or Ruth@oms-exclusively.com.


TEXAS (FRISCO): MOVED OUT!! Plumbed and ready to go oral surgery office. No build out required. All you need is to add your equipment and take over the lease. Call 214/893-6164.

VIRGINIA: Excellent practice located less than an hour away from Raleigh and Greensboro metro areas. Opportunity to add implants and other procedures to the practice. Practice has potential that is not reflected in the asking price. Contact Ruth at 866/533-5899 or Ruth@oms-exclusively.com, www.oms-exclusively.com.

**Practice Transition**

OMS EXCLUSIVELY-ASSOCIATES, PARTNERSHIPS, PRACTICE SALES, RETIREMENT TRANSITION: Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell, transition into retirement, add associate/partner? We have over 30 years in associate-to-partner and retirement transitions as well as practice sale experience. We work with all residents, confidential surgeons and military. We are not practice brokers, do not charge 10%, do not sign exclusive agreements, no risk. We have buyers/associates, tremendous success! You have seen us at AAOMS/”WE PROVIDE YOU PERSONALIZED SOLUTIONS.” Web page/ National OMS Job Board- www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call: 866/241-9003

**Classified Advertising Deadlines**

- **January/February 2017 issue:** November 10, 2016
- **March/April 2017 issue:** January 16, 2017
- **May/June 2017 issue:** March 10, 2017
- **July/August 2017:** May 15, 2017
- **September/October 2017 issue:** June 30, 2017
- **November/December 2017:** September 7, 2017
- **January/February 2018 issue:** November 10, 2017
CLASSIFIEDS

AAOMS Faculty/Fellowship Positions Available

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

OMS Training Program ____________________________

Address ____________________________
City ____________________________
State ____________ ZIP ____________
Phone ____________________________
Fax ____________________________

Contact Person ____________________________
Contact Email ____________________________

☐ This is not a confidential ad.
☐ This is a confidential ad. Please contact only the following members of my staff if you have questions:

Please Print or Type Your Ad in the Space Provided or Attach Separate Sheet:

AAOMS Faculty/Fellowship Positions Available

Description/Requirements:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Faculty Ad Costs:

1–250 words: $0
251–290 words: $125
291–330 words: $250
331–370 words: $375

☐ Visa ☐ Mastercard

Card No. ____________________________ Expiration Date ____________________________
Signature ____________________________

☐ Check Enclosed Amount ____________ Check# ____________

For more information, contact Mary Allaire-Schnitzer at 847/678-6200, ext. 4315, or via e-mail at mallaire@aaoms.org and/or AAOMS Communications & Publications at 847/678-6280, ext. 4366, via e-mail at marilynk@aaoms.org or fax to 847/678-6279.

☐ Please run my ad in the ____________________________ issue(s) of AAOMS Today.
☐ Repeat my ad exactly as is from the ____________________________ issue.
☐ Repeat my ad from the ____________________________ issue, making changes as indicated.
☐ Please run my ad on the AAOMS Career Line. (Staff will contact with cost.)

AAOMS Classified Advertising Order Form

(This form may be photocopied.)

Date ____________________________
Name ____________________________
Address ____________________________
City ____________________________
State ____________ ZIP ____________
Phone ____________________________

☐ This is not a confidential ad.
☐ This is a confidential ad. Please contact only the following members of my staff if you have questions:

Please Print or Type Your Ad in the Space Provided or Attach Separate Sheet:

AAOMS Box #_________

AAOMS Faculty/Fellowship Positions Available

Description/Requirements:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Faculty Ad Costs:

1–40 words: $125
41–80 words: $250
81–120 words: $375
121–160 words: $500

☐ Visa ☐ Mastercard

Card No. ____________________________ Expiration Date ____________________________
Signature ____________________________

☐ Check Enclosed Amount ____________ Check# ____________

For more information, contact Mary Allaire-Schnitzer at 847/678-6200, ext. 4315, or via e-mail at mallaire@aaoms.org and/or AAOMS Communications & Publications at 847/678-6280, ext. 4366, via e-mail at marilynk@aaoms.org or fax to 847/678-6279.

