Mr. Speaker, fellow Officers, Trustees, Delegates, Alternates, Past Presidents, colleagues, guests and friends. It is a privilege to present to you this morning the activities of your Association this past year. Although so much has occurred, it seems like yesterday when I outlined my goals and visions at our Annual Meeting in Boston last September. These included preserving and protecting our ability to provide safe and affordable anesthesia, collaborating with other related organizations, encouraging our members to participate in simulation programs and increasing certification of our anesthesia assistants.

I then made the following statement: Of course, as in past years, one never knows what event or challenge will suddenly appear that can shape the course of how the year will play out.

No one at that time, including myself, had any idea how prophetic that statement would turn out to be.

In the fall of 2019, much of the focus was on anesthesia safety. Our model continued to be challenged by the same groups without abatement, incurring multiple correspondences from us. These appeared mostly in our Journal as publications in December 2019 and May 2020.

Rather than continue to write letters back and forth, the Board chose to focus on obtaining as much scientific data concerning our anesthesia record as possible. We signed an agreement with FAIR Health, which monitors all insurance claims from dentistry, including anesthesia, and have successfully acquired five years of outpatient, dental office-based anesthesia claims data from private and public carriers. While the information continues to be analyzed, I am confident the number of anesthetics performed in the OMS office will document what we have known for years and that is our anesthesia model is safe, cost-effective and provides a tremendous service for our patients.

In December, we had another successful Dental Implant Conference in Chicago. Dr. Michael Block and his subcommittee continue to bring new and outstanding speakers nationally and internationally to this event. We cannot thank them enough for their efforts.

As the new year started, times were busy but nothing out of the ordinary. At a CODA meeting in late January in Chicago, we heard news about a virus affecting thousands in Wuhan, China. It seemed similar to SARS-CoV-1, which certainly was problematic but controllable. We went about our business and hosted our Resident Transitions into Practice Conference. This was the third year for this outstanding event, and the Board of Trustees has voted to continue it annually. We met with the ADA officers and staff to discuss collaborative efforts, especially in the realm of anesthesia.

The number of meetings scheduled in March was daunting with eight planned across the country. The dark cloud that was SARS-CoV-2 arrived in Seattle and virtually shut the city down. With the pandemic isolated to a few states, we were able to convene our Principles of Head and Neck Oncology for the OMS at headquarters. More than 100 attendees learned the latest techniques and procedures for treating head and neck disorders. This program clearly demonstrated that the future of these conditions belongs in the OMS purview, and I look forward to future events.

Flying home that weekend, I had no idea what would follow.
As the virus began to spread across the country, it became obvious we were facing unprecedented issues. Certain states were closing down dental offices and elective surgeries at hospitals to preserve PPE. Initially, it seemed excessive, until emergency departments and ICUs started to fill up, and the vast majority of states essentially shut down their economies to minimize the contagion.

Member calls requesting guidance exploded in numbers, and decisions had to be made very quickly. Member email alerts were sent frequently with links to the CDC, CMS, ADA and the best scientific data available. It soon became evident aerosol-generating procedures, so frequently performed by our members, would require more stringent PPE – including N95s masks for all personnel. Unfortunately, that equipment was in short supply. We needed to work on multiple fronts using AAOMS resources to advocate, communicate and provide financial relief to our members.

Our first advocacy effort was to obtain as much PPE for OMSs as possible. AAOMS sent letters to the White House, Senate and House leadership, every governor and key federal agency stakeholders at HHS and FEMA indicating OMSs are first responders and need to be included in PPE allocations. AAOMS requested, and state societies responded by sending letters to governors and state agencies.

On the communications front, a COVID-19 webpage was created with links to a wide variety of resources. Each day, more information was added and continues to this day. AAOMS assembled a COVID-19 federal and state resource containing updates on governor mandates, dental board mandates and resources as well as state dental association actions and resources.

We received assistance from several entities, including CODA, which immediately realized the significance of the situation. It granted temporary flexibility to allow program directors the full latitude to exercise appropriate modifications and assess and attest to the competence of graduating residents. It also postponed all site visits for 2020, delaying them for one year.

OMSNIC also understood the gravity of the situation and announced it would reduce all its full-time OMS policyholders to part-time for 90 days, essentially reducing premiums by half.

