2018 Supplementary Report – Board of Trustees

The Annual Report of the Board of Trustees is presented on pages AR-42 through AR-122 of the Reports of Board of Trustees and Committees, 2018. The report is comprised of three sections and reflects activities of the Board since the 2017 Annual Meeting. Fellows and members are requested to note Section III, which contains the Board’s recommendations on the published Annual Reports of the Association’s agencies and resolutions presented by committees and states.

Since the Board’s June 2018 session, several meetings, conference calls and liaison activities have occurred. The following report contains actions taken by the Board by email ballot, at its July 17 and Aug. 21 conference calls and Sept. 15 meeting, including one recommendation on a resolution submitted by district VI following its summer caucus. Comments, recommendations and votes of the Board are reflected, unless the vote was unanimous.

INDEX OF RESOLUTIONS – APPENDIX A
A complete listing of resolutions developed by the Board and committees and those submitted from district caucuses are included in Appendix A to this report. All resolutions are listed under the Reference Committee to which they will be referred, which is subject to the House’s approval.

ADMINISTRATIVE AFFAIRS
AAOMS Strategic Plan, 2018-2020: The 2018-2020 strategic plan was published in the 2018 Annual Reports and includes changes presented and approved by the Board during the year 2018. The Board emphasizes that the plan is provided for informational purposes and will be updated and revised on an ongoing basis with periodic publication on the AAOMS website for review by the membership.

UPDATE ON ACTIONS OF THE 2017 HOUSE OF DELEGATES
Resolution 17-A-1(Dist V)
The AAOMS Board of Trustees was directed to convert the existing ad hoc committee on opioids to a special committee, thereby, continuing its efforts on curbing opioid abuse and serving as content experts to other committees and the Board. The resolution requested a report back to the 2018 House of Delegates, included below.

AAOMS remains vigilant in educating the membership on opioid issues and the potential for opioid abuse, including the broad distribution and recognition of the AAOMS white paper, Opioid Prescribing: Acute and Postoperative Pain Management, available at AAOMS.org. The Special Committee on Responsible Prescribing continues to serve as content experts, which includes Drs. Douglas Fain, Harold Tu, Lionel Candelaria and Wendy Pietz. Following are activities undertaken in support of AAOMS’ opioid initiatives:

- AAOMS nominated Drs. Jay Asdell, Harold Tu and Vincent DiFabio as representatives to the HHS Pain Management Best Practices Inter-Agency Task Force; Dr. Tu was appointed to the Task Force and remains a contributor.
- In early 2018 the second annual prescribing practices survey was completed; the survey results indicated 79 percent of respondents reported they reduced their opioid prescribing for third molar cases over the last two years, and 85 percent reported prescribing less than a three-day supply of opioids following third molar surgery.
- Through meetings with Dr. Ferguson and representatives from the National Institute on Drug Abuse for Medical Professionals, (NIDAMED) AAOMS was able to secure a placement of our white paper on their website.
- AAOMS continues to support non-opioid alternative methods to control pain, including post-surgical injections and appropriate changes within “institutions of learning” which provide pain management education to improve how health professionals are taught about both substance abuse and pain.
AAOMS partnered with Aetna and Pacira (Exparel manufacturer) on a pilot program, whereby Aetna would agree to cover reimbursement for Exparel for impacted third molar removal, in lieu of covering a postoperative opiate prescription. As of August 1, 2018, Aetna has seen an 11% reduction in member opioid prescriptions since the Exparel pilot started. Aetna has been paying an average of 25 Exparel claims per month, in association with impacted third molar extractions; approximately 140 oral surgeons are enrolled in the program. Aetna will continue to reimburse for Exparel and may consider expanding this benefit to other procedures.

The Committee on Governmental Affairs continues to monitor bills in both the Senate and the House, as well as numerous state activities. Topics of continual interest include three-day prescribing limits, mandatory requirements related to Prescription Drug Monitoring Programs as well as packaging changes, safe disposal and clear guidance on how to identify risks and benefits of drugs and potential substance abuse characteristics.

The Committee on Governmental Affairs and attendees of the 2018 Day on the Hill visited congressional offices, providing information related to opioid prescribing and AAOMS’s ongoing efforts. State resources were also provided, as requested by state leaders and legislators.

In June a letter was sent to the U.S. Department of Health and Human Services Chair of the Pain Management Best Practices Inter-Agency Task Force applauding their efforts to identify gaps and/or inconsistencies between best practices for pain management, taking into consideration among other topics: existing pain management clinical practice and research; existing evidence-based guidelines; and state, local and medical professional organization’s efforts. The letter further went on to provide information related to the profession of oral and maxillofacial surgery, our efforts to continually provide resources on opioid prescribing, including; education, Prescription Drug Monitoring Programs, alternative pain management recommendations, state and federal rules, patient education and safe opioid disposal protocols.

