



A PUBLICATION OF THE CALIFORNIA ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS

Adding An In-House 3D Printer Capability To Your OMS Practice - The Time Is Here

by Peter Krakowiak, DMD, FRCD(C) and Daniel Nowak M. Econ, MBA, CDT

The last decade has solidified the position of computer-aided design/computer-aided manufacturing (CAD/CAM) technology as an integral part of restorative dentistry and, by extension, oral and maxillofacial surgery. Virtual surgical planning (VSP) has already transformed orthognathic, oncologic, trauma (Figure 1), and reconstructive surgery for our specialty. However, in this article, we will address the growing spectrum of applications of the CAD/CAM digital workflow for the typical OMS dentoalveolar surgery practice applications.

Fortunately, the early, cumbersome, and cost-prohibitive “closed platform” CEREC-based solutions and workflows

have evolved and become less restrictive, faster, easier, and, most importantly, more affordable. So, if you have not already done so, it may be time to take a serious look at what “on site” 3D manufacturing can do for you, your OMS practice, and your patients. When one considers what is available to us in 2022, it will be clear that not only is it possible, but it makes sense to incorporate the entire - or at least the majority of - the digital workflow into any typical oral and maxillofacial surgery practice setting.

The digital workflow of dental CAD/CAM involves three general phases. The phases include data acquisition, processing of data and drafting of the desired product, and the final phase involves the actual manufacturing of the planned project/appliance. All

three of these phases can now be physically set up “in house” with relatively limited cost and often minimal workspace accommodations (Figure 2). Most surgeons already have some of the armamentarium required for the first phase of digital workflow - the data acquisition step.

A 2018 Southern California Orofacial Academy survey of



Figure 1 - Trauma skull print

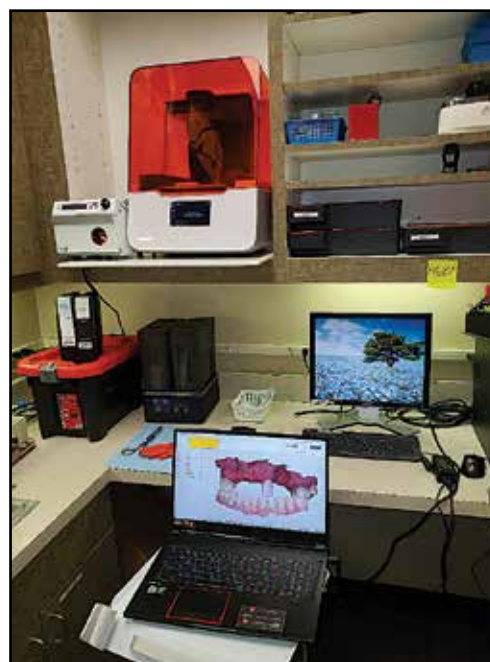
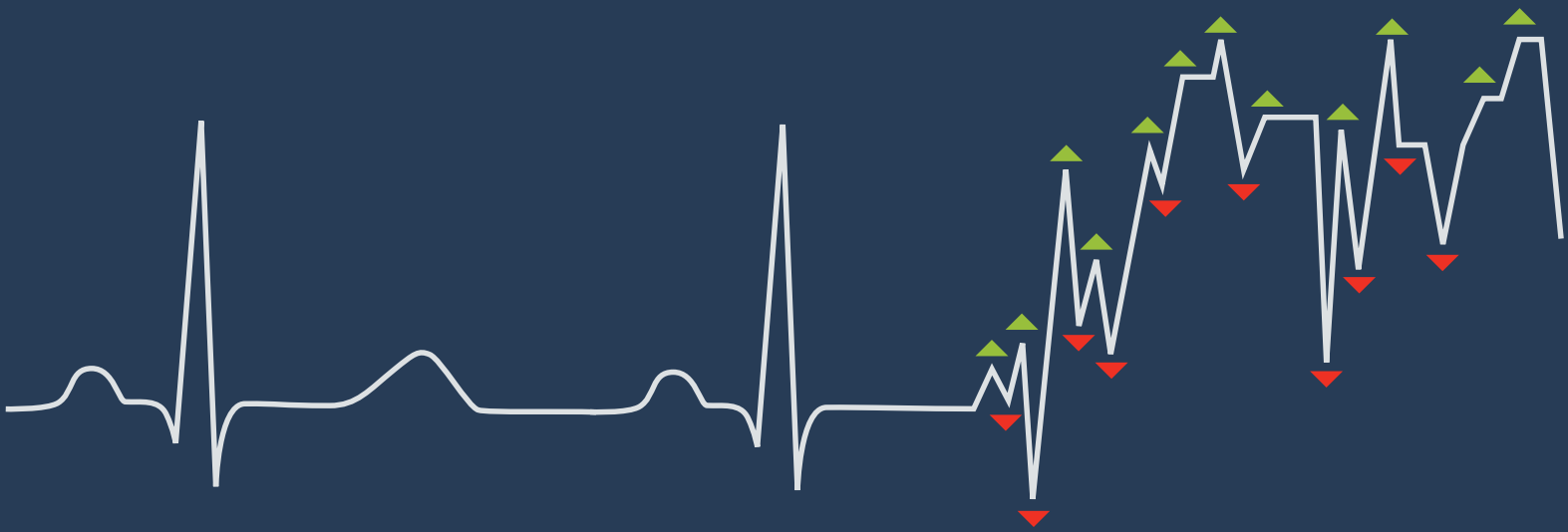


Figure 2 - Digital printer workspace

CONTINUED ON PAGE 10

WHOSE INTERESTS

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- * Oral & Facial Surgeons of California
 - * Southern California Association of Oral and Maxillofacial Surgeons
 - * Southern California Society of Oral and Maxillofacial Surgeons
 - * Northern California Association of Oral and Maxillofacial Surgeons
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whistling along. If I'm encountering a particularly challenging procedure that begins to frustrate me, the semi-conscious humming or whistling apparently stops, and I can tell from the responsive behavior of the staff that I've changed my demeanor negatively. Recognizing that, I immediately focus my efforts on changing my attitude internally, which then redirects my thoughts and actions outwardly. Since I work in a faculty practice at a dental school, I'll quickly say something self-deprecating, such as, "I wasn't really struggling with this procedure; I just wanted to demonstrate to the students how *not* to perform an efficient surgery..." Thankfully, the assistants will laugh. I'm always relieved then when they feel comfortable to get back to smiling and talking again.

Positive attitudes can really make the work environment a happy one and a joy to be in. With the difficulty many of us have had in recruiting and retaining good employees, I believe this is an effort that's worthwhile. Most staff members happily want to come to work in an office full of positive attitudes and good vibes over negative ones, without a doubt. They'll also feel more comfortable sharing ideas on ways to improve systems and operations performance if the work environment is not tense all the time. Who would prefer to be surrounded by co-workers with negative attitudes who all hate their lives and their jobs rather than co-workers who are focusing on their wins, no matter how big or small?

Don't get me wrong, I know that every day is not a good day – but I don't let everyone on the office staff know that. I may have been stuck in California standstill traffic that morning, but I must quickly let go of that angst. If being in traffic all morning put me in a foul mood, I ensure that I walk it off before getting to the office. That way, instead of ranting about how terrible the morning commute was, I can make a little fun at my bad luck and give everyone a little laugh. Laughing at these unfortunate circumstances helps keep the work environment positive, while ranting will only add negativity and diminish the upbeat working tone that we otherwise desire.

I'll grant you that preaching a positive attitude might be easier than putting it into practice; but there are some simple steps that can be taken to get there. Being mindful of the words we use and understanding they carry a big impact is worth remembering. No matter how long we've worked with our staff members or how comfortable we might feel around each other, we should never use profanity. If it slips out in a high-stress situation and is a rarity, that's one thing; but it's not a good idea to swear on a regular basis. Our offices are professional environments, and the use of profanity immediately ignites a negative aura into its surroundings. We also want to offer our staff members constructive feedback, not criticism. An effective method is to begin by complimenting the individual on something they've done well and follow it up with

a suggestion on how to improve performance. And of course, these conversations are best performed in private where your staff member will respect your feedback and respect that you brought awareness to the situation in a professional manner.

Nothing replaces genuine kindness free of gossip to radiate positive energy. Words, actions, and feelings can change a room – have we not all seen this happen either positively or negatively? Controlling our facial expressions and demeanor – showing a smile or a miserable look on our faces – can immediately change the tone of the workplace for better or worse. Our positive attitudes rub off on our office staff members. Nobody wants to be the grumpy and pessimistic team member when everyone else is so positive.

Being human, it's unrealistic to think that we can be positive all the time. So, what do we do when we're not feeling it, but we also don't want our emotions and actions around the office to negatively impact others? Understanding that as leaders of the office, if our attitudes and demeanors convey a "leave me alone" energy, consider an attempt to flip the script and offer a word of encouragement to the staff. It's often worth remembering that everyone is trying their best. No one wakes up in the morning desiring to screw up or do a bad job at work, so as leaders we need to consider this and give empathy to others even if we don't feel empathetic. Be quick to forgive and forget small missteps, yet don't pass up opportunities to educate and work towards improvement of the team. We all want to get better as surgeons; there's no reason to believe our staff doesn't want to get better either. Approach outcomes of a negative situation with a learning mentality and try to find a small takeaway from that. Approach each obstacle with a "glass half full" mentality and we will create a positive outlook that will catch on with the rest of the staff. When a team member performs well, let them know. Offering a compliment on a job well done is an easy way to foster a positive work environment.

