The Magazine of the American Academy of Pediatric Dentistry

PDT

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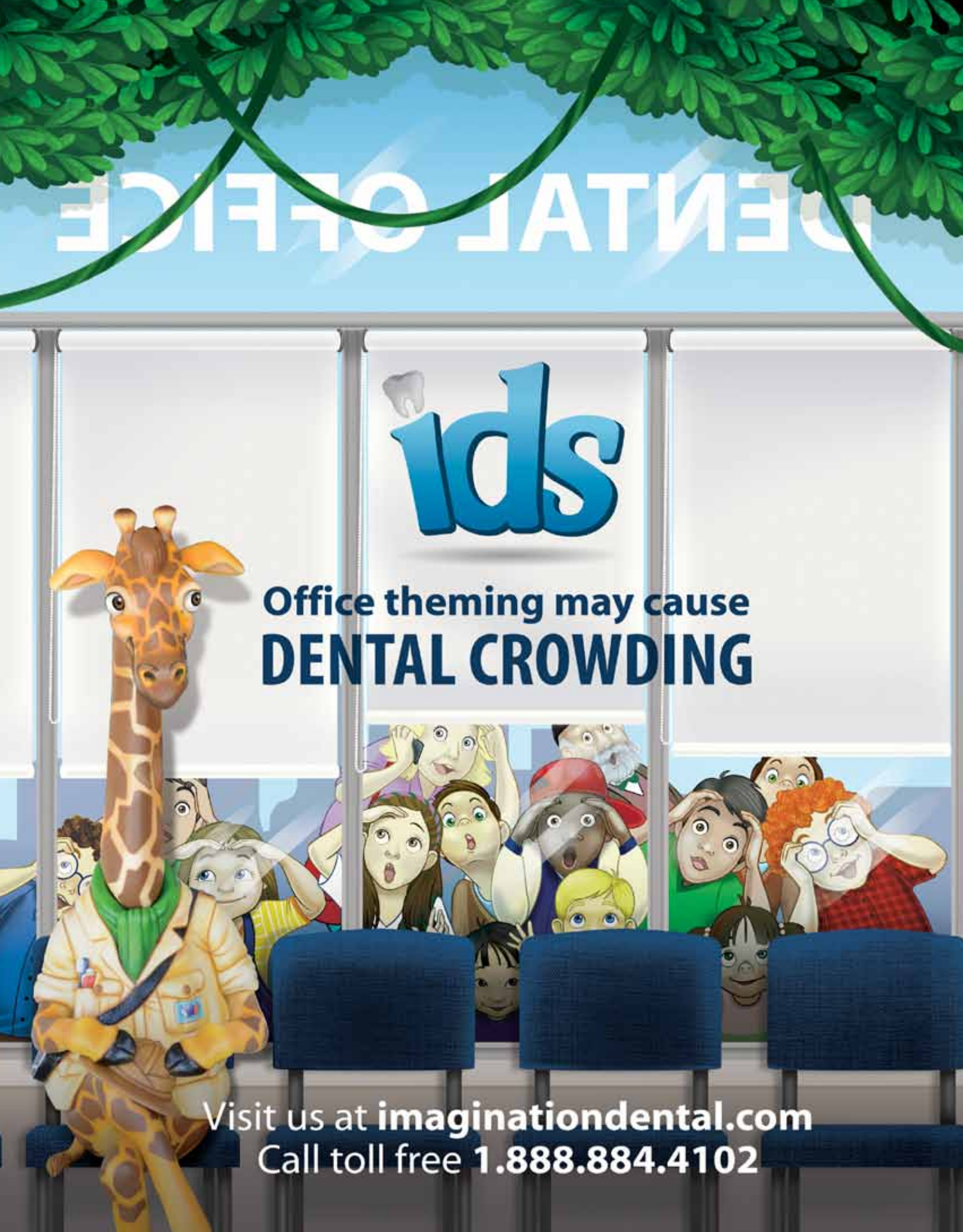
The Monster-Free Mouths Movement is Turning Two!

November 2015 Volume L, Number 6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The Magazine of the American Academy of Pediatric Dentistry

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The PDT magazine (ISSN 1046-2791) is published bimonthly by the American Academy of Pediatric Dentistry, 211 E. Chicago Avenue—Suite 1600, Chicago, Ill. 60611, USA, (312) 337-2169. Periodical Postage Paid at +PQKIOW 1TT IVL I\ ILLQ\QWVIT UIQTQVO W{KM[8 7;<5); & - : " ;MVL ILLZM[[changes to PDT, 211 E. Chicago Avenue—Suite 1600, Chicago, Ill. 60611, USA.

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Dr. Rob L. Delarosa
AAPD President

Proud of Our Passion

It is just me or does this year seem to be flying by for y[illegible] taken off and these are the meetings I've attended:

- AAPD Board Orientation and Media Training, Chicago, Ill.
- International Academy of Pediatric Dentistry Meeting, Glasgow, Scotl[illegible]
- AAPD Council on Annual Session Planning Meeting, San Antonio, Texas
- Dental Specialty Group and CODA Meetings, Chicago, Ill.
- AAPD Executive Retreat, Toronto, Canada
- AAPD Ad Interim Meeting, Chicago, Ill.
- Dental Trade Alliance Meeting, Bonita Springs, Fla.
- Maryland Academy of Pediatric Dentistry Meeting, Baltimore, Md.
- Royal College of Surgeons of Dublin, Dublin, Ireland
- ADA Annual Session, Washington, D.C.

In reflecting upon these opportunities to meet colleagues from across the country and the world I am so proud to be a pediatric dentist serving children along with so many talented and passionate people who share the same noble goal [illegible] optimal oral health for all children.

I am also continually amazed at the spirit of generosity I have seen demonstrated by our colleagues and friends. Whether it be money, time, volunteer service or other available resources, in every environment I've been to I have seen this spirit on full display. In speaking with Healthy Smiles Healthy Children Vice President for Development and Charitable Programming Paul Amundsen [illegible] his experience has been identical to mine. [illegible] had a member and spouse commit up to a million-dollar match contribution to our foundation for the 2015-2016 cycle. I hope this resonates with our members because [illegible] nity for us to double our total contributions to our foundation this year. I am humbled by this magnanimous gesture. These resources will allow us to help a larger [illegible] number of [illegible] less fortuna[illegible] need to have healthy smiles. In his travels to sites of past recipients of our foundation grants Amundsen has ex[illegible] and admiration for the work that is being [illegible] but has also come to recognize the scope of the problem. It is my hope that we can match the challenge set [illegible] will certainly increase our impact for [illegible]

Finally, I am reminded of something my good friend and colleague Dr. Ned Savide said many years ag[illegible] compassion, empathy and purpose for treating children frames the rest of our activities both personally an[illegible] agree more, and for those of us fortunate enough to have pediatric dentistry as our calling I'm sure you fee[illegible]

Dr. John S. Rutkauskas
AAPD CEO

Applicants Wanted: Leadership Institute Cohort V

Identifying and cultivating future leaders is critical to any W Z O I V Q b I \ Q W V ¼ [T W V O \ M Z U ^ Q \ I T Q \ a I

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increasing the number of Leadership Institute graduates to 120 AAPD members.

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Since 2012, HSHC has been using Leadership Institute participation as one of the criteria for recruiting members of its Board of Trustees. Two of the current HSHC trustees are graduates of the Leadership Institute, and Dr. Rutkauskas serves on the HSHC board of trustees.

