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1 Policy on the Role of Pediatric Dentists as Both Primary and Specialty Care
2 Providers

3
4 Review Council

5 Council on Clinical Affairs

6 ~~Reaffirmed~~

7 2013

8 Latest Revision

9 2018

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11 Purpose

12 The American Academy of Pediatric Dentistry (AAPD) emphasizes that health care providers and other
13 interested third parties must recognize the dual role that pediatric dentists play in the provision of
14 professional preventive and therapeutic oral health care, which includes both primary and specialty care
15 services.

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17 Methods

18 This policy was originally developed by the Council on Clinical Affairs and adopted in 2003. This is a
19 revision ~~an affirmation~~ of the last ~~revision~~ version reaffirmed in 2013, and was It is based on a review of
20 the accreditation standards for advanced specialty training programs in pediatric dentistry and the AAPD
21 position paper on the role of pediatric dentists as primary and specialty care providers^{1,2}. An electronic
22 search was conducted using the terms pediatric dentist, pediatric specialist, primary care provider, dual
23 care provider, and specialty care provider.

24

25 Background

26 “Pediatric dentistry is an age-related specialty that provides both primary and comprehensive preventive
27 and therapeutic oral health needs for infants and children through adolescence, including those with
28 special health care needs”². The American Dental Association, the American Academy of General
29 Dentistry, and the AAPD all recognize the pediatric dentist as both a primary care provider and specialty
30 care provider. The dual role of pediatric dentists is similar to that of pediatricians, gynecologists, and

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31 internists in medicine. Within the medical profession, clinicians and third party payors recognize these
32 physicians in a dual role and have designed payment plans to accommodate this situation.

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34 The AAPD respects the rights of employers to negotiate health care benefits for their employees.
35 ~~Unfortunately,~~ Third-party payors sometimes do not recognize pediatric dentists as primary care
36 providers. This position restricts access to pediatric dentists for children who have reached a
37 predetermined age and/or who may be best served by specialized oral health care providers and
38 counseling. In some instances, this restriction results in necessity for a specialty referral to a pediatric
39 dentist prior to evaluation.

40
41 **Policy statement**
42 The AAPD recognizes that infants, children, adolescents, and individuals with special health care needs
43 have the right to quality oral health care. The AAPD encourages third party payors to recognize pediatric
44 dentists as both primary and specialty oral health care providers and to refrain from age-related
45 restrictions when a parent or referring clinician desires to utilize the services and expertise of a pediatric
46 dentist to establish a dental home or for limited specialized care.

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48 **References**
49 1. American Academy of Pediatric Dentistry Council on Dental Benefits Programs. Position paper:
50 The role of pediatric dentists as primary and specialty care providers. Chicago, Ill.; 2002.
51 2. American Dental Association Commission on Dental Accreditation. Accreditation standards for
52 advanced specialty education programs in pediatric dentistry. Chicago, Ill.; 2013~~7~~. Available at:
53 ~~“http://www.ada.org/sections/educationAndCareers/pdfs/revised_ped_2013.pdf”~~. Accessed June-
54 20, 2013 <https://www.ada.org/~media/CODA/Files/ped.pdf?la=en> Accessed March 16, 2018
55 (Archived by WebCite® at <http://www.webcitation.org/6xxy15TyJ>)

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