As students and residents, we all trained and learned to do things that were new and uncomfortable for us at the time. This positivity training of our brains is no different. If negativity is a habit in the workplace, then training ourselves to ignore it is worthwhile. We can change bad habits if we work on them hard enough. If we are constantly reverting to negativity, it will take an applied and concentrated approach to break that habit; but eventually, with effort, a brighter outlook awaits. Maintaining a positive attitude takes work and it won't always be easy. Stopping complaining is a good example of keeping a positive attitude but can be hard to do. Embrace the possibilities of changes in life as opportunities for growth and success. I'm positive you'll be happy you did.



PRESIDENT'S MESSAGE



*Sam F. Khoury DMD
CALAOMS President*

CALAOMS wants to wish our members a healthy 2022. Hospitalizations are decreasing with more people vaccinated and practices are getting back to some sort of normalcy. The CALAOMS Board is steadily working hard behind the scenes to advocate for and protect our specialty.

Our organization is only as strong as its members. Member support is critical in keeping our organization healthy and viable. The CALAOMS volunteer Board is consistently advocating for the specialty and for our patients.

Recently, leaders from the CRNA organization met with the CALAOMS board to solicit support for legislation that would allow for CRNAs to work independently in dental offices, providing all levels of anesthesia services regardless of whether the dentist operator possesses an anesthesia permit or not. Currently, California law only allows for CRNAs to provide anesthesia services if the dentist operator possesses an anesthesia permit for the level of anesthesia being administered. As staunch proponents of the 3-person anesthesia team model, CALAOMS voiced our profound concerns and hesitation to support any anesthesia model that departs from this standard of care. We discussed the proven safety and efficacy of a team anesthesia delivery approach where each member of the anesthesia team has anesthesia training – either CALAOMS's OMSA or AAOMS's DAANCE - and emergency/life support training. We voiced our reservations about supporting a practice model where only a solo anesthesia provider travels to an office with no other anesthesia trained dentists or staff. They understood our clear and principled position.

We have a good relationship with, and are in support of, our CRNA colleagues. As OMSs performing surgeries in hospital operating rooms and surgery centers, we have always respected and admired the great work done by CRNAs. However, we cannot support a model where CRNAs are the only anesthesia trained provider in the dental office

when administering deep sedation/general anesthesia. This runs counter to what CALAOMS supported with SB 501. We stressed that there should be at least one other trained assistant/dentist that possesses ACLS training and medical emergency/airway training.

The anesthesia team model is built on a three-person team for deep sedation/general anesthesia: the anesthesia permit holder who is administering the anesthesia, a dedicated anesthesia monitor, and a surgical assistant. The dedicated anesthesia (and hopefully also the surgical assistant) possess training – either OMSA or DAANCE – and we support adding ACLS training for staff, as well (ACLS for treating patients 13 years old and older; PALS will be required when treating patients 12 and under when regulations for SB 501 are implemented). In a team model, there is a developed level of commitment to purpose with repetitive training and performance together. These are missing in an itinerant model. After further consideration and discussion, the author of the bill opted to postpone proposed legislation until next year.

The AAOMS House of Delegates voted in September 2021 to amend the membership qualification bylaws. The House voted that by 2026, members who provide office-based moderate, deep, and/or general anesthesia *must* successfully complete an AAOMS-approved anesthesia simulation training course every five years. AAOMS has developed the Office-Based Emergency Airway Management (OBEAM) anesthesia simulation modules. OBEAM uses intensive, real-life experiences to allow participants to practice and master critical techniques for administering and monitoring office-based anesthesia. Currently, the 4-hour course is being offered at AAOMS headquarters, and will also be offered at the 2022 AAOMS Annual Meeting in New Orleans. CALAOMS is currently working with AAOMS to bring this course to California for our members. Stay tuned for updates on this as we are exploring opportunities for 2023.

The CALAOMS Legislative Task Force, along with our exceptional lobbyist, Mr. Gary Cooper, is working with the Dental Board of California to help implement regulations for SB 501 (Glazer, 2018). This law was supposed to take effect on January 1, 2022, and stated that any surgeon/staff who assists in moderate, deep, and/or general anesthesia on children under 13 years of age must be currently certified in PALS (or a Dental Board-approved course of equal or superior quality). Due to challenges secondary to the shutdowns, implementation has been delayed by the Dental Board. CALAOMS will keep our members posted as we receive more guidance from the Dental Board.

Lastly, I wanted to echo Dr. J. David Johnson, Jr., the AAOMS president, in his theme of volunteerism. Volunteers are what

keep our organizations strong. They altruistically donate their time and various talents. Volunteers can donate their time through advocacy, governance, research, and attending continuing education meetings. They can also volunteer their talents through California CareForce (CCF) clinic participation. Volunteers are always welcome to get involved with CALAOMS. Many of our member surgeons have diverse talents and ideas that they can contribute to CALAOMS and AAOMS. Many policies, rules, and legislation that are crucial to our specialty occur at the state level. This is why it is

important to attend CALAOMS meetings and join the various CALAOMS committees.

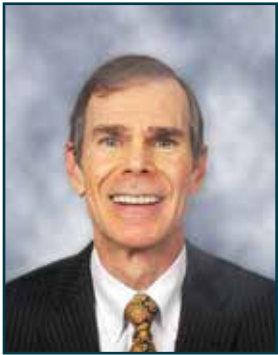
I want to thank you all for your continued support of our specialty and our great Association.

Most sincerely,

Sam F. Khoury, DMD
President, CALAOMS



MEANING IN ETHICS



by Richard Boudreau, MA, MBA, DDS, MD, JD, PHD, PSYD

An Existential View Of Medicine

Heidegger stated, “Every feeling is an embodiment attuned in this or that way, a mood that embodies in this or that way.” Put in other terms, every state of consciousness or ‘psychical’ state is always and at the same time a felt bodily or ‘somatic’ state – and vice versa. Or as Weizsäcker put it: “Nothing organic has no meaning; nothing psychical has no body.” From this it follows that a truly ‘phenomenological’ and ‘existential’ approach to health and illness must – in principle – challenge the entire social, cultural, economic, institutional, professional, and personal separation between ‘psychotherapy’ in all its forms (including ‘Existential Psychotherapy’) and ‘somatic’ medicine. Indeed, ‘Existential Medicine’ is, in its very essence, the abolition of this separation and in this sense may be described as marking ‘The End of Psychotherapy and the Rethinking of Medicine’. For to separate ‘psychological’ disease and therapies from bodily disease and therapy is to deny the essence of medicine – of therapy as such.

An existential ‘rethinking of medicine’ requires, first of all, a revelation of the root metaphysical assumptions and metaphors that shape the dominant ‘biomedical’ model of health and illness – first and foremost the mechanistic assumption

that illnesses have biological ‘causes’ rather than existential meanings; and secondly, the basic military metaphor of ‘war’ against diseases and death – whether fought through the medium of biomedical research or the body’s own so-called immune ‘defenses’. Here it is not enough to question such metaphysical assumptions and metaphors merely within the framework of a general ‘Philosophy of Medicine’. Instead, what is needed is a critical examination and rethinking of specific biological sciences and their languages (for example, the languages of genetics and molecular biology, immunology, virology, oncology, etc.). This, in turn, is impossible without knowledge of both the philosophical roots and historical evolution of the biological sciences and their languages. A thorough phenomenological rethinking of medicine must also address in a new way the nature and essence, not just of bodyhood as such, but also the nature of specific organs, bodily functions, and their associated organic ‘disorders’ or ‘diseases’, thus enabling us to understand their complex and intricate “biology” in the root sense of this term – as an expression of the logos or ‘speech’ of life (bios), something in no way reducible molecular-genetic ‘alphabet and vocabulary’.

Taking a cursory ‘medical history’ of a patient without any interest in and attention to their life history cannot lead to genuine insight in into the life of the patient’s body, let alone awaken sensitivity to their lived body, something inseparable from their life and lived world. The cultivation of Existential Medicine as a practice must therefore above all address the question of what would constitute an existential-phenomenological analysis of specific medical conditions in the larger context of an individual patient’s entire life world and life history – thus coming to more deeply know the patient as a human being through this knowing (diagnosis). Here, careful and thoughtful existential analyses and case-studies of individuals suffering – perhaps for quite different reasons – from specific biomedically defined and diagnosed diseases such as diabetes or the varieties of cancer, are called for. For the task of the purely biomedical physician is precisely not to think but rather to simply act - in accordance with their training and in strict conformity to a regulatory professional or institutional bureaucracy.



AAOMS DISTRICT VI TRUSTEE REPORT



by W. Frederick Stephens, DDS, FACP, FICD
AAOMS District VI Trustee

As your new AAOMS District VI Trustee, I have rapidly gained a new respect for the quality and volume of work produced by our AAOMS Staff and the Board of Trustees and the keen leadership of our President, J. David Johnson. We as a Board are constantly addressing a never-ending gaggle of issues which affect each one of our practices and profession.

To update you, I have listed several topics **as of the beginning of April 2022** that we are managing to the benefit of the AAOMS Membership and our patients, along with some other relevant information.

Anesthesia

- We continue to face isolated challenges to the **OMS anesthesia delivery model**. To this point, OMS has been able to successfully advocate for our team practice model. AAOMS has extensive resources to assist any state facing similar challenges.
- **CRNAs** have become emboldened by recent successes in **achieving independent practice** and relative autonomy afforded during the pandemic. Many states are seeking to make these changes permanent. CRNAs also are **looking for ways to enter dental practices and eliminate** the need for the dental practitioner to hold any form of sedation permit or dental board-based office anesthesia inspection. We are monitoring this push.
- The AAOMS has developed a partnership with **Laerdal** to deliver and capture simulation activity to create customizable assessments and quality assurance for our simulation courses. The simulation platform will be cloud-based to ensure data accessibility from anywhere.