In August, AAOMS sent a letter to the editor of JAMA to refute and rebut a published research paper about opioid use after third molar extraction. The researchers claimed that a filled perioperative opioid prescription after wisdom tooth extraction was associated with higher odds of persistent opioid use among opioid-naïve patients. The AAOMS letter noted that calling a prescription renewal after three days “persistent use” is arbitrary, and all surgeries have the potential for delayed healing with persistent pain.

ADVANCED EDUCATION & PROFESSIONAL AFFAIRS

In related actions:

- Approved the 2019 AAOMS Pediatric Anesthesia Patient Safety Conference Program format and speakers.
- Approved an updated Faculty Section Business Meeting program during the 2018 Annual Meeting.
- Approved in concept a fundraising campaign directed by the ROAAOMS Executive Committee in support of the OMS Foundation’s centennial tree.
- Approved an AAOMS match of up to $2,500 in donations funded by the ROAAOMS centennial tree promotion.
- Approved sharing the CCCPOMS Pediatric Surgery Survey results with the Committee on Anesthesia for its consideration in the development of the Pediatric Anesthesia Patient Safety Conference program and pediatric module for the National Simulation Program.
- Approved sharing the CCCPOMS Pediatric Surgery Survey results with the Committee on Education and Training for its consideration when reviewing the pediatric anesthesia procedures completed through the Resident Surgical Log and the accreditation standards.
- Approved development of two symposiums, one on the American perspective and one clinical, for submission to the 2019 International Association of Oral Oncology.
- Approved that the Special Committee on Maxillofacial, Oncology and Reconstructive Surgery develop programming for the pathology and reconstruction annual meeting educational tracks, with submission to CCEPD for evaluation and scheduling, and final recommendation back to the Board.
- Reviewed and provided feedback on the Committee on Anesthesia’s Itinerant Anesthesia draft document.
- Approved the amended conference program for the 2019 Resident Transitions into Practice Conference: Preparing for Post-residency Life.

CONTINUING EDUCATION, MEETINGS & EXHIBITS:

*In related actions:*

- Approved several session, speaker, poster and moderator changes for the 2018 AAOMS Annual Meeting and Dental Implant Conferences.
- Approved the practice management webinar, “Infection Prevention Update,” for CDE/CME credit.

COMMUNICATIONS AND PUBLICATIONS:

*In related actions:*

- Approved hiring a contractor to develop AAOMS Informational Campaign infographics.
- Approved content for MyOMS.org web pages on third molars and dental implants.
- Approved the CPPC plan as an outline for implementing an AAOMS Anesthesia and Patient Safety Spokesperson Program in 2019.
- Approved redesigning USA Today supplements.
- Approved adding an online resident section to *JOMS*.
- Approved adding a resident member to the *JOMS* Editorial Board.
- The Board approved the concept, resulting in an amendment to Section VIII, Public Relations and Publications, 4. *Official Journal, c. JOMS Editorial Board* of the AAOMS Policies as follows (strikethrough = deletion; bold underline = addition/change).

  c. **JOMS Editorial Board**: Members of the JOMS Editorial Board are appointed by, and serve at the pleasure of, the editor-in-chief. There are 18 editorial board members who serve staggered three-year terms that begin on January 1, and one resident member appointed annually by the Board of Trustees. Reappointment to the Editorial Board is allowed.

  *Duties of the Editorial Board:* Editorial board members support the Section Editors in obtaining high quality peer reviews, provide high level of OMS expertise in one or more areas of the oral and maxillofacial surgery scope of practice, help promote the Journal and maintain JOMS brand credibility, attend the annual JOMS board meeting and share ideas with JOMS leadership, and provide a source of potential future Section Editors.

  *Qualifications:* **With the exception of the resident member,** JOMS Editorial Board members must be AAOMS fellows in good standing, currently board certified by the ABOMS, possess substantial clinical and/or research experience in oral and maxillofacial surgery, possess a recent history of accepting invitations and providing high quality and high quantity of on time peer reviews for the JOMS, and be a nationally recognized expertise in one or more areas of OMS practice.

  *Appointment Procedure for Section Editors:* Whenever an opening for an editorial board member occurs or a term is ending, a call for nominations will be published in the Journal and other AAOMS media beginning September 1 through November 1. Self-nominations allowed, and nominees must provide a current CV and letter explaining why they desire to serve as a section editor for a particular section. The JOMS editor-in-chief and associate editor will review all applications and make their recommendation to the AAOMS Board of Trustees by November 20.