☐ Please run my ad in the ____________________________ issue(s) of AAOMS Today.
☐ Repeat my ad exactly as is from the ____________________________ issue.
☐ Repeat my ad from the ____________________________ issue, making changes as indicated.
☐ Please run my ad on the AAOMS Career Line. (Staff will contact with cost.)

AAOMS Classified Advertising Order Form

(Classified ads appear in every issue of AAOMS Today. Ad costs are:

1–40 words: $125
41–80 words: $250
81–120 words: $375
121–160 words: $500

☐ Visa ☐ Mastercard

Card No. ____________________________ Expiration Date ____________________________
Signature ____________________________

☐ Check Enclosed Amount ____________ Check# ____________

Mail completed form and check to: AAOMS Today Classified Ads, Attn: Marilyn Kukla:
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
Or fax form to: 847/678-6279

Classified Advertising Order Form

(Classified ads appear in every issue of AAOMS Today. Ad costs are:

1–40 words: $125
41–80 words: $250
81–120 words: $375
121–160 words: $500

☐ Visa ☐ Mastercard

Card No. ____________________________ Expiration Date ____________________________
Signature ____________________________

☐ Check Enclosed Amount ____________ Check# ____________

Mail completed form and check to: AAOMS Today Classified Ads, Attn: Marilyn Kukla:
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
Or fax form to: 847/678-6279

Questions? Please contact Marilyn Kukla at 800/822-6637 ext. 4366, or email: marilynk@aaoms.org.)
AAOMS CALENDAR

EDUCATIONAL OPPORTUNITIES

DECEMBER 1–3
AAOMS Dental Implant Conference
Sheraton Grand Chicago
Chicago, IL

DECEMBER 2–3
Anesthesia Assistants Review Course
In conjunction with AAOMS Dental Implant Conference
Sheraton Grand Chicago
Chicago, IL

DECEMBER 3
Anesthesia Assistants Skills Lab
In conjunction with AAOMS Dental Implant Conference
Sheraton Grand Chicago
Chicago, IL

2017

MARCH 15–18
Academy of Osseointegration Annual Meeting
Co-sponsored by AAOMS, AAP and ACP
Orange County Convention Center
Orlando, FL

OCTOBER 9–14
AAOMS 99th Annual Meeting, Scientific Sessions and Exhibition
Moscone Center North
Marriott San Francisco
San Francisco, CA

REGIONAL & STATE SOCIETY MEETINGS

2017

JANUARY 14 & 15
2017 January Anesthesia Meeting of Oral & Facial Surgeons of California
Claremont Club & Spa
Berkeley, CA

APRIL 7–8
Louisiana Society of OMS, Jack Kent OMS Foundation & LSU OMS Dept: Oral and Maxillofacial Surgery Pearls VI
New Orleans Marriott
New Orleans, LA

APRIL 20–23
Combined Annual Meeting of the Southwest Society of OMS, Texas Society of OMS, and Oklahoma Society of OMS
Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch
Scottsdale, AZ

APRIL 28–29
2017 Ohio Society of OMS Annual Meeting - Anesthesia Review for Oral Surgeons: Simulation Based Training and Medical Management of the Oral/Maxillofacial Surgical Patient
Nationwide Conference Center
Columbus, OH

APRIL 28–29
Houston Society of OMS: Edward C. Hinds Symposium
Houstonian Hotel
Houston, TX
As you consider the prospects for starting your career as an oral and maxillofacial surgeon, a variety of factors will influence your planning and decision making. Although the spectrum of career paths includes numerous options (including academic, military or public health positions), this issue of Practice Management Notes is focused on entry into some type of private practice setting and the models that exist for a private practice oral and maxillofacial surgeon.

While each doctor’s situation is unique, there are fundamental aspects to every job search that are common to all surgeons as they analyze their options, career choices and practice opportunities. These include the compensation package, the practice location and setting, the overall fit and compatibility with practice owners, associates and personnel, and the prospects for eventual partnership in and increased earnings from the practice.

As you are probably aware, the traditional approaches to starting a career in oral and maxillofacial surgery have been around for decades and include choosing between joining an established practice as an associate with a track to partnership, and purchasing an existing practice from a surgeon who is retiring or transitioning from full-time to part-time status.