- The AAOMS continues to gather essential data from third party entities such as privately billed insurance claims to be utilized to advocate for the safety of the OMS anesthesia team model. The **AAOMS also promotes submission of anesthesia incident reports** from all dental anesthesia and sedation providers to the **Dental Anesthesia Incident Reporting System (DAIRS)**, a **centralized registry** where information related to adverse events in anesthesia may be examined and quantified at a national level.
- Visit **aaoms.org** to find a date that works for you to take the **Office-Based Emergency Airway Management (OBEAM)** course. **Remember, as per the 2021 House of Delegate's resolution, simulation training is now required and must be completed by all AAOMS Members and Fellows by the end of 2026.**

Advocacy

- **AAOMS Fellows and Members** are **encouraged** to download the **Voter Voice application**. Multiple grassroots campaigns have been initiated over the course of the current Congress, and several states have taken advantage of our ability to assist them with their grassroots efforts. The **Voter Voice application** make it easy to participate in the grassroots political process and advocate for your specialty.
- The **State Legislative Tracking Map** on the AAOMS website provides quick access to the status of all issues impacting OMS. You can access these issues at: **AAOMS.org/TrackingMap**.
- We continue to monitor a wide range of issues being introduced at the **state level** that would impact the specialty. **Areas of focus continue to be anesthesia, insurance, and scope of practice**. Activity has been robust as many states rebound from the pandemic.
- **At the federal level**, the Committee on Governmental Affairs (CGA) recommended, and the Board of Trustees approved, the **2022 Day on the Hill priorities (April 5-6)**, which include support for the following:
 - **Ensuring Lasting Smiles Act (S 754/HR 1916)**. This Act is now up for a vote in the House.
 - **Support for the Resident Education Deferred Interest (REDI) Act (S 3658/HR 4122)**.
 - **Access to oral health – specifically support for improved payment for dental surgeries in hospitals and ambulatory surgery centers (ASCs)**.

- - *Expanded Medicare coverage for medically necessary dental procedures.*
- - *Efforts to address supply and drug shortages stemming from the pandemic.*
- We continue to *closely monitor legislative activity* that could result in the *expansion of dental benefits under Medicare Part B; however, no additional congressional activity is expected during the remainder of the 117th Congress.* This topic, though, will likely return in the future. We are partnering with the ADA and others with respect to this issue and will have an AAOMS position paper available shortly.
- The *AAOMS continues to participate in a coalition to advocate in support of a facility coding to ensure adequate access to dental procedures performed in a hospital or ASC.* The coalition submitted joint written testimony in response to a Feb. 3 House Ways and Means Committee hearing on healthcare equity gaps for people with disabilities and chronic conditions. The testimony highlighted the impact the facility reimbursement issue has had on access to oral healthcare for those populations.
- The AAOMS has sent or signed onto five letters to Congress or regulatory agencies on issues impacting the specialty so far in 2022.

Informational Campaign

- *MyOMS.org* has been redesigned to feature more graphics/videos, increase search engine optimization, and be responsive on mobile devices.
- *Seven sets* of patient videos have been developed and are available for *members to download.*
- *18 infographics* have been added to the MyOMS.org website and for *members to download* and use on their practice sites.
- *WebMD* includes an *AAOMS microsite* that continues to generate about 1/3 of the monthly referral traffic to the *MyOMS* website.
- A *video booth* will be available at the *Annual Meeting in New Orleans* for members to record a short video for their practice and one for the Informational Campaign. *Watch your Inbox for information on making an appointment.*

Education and Events

- The AAOMS is now offering a *Clinical CE Subscription* service that will allow OMS members to access the

entire on-demand Clinical CE Online Library courses for a full year. This 24/7 access to the AAOMS clinical course catalog includes over 100 hours of content and is updated with at least 20 new courses annually. The Clinical CE Subscription is \$249 for a full year. More information can be found at aaoms.org/ceonline.

- The *104th AAOMS Annual Meeting, Scientific Sessions and Exhibition will be held Sept. 12-17 in New Orleans.* Housing opens at the end of March. Registration will open in May. Up-to-date information can be found at aaoms.org/neworleans.

AAOMS History Book

- The history book commemorating the AAOMS's 100th anniversary is available for purchase at AAOMSstore.com.
- This publication – with more than 300 pages – features a 100-year timeline noting the important milestones of our specialty as well as hundreds of photos, a recap of the centennial year, our Annual Meetings, and our leadership and award winners.

COVID-19 Resources

- A dedicated COVID-19 webpage is on AAOMS.org. It contains many in-depth guides, as well as at-a-glance resources and infographics. The SCORRP (*Special Committee on Recovery and Response to the Pandemic*) continues to update this site as changes are made by the CDC, FDA, and OSHA.

Recognition & Thank You:

- *Thank you* to all the contributors to *OMSPAC* and the *OMS Foundation*. Visit OMSPAC.org and OMSFoundation.org to view the names of all our contributors and learn more about how these entities help advance our specialty and your ability to practice.

I have an open-door policy for all District VI members to voice questions, concerns, and suggestions. As such, please do not hesitate to contact me via E-mail or phone, as necessary.

Thanks for your support.

Dr. W. Frederick Stephens
AAOMS District VI Trustee

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Figure 3 - Medit planning software

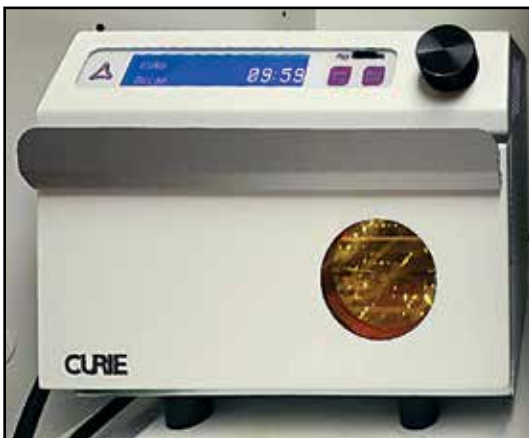


Figure 4 - Ackuretta CURIE curing oven



Figure 5 - Printed transitional surgical guide and model

OMS practices found that most of SoCal OMS private practices had in-office CT scanners (CBCT), and many had intraoral scanners (IOS). Since then, there has been tremendous progress in facial topography recognition software, photogrammetry, and extraoral facial surface topography scanner production. These have become readily available to get new and highly accurate 3D facial and oral topographical data subsets to include in our facially generated reconstructive care.

Once the applicable data subsets are collected, they will need to be merged into the software platform, such as Exocad or Blue Sky Bio, that can process the data and allow for development or drafting of the product that is to be manufactured. The exciting part is that the last decade has created a vast array of open software platforms that can do this for us. Depending on the desired final product, data from IOS, CBCT, and photogrammetry can be converted into a single layered file. Many scanners now offer the software, including the 3Shape, ProScan, and Medit scanners among others that can design appliances and build models. We currently use Medit (Figure 3) and Carestream IOS in our STL data acquisition phase as well as Carestream and Planmeca CBCT scanners in generating DICOM (Digital Imaging and Communications in Medicine) files. We also incorporate TheDigitalFACE.dental scanners for facial scans in cases that require additional extraoral data subsets, such as needed for optimal execution of full arch implant restoration cases. All data is uploaded to a folder that can be used by all members of the collaborative surgical, restorative, and laboratory team members. The data processing can be completed “in house” or by a digital engineer outside the physical space of the surgery office due to the remote access potential of this medium. I have found that the portability of the software and data can make the delegation of the data integration and preliminary modeling best be accomplished by an affiliated member of our digital team who is primarily focused on the field of data integration. Of course, those who enjoy digital planning will find that most software can be readily learned and even mastered with some time investment. For those who do not have the luxury of time to become a software engineer, using a digital planning expert is a great adjunct and assistance to ensure optimal outcomes of this process. We currently work together with Titan Surgical Systems (TitanSurgicalSystems.com) to collaboratively achieve excellence in this spectrum of our workflow.

The final component of the digital workflow revolves around the manufacturing of the desired product utilizing 3D printing. Most dental appliances are best manufactured using liquid resin printers although some modeling can also be created using filament-based printers. Degree of precision varies with each printer and needs to be considered as to what application the printer will be used for. The cost of adding a modeling and printing capability in your office may surprise you. An investment of as little as \$10,000 can afford a higher quality printer as well as the required equipment to wash and cure the printed resin products. We are currently using the Formlabs 3B Low Force Stereolithography (LFS) 3D printer and Ackuretta CURIE unit (Figure 4) for print job consolidation. These seem to work well in our setting due to relative ease of operation and a lot of built-in automatic features. The management of resins is simplified as they are supplied in easy-to-replace cartridges reducing mess and workspace contamination. Resin vats are easily changed out for

each material. No messy refilling or draining is needed. Our Ackuretta unit is programmable for each resin product type, and as such, it ensures best quality of the curing process.

There are three main categories of liquid resin printers currently on the market: Digital Light Processing (DLP), Stereolithography Apparatus (SLA) including the LFS, and Liquid Crystal Display (LCD) printers. LCD is a newer, more cost-effective, higher resolution modality for printing; but SLA and DLP printers are still tried and trusted, as well as validated, methods of rapid high-precision mass manufacturing. A whole textbook can be written on the technology of resin printing, but it is beyond the scope of this article.

For our applications in OMS, a minimum accuracy of printer's resolution that is needed is 50-100 micrometers. The specific product to be manufactured will also require a specific resin to be used to achieve the accuracy as well as needed durability. We use white model resin along with rigid clear resin for surgical guides (Figure 5), and a softer clear resin for occlusal appliances. There are other material options available to us, including cheaper mock-up resins, harder tooth-colored restorative component resins, and even elastomeric resins.