Leadership Institute students receive instruction from 3 M T T W O O ¼ [_ W Z T L K T I [[N I K] T \ a K W P W Z \ [Q V O
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and addressed issues related to positioning pediatric dentists
as recognized authorities on child oral health. ALI cohort
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www.aapd.org/foundation/ ... application page.

Please apply today. I hope to have the opportunity \W _MTKWUM aW] \W 4MILMZ[PQX 1V[\Q\]\M +WPWZ\ in December 2016!

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* All members have online access to the most recent version of the AAPD Administrative Policy and Procedure Manual, which is periodically reviewed and upd
Committee with oversight and approval by the board of trustees.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION 1. Publication Title: PDT (Pediatric Dentistry Today). 2. Publication Number: 1046-2791. 3. Filing Date: October 1, 2015. 4. Issue Frequency: bimonthly. 5. Number of Issues Published Annually: 6. 6. Annual Subscription Price: Domestic $20; Foreign $20. 7. Complete Mailing Address of Known O ce of Publication: 211 East Chicago Avenue 1600, Chicago, IL 60611-2672. 8. Complete Mailing Address of Headquarters or General Business O ce of Publisher: American Academy of Pediatric Dentistry, 211 East Chicago—Suite 1600, Chicago, IL 606 Contact Person: Dr. John Rutkauskas. Telephone: 312-337-2169. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher—American Academy of Pediatric Dentistry Chicago Avenue, Suite 1600, Chicago, IL 60611-2672; Managing Editor—Dr. John Rutkauskas. 10. Owner: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2 Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. None. 12. Tax Status: Has not Changed During Pre months. 13. Publication Title: PDT (Pediatric Dentistry Today) 14. Issue Date for Circulation Data Below: August 1, 2015

15. Extent and Nature of Circulation	Average No.Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net Press Run)	9,368	9,536
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(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (Include advertiser's proof and exchange copies)	8,233	8,321
(2) Paid In-County Subscriptions (Include advertiser's proof and exchange copies)	0	0
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(4) Other Classes Mailed rough the USPS	562	610
c. Total Paid and/or Requested Circulation [Sum of 15b. (1), (2), (3), and (4)]	8,795	8,931
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f. Total Free Distribution (Sum of 15d. and 15e.)	0	0
g. Total Distribution (Sum of 15c. and 15f.)	8,795	8,931
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i. Total (Sum of 15g. and h.)	9,368	9,536
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16. Publication of Statement of Ownership is required. It will be printed in the November 2015, issue of this publication.
17. Signature and Title of Editor, Publisher, Business Manager, or Owner

John S. Rutkauskas, Chief Executive O cer Date: October 1, 2015

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the f be subject to criminal sanctions (including nes and imprisonment) and/or civil sanctions (including civil penalties).

Legislative and Regulatory Update

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STATE NEWS

AAPD Joins Friends of Court Brief in Connecticut Medicaid Dental Audit Case

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and Policy Center at http://www.aapd.org/assets/1/7/POHRPC_Audit_-_Feb2015_Final.pdf. Also see http://www.aapd.org/medicaid-rac_audits_pose_threat_to_children%E2%80%99s_access_to_care/.

BACKGROUND OF THE CASE

This case, Bridgeport Dental, LLC v. Commissioner of Social
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auditors sampled 100 claims, purportedly random calculated that
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procedure codes, enrolled patients and other factors. The auditors then multiplied the average overpayment per claim by the universe of
! KTIQU[ZM[]T\QVO QV IV ¹M`\ZIXWTI\MLº
LQ\QWVIT LQ[ITTW_IVKM X][PML \PM \W\IT
]V[]KKM[[N]TTa IXXMITML \PZW]OP \PM [\I\M
ILUQVQ[\ZI\Q^M IXXMIT QV I [\I\M ;]XMZQWZ
KM[[N]T)V IXXMIT \W \PM)XXMTTI\M

<PM))8, Q[UW[\ KWVKMZVML IJW]\ IKKM[[\W KIZM
PMIT\P QV 5MLQKIQL JMQVO VMOI\Q^MTa QUXIK\ML
ZMI[WVIJTM I]LQ\ XZWKML]ZM[<PM ZMKM
LMV\IT 5MLQKIQL XZWOZIU QVKT]LM[I KT
Ja JMVMÅKQIZQM[QV IOIQV[\ \PM XZWOZIU
\PI\ QVKZMI[ML 5MLQKIQL LMV\IT ZMQU
program administration, and targeted recruitment of more dentists
\W XIZ\QKQXI\M QV \PM XZWOZIU <PQ[
+WVVMK\QK]\ LMV\Q[\[[MZ^QVO 5MLQKIQL
XZWKML]ZM[QV Y]M[\QWV]VLMZUQVM \PM X]JTQK XWTQKa OWIT WN XZW^QLQVO
LMV\IT KIZM \W KPQTLZMV WN TW_ QVKWUM NIUQTQM[

KEY POINTS RAISED IN THE AMICI BRIEF

The AAPD and other amici are concerned over the state audi
\WZ[¼ ÆI_ML][M WN [IUXTQVO IVL M`\ZIXWTI\QWV
such methods absent statistically sound methodology could result in
I \ZMUMVLW][ÅVIVKQIT QUXIK\ WV XZW^QLMZ[

8MLQI\ZQK 5MLQKIQL XZW^QLMZ[8MLQI
ing their methodology. The state apparently declined to apply any statistical test to ensure the reliability of the sample and determine
)\ \PM [IUM \QUM \PM M`\ZIXWTI\QWV
cally valid. This is not a practice recognized by the federal agency
W^MZ[MMQVO 5MLQKIQL IVL 5MLQKIZM _PW[M
a statistically valid sample and methods for projecting overpay-
UMV\[.MLMZIT O]QLMTQVM[IT[W ZMY]QZM K
LQ[KTW[]ZM QN M`\ZIXWTI\QWV Q[ ][ML \W KIT
[\I\M¼[IK\QWV[IZM KWV\ZIZa \W NIQZ IVL ZM
advocated by the AAPD and other amici. The brief also highlights
IV\Q[\I\M I]LQ\ XZIK\QKM[KWVKM
XZWKM[[ZMY]QZMUMV\[¹LQ[KZM\QWVIZa

1V \PM TMOQ[TI\]ZM XI[[ML 8]JTQK)K\
Department of Social Services;(;) to promulgate formal regulations on its audit process. In 2014, the legislature passed Public Act
\W ZMY]QZM ,;; \W XZWU]TOI\M ZMO]TI\Q
M`\ZIXWTI\QWV UM\PWLWTWOa ,;; PI[VM^MZ
PI^M JMMV ZMRMK\ML Ja \PM TMOQ[TI\]ZM¼[
In 2015 the legislature involved itself more directly, deleting the
QVMzMK\Q^M ZMY]QZMUMV\ NWZ ZMO]TI\QWV[
UIVLI\M \PI\ [IUXTQVO IVL M`\ZIXWTI\QWV UM\
^ITQLI\ML Ja I]VQ^MZ[Q\a 8]JTQK)K\
VW\ ITTW_ ZMY]QZM \PI\ \PM UM\PWLWTWOa
vider at the outset of the audit. A provider aggrieved by the audit can
VW\ I[I ZMU ^QM_ Q\[PMIZQVO I\ \PM
tested case procedures of the Uniform Administrative Procedure Act.