More recently, other avenues tied to the evolving practice models in the dental industry have arisen, with oral and maxillofacial surgeons joining multi-specialty groups or participating in practices sponsored and supported by a dental service organization, or DSO.

**WORKING IN A MULTI-SPECIALTY OR DSO SETTING**

Multi-specialty or DSO models come in a variety of formats ranging from large, corporate dentistry entities operating in several states to smaller, more localized organizations. When joining a multi-specialty or DSO setting, you sign on to become the organization’s OMS specialty “division” (or a member of the OMS division if there are multiple oral and maxillofacial surgeons already on board). Both multi-specialty models and DSOs offer the oral and maxillofacial surgeons and other providers a collaborative practice model designed to free them from the administrative and operational duties of the “business” side of practice. Thus, a major selling point touted by such organizations is that their doctors can have much more personal or family time than they will with other, more traditional practice settings.

Your practice in one of these organizations would be focused squarely on generating revenues without having to spend your time on such issues as employing and managing staff, selecting equipment or a billing system, or dealing with landlords, third-party payers, supply vendors, insurance agents, retirement plan administrators, etc.

Proponents of this collaborative approach suggest that the model offers specialists a captive patient referral base and that they benefit from shared teams and shared facility overhead, which helps improve efficiency and productivity. By increasing production and decreasing overhead, it is assumed that profitability can be increased. Obviously, general dentists will benefit...
from keeping referrals in-house and from more collaboration with specialists on cases. These organizations are advertised to patients as a “one-stop shop.” These practices are motivated to add specialists to their provider rosters to enhance the “one-stop” concept and the ability to offer a broad scope of services (general, cosmetic, periodontics, endodontics, orthodontics and oral surgery).

ANALYZING THE MULTI-SPECIALTY AND DSO MODELS

From the perspective of a new oral and maxillofacial surgeon, making an intelligent decision on a position in a multi-specialty or DSO practice demands due diligence in researching the strengths and weaknesses of the opportunity and comparing your findings to other available career pathways (joining an OMS practice as an associate leading to partnership or purchasing an existing OMS practice outright).

Key Factors to Consider and Compare

In your analysis of multi-specialty or DSO practice options, you will want to consider how the practice setting compares with the other (single specialty) options available to you in the context of the following factors:

- Compensation package
- Scope of services
- Clinical autonomy and independence
- Availability of mentoring

- Facilities, equipment and support personnel
- Marketing
- Opportunity for ownership

Compensation Package

Obviously, the level of compensation a practice is willing to pay is critical to your decision to accept or reject the position. Compensation packages can be structured as a fixed dollar salary or as a percentage of charges or collections generated by your patient services. The compensation package also can include an incentive or bonus formula tied to individual and/or overall group production in which the percentage of production paid to the doctor increases as target levels or ranges of charges or collections are achieved.

“Consider your goals and objectives for the types of cases you would truly love to be handling as a surgeon.”

In very general terms, the compensation structure implemented by a multi-specialty practice or DSO (or any practice for that matter) can be a telling sign of the organization’s current and anticipated financial condition. For example, it’s not difficult to understand that a multi-specialty practice that offers a starting annual base salary of $350,000 or higher to an oral and maxillofacial surgeon just out of training considers the oral surgery part of the business to be vibrant and stable. In contrast, if the practice desires to base compensation strictly on an “eat what you kill” model, it is much more likely that that organizational confidence in the OMS service line is not as high. In any event, it is critical for you to gain a reliable sense of the volumes and case mixes you can anticipate in working for the practice. That means you need to see some recent production data from the practice in order to project how busy you will be.

You also will need to determine what benefits and expenses the practice will cover as part of the package, such as health or life insurance, retirement plan contributions, malpractice insurance, state licensure and hospital staff fees, board certification costs, continuing education expenses, society dues and possibly a promotional/marketing allowance. A practice may offer a salary in the lower part of salary ranges but be willing to pay all or most of the typical benefits and expenses. In contrast, the practice may pay the oral and maxillofacial surgeon a higher than average base salary (or a high percentage of production) and shift the cost of some or all of the benefits and expenses to the employee to be paid out of her/his base compensation.