Current printable resins have strengths up and over 400 millipascals, and as such, they have the characteristics to be made into long-term or even final dental restorations. With these structural profiles, they have become a competitive biomaterial to the currently milled ceramo-metal restorative solution. It is important that the FDA has approved any resins being used for intraoral delivery, as not all materials meet these specs. Some resins may only be used for laboratory purposes. All synthetic materials can leach, especially if the incorrect type is used or if it is not appropriately cured. Hence using the appropriate FDA-approved resins and following the manufacturer's specific curing and workflow instructions are paramount as they are now becoming accepted as the emerging standard of care.

Typically, once the drafted design is sent to the printer as a virtual job, the printer will manufacture the project over several minutes or hours depending on size of the project and speed of the device. When using certain liquid resin, multiple projects can be printed simultaneously, saving on time and energy costs. A curing source moves to incrementally solidify the liquid resin from a resin pool/vat into the desired shape and orientation.

Contemporary printer software will automatically construct a lattice-like scaffolding (Figure 6) supporting the printed project, as the project is usually 3-dimensional and requires multi-vector structural support to prevent gravity-mediated distortion during its fabrication. Alternatively, the design of the scaffolding support can be done in third party software before uploading into the printer.

Once the printer completes the job, the projects will require post-processing prior to being ready for use. Most frequently the project is removed from the building plate (Figure 7) or platform of a resin printer and then it requires removal of excess residual resins that envelope the constructed project. Sequential agitating 2-3 alcohol baths (Figure 8) are used to serially remove the unused liquid resin from the projects until they are clean. The projects are

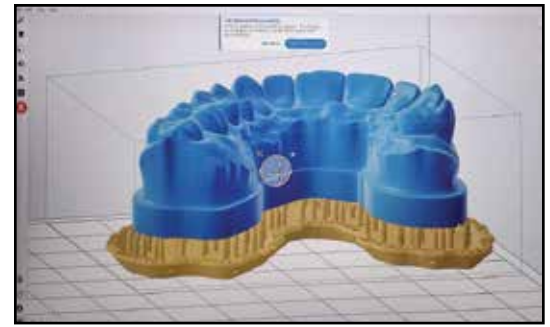


Figure 6 - Model design with scaffolding pattern

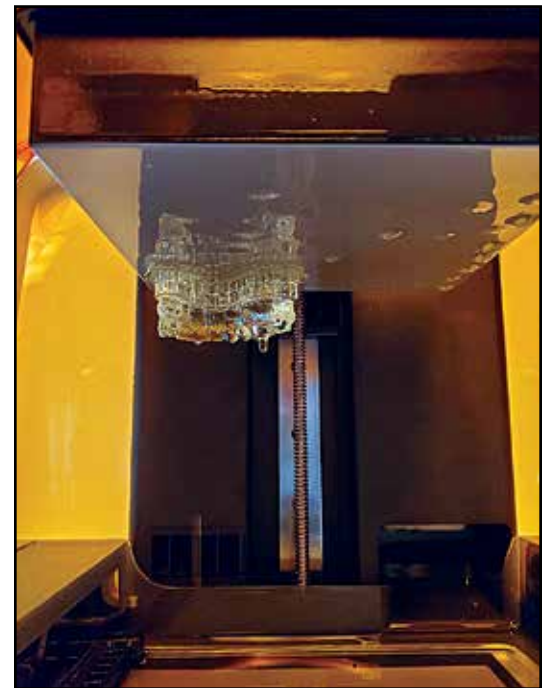


Figure 7 - Building plate with model above resin pool



Figure 8 - Alcohol washing baths



Figure 9 - Finishing of a printed surgical guide

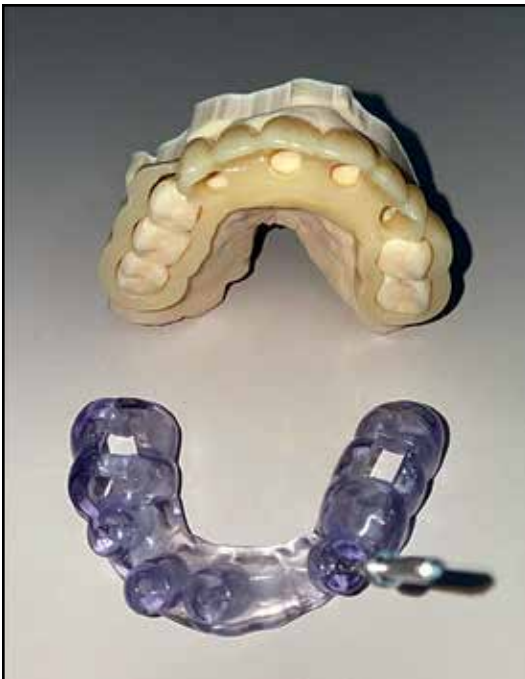


Figure 10 - Printed surgical guides

then subjected to a timed curing in an oven. Various materials will require specific wavelengths of light and high temperature to achieve the final state of stability. Once this is achieved, the projects can be separated from their supporting printing substructures and refined for intended use with trimmers or polishers (Figure 9).

Many potential 3D printer applications exist for dentistry, including smile design mockups, full arch or skeletal models, dentures, temporary and long-term tooth and implant restorations, as well as surgical guides and occlusal appliances.

In our practice, the most currently applicable uses of 3D printing are surgical guides, implant restorations, dental arch as well as skeletal bone models, and occlusal appliances. The ability to create these in our in-office environment certainly offers time savings and provides for greater patient scheduling convenience. Occlusal appliances can be made in minutes and often put into use on the same day as the initial patient visits. With analog workflow, that was rarely possible especially if an outside laboratory was involved.

Full arch prostheses can receive occlusal protection on the day of delivery. Certainly, mock-ups can be made in minutes for consultations to educate patients using their own models to demonstrate restorative options and solutions. Most importantly for us, most implant surgical guides can be planned and printed in less than one hour if needed (Figure 10). We can even create temporary abutment and custom healing abutments in just minutes. Moreover, the per case costs of materials are minimal and cost less than shipping costs of the case to and from the lab.

Finally, there is no more messy stone, alginate, or ultra-expensive elastomeric impression materials. However, the biggest virtue of this workflow modality is that simultaneous, real-time communication and collaborative planning can go into the manufacturing process, as all case data sets are available virtually to multiple viewers in several remote locations. The software in our printer system can be remotely accessed to visualize designs, check on progress of cases being manufactured, and determine the time when the projects will be completed.

I anticipate that as with CBCT and IOS technology, this on-site “laboratory” manufacturing modality will become a standard part of our continuously evolving field of oral and maxillofacial surgery. As with any of these advancements, there is a learning curve; and time, financial, and energy commitments are needed to successfully incorporate this process into daily work routines. Nevertheless, the ability to add new and better technologies and provide our patients with better outcomes is what makes oral and maxillofacial surgery stimulating and continuously engaging for all of us.



LEGISLATIVE UPDATE



*by Gary Cooper
Legislative Advocate, CALAOMS*



Spring 2022 Legislative Report

The second year of the 2021/22 legislative session began on January 3, 2022, operating under the same COVID-19 restrictions that were in place at the end of 2021. However, as the number of COVID-19 infections dropped, the business portion of the legislative process returned to a little more normalcy. In addition, the remodeling of the Capitol Annex has significantly changed the office locations and meeting rooms that have become so familiar to those who spend time working in and around the Capitol. This dramatic change will probably be in place for 3-4 years as the Capitol remodel continues.

CALAOMS SPONSORED LEGISLATION

As was reported in the Fall Legislative Report, SB 652 (Bates) that would have mandated the three-person team for adult patients undergoing deep sedation/general anesthesia was held for the remainder of 2021. As the 2022 session got underway, it became clear that there was not consensus among the dental community to support SB 652. At the same time, the Dental Board of California informed CALAOMS that the regulatory package that was necessary to implement SB 501 (Glazer) has not been completed to allow implementation by

January 2022. It was decided by the CALAOMS Board to offer SB 652 (Bates) as the bill that would be needed to remedy problems with the SB 501 regulations. Currently, SB 652 is in the Assembly Business and Professions Committee waiting to be amended with the appropriate language needed to implement SB 501.

CRNA LEGISLATION

In 2021, the association representing Certified Registered Nurse Anesthetists (CRNAs) floated a legislative proposal that would permit CRNAs to obtain a General Anesthesia (GA) permit from the Dental Board of California and to practice independently in dental offices. This proposal would have allowed CRNAs to administer deep sedation/general anesthesia to patients in a dentist's office whether or not the dentist has a GA permit or any anesthesia or life support training. The CRNAs opted not to introduce a bill last year, but rather introduce SB 889 (Ochoa-Bogh) in February 2022. Since the oral and maxillofacial surgeons and the CRNAs have had a very good working relationship, it was very appropriate that the lobbyist for their professional association, CANA, asked to meet with the CALAOMS board to garner support for SB 889. During the Zoom® meeting between the two associations, CALAOMS reiterated the high regard that oral and maxillofacial surgeons have for CRNAs in California. Many oral and maxillofacial surgeons use the services of CRNAs in their practices. However, the overwhelming concern about the bill that was expressed by the CALAOMS board was that under the provisions of SB 889, a CRNA would be permitted to be the only trained anesthesia provider in a dental office administering general anesthesia or deep sedation to patients 13 years of age and older. CALAOMS-sponsored SB 501 mandated that a three-person team with the anesthesia permit holder and at least one other anesthesia trained person be present for patients under 13 years of age. The three-person anesthesia team model is the cornerstone of CALAOMS' and AAOMS' standard of care for all patients undergoing in-office deep sedation/general anesthesia. While CALAOMS strongly supports CRNAs, the board was unable to support a deviation from the three-person model and voted to oppose SB 899 unless it was amended. The Senate Business and Professions Committee and the author of the bill was informed of CALAOMS' opposition. Ultimately, the CRNAs decided not to pursue the bill this year and dropped SB 889. CALAOMS will continue to work with the CRNAs to find an equitable and safe pathway to their goal.