<PM))8, ZMLMZ ^QM_ \PM NQTML]UQK][JZQMN http://www.aapd.org/assets/1/7/2015-08-05_Brief_of_Amici_Curiae-Conn_Dental_Audit_case.pdf.

The AAPD and other amici contributed to the legal cost of the
JZQMN _PQKP _I[ÅTML Ja I\\WZVMa 2MzZa :
?QOOQV IVL ,IVI 448 QV 6M_ 0I^MV http://www.wiggin.com/16030.

NWZ UWZM QVNWZUI\QWV XTMI[M KWV\IK\
7{KMZ IVL /MVMZIT +W]V[MT clitch@aapd.org or Con-
VMK\QK]\ 8MLQI\ZQK 8WTQKa ,QZMK\WZ ,Z ,W]O 3M

New Medicaid RAC Audit Reform Law in Nebraska

?PQTM 5MLQKIQL :)+ I]LQ\[ ]VLMZ \PM)zWZLIJTM +IZM)K\ menting federal regulations do not provide I XZMKQ[M NZIUM_WZS NWZ PW_ KWVL]K\ML 4* Q[IV MzWZ\ that, and is being considered a model for legislation in other states. Approved by and [QOVML QV\W TI_ Ja 6MJZI[SI /W^MZVWZ 8M\M :QKSM\\[WV 5Ia ! 4* \PM NWTTW_QVO WN :)+ I]LQ\WZ[[\I\M¼[5MLQKIQL XZWOZIU"

- <PMa UIa WVTa ZM^QM_[KTIQU[_W aMIZ[WN \PM LI\M WN XIaUMV\
- They must send a determination letter _Q\PQV LIa[WN I XZW^QLMZ ITT ZMY]M[\ML UI\MZQIT PDT,
- They must utilize a licensed health care provider from the area of practice being audited to establish relevant audit UM\PWLWTWOa KWV[Q[\MV\ guidelines, standards of care and state-Q[[]ML 5MLQKIQL XZW^QLMZ
- They must provide greater due process NWZ VW\QÅKI\QWV WN IV IL^MZ[M LM\MZUQVI-tion and scheduling of on-site audits, ITWVO _Q\P \PM ZQOP\ \W mination. This includes an informal IXXMIT[XZWKM[[ITWVO _Q\P administrative appeal. A provider must receive advance notice of not less than 10 business days for an on-site audit, IVL \PM I]LQ\WZ U][\ UISM I OWWL NIQ\P MzWZ\ \W M[\IJTQ[P I U]\]ITTa IOZMML upon time and date.
- They must ZMY]M[\ KTIQU medical neces[[Q\a] ... had obtained prior authorization for the [MZ^QKM IVL [MZ^QKM _I[X authorized.
- They may audit no more than 5 percent WN \PM V]UJMZ WN KTIQU[XZW^QLMZ JMQVO I]LQ\ML 200 records. A provider must have at least 45 days to respond to and comply _Q\P ZMY]M[\[
- They must submit an annual report, KWV[][\MV\ [\I\M¼[,00; garding their performance, including the amount of overpayments and underpay-UMV\[QLMV\QÅML
-)TWVO _Q\P \PM [\I\M ,00; must perform annual education and training programs for providers, including a description of common issues, prob-TMU[IVL UQ[\ISM[QLMV\QÅML I]LQ\[IVL ZM^QM_[ITWVO _ nities for improvement.
- They are prohibited from recovering overpayments until all informal and formal appeals have been completed, M`KMX\ QV KI[M[_PMZM \PMZM allegation of fraudulent activity by the provider.
- For any contingent fee contract, they must be paid the same for overpayments or underpayments.
- <PMa U][\ ITTW_ MTMK\ZWVQK WN ZMY]M[\ML ZMKWZL[

)[ZMXWZ\ML QV \PM 5Ia JI[ML WV I [QOVQÅKIV\ KPIVOM 5MLQKIQL :MKW^MZa)]LQ\ +WV\ZIK\WZ QV 6MJZI[SI \PI\ QUXIK\ML ITT 5MLQKIQL participating dentists in the state, the Ne-JZI[SI ;WKQM\a WN 8MLQI\ZQK ,MV\Q[\Za IVL \PM 6MJZI[SI ,MV\IT)[[WKQI\QWV pursued :)+)]LQ\ ZMNWZU TMOQ[TI\QWV. 4MOQ[TI\Q^M JQTT _I[QV\ZWL]KML NWTTW_ML Ja I TMOQ[TI\Q^M hearing. During the Feb. 18, 2015, hear-ing on this bill, both pediatric and general LMV\Q[\[\M[\QÅML QVKT]LQVO XMLQI\ZQK LMV\Q[\[,Z[2M[[QKI 5MM[M IVL -ZQK 0WLOM[ )T[W \M[\QNaQVO _MZM UMLQKIT health center, nursing home pharmacy I[[WKQI\QWV[:WV ?Q[MUIV \PM W{KM UIV-ager of pediatric dentist Dr. Lourdes Secola-7KIV\W IT[W XZW^QLML PMIZ\NMT\ \M[\QUWVa.

;XMKQIT \PIVS[OWM[\W"
,Z 2M[[QKI 5MM[M))8, +W]VKQT WV /W^MZVUMV\ )zIQZ[6WZ\P+MV\ZIT LQ[\ZQK\ ZM
,Z 0WTTa 8WZ_WWL 6MJZI[SI)KILMUa WN 8MLQI\ZQK ,MV\Q[\Za 8]JTQK 8WTQKa)L
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3QU :WJIS -[Y 6MJZI[SI ,MV\IT)[[WKQI\QWV KWV\ZIK\ TWJJaQ[\
,I^QL 7¼,WPMZ\a 6MJZI[SI ,MV\IT)[[WKQI\QWV M`MK]\Q^M LQZMK\WZ

.WZ N]Z\PMZ QVNWZUI\QWV XTMI[M KWV\IK\ +PQMN 7XMZI\QVO 7NNQKMZ ;KW\\ 4MZVMZ skim@aapd.org WZ 6MJZI[SI 8]JTQK 8WTQKa)L^WKI\M ,Z 0WTTa 8WZ_WWL I\ hollyportwood@mypdtdental.com

C. Scott Litch

&KLHI 2SHUDWLQJ 2I¿FHU DQG *HQHUDO &RXQVHO

Litch's Law Log

Supreme Court Rules Providers Cannot Sue Medicaid

7V 5IZKP \PM = ; ;]XZMUMV 0+;W;]ZKZMKZQa_MPW VW\QÅM[I [\I\M \PI\ \PI\ \PM ;]XZMUIKa +TI][M LWM[VWQQQYML MV_LIQMQQTXZQVMQL-PM [\+\M¼[I\\MV MZ[I XZQ^I\M ZQOP\ WN IK\QWV \WenclaimsthattheFederalgovernmentmightalsobeliable = ; + ‹ ! I I) ,_PQKP Q[\PM\W[KMTI[M;ZMYQQZMVZ\PMZ IZO]M[\PI\ \P access provision.[1]