Scope of Services

Consider your goals and objectives for the types of cases you would truly love to be handling as a surgeon. You have put in the time and been trained as a specialist in the full range of OMS procedures, so it is important for you to inquire if the practice you are considering joining has sufficient demand to allow you to practice your specialty on a full-time basis.

Clinical Autonomy and Independence

Have a clear picture of how the DSO or multi-specialty practice may impact your clinical judgments and decision-making. Are there practice protocols or administrative expectations established within the organization that require
input from non-specialists on how you treat the patient clinically? If so, can you work in this type of professional setting if it means that a non-specialist or even a business manager is helping to guide the process?

Availability of Mentoring

Depending on the make-up of the OMS division within a DSO or multi-specialty setting, you may or may not be practicing with other oral and maxillofacial surgeons who have extensive experience in the specialty. You may be the lone oral and maxillofacial surgeon in the division, or you may be one of multiple, less-experienced oral and maxillofacial surgeons on the staff. In either case, the setting presents an obvious drawback compared to joining an OMS group in which you practice side-by-side with a seasoned surgeon and enjoy the benefits of her or his oversight, input and feedback on patient treatment, surgical methods and clinical decision-making. Similarly, it should be noted that mentoring may also be available in a practice purchase/sale scenario if the selling OMS intends to continue to work in the practice for a transitional period, or as a longer-term part-time provider.

Facilities, Equipment and Support Personnel

When you visit the DSO or multi-specialty practice offices, be sure to assess the physical characteristics of the office(s) as well as take note of the equipment available for use in the OMS division. Is the office properly laid out and equipped for the delivery of OMS services or is it poorly designed or lacking critical physical assets essential to performing demanding and intricate patient procedures? What about the instruments? What about IV sedation capacity? Is there a dedicated space for patient recovery and a separate exit from the office for sedated patients not visible from the main entry to the facility?

“Be sure to assess the physical characteristics of the office(s) as well as take note of the equipment available for use in the OMS division.”

You also need to consider the clinical support staff you will have available. Is the support staff knowledgeable and trained in the criteria of surgical procedures? Are members of the support staff credentialed for expanded functions beyond the typical support roles found in general dentistry?

Marketing

A DSO or multi-specialty practice relies on a vibrant general dentistry patient base in order to identify the needs or desires of patients for more specialized services (using the “one-stop” aspect as a major attraction). You need to address whether the practice has an active and strong marketing function, including advertising on TV, radio, online and in print. Does the advertising sufficiently broadcast the specialized oral and maxillofacial surgery procedures, including elective and non-elective procedures that you can perform for the organization?

Opportunity for Ownership and Participation in Profits

It is very difficult to generalize about the ownership potential and opportunity for profit-sharing available to an oral and maxillofacial surgeon in the multi-specialty or DSO setting due to the great variety of ownership structures and income division methods employed by such organizations. While more localized entities are more likely to make ownership and profit-sharing available to their doctors, many of the larger DSO entity structures do not lend themselves to this benefit. You need to ask about the possibility and learn the criteria, timing and possible buy-in price for an interest.

In the January/February 2017 issue of Practice Management Notes, we will assess joining or buying an established oral and maxillofacial surgery practice.
ABOUT THE COURSE

The On-Line Anesthesia Review for Dental Anesthesia Assistants is a continuing education course that focuses on the principles of anesthesia administration and patient monitoring. This course also helps assistants prepare for the Dental Anesthesia Assistant National Certification Examination (DAANCE). This convenient online program provides a condensed version of the in-person 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.

THIS COURSE IS DESIGNED FOR:

• Oral and maxillofacial surgical assistants.
• Anesthesia assistants employed by dental professionals with valid anesthesia permits.

TOPICS COVERED

This concise review course includes:

• Basic sciences
• Patient evaluation and preparation
• Anesthetic drugs and techniques
• Monitoring
• Emergency procedures

REGISTRATION

Register online at AAOMS.org/PAS. The On-Line Anesthesia Review for Dental Anesthesia Assistants course fee is $325.