MICRA COMPROMISE

In the world of Sacramento legislation and politics, it is very rare when a major piece of highly controversial and contentious legislation can be negotiated successfully and done in

secret. Such is the case with the compromise reached on the Medical Injury Compensation and Reform Act of 1975 (MICRA). The Consumer Attorneys of California and Californians Allied for Patient Protection (CAPP) joined forces with several private attorneys who were going to fund a very expensive ballot measure in November to craft a compromise. The agreement truly caught the Capitol community by surprise. Since CALAOMS is an active member of CAPP, we have been briefed on the continuing discussions surrounding the deal once it was announced.

The provisions of the agreement have been put in AB 35 (Reyes and Umberg). The bill is being fast-tracked through the legislature to get it passed and signed by the Governor quickly. This will allow the proponents of the ballot initiative to remove the measure from the ballot by June 30, 2022. The main provision of AB 35 increases the MICRA limit on non-economic damages from \$250,000 to \$350,000 starting on January 1, 2023. The cap would then increase incrementally to \$750,000 over ten years. After ten years, a 2% annual increase would take effect. In addition, the new law would include actions for injuries against health care institutions. Cases involving a death will have a limit of \$500,000 and will increase to \$1,000,000 over ten years. Also, statements of sympathy or regret by the provider will not be allowed to be admitted into evidence in a malpractice case.

While there are obviously parties on both sides of this very large issue who are not completely satisfied with the provisions of the negotiated bill, basically no one has come forward to voice opposition to AB 35. The bill has had two committee hearings and one full Senate floor vote with only one “no” vote. Truly unheard of these days.



Monterey Stand Down June 17-18, 2022

*Please Consider Providing A Service
To Our Armed Service Veterans
Who Have Served Us Faithfully*

Next month, California CareForce (CCF) will be participating in our second ever Monterey Stand Down event! This special clinic will take place at the Monterey County Fairgrounds from June 17-18 and will serve homeless veterans in Monterey and surrounding areas.

We're still in great need of one oral surgeon to volunteer each clinic day. Volunteers do not have to commit to the entire two-day event, but we do ask that volunteers try to commit to at least one full day. If volunteers need to leave early, or will arrive late, that's okay too. We just ask that they leave a note in their registration, and email the Volunteer & Outreach Coordinator, Sarina Klein, at sarina@californiacareforce.org.

<https://www.californiacareforce.org/Clinics/Clinic-Registration>



Historic Bill to Modernize California's Medical Injury Compensation Reform Act Passes Assembly with Overwhelming Support

May 12, 2022

With a 66 – 0 vote, AB 35 now moves to Governor's desk

Sacramento – Today, in a momentous vote, the Assembly passed AB 35 (Reyes, Umberg) 66 to 0. The bill, which modernizes California's Medical Injury Compensation Reform Act (MICRA), will now move to the Governor's desk for signature.

"Today's vote confirms the broad based support for the compromise reached on MICRA," said Lisa Maas, Executive Director of Californians Allied for Patient Protection. "This bill will help to ensure health care providers can keep their doors open while also balancing the financial needs of patients with health care related injuries. We applaud the work of the Assembly for their commitment to move this bill to Governor Newsom."

The bill passed out of the Senate last week with a nearly unanimous vote.

"For nearly 50 years MICRA closed the door to justice for patients injured by medical negligence," said Nick Rowley, author and principal funder of the Fairness for Injured Patients Act. "This agreement makes the law better and will help injured patients have better access to the courts and increase accountability in health care. The legislative resolution we reached ends a decades long political fight that pitted patients and families against insurance companies. Solving our most protracted problems requires us to listen to each other and keep an open mind. That's what happened here, and is an example hope others will follow."

"The Assembly's passage of this historic compromise affirms the important principle that injured patients deserve to be fairly compensated when they have been harmed by medical negligence," said Craig M. Peters, President of the Consumer Attorneys of California (CAOC). "CAOC is grateful for the determined efforts of injured patients and their families, who have fought against MICRA and have been the spearhead of the fifty-year fight to restore access to justice."

After decades of political debate, this updated framework will extend the long-term predictability and affordability of medical liability protections for those providing medical care in California while providing a fair and reasonable increase to limits on non-economic damages for medical negligence beginning January 1, 2023, with gradual increases thereafter.

The legislation will most notably adjust MICRA's cap on non-economic damages, which is currently limited to \$250,000. This new law will increase the existing limit to \$350,000 for non-death cases and \$500,000 for wrongful death cases on the effective date January 1, 2023, followed by incremental increases over 10 years to \$750,000 for non-death cases and \$1,000,000 for wrongful death cases, after which a 2.0% annual inflationary adjustment will apply.

The proposal will also create three separate categories of caps, which could apply depending on the facts of each case. Additionally, a health care provider or health care institution can only be held liable for damages under one category regardless of how the categories are applied or combined. The new categories include:

- One cap for health care providers (regardless of the number of providers or causes of action)
- One cap for health care institutions (regardless of the number of providers or causes of action)
- One cap for unaffiliated health care institutions or a provider at that institution that commit a separate and independent negligent act.

Proponents of the measure will have it removed from the ballot in advance of the June 28, 2022 deadline.





THANK YOU to **every** donor who has contributed to the Foundation in 2022. With your help, more than \$700,000 will be disbursed in 2022 to support OMS-specific research and education programs.

Double your impact with a gift in May or June – every gift received by June 30 will be matched by USOSM (up to a total of \$35,000), including tribute gifts and new OMSFIRE gifts.

The Washington State Society of OMS recently honored Dr. O. Ross and Sheryl Beirne with more than \$105,000 in tribute gifts to the Foundation from WSSOMS members and UW grads from across the country. [Read more here](#), and consider honoring a colleague or mentor with a [tribute gift of your own](#).

More than 150 [OMSFIRE donors](#) collectively contribute more than \$550,000 each year to the Annual Fund. Their generosity made it possible for the Foundation to award its second \$150,000 Clinical Research Support Grant in 2022 - a year ahead of schedule. A University of Michigan team led by Dr. Sharon Aronovich is putting that windfall to work to develop and validate an Anesthesia Simulation Training curriculum for OMS residents. Not an OMSFIRE donor yet? [Enroll today](#) to be recognized at AAOMS State, Regional and Annual Meetings.

How do those donations create value for you?

For residents:

- **Bring your family to the AAOMS Annual Meeting, Sept 11-17 in New Orleans:**
 - o The OMS Foundation Alliance, with support from OMSNIC, will reimburse up to \$1,000 in documented travel/lodging costs of resident spouses attending the AAOMS Annual Meeting through the Al-

liance's **Norma L. Kelly Resident Spouse Scholarship**.

- o Kelly Scholars are guests of honor at the Alliance's social and networking events, where they connect with other new AAOMS families and receive support from spouses of established OMSs.
- o [Apply by July 15](#) at [OMSFoundation.org](#) to be considered.

For faculty/researchers:

Apply by Aug. 31 for:

- **Clinical Research Support Grant** (2 years/\$150,000)
 - o Consideration is limited to proposals addressing issues related to either Dental Implants or Anesthesia and Patient Safety.
- **Research Support Grants** (1 year/\$75,000)
- **Student Research Training Awards**, offering \$12,500 to OMS education programs to support training and mentorship of up to five hand-picked dental school undergrads.
 - o One-on-one mentorship is a proven strategy for recruiting top talent to the OMS specialty. A Student Research Training Award can help your program attract the top residency candidates.

Apply by June 1 to receive:

- **a 50% discount toward SCORE enrollment in 2022**
 - o Applicants will receive a coupon code for \$250 to apply toward their 2022-23 SCORE enrollment

All these programs are supported by your donations. Now trending: OMSFIRE gifts, tribute gifts, gifts of appreciated stock. [Learn more](#) and [donate](#) at [OMS-Foundation.org](#).

Questions? Email Mary DiCarlo: mdicarlo@omsfoundation.org. Thank you!



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RISK MANAGEMENT

As Corporate Entities Enter Health-care, Practices Can Respond via Patient-Centered Care

by Richard E. Anderson, MD, FACP, Chairman and Chief Executive Officer, The Doctors Company and TDC Group



Retail medicine and private equity are important drivers of primary care delivery in the U.S., and they are poised to become even more so. Corporate entities have always been involved in healthcare, but now mega corporations—from outside the medical space—are entering the field. The involvement of these large non-legacy corporate entities in healthcare is growing and is challenging—and while this trend brings some benefits, it will also impact how all clinicians provide healthcare.

In a single quarter of 2021, [private equity firms acquired \\$126 billion](#) in medical practices. And these private equity firms, formerly mostly interested in specialty practices, have now set their sights on primary care. Similarly, the expansion of retail medicine into traditional areas of physician practice has been massive. For context, here's a quick snapshot of the retail medicine landscape:

- Walgreens is the first national pharmacy chain to offer full-service [provider offices co-located at its stores](#) on a large scale.
- CVS now [has around 1,000 HealthHUBs](#) associated with its pharmacies. These will play an important role in managing patients' chronic diseases between primary care visits.
- Amazon is on a path to offer healthcare across a [broad swath of the healthcare spectrum](#).

- Apple recently announced a new [data-sharing feature for Apple Health Records](#) that allows users to choose a participating organization and select health metrics to share with their doctor, and the Apple Health app is being widely adopted in healthcare facilities nationwide.
- Microsoft is moving aggressively into healthcare with several partnerships with large healthcare systems. Its key initiatives are to [help healthcare move into the Microsoft Azure cloud](#) and to thoughtfully apply AI to medical data.
- Urgent Care Clinics now number [more than 10,000](#) in the U.S.

Let's focus on several of these.