<PM KI[M QV^WT^ML 5MLQKIQL-XZW^QLMZ[WN ^QKM[_PW []ML 1LIPW \W MVRWQV [\I\M XWTQKQM[XZW^QLMZ ZMQU-J]Z[MUMV\ ZI\M[\PI\ \PMa IZO]ML _MZKMTQVKWVVMQ[WV_Q]PM[PWV M^MV \PM NMLMZIT 5MLQKIQL [\I\]\M <PM 6QVWPV+MÅZKQQZ[UL[]MTW[_MZVO \PI\" court ruling that the Supremacy Clause of the U.S. Constitution gave providers a private right of action to sue to enforce \PM NMLMZIT 5MLQKIQL TI_ <PM ;]XZMUM +W]ZKPMTMV\ KPW\ZIK\[JM_MMV 6QV\P +QZK]Q\ QV I LMKQ[QWV 2M[QKMZ[aMV\]ML IQKP[PMTI][M LWM UIRWZQ\a IVL 2][\QKM 3MVVML a ^W\KWV_NMP [PMP LQZ[QVP\ 0W_M^MZ PQ[TIV

A number of health provider associations, including \PM),) IVL)5) ÅTML IV IUQK][JZQMN IZO]QVO \PI\ \PM ;]XZMUIKa +TI][M _PQKP UISM[NMLMZIT TI\PM[]XZMUMTa of the land, creates a private right of action that permitted \PM XTIQV\Qz[\W [MMS \PM ZMY]M[\ KTI][M WN \PM 5MLQKIQL [\I\]\M XZW^QLMZ[XXTa \W KWV\ZIK\[JM_MMV I XZQ^I\M XTIV[U][\"

[1] XZW^QLM [ ]KP UM\PWL[IVL XZWKMLZM[utilization of, and the payment for, care and services available under the plan . . . as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent _Q\P M{KQMVKa MKWVWUaaredVL Y]ITQ\a WN KIZM IVL []{KQMV\ MVW]OP \W MVTQ[\ MVW]OP XZW^QLMZ[W\PMZ KZM IVL [MZ^QKM[IZM I^IQTIJTM]VLMZ \PM ;]XZMUIKa +TI][M LWM[VW\ ZMY]QZM \PM XTIV\ \W TM[[\ \W \PM M\MV\ \PI\ [KP care and services are available to the general population in the geographic area . . ."

<PM UIRWZQ\a WXQVQWV _ZQ\\MV JaM2QQUMM[;\PMTMYQVIKKMM[[KTI][M ! \PI\ \PM ;]XZMUIKa +TI][M LWM[VW\ ZMY]QZM XMZUQ\\PM MVNWZKMUMV\ WN Q\[TI_[Ja XZQ^I\M JK\WZ[VWZ LWM[\PM 5MLQKIQL [\I\]\M KWVNMZ + XZQ^I\M ZQOP\ WN IK\QWV He argues the sole remedy Congress provided for failure WN I [\I\M \W KWUXTa _Q\P 5MLQKIQL½[ZMY]QZMUMV\[QV NWZ \PM NMLMZIT OW^MZVUMV\ \W _Q\PPWTL5MLQKIQL[NMV[IT[W ZMNMZ[\W \PM MY]IT IKK-M[[KTIU[IT NWT JW[[QV QL[QON ÅK]T\ \W QUIOQVM I ZMY]QZMUMV\ JZWILMZ IVL TM[[[XMKQAK 0M LQ[IOZMM[_Q\P \PM LQ[[MV\ \PI\ Forfurtherinformation,pleasecontact[AAPD Chief so severe as to be politically unrealistic, suggesting that an 7XMZI\QVO 7{KMZ IVL /MVMZIT +W]V[MT + at slitch@aapd.org.

<PM KI[M Q[ )ZU[\ZWVO ^ -`KMX\QWVIT +PQTL +MV\MZ 1VK M\ IT

2 Your columnist would rate the chances of this ever happening as slim to none.

creating language needed to create a private right of action.

biage in addition to and not determinative of the holding in the case—and therefore not binding precedent. Unfortunately, his language could be cited to bolster future legal

implying that private enforcement is necessary. She observes

ment—or, more important, to infer that Congress must have done so." She also notes that similar language in another

by courts to confer a private right of action.

[1] Your columnist would rate the chances of this ever happening as slim to none.

[2] Http://www.aapd.org/federal_judge_

PAC Corner

Your AAPD PAC: Who We Are

<PM))8, 8WTQ\QKIT)K\QWV +WUUQ\\MM _I[NWZUML QV \W
\PM))8, \W KWV\ZQJ]\M N]VL[\W KIVLQLI\M[NWZ NMLMZIT W{K
a serious commitment to those issues of importance to AAPD and the improved oral
PMIT\P WN KPQTLZMV -IKP))8, LQ[\ZQK\ Q[ZMXZM[MV\ML WV
KPIQZ[\PM ;\MMZQVO +WUUQ\\MM#))8, 8I[\ 8ZM[QLMV\ ,Z 6ML
Trustee Dr. Shari Kohn is assistant treasurer.

Your AAPD PAC:

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;\ZMVO\PMV[4WJJaQVO

8)+[LW WVTa _W \PQVO[IVL OQ^M Q\ I_Ia /Q^QVO \W KIVLQLI\M[
helps open Congressional doors so that our members—their constituents—can come in IVL \ITS IJW]\ \PM VMML \W for all children.

<PM))8, 8)+ []XXWZ\[KIVLQLI\M[_PW have been our friends in Washington. We IT[W []XXWZ\ VM_ KIVLQLI\M[TQSM ;MVI\WZ congressman (and dentist) Bruce Babin of <M`I[_PW PI^M [PW_V I _QTTQVOVM[[\W TQ[\MV and respond to our issues. Your donation, NZWU aW]Z XMZ[WVIT IKKW]V\ LQZMK\ TWJJaQVO MzWZ\[

4MIL[\W)L^WKIKa ;]KKM[[

PAC support has opened doors for))8, IL^WKIKa MzWZ\[QVKT]LQVO K]Z QVO]VNIQZ 5MLQKIQL :)+ I]LQ\[(http:// www.aapd.org/_rac_audits_pose_threat_to_ children%E2%80%99s_access_to_oral_health_ care/) and ensuring that our top appropria- \QWV[XZQWZQ\a <Q\TM >11 XMLQI\ZQK LMV\Q[\Za dentistry training programs, received our ZMY]M[\ML IUW]V\ WN year (P\\X" ___ IIXL WZO ÅVIT_IXXZWXZQI\QWV[priations_legislation_includes_10_million_for_title_ vii_pediatric_dentistry_training/).))8,¼[4MOQ[TI\Q^M IVL :MO]TI\WZa 8ZQWZQ\QM[IZM I^IQT- IJTM WV \PM))8, _MJ[Q\M I\ http://www.aapd.org/ aapd_2015_legislative_and_regulatory_priorities/.

/-< 16>74>-,

)L^WKIKa <ZIQV

<PM 8)+¼[ILL \Q^M N]VL[[]XX annual Public Policy Advo KI\M[\W ?I[PQVO\WV bring an increasingly large number of AAPD members, including our state Public Policy Advocates and residents from several programs, to Washington, ,+ \W UMM\ _Q\P \PMQZ W_V ZMXZM[MV\I\Q^M[*a IL^WKI\QVO NWZ SMa Q[[]M[QV \PMQZ +IXQ\WT 0QTT ^Q[Q\[I\\MVLMM[TMIZV PW_ \W JM TMOQ[TI\Q^M ^Q[Q\[IVL XZM[MV\ \ITSQVO XWQV\[[SQTT[\PMa KIV \ISM JIKS \W \PMQZ PWUM [\I\M[\PMa advocate for state legislation.