Our corporate sponsors, including Southern Anesthesia, were in constant communication trying to obtain PPE and provided tremendous assistance during this time.

For a member benefit, the Board of Trustees made the financial decision to offer CE on Demand and OMSKU V at no cost for a 10-week period to provide education to our residents and members.

As April progressed and knowing this pandemic had affected every OMS, I formed the Special Committee on Recovery and Response to the Pandemic. Dr. David Fenton, Chair of the AAOMS Committee on Practice Management and Professional Staff Development, agreed to lead this important committee. A true cross-representation of our Committees and leadership expertise were assembled to assist him.

They immediately went to work, forming subcommittees and developing poignant and relevant information, considering private practices and academic institutions. Their work was relayed through our COVID-19 webpage, webinars and an expanded presence on social media. They covered all aspects related to the crisis, including air purification, PPE, costs and reimbursement. They also researched the latest on testing, hospital-based recommendations, telehealth and preparation for a possible second wave.

With AAOMS leadership, the Special Committee concentrated on researching, discussing and producing a document to focus on an Interim Reopening Protocol for the OMS Office. This resource outlined steps OMSs could use to open their offices in a safe manner for their patients, staff and themselves. It was well-received by our members and, of course, continues to be upgraded as new scientific information becomes available. The Committee’s efforts and results are extraordinary, and we owe it a debt of gratitude.

Our hope for decreasing the numbers of new COVID-19 cases diminished in May and June. More difficult decisions had to be made. The Annual Meeting planned for San Antonio was in jeopardy as was our Dental Implant Conference. It became quite evident having a meeting with thousands flying in from all over the world in the midst of a pandemic was going to be almost impossible, especially with restrictions imposed by the cities and airlines and the need for social distancing and our member concerns.

Surveys were sent to the membership, and the overwhelming response was to change the meetings to a virtual format. To provide time to explore platforms to deliver the best experience, a decision was made in June to combine the Annual Meeting and Dental Implant Conference and do so virtually.
Because this type of event had never been attempted, let alone combining our two largest meetings, it became apparent another new committee – the Special Committee on Virtual Meetings – had to be formed. Dr. Daniel Meara, Chair of the Committee on Continuing Education and Professional Development, was chosen to lead 10 OMSs from various Committees involved in the multiple aspects of the Annual Meeting and Dental Implant Conference.

Again, these members immediately went to work, splitting into subcommittees focusing on the educational, business, social, exhibitor and financial aspects. Their ultimate goal is to provide an outstanding opportunity for our members to interact, network and receive the education they are accustomed to receiving at the traditional meeting. I could not be prouder of their determination and efforts as we look forward to a very successful combined meeting.

As I reflect on my year and all that transpired, I have thought about the 1970 Apollo 13 NASA space mission. There are certainly some similarities in how this year played out – of course, without the life-and-death scenarios. What had been seen as a routine mission to the moon turned into an event never seen before. There were many times when I said, “Rosemont, we have a problem.” The work required to get us back to where we are today has been incredible. I have seen so many respond to a crisis with little or no information, and we have made decisions that fortunately have brought our specialty to a better place from six months ago.

To these individuals, including my Board of Trustees who are always there for support and guidance, I am forever grateful. I am so proud to be a member of AAOMS as we have staff, a senior management team and an Executive Director who have worked nonstop from remote locations, available for calls any time of the day. They have given me appropriate advice and encouragement to help us through so many of these difficult issues.

To my residents and attending staff who put up with me disappearing to take virtual calls and conferences, I appreciate your patience and I look forward to a more regular schedule.

To my dear family, who stood by me and gave me comfort during some of the most stressful times of my life, my deepest thanks. In the midst of this pandemic, I lost my mentor and guiding light, as my father succumbed to COVID-19 at the early age of 103. I still hear him every day. And of course, to Kathy, who was there every step of the way, who put up with my disappearance on my computer or phone answering questions and providing updates to my Board and others, I cannot begin to thank you enough for your support and love. This year, you got to experience all the hard parts and never the good. For that, I respect you and love you so much.

It has been such an incredible effort by so many in certainly unique times that I feel blessed to have been a part of it and served as AAOMS President. This is my report to you, and I thank you from the bottom of my heart for giving me this opportunity.