Amazon Brings Credibility to Claims of Service

As Amazon continues their push into the healthcare space, they have several advantages. One is their remarkable reputation for customer service. As they move into healthcare, they will have significant credibility in claims they make about providing better service, better access, better prices, and better convenience. Traditional healthcare will struggle to match them.

We clinicians are aware of the distinction between medicine's definition of "patient-centered care" and retail's perspective on "customer service." Yet despite the profession's emphasis on patient-centered care for several decades, we haven't fully achieved it. That's one reason that these new healthcare entities will exert broad downward economic [pressure on primary care practices](#).

But Amazon's expanding influence goes beyond drawing patients away from individual small practices. Nobody has more data than Amazon—between Whole Foods, Alexa, and Prime members—and this data can be used to shape healthcare delivery. Moreover, Amazon is in the process of developing nationwide pharmacy availability, a hospital at home partnership with leading healthcare providers, and an accelerator for healthcare startups. Clearly, Amazon plans to develop into a major player in healthcare delivery.

Walmart Brings Experience as an Insurer—Plus Affordable Prescriptions

Walmart seems to be one company that is able to compete, at least along some metrics, head to head with Amazon. Though Walmart once had a terrible reputation for not providing healthcare insurance for their own employees, they now provide substantial coverage. And they already have more than a million people in their own insurance plan. It may not be long before Walmart starts providing a health insurance plan for non-employees.

In addition, Walmart has done some very commendable things in the realm of pharmaceutical pricing. Walmart provides most of the most common generic drugs for a flat \$4 per prescription, which is a true blessing for many people. In addition, while the cost of some proprietary insulins runs to thousands of dollars a month, Walmart has its own private-label version of analogue insulin, which it makes available at very nominal cost. That's not only an important service, but a visionary one.

We'll see how the healthcare [competition between Walmart and Amazon](#) shapes up over time, but the outcome is likely to have a major impact on pricing and service in many areas of clinical practice.

Health Insurers Bring Their Ambition to Become Healthcare Providers—At Scale

Health insurers are not just financing care. They're providing care. Optum, working under its parent company, UnitedHealth Group, purchased its first medical practice 15 years ago. Today, they own the practices of 56,000 physicians in 1,600 clinics, representing \$40 billion a year of revenue. By 2028, their expressed goal is [to reach \\$100 billion in revenue](#). Optum is far from the only player in this space, but it is the biggest.

This is a different model of healthcare delivery, with a real potential for conflicts of interest. As this trend accelerates, it is conceivable that health insurance will come to cover an increasingly limited range of clinical options.

Private Equity Brings Ongoing Disruption

The model of private equity—invest, disrupt, exit—wouldn't seem to fit healthcare. Nonetheless, as the first wave of private equity investments matures, we'll see what those exits look like. Who will buy these companies and practices? They will be sold, presumably, at much higher valuations than before. This means that revenue and operational efficiencies will become more important than ever, and the management agreements that may have been attractive in the initial partnership may or may not be continued into the new partnership. Regardless, when we see that [private equity firms acquired \\$126 billion](#) in medical practices in a single quarter of 2021, we must expect that pressure will increase on physician-owned practices to compete with the challenges presented by private equity investment.

Can Medicine Compete Through Patient-Centered Care?

If we want to continue to be the driving force in our healthcare system, when medical professionals say “patient-centered care,” we're really going to have to mean it. We're going to have to mean it in the customer-service-forward way practiced

by corporations like Amazon or Nordstrom or FedEx. After a decade of talking about “patient-centered care,” although we know what it should mean, it isn't what we typically offer. We need to stop requiring outpatients to see multiple doctors, labs, and imaging centers in different locations at different times, and then to hope that someone thoughtfully acts on the results. That isn't how we access services anywhere else in the economy. Retail medicine is making significant inroads into primary care by providing rapid access at convenient locations at lower cost.

We should recognize that some of the disruption in healthcare today is actually healthy, because it is based on the pressing need for improved healthcare access, healthcare equity, and healthcare literacy. That said, as these new forces in healthcare compete to recruit new medical school graduates, they will also disrupt the day-to-day operations of many existing physician practices. Instead of reacting in surprise when these forces reach the door of our practice or our healthcare system—if they haven't already—we would be wise to think now about how we should respond.

We would like to know what steps your practice or medical system has already taken in response to large non-legacy corporate entities delivering healthcare. [Please answer our poll](#), and we will provide an update with your responses.

To discover more about upcoming changes, read our whitepaper, [What U.S. Healthcare Will Look Like in 2032](#).

ANSWER OUR POLL

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

01/22





What is the mind-body connection? And why is it so important?

Reprinted with permission from Optum, Inc. This article appeared in OPTUM Wellness Monthly, April, 2022

Your mind and body are powerful partners. How you think can affect how you feel. And how you feel can affect your thinking.

An example of this mind-body connection is how your body responds to stress. Constant worry and stress over jobs, finances, relationships or other problems can cause tense muscles, pain, headaches and stomach problems. It may also lead to high blood pressure or other serious problems.

On the other hand, constant pain or a health problem like heart disease can affect your emotions. You might become depressed, anxious and stressed, which could affect how well you manage or cope with your illness.

But your mind can have a positive effect on your health, too. Having a positive outlook and letting anxious or negative thoughts go, may help you stay healthier overall. Having hope and finding healthier ways to cope with health challenges can be empowering and improve the body's physical sensations.

How your thoughts and feelings can affect your health

Your brain produces chemicals that can improve your health, such as endorphins, which are natural painkillers, and gamma globulin, which strengthens your immune system.

Research shows what your brain produces depends in part on your thoughts, feelings and expectations. For example, if you're ill, but you have hope and a positive attitude and you believe that you'll get

better, your brain is likely to produce chemicals that will boost your body's healing power. On the flip side, negative thoughts and emotions can keep your brain from producing some of the chemicals that help your body heal, and also can increase stress hormones, like cortisol. Exposing your body to stress hormones over long periods of time can be bad for your health.

This doesn't mean you should blame yourself for getting sick or feeling down about a health problem. Some illnesses are beyond your control. It just means your thoughts and state of mind are helpful resources you can use.

How stress can affect you

How you handle stress has an effect on your health.

When you're stressed or anxious, your body reacts as if it is under attack. Your body goes into the "fight-or-flight" response, and releases hormones to speed your heart rate and breathing, increase blood pressure, and make your muscles tense.

This stress reaction is good if you need to avoid danger. But if you constantly feel stressed, your body's natural fight-or-flight response lasts too long, and your blood pressure may stay high. This is bad for your heart and body. Stress can also affect your emotions. It can make you feel moody, tense, upset, depressed and even hopeless.

But when you are able to relax your mind and body, your body stops producing high levels of the stress hormones. The fight-or-flight response can decrease, and you return to a state of calm, both physically and mentally.

That's how your mind and body work together, and why mindfully nurturing their connection can support your health and well-being.

7 tools to help you relax

Sure, stress is a natural part of life, and our bodies have built-in physical, emotional and mental responses to help us through it. But chronic stress can take a serious toll on our mental and physical health — including contributing to depression, anxiety, sleep problems, high blood pressure, heart disease, obesity and a weakened immune system, among other conditions.

To help combat stress, you can incorporate the following techniques into your routine to trigger your body's natural relaxation response:

- Tune in to your body. Become aware of your breathing and try to take slower, deeper breaths. This can help slow your heart rate.
- Be mindful of any muscle tension you may find in your body. Progressively and slowly tense and relax your muscles, starting with your feet and working up to your head. Take deep, slow breaths while doing so, to further connect the body to the breath.
- Replace negative images with positive, peaceful ones in your mind's eye. For example, envision a day at the beach or relaxing in a hammock in the shade.

- Listen to music or sing out loud to songs you enjoy. This can help lower your heart rate and blood pressure. It can also help you feel calm or energized.
- Find a way to bring laughter and humor into your day. Watching a funny video clip, a movie, or talking with a friend who makes you laugh can help break tension during the day. Laughter releases feel-good, stress busting hormones.
- Practice gratitude to help cultivate a positive perspective. For example, jotting down things that you appreciate or sending a thank-note to someone can help remind us of what is truly important.
- Use your senses to practice being present. Push aside thoughts about your to-do list, future events and things in the past. Try to keep your thoughts on the here-and-now.

While relaxation techniques won't eliminate the stress in your life, they can help in managing your stress load. Keep in mind, relaxation techniques are most effective when they are combined with other tools for healthy living, including getting enough sleep, eating nutritious foods and moving your body regularly.

Sometimes stress can still take a big toll on our well-being, even when we try mindfulness and relaxation techniques. If you feel like you are struggling to feel better after trying a few of these tips over time, consider talking to your doctor or a mental health professional. It's never too early or too late to get more support.

Decrease stress with this mindful technique

From practicing yoga, running, walking, swimming and dancing, to meditation, deep breathing or taking a hot bath — people find all kinds of ways to de-stress. Here's one you may not be as familiar with — mindful-based stress reduction.

This stress-reduction technique helps you train your mind to focus on the present moment in order to help you not dwell on the past or worry about the future. It can be a great way to create an overall sense of calm and also stop or slow any racing thoughts.

For example, maybe you keep second-guessing a decision you already made or cycling through every possible outcome of an upcoming meeting. Perhaps you are fixating on feeling slighted by a friend, or whatever else might make you feel tense, frustrated, pressured or at your wit's end.

By learning and using mindful stress-reduction techniques, you can give yourself a useful tool to stop spiraling thought patterns and reset. Practicing this technique regularly can help you gain control over your thought patterns overall, so you'll be better able to let go of the unknown or what cannot be changed, and accept what is. In other words, mindfulness teaches you to be aware of and in control of your thought patterns so the patterns don't control you.