/-< 16>74>-,74) 4A

0W_ \W +WV\IK\ ))8, 8)+

0W[\ I +IVLQLI\M KZZ-

The AAPD PAC actively engages our UMUJMZ[PQX QV LMTQ^MZQVO))8,¼[UM[[IOM ^IZQW][¹UMM\ IVL OZMM\[º NWZ KIVLQLI\M[JMZ[WN +WVOZM[[7XXWZ\]VQ\QM[NWZ))8, UMUJMZ[\W QV\MZIK\ _Q\P TQSM \W JM XIZ\ WN \PQ[UQOP\ KWV\IK\ ))8, <PM PAC may also consider W{KM KWV\ZQJ]\QWV ,Z KWZQ]ZQa OQ^QVO \W \PM KIVLQLI\M

:MKWUUMVL I +IVLQLI\M NWZ ;

))8, UMUJMZ[UIa [MVL recommendations for candidate support \W \PM))8, 8)+ 1N aW] I[I _IT \PM))8, 0MILY]IZ\MZ[;\IZ \PI\ aW] PI^M I XMZ[WVIT a member of Congress or prospective candidate _PW Q[WXMV \W W]Z UM[[SVW_) KIVLQLI\M _QTT TQSMTa 8)+ []XXWZ\ NWZ []KP IK\Q^Q\QM[\QWV WN TMOQ[TI\QWV \W QUXZW^M health, co-sponsoring legislation, holding PMIZQVO[WV TMOQ[TI\QWV _PQKP leagues supporting legislation or regulations, I[[Q[\QVO))8, ZMXZM[MV\I\Q^M[1N aW] ¼L TQSM \W JM XIZ\ WN \PQ[UQOP\ TMOQ[TI\Q^M TMOQ[TI\QWV favorably on legislation.

.WZ N]Z\PMZ QVNWZUI\QWV XTMI[M KWV\IK\ ))8, +PQMN 7XMZI\QVO 7{KMZ IVL /M Mitch@aapd.org.

SoFi

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6R)L VGHHQWERUUWRZHUV RQ DYHUDJH WKH IHWLPH RI WKHLU ORDQV

7KH $PHULFDQ $FDGHP\ RI 3HGLDWULF 'HQWLVWU\ DQQRXQFHV D SDUWQHUVKLS ZLWK 6R)L RIIHULQJ PHPEHUV ZLWK D XQLTXH VROXWLRQ WR KHOS HDVH WKHLU VWXGHQW ORDQ GHEW EXUGH
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$VGHQWLVWV FRQWLQXH WR VWUXJJOH ZLWK LQFUHDVLQJ VWXGHQW GHEWV WKH $$3' LV IRFXVHG RQ SURYLGLQJ VROXWLRQV WR KHOS LWV PHPEHUV WDFNOH WKHVH LVVXHV. $$3' PHPEHUV ZLOO EH HOLJLEOH IRU D ZHOFRPH ERQXV ZKHQ UHILQDQFLQJ WKURXJK VRIL.FRP

2Q DYHUDJH GHQWDO ERUURZHUV ZKR KDYH UHILQDQFHG ZLWK 6R)L KDYH VDYHG 3ULYDWH DQG)HGHUDO VWXGHQW ORDQV FDQ EH UHILQDQFHG DQG WKHUH DUH QR SUHSD\PHQW UHVWULFWLRQV RU IHHV RU FDWFK

7KH DSSOLFDWLRQ SURFHVV LV VLPSOH DQG EHJLQV ZLWK D SUH DSSURYDO WR GHWHUPLQH WKH UDWHV DQG WHUPV DYDLODEOH WR \RX 7KLV VKRXOG WDNH OHVV WKDQ ILYH PLQXWHV 4XDOLI\LQJ DSSOLFDQWV ZLOO WKH UDWHV DQG WHUPV DYDLODEOH WR WKHP VR WKDW WKH\ FDQ GHFLGH WKH\ ZRXOG OLNH WR SURFHHG 2QFH \RX VHOHFW \RXU UHSD\PHQW WHUP \RX VLPSO\ XSORDG WKH QHFHVVDU\ GRFXPHQWV DQG 6R)L GRHV WKH UHVW

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Drs. Joe Castellano and Kevin Donly

$$3' /RFDO $UUDQJHPHQWV &R &KDLUV

Welcome, Bienvenidos to the American Academy of Pediatric Dentistry 2016 Annual Session in San)V\WVQW <M`I[ ;IV )V\WVQW Q[ I \PZQ^QVO KQ\a ZMVW_VML K]Q[QVM NMI\]ZQVO ÆI^WZ[ WN <M`I[IVL 5M`QKW IVL \PM JMI] NZWV\ WN)UMZQKIV PQ[\WZa 7]Z PW[\ PW\MT \PM 5IZZQW\\ :Q MZKMV\MZ 5ITT IVL WVTa I JTWKS NZWU \PM 0MVZa * /WVbITM XTIKM <PM NIJ]TW][5Q[[QWV <ZIQT _PQKP Q[I VM_Ta LM[QO _Q\P \PM)TIUW JMQVO _Q\PQV I JTWKS WN \PM PW[\ PW\MT IVL I [PWZ\ LZQ^M \ISM[aW] \W OZMI\ \PMUM XIZS[WZ Y]IQV\ <ISM I JWI\ ZQLM LW_V \PM ;IV)V\WVQW :Q^MZ WZ I \ZWTTMa \PM ÆI^WZ WN W]Z _WVLMZN]T KQ\a

7V JMPITN WN \PM)UMZQKIV)KILMUa WN 8MLQI\ZQK ,MV\Q[\ _M IZM PWVWZML \W JM aW]Z PW[\[NWZ \PM [KQMV\QNQK IVL \PM ;KQ OZIU +WUUQ\\MM PI[_WZSML LQTQOMV\Ta \W LM^MTWX I XZWO \PM TMILQVO UMLQKIT IVL LMV\IT XZIK\Q\QWVMZ[IVL ZM[MIZKP educational balance encompassing caries research, dental materials, pathology and orthodontics to prac- \QKM UIVIOMUMV\ [\Iz MVZQKPUMV\ IVL \MKPVWTWOa ?M O]IZ

?M _IV\ML \W \PIVS 2WPV :]\SI][SI[IVL \PM))8, 5MM\QVO[IVL ment of Tonya Almond, Kristi Casale, Jessica Parra and Colleen Bingle for helping plan great venues throughout the city for all of the events. If you have not been to San Antonio or if you are returning, you IVL aW]Z NIUQTa IZM O]IZIV\MML IV M`KMTTMV\ M`XMZQMVKM QV ;IV)V\WVQW 5Ia · !