- As Resolution B-11 originally included policy changes approved by the Board that were included in the 2018 Annual Reports, the Board recommends adoption of Resolution B-11 (Amend) in lieu of Resolution B-11. A complete listing of amended policies is presented as Appendix B to this report.
<table>
<thead>
<tr>
<th>RESOLUTION B-11 (Amend)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESOLVED,</strong> that the amended or added policies as approved by the Board during the period October 2017 - October 2018 – as reflected in Appendix I, page AR-122, of the 2018 Annual Reports, <strong>as well as those reflected in the 2018 Supplementary Report of the Board of Trustees,</strong> be approved.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESOLUTION B-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESOLVED,</strong> that the amended or added policies as approved by the Board during the period October 2017 - October 2018 – as reflected in Appendix I, page AR-122, of these 2018 Annual Reports, be approved.</td>
</tr>
</tbody>
</table>

**Board Recommendation on Resolutions B-11 and B-11 (Amend):** The Board recommends **ADOPTION** of Resolution B-11 (Amend) in lieu of Resolution B-11.

**MEMBERSHIP**

*In related actions:*

- Approved 41 candidates be presented for election to full membership by the House of Delegates at the 2018 Annual Meeting.
- Approved 89 candidates be presented for election to provisional membership by the House of Delegates at the 2018 Annual Meeting.
- Approved 81 provisional fellows and members for transfer to full membership by the House of Delegates at the 2018 Annual Meeting.
- Approved five dues waiver requests for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved seven dues reduction requests for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 27 requests for retired membership status for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 24 fellows/members for reinstatement and presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 10 requests for resignation of membership for presentation to the House of Delegates at the 2018 Annual Meeting.

**PRACTICE MANAGEMENT AND GOVERNMENTAL AFFAIRS**

*In related actions:*

- Approved a match of up to $50,000 in 2018 and up to $25,000 in 2019, with a total up to $75,000 in support of the Texas Society of OMS’s anticipated advocacy efforts in advance of and during the 2019 legislative session.
- Requested the Committee on Governmental Affairs develop model legislation on establishing state specialty licensure for oral and maxillofacial surgery.
- Approved the CPMPSD be charged with performing a comprehensive job analysis, including the review of state regulations, job classifications and responsibilities, with a report of findings and/or recommendations to the BOT by April of 2019.
ALLIED ORGANIZATIONAL AND INFORMATIONAL ISSUES

In related actions:

- Approved appointing Dr. Brett Ferguson and reappointing Dr. Vic Nannini to the Foundation Board of Directors, and appointing Dr. Thomas Burk as the ROAAOMS liaison.
- Approved that AAOMS makes a $50,000 matching contribution to the Centennial Tree Campaign in 2018.
- Approved that AAOMS provide travel reimbursements for four speakers at the BAOMS Joint Meeting in 2019.

GOVERNANCE AND ADMINISTRATION

In related actions:

- Approved additional committee appointments for 2018-2019.
- Received reports from the trustees attending each of the district caucuses and provided feedback on a resolution submitted by district VI.
- Approved appointment of Dr. Daniel J. Meara to serve a four-year term on the ADA CCEPR beginning Sept. 19, 2019.
- Approved appointment of Dr. Jeffrey D. Bennett to serve a four-year term on the Appeal Board of the ADA CCEPR beginning Sept. 19, 2019.
- Approved the following AAOMS fellows and members receive AAOMS-Henry Schein Cares Foundation Global Outreach Project grants: Dr. Joli Chou, Mercy Ships; Dr. Gary Parker, Mercy Ships; Dr. Clay Van Leeuwan, Global Medical and Surgical Teams; Dr. Edward Zebovitz, Surgeons for Smiles.

DISTRICT RESOLUTIONS

District VI’s resolution requests the formation of an adverse outcome database similar to the DAIRS to allow reporting of patients treated by a Midlevel or DHAT provider in a manner not within the OMS standards of care. The Board discussed the proposed resolution and the cost, collection and reporting challenges associated with developing such a registry. The Board does not concur with Resolution A-1 (Dist VI) and recommends it not be adopted. The Board requested staff investigate the costs of a separate database and provide a report back to the Board.

RESOLUTION A-1 (Dist VI)

WHEREAS, Oral & Maxillofacial Surgery is a specialty that is directly affected by the advent of a Midlevel or Dental Health Aide Therapist (DHAT) providers of dentistry, some states permit them to do “simple extractions” under the supervision of a dentist; and

WHEREAS, AAOMS’s message to the public and legislators should be that of an association of concerned professionals protecting the public’s health and safety; and

WHEREAS, there is no scientific evidence of the effectiveness and complication rate associated with these practitioners; therefore be it

RESOLVED, that AAOMS establish the formation of an adverse outcome database as part of the Quality Outcome Registry (QOR) in a similar format being utilized with Dental Anesthesia Incident Reporting System (DAIRS) to allow reporting of patients encountered by our membership being treated by a DHAT or Midlevel provider in a matter not within the standard of care that required a referral, and intervention by an Oral & Maxillofacial Surgeon to have corrective or definitive treatment completed.

Board Recommendation on Resolution A-1 (Dist VI): The Board does not concur with Resolution A-1 (Dist VI) and recommends it be DEFEATED.