Now, let's first take a look at mindfulness techniques you can use during stressful times to help you bring a sense of calmness:

- **Take a "mental" body scan.** It's often helpful to begin by focusing your attention on your body one area at a time, starting with your feet and gradually moving your awareness up until you

reach your head. As you do this, you may note places where there is tension or pain. You also may notice how your belly rises and falls as you breathe.

- **Scan your thoughts.** It is common for the mind to wander when a person begins to practice mindfulness. If that happens to you, it's OK. Allow yourself to temporarily focus on the thought or distraction without judgment. Then let it pass.

So, for example, you might notice a worrisome thought about work comes to your mind. Simply note the thought — “work” — and the feeling — “worry”. Don't hold on to the thought. Instead, be aware of it and move on by turning your attention back to the present moment.

This will likely happen more than once with thoughts that want to stick around. That's OK. It takes practice to let your thoughts go and stay in the present moment. We often have to repeat the exercise several times throughout the day.

- **Strengthen and relax your muscles,** such as by practicing yoga breathing exercises, stretches and gentle movement.

Here are some ways to practice mindfulness — and be present — in your everyday life:

- **Go outside and take a few deep breaths.** What's the air like? Is it warm or cold? How does the warmth or chill feel on your body? Try to accept that feeling and not resist it. Notice any plants, their colors, and the contrast of those colors against the sky and clouds.
- **Eat a meal in silence.** Focus on your food. Smell your food before eating it. Notice what your food looks like. Eat slowly, and savor each bite. What flavors do you taste?
- **Take time to be alone and present.** For example, focus on your breathing, gaze out a window and listen to the sounds outdoors, or take a leisurely walk.
- **Try to stop for a few moments each hour.** Note how your body feels. Let yourself regroup and let your mind settle before you return to what you were doing.
- **Visualize.** Imagine your mind as a blue sky and your thoughts as clouds. Imagine those thoughts floating across your mind's sky, like you would watch clouds float across the sky. Do not judge or resist your thoughts. Just let them pass. This can be especially helpful if you have anxiety or lots of “worry thoughts.” Even when there may be lots of thoughts coming quickly, still try to let them float by.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

2022 COACHELLA CLINIC

\$477,077 WORTH OF BASIC HEALTHCARE SERVICES

356 Dental Patients Served...

Restorative: **166** fillings
Oral surgery: **206** extractions
Hygiene: **74** cleanings (18 root planning, 57 scaling)
X-rays: **1163**
Partials: **28** stay plates
Oral Education: **75**
Misc Dental Services: **18**



350 Vision Patients Served...

Comprehensive eye exams: **344**
Single vision glasses made on-site: **279**
Bifocals made on-site: **151**
Second pair of glasses: **78**
Essilor Referrals: **98**

295 Medical Patients Served...

Medical exams: **98**
COVID-19 Vaccinations: **11**
COVID-19 Tests: **290**
Chiropractic services: **45**
Acupuncture services: **10**
Counseling: **16**
Health Education: **37**



3,048 HOURS SERVED BY **380** VOLUNTEERS

Community Resources...

- **Borrego Community Health Foundation** accepted the warm transfers from California CareForce patients in need of future medical care
- **Riverside University Health System (RUHS) - Public Health** and **Coachella Valley Pharmacy** provided COVID-19 vaccinations - **RUHS Public Health** also provided a food truck that served free lunch to patients
- The **Desert Healthcare District & Foundation** and **Coachella Valley Equity Collaborative** helped provide general volunteer support and other resources at the clinic event
- **Desert Aids Project** offered free HIV testing & at-home STD testing kits to patients
- **La Botica Pharmacy** provided pharmacy supplies for the dental pharmacy and patient triage sections of the clinic
- In partnership with **Glidewell Laboratories**, stay plates were offered to dental patients
- **Morales & Galindo Marketing group, Inc.** helped coordinate community outreach and marketing efforts for the 2022 Coachella Clinic
- **FIND Food Bank**, **Santa Fe Mexican Restaurant**, and **Starbucks** donated food and refreshments for our clinic volunteers
- **Fitzhenry-Wiefels Cremation & Burial Service** provided water to our clinic patients
- Other community resources in attendance: **Coachella Valley Volunteers In Medicine**, **College of the Desert TRiO Veterans Program**, **Riverside University Health System - Community Health Centers**, **Safe Routes For ALL** program, and **Oral Health Program**

Our Sponsors...

A big shout out to this year's presenting sponsor, **The S. Mark Taper Foundation**, for their generous contribution to the 2022 Coachella Clinic.

Support The Force

S. MARK TAPER FOUNDATION



The City of Indio | Asian American Optometric Society | RAP Foundation | Starbucks Coffee | American Legion Ladies Auxiliary



CALIFORNIA ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS UPCOMING CE EVENTS

2022 Meetings

- | | |
|---|-----------------|
| ■ OMSA Course On-line | Open Year Round |
| ■ ACLS & BLS Provider Recertification - Fall 2022 | October 15 |

2023 Meetings

- | | |
|---|-----------------|
| ■ OMSA Course On-line | Open Year Round |
| ■ January 2023 Meeting Webinar | January 14 |
| ■ ACLS & BLS Provider Recertification - Spring 2023 | March (TBD) |
| ■ CALAOMS 23rd Annual Meeting - San Jose | April 29 - 30 |

VENDOR SPOTLIGHT

**CALAOMS WISHES TO THANK THE FOLLOWING VENDORS THAT
GRACIOUSLY SPONSORED CALAOMS' MEETINGS IN 2022**

- **The Doctors Company** - Speaker January & Annual Meetings.
- **OMSNIC** - Breakfast & Breaks January Mtg., Wi-Fi Annual Meeting
- **US Oral Surgery Management** - Luncheon Sponsor Annual Meeting
- **Southern Anesthesia & Surgical** - Resident Presentations Annual Mtg.
- **KLS Martin** - Breakfast & Breaks Annual Meeting



ASSOCIATE/PARTNERSHIP OPPORTUNITIES

ALAMEDA COUNTY: This practice has a strong presence in the community, first started in 1987 and acquired by present owner in 1992. 4 treatment rooms housed in an upscale location of approx. 2000 Sq. Ft. with average age of equipment 7-10 years. Digital X-Ray, Panoramic, Nitrous Oxide and IV Sedation Equipment included. Carstream WIN/OMS Software with 10 Computer Workstations and partial paperless charts. 2019 Revenue of \$548,000.00 on a 3 1/2 day work week with very solid post-Covid recovery. Great upside opportunity for any Oral Surgeon looking to practice in this diverse, high tech community. Please contact Jim Engel at jim.engel@henryschein.com or (925) 330-2207.

BAY AREA: OMS practice in search of associate or partner oral surgeon. The scope of practice includes dentoalveolar surgery, implants, bone grafting and oral pathology. Applicant should have a CA license, GA permit, and malpractice insurance. Please contact via email with CV at bayarea.os-practice@gmail.com

BAY AREA: Oral Surgery Group located in Pinole California is seeking Board Eligible or Certified Oral & Maxillofacial Surgeons to join our well-established team.

Full scope practices specializing in standard oral surgery, implants, orthognathic surgery, and trauma. Offices are fully equipped, including full-time staff and leadership. Seeking motivated and hard-working OMS with notable interpersonal skills. Exceptional opportunity for new graduates and experienced Oral Surgeons to join our established, very busy, profitable group. Competitive pay and bonus structure in place. Interested candidates, please email: jgutierrez@bayareaosm.com.

CENTRAL CALIFORNIA: Successful, established practice with the latest technology: optical scanning, 3D CBCT, etc.. Wonderful staff and support. Full time associate with quick path to partnership. We will assist with GA permit, etc. Email: rahnom@s@yahoo.com

CENTRAL VALLEY & BAY AREA: Kids Care Dental & Orthodontics is on the move... come join our incredible Doctor Group!! KCD&O has part-time and full-time opportunities for oral and maxillofacial surgeons in the Sacramento, Stockton, and San Francisco East Bay regions.

KCD&O is a doctor-led and patient-centered pediatric practice that offers multi-disciplinary services across pediatric dentistry, orthodontics, and OMFS. We are the premier pediatric group in the state of California and currently have practices throughout Northern California. You will work with an experienced practice management staff, PALS-certified assistants, and have the opportunity to collaborate and share insight with our orthodontists and pediatric dentists. The scope of practice includes routine dentoalveolar surgery, benign pathology, etc. We can assist with hospital privileges for those interested. We accept fee-for-service or PPO's. This is a phenomenal opportunity, our surgeons enjoy competitive compensation with high earning potential, a path to equity/ownership for full-time providers, and group benefits including health, dental, vision, life/AD&D and professional liability insurance, and a 401(k) savings plan. Requirements are a CA license and a GA permit. If you are interested, please contact us at 916-661-5754 and send your CV to drtalent@kidscaidental.com

HIGH-END NORTHERN CALIFORNIA Oral and Maxillofacial Surgery practice is seeking an associate. Full or part time position available. Stunning newly built building on waterfront property with state-of-the-art equipment, CBCT imaging, digital scanners, and more. Full scope office is grossing \$2.2 million on 3 days a week with 50% of procedures from implants. Excellent opportunity for growth and buy-in option is available. Hard-working, experienced auxiliary staff currently employed with good referral rapport. Candidates should reply via email with their attached CV to: drdan73@protonmail.com.

FULLERTON: Well-respected, active and established oral surgery practice in Fullerton, CA is in search of a board-certified or board eligible, motivated, hardworking and efficient oral surgeon. Our office provides a full scope of Oral & Maxillofacial surgery including IV sedation, extractions, bone grafting, PRF/ PRP, implant placement, biopsies and more. Applicant should have a California license and general anesthesia permit. Candidate would be able to showcase an array of surgical services, and would be expected to establish and maintain relationships with existing and potential referring doctors in the community. There would be an expectation for the candidate to help grow the practice. Please send CV to drsteve@fullertonoralsurgery.com.