?MTKWUM \W <M`I[Bienvenidos a Te

Joe Castellano and Kevin Donly

aapd 16 SAN ANTONIO

Thursday, May 26

Registration

Preconference Course: Esthetic Pediatric RestorativeDentistry

First Timer's Reception

Friday, May 27

Opening Ceremony & Keynote Address

6 F L H Q W L À F 3 U R J U D P

Exhibit Hall

My Kid's Dentist Poster Research Competition

New Dentist Happy Hour

Welcome Reception

Saturday, May 28

6 F L H Q W L À F 3 U R J U D P

Exhibit Hall

My Kid's Dentist Poster Research Competition

HSHC Donor Circle Appreciation Gala

Sunday, May 29

General Assembly

6 F L H Q W L À F 3 U R J U D P

Exhibit Hall

Presidents' Farewell Dinner

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<PM KQ\a¼[LaVIUQK XI[\ WzMZ[I _
K]T\]ZM IVL KPIZIK\MZ <PM VM_ 0M
Convention Center is in the heart of the city, just
JTWKS[I_Ia NZWU I _QLM ^IZQM\a

<PM :Q^MZ ?ITS XZW^QLM[MI[a IKK
and shopping and comes alive at night. Also located
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bin Center for the Performing Arts, the Alamo, and
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updates regarding the Annual Session. In order to secure a hotel room
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AAPD Abstract Submission Deadlines

January 19, 2016

NuSmile Graduate Student Research Awards (GSRA)

My Kid's Dentist Research Poster Competition

Opening Ceremony & Keynote Address

Erik Wahl

Friday, May 27

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Preconference Course

Esthetic Pediatric Restorative Dentistry

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Dr. William Waggoner

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Dr. Ted Croll

" AM · PM Lunch

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State of the Art
Dr. Nasser Barghi

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State of the Art (Continued)
Dr. Nasser Barghi

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All Speakers

Career Fair

Friday, May 27

3:30 – 5:30 PM

The Annual Career Fair is a great op XWZ\]VQ\a NWZ I VM_ XMLQI\ZQK LMV\Q[\ \W UMM\ \PMQZ ÅZ[\ XZIK\QKM XW[Q\QWV WZ \PM UWZM M`XMZQMVKML XMLQI\ZQK LMV\Q[\ _PW Q[TWWSQVO NWZ I KPIVOM \W VM_WZS _Q\P PQZQVO WZOIVQ- zations. The Career Fair is a personal and LaVIUQK _Ia WN KWVVMK\QVO _Q\P UMUJMZ[WN the Academy.

Space is limited! For more information, visit http://www.aapd.org/annual or contact 5MM\QVO[IVL -`PQJQ\[ )[[WKQI\M +WTTMMV Bingle at (312) 337-2169 or cbingle@aapd.org. <PM KW[\ \W XIZ\QKQXI\M NWZ))8, 5MUJMZ[Q[# NWZ ZMKZ]Q\QVO KWUXIVQM[\PM XZQKM Q[$500.

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Sedation: 16 CE

The Sedation course is designed for pediatric dentists with training in sedation techniques. The course offers lectures on key sedation topics such as monitoring of the patient, child personality, selection of drugs, and more!

Restorative Symposium: 10 CE

This symposium is designed to update the the practitioner on dental restorative materials and indications for their use. The intention is to discuss topic areas presented at the last Pediatric Restorative Dentistry Consensus Conference and to update information presented.

Behavior Management Symposium: 11 CE

The evolution of society and chairside management of behavior is critical to the doctor-family relationships. This course will provide perspectives on how toxic stress and social determinants of health can influence behavior in the dental setting. The course also explores changes in the specialty that affect management of behavior of families in pediatric dental practices.

Pediatric Medicine Update: 7.5 CE

The 2014 Annual Session Preconference Course provides the pediatric dentist an update on a wide variety of areas concerning pediatric medicine. Medical reviews of common disorders and diseases often seen in the clinical practice are discussed and followed up by discussion of the latest advances in management.

Education Passport, Earn CE for Annual Session

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Dr. Dylan Michael Patrick
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therapy students interested in pediatric dentistry. The president, vic
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chapter has hosted oral health educational events at the Boys and
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and after school programs. In addition, the chapter has collaborate
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opportunities outside of the classroom on topics relevant to pediatr
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pulp revascularization in pediatric patients, and a pediatric dentist
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in pursuing pediatric dentistry residencies. Each spring a Q-and-A
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ter has accomplished to be featured in an upcoming PDT magazine at
abrown@aapd.org

T University of Minnesota AAPD members volunteering at Special Sm

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S University of Minnesota AAPD members partner with the American A
tion of Public Health Dentistry to host Dr. Musherure.

Obituary

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Resident's Corner

Why We Teach

By Colleen Greene, D.M.D., M.P.H.

The end of residency is an exciting [illegible] co residents and move on from your [illegible] tist. Starting over as an independent [illegible] your comfort zone. You'll miss your [illegible] camaraderie of residency life. At least, this is the normal transition.

For my colleagues and me, we took a very different [illegible] year after residency. Three of the four of us in our class stayed on full-time in our hospital-based program as faculty. We're providing care and mentoring residents at our main campus clinic satellite sites as well as the operating room. We're developing lecture series and creating program improvements [illegible] foundation that attracted us in the first place.

Our backgrounds and motivations to work for a residency program vary though we share a lot of common ground. One of us [illegible] moving on after a year to open a private practice out of state. One of us was already in practice over five years [illegible] planned to work in public health. It [illegible] postdoctoral dental education offered [illegible] care to vulnerable communities as well [illegible]

Dr. Barton Sloan graduated from the University of Kentucky [illegible] lege of Dentistry in [illegible] and began residency at [illegible] of Wisconsin immediately. He explains [illegible] gram is a way to give back to the profession [illegible] with the residency program you increase [illegible] the greatest need who are often times [illegible] associate with and collaborate with other medical [illegible]

My class shared one challenging experience [illegible] dency: our program director died [illegible] Post was involved in the program for [illegible] dedication to residents and to the community [illegible] impression on everyone with whom he [illegible] rial service together we saw a power [illegible] career as a pediatric dentist educator.

[illegible] Baz shares that joining the faculty of our [illegible] what I thought would be a more fulfilling c[illegible] She graduated from the University of Nebr[illegible] of Dentistry in [illegible] and worked in private [illegible] before applying to residency. She shares [illegible] private practice opportunities that I turned [illegible] position."

[illegible] stereotype that our role is to monitor resident care rather than lead by example. "The faculty role I'm in allows [illegible] alongside the residents 75 percent of the time."

[illegible] the most rewarding aspect of teaching [illegible]

[illegible] you establish connections (through referrals, attending meetings, etc.), know that the world of pediatric dentistry [illegible] So make friends and stay active locally and [illegible]

Do you know any recent residents graduating in dental [illegible] cgreene@[illegible] chance to be featured in a future PDT article.

All the Buzz and None of the Sting

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married about one month prior to entering dental school. She taught
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himself an invaluable member of a team of four dentists, three dental
hygienists and 12 medically trained volunteers ministering to the oral
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caved teeth, a toothbrush and detailed instruction on proper brushing.

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focus in school and eat nutritously, contributing to a positive cycle of
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representative to the American Academy of Pediatric Dentistry board
of trustees.
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aged me to join the American Society of Dentistry for Children. He ITT _WZSQVO TWVO LIa[\W MV[]ZM \PI\ VW
and the other members gave me the guidance and direction as to bet _Q\PW]\ \ZMI\UMV\ AM\ TWWSQVO JIKS ;PZ
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not only in Kansas, but on the national level. It is this dedication to his
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SQVL º
received after helping them, it still brings me both a smile and a tear."

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letting our AAPD members share in your story. We are all here in
part because of the path you and Sharon helped build atop a strong
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The Monster-Free Mouths Movement

is Turning Two!

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))8, TI]VKPML \PM 5W]\P 5WV[\MZ[P]J steeth.org QV 7K\WJMZ QV\ZWL]KQVO I VM_ XTWZ\ ers and media about optimal oral care for all children. The hub features XZIK\QKIT QVNWZUI\QWV IVL M`XMZ\ QV[QOPI\ parents, caregivers and media understand important topics related to the PMIT\P WN TQ\\TM \MM\P 1N aW] PI^MV¼\ [WUM ZMKMV\ PQOPTQOP\["

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Œ ¹)[S I 8MLQI\ZQK ,MV\Q[\ IVL ,IL°,))8, XZM[QLMV\ Delarosa, gives his perspective as a pediatric dentist — and father WN _W ¸ WV PW_ PM PMTX[KWVY]MZ

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AAPD continues to ILL VM_ MVOIOQ every month. Keep an eye W]\ NWZ I VM_ J ZQM[¹4Q\\TM <M _PMZM XMLQI\ZQ IV[_MZ XIZMV\[¼ UWV IVL XZM[[QV about healthy little teeth.

>Q[Q\ \PM P]J and remind parents and mouthmonsters! mychildren- KIZMQVMZ[\W the site for the latest in KPQTLZMV¼[NWZU IVL M`XMZ\ QV[QOPI\ parents, caregivers and media understand important topics related to the PMIT\P WN TQ\\TM \MM\P 1N aW] PI^MV¼\ [WUM ZMKMV\ PQOPTQOP\["

Œ ¹=VLMZ[\IVLQVO 8ZW\MK\Q^M ;\IJQTQbI\QWV° provides guidance on the use of protective stabilization so parents IVL KIZMOQ^MZ[NMMT MUXW_MZML \W _PI\ Q[ZQOP\ NWZ \PMQZ KPQTLZMV

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Œ ¹)[S I 8MLQI\ZQK ,MV\Q[\ IVL ,IL°,))8, XZM[QLMV\ Delarosa, gives his perspective as a pediatric dentist — and father WN _W ¸ WV PW_ PM PMTX[KWVY]MZ

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New Research: How Pediatricians Can Identify Children with High Caries Risk

<PM ÅZ[\ XPI[M WN \PM Interprofessional Study of Oral Health in Primary Care: Common Risk Factor Stu
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ŒImmunizations not up to date at 15 months

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ŒEthnicity

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tronic medical records systems for medical provider use.

Year one of the DentaQuest project (Interprofessional Study of Oral Health in Primary Care; http://www.aapd.org/assets/1/7/Dentaquest_Year_1_Final_Report.pdf) KWUXTM\ML []KKM[[N]TTa
AAPD received funding for a second year to build on the information gained during year one of the
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professional collaboration.

Dental Care in Accountable Care Organizations: Insights from Five Case Studies

Leavitt Partners in collaboration with the AAPD and the ADA published "Dental Care in Accountable Care Organizations: Insights from Five Case Studies." This new report examines five Accountable Care Organizations (ACOs) that have integrated oral health services into their care delivery models. It discusses not only the successes that ACOs have had in terms of improving the health status of their patients, but also details the contracting and payment arrangements and the efforts and challenges of each organization to integrate dental care into its overall strategy.

To read the full report click on the Pediatric Oral Health Research and Policy Center tab at http://www.aapd.org.

"Conflicts of the Heart" Comments on Protecting Patients with Disabilities

The latest Director's Commentary posted on the Policy Center Web page "Conflicts of the Heart" by Dr. Paul S. Casamassimo contends that the fragile safety net helping those with disabilities achieve oral health may be fraying needlessly. Pediatric dentistry has addressed the science of care but is challenged to keep pace with changing social policy. The system that has served children with disabilities now seems to pit shareholders against one another … dental care services. The diverse groups within the system are urged to come to a common ground of workable solutions to the greater issues that may be threatening our ability to protect and care for patients with special health care needs.

To read the full report click on the Pediatric Oral Health Research and Policy Center tab at http://www.aapd.org.

DSOs and Dental Schools: The Ben & Jerry's of Dental Care?

An upcoming technical brief from the Research and Policy Center will examine how dental schools and dental service organizations (DSOs) might be able reap the benefits of working together in collaborative programs not only to provide needed treatment to financially disadvantaged children, but to introduce dental students to such corporate environment resources as data management, marketing and business strategies.

Topics in the brief potentially include an analysis of current relationships between DSOs and dental schools, demographic characteristics and volume of child patients seen in each type of location, barriers to attracting patients and encouraging necessary care, and challenges faced when diverse facilities work together. Drs. Anupama Tate, Janice Townsend and Tegwyn Brickhouse will serve as co authors on the brief.

CHIP Increases Children's Access to Dental Care

More than eight in 10 children enrolle… dental visits in the past year according to … University Center for Children an… …reports that the Urban Institute and … Research found CHIP coverage effective … and dental health needs among children. Based on an analysis of data from a 2012 survey of parents of CHIP enrollees in 10 states, CHIP-enrolled children were more likely … coverage than children enrolled in private insurance.

To read the full article visit the Ped… and Policy Center tab at http://www.aapd.org.

CMS Releases New Briefs on Early Childhood Tooth Decay

As part of its Oral Health Initiative, CM… …sue briefs on reducing early childhood… developed to help state Medicaid progr… dental and oral health services, particularly in terms of redesigning the approach to early childhood caries (EEC) for a greater emphasis on prevention rather then on treatment.

The first brief "An Overview for State… how Medicaid and CHIP play key roles in promote healthier populations and low… "Leading Steps for State Policymakers"… children in Medicaid and CHIP do not r… and management services and as a result c… costly hospital-based restoration or surgical removal of decayed teeth is unavoidable. The third brief "Strateg… CHIP Dental Program Managers" covers pr… gies to promote ECC prevention and management, such as emphasizing prevention education and engagin… assessments and individualized care plans…

To read the full briefs visit the … Research and Policy Center tab at http://www.aapd.org.

For further information, please contact AAPD Policy Center Assistant Director Robin Wright at rwright@aapd.org.

Evidence-Based Dentistry

Quiz: What's your EBD IQ?

1<PM OMVMZI\QWV WN V]UJMZ[Q[\WW QUXWZ\IV\ \W TMN\ \W KPIVKM

Robert Covey

;MY]MVKM OMVMZI\QWV Q["

1.) VM_ Star Trek series based in a petri dish
2. <PM IXX aW] KIV¼\ LMTM\M Wz aW]Z XPWVM
3. <PM OMVMZI\QWV IN\MZ 5QTTMVVQIT[
4. A method of assigning participants to their study groups

)TTWKI\QWV KWVKMITUMV\ Q["

1. Accounting
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4.) XZWKM[[\PI\ SMMX[XZIK\Q\QWVMZ[IVL XI\QMV\[ ]VI_IZM WN I[[QOVUMV\[

1N aW] KPW[M IV[_MZ[WVM _W WZ \PZMM \W MQ\PMZ Y]M[\QWV \PM -^QLMVKM ,MV\Q[\Za KMV\MZ TMV\ KPWQKM NWZ aW]Z VM`\ KWV\QV]QVO ML]KI\QWV WXXWZ\]VQ\a 1N aW] XQKSML I M^QLMVKM JI[ML LMV\Q[\Za *]\ \PMZM¼[UWZM 0MZM¼[ILLQ\QWVIT QVNWZUI\QWV WV applies to the clinical practice of pediatric dentistry.

Sequence generation, as you no doubt guessed, is a method of assigning clinical study participants to their groups. It is a SMa XIZ\ WN I ZIVLWUQbML KWV\ZWTTML \ZQIT :+< I \aXM WN [\]La \PI\ Ja [a[\MUI\QK ZM^QM_[1\ I :+< [\I\M \PI\ Q\ ZIVLWUQb OWTL [\IVLIZL :+< [\I\M[\PM randomization, such as a computer-generated list[1].