IRVINE (SOUTHERN CALIFORNIA): Premier full scope OMS practice, has partnership or associate, opportunity available. State of the art CBCT, EMR Practice Management software. This is an growing practice with enormous growth potential. Routine office based practice that includes: dentoalveolar surgery, bone grafting, implants, IV general anes., orthognathic surgery, and All on four/five implant cases. Located in Irvine, California. Please contact: jstraw@edoralsurgery.com 916-990-3644

NORTHERN CALIFORNIA: Well Established and busy/wide referral base Oral Surgery Office in Rural Northern California looking for Full time associate leading to partnership. Practice is established over 30 years with state of art facilities with 3D CT scan. We have two offices where the senior partner is looking forward to retirement. The offices provide full scope Oral and Maxillofacial surgery including IV-sedation/general anesthetic, extraction, bone grafting, pathology and implant surgery where candidate will have autonomy to "run" the practice but also has the benefit of a partnership with another surgeon. Applicant must have California license where we can assist in obtaining a GA permit. Candidate should reply via email with their CV to wtsb2021@yahoo.com

ASSOCIATE/PARTNERSHIP OPPORTUNITIES CONTINUED

NORTHERN CALIFORNIA: Oral Surgery Group located in Stockton/Modesto California is seeking Board Eligible or Certified Oral & Maxillofacial Surgeons to join our well-established team.

Full scope practices specializing in standard oral surgery, implants, orthognathic surgery, and trauma. Offices are fully equipped, including full-time staff and leadership. Seeking motivated and hard-working OMS with notable interpersonal skills. Exceptional opportunity for new graduates and experienced Oral Surgeons to join our established, very busy, profitable group. Competitive pay and bonus structure in place. Interested candidates, please email: jgutierrez@bayareaosm.com.

NORTHERN CALIFORNIA: Sierra Foothills, well established practice seeking an associate leading to partnership. Very desirable community with opportunities for an active outdoor lifestyle. Send inquiries with letter of interest and CV to bizdocjay@mac.com and nfantovrn@aol.com

ROSEVILLE, CA: Immediate full-time oral surgeon needed to join our team. Practices a full scope of oral and maxillofacial surgery with expertise ranging from corrective jaw surgery to wisdom teeth extraction to teeth-in-an-hour/ Dental Implants. Diagnoses and treats facial pain, facial injuries and TMJ disorders, and performs a full range of dental implant and bone grafting procedures. Please contact- Courtney
Phone: 916-783-2110
Email: courtney@drantipov.com

SACRAMENTO: Exciting Associate Opportunity! Sacramento Surgical Arts is looking to add a surgeon, seeking a partnership track, to support the growth of 3 practice locations!

We are a full scope oral surgery private practice, providing a variety of services from advanced oral and maxillofacial surgery to non-surgical cosmetic procedures.

Sign on bonus; competitive base annual salary; quarterly production bonus; partnership opportunity; benefits; retirement. CV's and inquires can be directed to tkackley@mosaicdentalcollective.com.

SAN FRANCISCO We are seeking an OMFS single or dual degree for a part/full time position. Our practice is located in the heart of San Francisco Peninsula. The practice has been established over 50 years with excellent reputation in the community. The facility is state of the art with the latest technology. Our practice emphasizes office-based dental-alveolar and implant surgery but can expand to full scope if desired. Ideal candidate should have excellent interpersonal skills with good patient care and ethics. Salary will be negotiable and competitive. Reply with CV to sfpeninsulaomfs@gmail.com

SAN FRANCISCO: Established oral surgery office in San Francisco is looking for a part time oral and maxillofacial surgeon to join our practice with the possibility of partnership. Our practice is a state-of-the-art facility with advanced technology like digital X-Ray, 3D Scanner and CT scan machine.

The ideal candidate must be a team player looking for a long-term position with the desire to grow professionally. We are seeking someone who works independently, has excellent clinical skills, great chair-side manners and high ethical standards. Candidates should be able to perform the full scope of oral maxillofacial surgery.

Please respond to this ad with your cover letter and resume.

Faces of The Mission
2480 Mission Suite 219
San Francisco, CA 94110
Phone 415.285.0526

SAN DIEGO Well-respected oral surgery practice located in central San Diego. 25 years in practice and one of the most successful, busy practices in the city. Very active Seattle study club sponsor for over 21 years with 50 members. Scope of practice includes all dentoalveolar surgery, implants, bone grafting, PRF/PRP active use, orthognathic and TMJ surgery, sleep apnea treatment with MRD and bi-maxillary advancement and facial trauma. In house OR capable of supporting single jaw orthognathic/TMJ surgeries. Active hospital practice for more complex cases.

We are looking for a board certified/eligible surgeon with active skills in orthognathic/TMJ/Trauma surgery comfortable with outpatient anesthesia and dentoalveolar surgery that is interested in becoming a partner in this practice. Comfort with public speaking is a big plus. Outgoing personality with excellent patient care skills is mandatory. Interested parties, please contact via email at info@mvoms.com, or office phone at 619-298-2200 and ask for Kim, office manager

SANTA BARBARA OMS Associate wanted to practice in Santa Barbara. Leading to partnership/owner position. Please contact Yvonne at 805-692-8500 or Email at drwelsh.oms@gmail.com

SOUTHERN CALIFORNIA'S INLAND EMPIRE Immediate full-time oral maxillofacial surgeon wanted 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 dentoalveolar 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) 331-0227 or email MDudziak@ieomfs.com.

OMS SEEKING WORK

UCSF Fresno OMFS Graduate looking for an associateship/partnership position in Southern California, with potential for buy-out down the road. omidniav@gmail.com 714-624-7634

SEEKING PART TIME OMS JOB Between San Francisco and Sacramento. Oral and maxillofacial surgeon retired with 40 years of experience in private practice seeking part time job. Grad of UOP and Highland Hospital. Reason, full time retirement is boring. Experience includes teaching at Highland Hospital. Contact John Kiesselbach at (530) 613-7833 or email jekieselbach@gmail.com

PRACTICE FOR SALE

LOS ANGELES: Turn-key oral and maxillofacial surgery practice available for sale, with transition if buyer desires, in west Los Angeles. 1200 sq. ft. office in quality hi rise medical/dental building. Newer CBCT, centrifuge, two surgical operatories, consultation room, recovery room. On 3 ½ days per week, collections averaged 500K for the past three years. Owner selling to return to teaching. Interested parties please contact cell phone 310 415-7816

WEST LOS ANGELES oral surgery practice. Well Established, Excellent reputation and relationships within the community and amongst the Dental referral base. The office is 2,200 square feet in a multi-tenant building and has been remodeled with updated equipment and technology, including Cone Beam. 2 Consult Rooms, 3 Surgical Suites, Full surgical Area with Recovery, Nurses Station and Sterilization Center. Very well designed for Oral Surgery flow. This practice has been in the same location for 20+ years. \$2.1M Annual Revenue, Operating Expense below 55%, with \$1.0M net. Please contact Jason Owens at 855-546-0044 or jowens@ddsmatch.com for a confidential conversation about this opportunity.

SOUTHERN CALIFORNIA: Well established OMS practice in desirable location in sunny suburb of Southern California for sale. Same location in a professional medical building close to hospital and freeways for over 20 years with great referral base. The owner surgeon is moving out of State and is motivated but will stay for a smooth and stress free transition as long as desired by the prospective buyer surgeon to insure continuation of great service to referral base and community. The owner surgeon has a study club that meets 4 to 5 times a year providing CE credit for referral doctors. The gross Production for the last year was over \$1M (break down for each procedure is available) with collection of \$900K on 3 ½ days a week! The practice procedure is summarized as full scope of implantology, dentoalveolar, pathology, TMJ. No HMO insurance. There is a lot of potential for expansion of services for an enthusiastic new surgeon. The office has a fully equipped and functional operating room in full operation for general anesthesia with intubation and anesthesiologist. The office was certified as surgery center. It only needs renewal. If you love great climate and outdoor activities, great schooling system, safety, close to airport, beach life style in Southern California, this is your opportunity. For confidential detailed information please contact us at sylviamini@hotmail.com.

WOULD LIKE TO BUY

GREATER SACRAMENTO AREA. I am looking to purchase a practice with transition in Sacramento or surrounding areas. I am currently practicing in Northern California and I am looking for an OMFS practice with an emphasis on Dentoalveolar and implant surgery. Please contact me at omfspractice43@gmail.com if interested

SOUTHERN CALIFORNIA: I am currently out-of-state and would like to relocate to California. I am looking for an OMS practice for purchase with transition. Southern California preferred (Greater Los Angeles, Inland Empire or Greater San Diego) / mid-size city or suburban community. 1,500-2,000 sq. ft. 2-3 operatories. Please email me @ surgeryoms@gmail.com



Keeping the

SPECIALTY STRONG

for the Next Generation of OMS.



Photo: Prasad Bastodkar, DDS, oral and maxillofacial surgeon at Associated Oral & Maxillofacial Surgeons, Maple Grove, Minnesota.

Each OMS with OMSNIC insurance is a shareholder with a voice in the direction of the company. That is the key difference between OMSNIC and other liability insurers: at OMSNIC, OMS are in control.

In fact, the company was formed by oral and maxillofacial surgeons in response to the malpractice insurance crisis of the 1980s, when runaway premium costs threatened the future of private practice. Practicing oral and maxillofacial surgeons review member claims at OMSNIC, unlike other insurance companies who don't view the OMS practice from a peer perspective. With an OMSNIC policy, you can focus on patient care knowing you're protected by comprehensive coverage designed just for OMS.

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