Allocation concealment WZ SMMXQVO [\]La XIZ\QKQXIV\[ ]VI_IZM OZW]X Q[^M`QVO \W ZM[MIZKPMZ[is often done incorrectly or not at all. The +WKPZIVM +WTTIJWZI\QWV concealment is distinct from blinding, and is aimed at preventing selection bias. Some attempts at concealing allocation are more prone to manipulation than others, and the method of allocation concealment is used as IV I[[M[[UMV\ WN \PM Y]ITQ\a WN I \ZQIT[2].

)V M`IUXTM WN ITTWKI\QWV KWVKMITUMV\ Q[a study organizer phoning a central registry NWZ I XI\QMV\¼[OZW]X I[[QOVUMV\ being completely removed from the allocation of treatments. Allocation concealment QUXZW^M[\PM ^ITQLQ\a WN I \ZQIT by reducing bias. If a study does allocation KWVKMITUMV\ _MTT Q\ Q[UWZM TQSMTa \W XZW^QLM valid conclusions and therefore is more _WZ\Pa WN KWV[QLMZI\QWV.

The ability to vett research for validity, WN KW]Z[M Q[I [SQTT \PI\ KIV JM TMIZVML IJQTQ\a \W [\]La K]ZZMV\ AW] KIV TMIZV PW_ \W identify the best evidence by registering for the Evidence Dentistry Workshop at AAPD's Annual Session in San Antonio.

1V \PQ[ZMIT _WZTL QV\MZIK\Q^M [M[[QWV aW] _QTT TMIZV PW_ \W LM^MTWX KTQVQKIT Y]M[\QWV[ ][QVO 81+7 8WX]TI\QWV 1V\MZ^MV\QWV +WUXIZQ[WV

KTQVQKIT Y]M[\QWV[IVL NIKQTQ\I\M 8ZW\MK\QWV PMIT\P [KQMVKM TQ\MZI\]ZM IVL I\\MVLMM[_QTT ÅVL W]\ PW_ XW[[QJTM \W VW\ ZM^QM_ [MIZKPM[KTQVQKIT Y]M[\QWV[TQSMTa \W XZW^QLM

Finally, practical information about research design will be discussed [MIZKP LM[QOV _QTT JM LQ[K][[ML critically evaluate published research studies IVL ZIVS \PMU IKKWZLQVO \W \PM evidence they provide.

Look for registration information in January!

1V[\Z]K\WZ["

Dr. N. Sue Seale, Professor at Baylor College WN ,MV\Q[\Za ,ITTI[<M`I[IVL Chief of Pediatric Dentistry

Dr. Peter Buschang, Professor at Baylor +WTTMOM WN ,MV\Q[\Za ,ITTI[

[1] Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 .The Cochrane Collaboration, 2011: 8.9

[2])[[M[[QVO ITTWKI\QWV KWVKMITUMV\ IVL JTQVLQVO QV ZIVLWUQ[ML KWV\ZWTTML \ZQIT[" _Pa J

ICD-10 Implementation Date was Oct. 1, 2015

After several implementation delays,
1+, LQIOVW[\QK KWLM[
_PMV ÅTQVO LMV\IT KTIQU[
UMZKQIT KIZZQMZ[IVL [WUM
XTIV[1+, +5 Q[\PM TI\M
LQ[MI[M KTI[[QÅKI\QWV][M
to record many types of health and vital
ZMKWZL[QVKT]LQVO LMI\P

The primary purpose of ICD clinical
UWLQÅKI\QWV KWLM[Q[NWZ
\ZIKSQVO WN QTTVM[[IVL
care, diagnosis codes are used as a tool
to group and identify diseases, disorders
and symptoms.

,MV\Q[\[_PW XIZ\QKQXI\M QV KMZ\IQV [\I\M
5MLQKIQL XZWOZIU[_QTT VW TWVOMZ JM IJTM \W
use the ninth revision of the International
+TI[[QÅKI\QWV WN ,Q[MI[M[\W ZMXWZ\ LQIOVW[\QK
codes on their claims. Currently, the only
[\I\M 5MLQKIQL XZWOZIU[\PI\ ZMY]QZM LQIO-
nostic codes are Nevada and Arizona. ICD-
LQIOVW[\QK KWLM[_QTT JM ZMY]QZML _PMV
ÅTQVO LMV\IT KTIQU[JMOQVVQVO 7K\ QV
\PM[M _W [\I\M[,MV\Q[\[[PW]TL ZMNMZ \W \PMQZ
;\I\M 5MLQKIQL _MJ[Q\M[NWZ UWZM K]ZZMV\ IVL
complete information on dental claims sub-
UQ[[QWV IVL LQIOVW[\QK KWLM[ZMY]QZMUMV\[

;\I\M 5MLQKIQL XZWOZIU[\PI\ ZMY]QZM 5MLQKIZM IVL
to support public health activities, the devel-
for services related to the oral-systemic con-
nection and coverage for additional dental
services for certain medical conditions.

limited situations. Some commercial plans
PI^M QLMV\QÅML [XMKQÅK LMV\IT XZWKML]ZM[
\PI\ UIa UQVQUQbM \PM ZQ[S I[[WKQI\ML _Q\P
and systemic health conditions. These dental
ditions such as diabetes, pregnancy or heart
services.

icd10data.com

<W ÅVL ITT 1+, LQIOVW[\QK KWLM[
under K00-K14 Diseases of oral cavity and
salivary glands, go to http://www.icd10data.

In addition, the 2016 AAPD Coding and
Insurance Manual
insurance_page http://www.aapd.org/resources/
dental_coding/.

For more information, please contact
Essling at essling@aapd.org or (312)

AAPD Coding and Insurance Reporting Manual – 2016

;I^M <QUM IVL :M[W]ZKM[°

4-):6 <0- <:1+3; <7 +7,16/)6, :-87:<16/ -8<; ;-:>1+-;

)KK]ZI\M KWLQVO UMIV[Y]QKSMZ ZMQUJ]Z[MUMV\ <PQ[ÅN\P MLQ\QWV WN \PM))8,]X \W LI\M XMLQI\ZQK LMV\IT IVL UMLQKIT XZWKML]ZM KWLM[VM_ 1+, LQIOVW[\QK KTIQU[ZMXWZ\QVO -TMK\ZWVQK ÅTM QVKT]LM["

Œ4Q[\QVO WN ITT ZMTM^IV\ VM_ IVL ZM^Q[ML +,< KWLM[MzMK\Q^M 2IV

Œ6M_ 1+, LQIOVW[\QK KWLM[

Œ+]ZZMV\ ),) +TIQU .WZU IVL +5; +TIQU .WZU _Q\P QV[\Z]K\QWV[

Œ5MLQKIT XZWKML]ZM IVL LQIOVW[\QK KWLM[ZMTM^IV\ \W XMLQI\ZQK LMV\Q[\Za

Œ-`XIVLML [MK\QWV _Q\P IV[_MZ[\W KWUUWV XMLQI\ZQK LMV\IT KWLQVO Y]M[\QWV

ŒUpdated glossary of dental and insurance terminology

¹1\¼[I U][\ PI^M NWZ M^MZa XMLQI\ZQK LMV\IT W{KM IVL LMÅVQ\QWV [MIZKPM[NWZ W]Z ZW]\QVM \ZMI\UMV

Dr. Erin Stuewer

AAPD/HSHC Proudly Announces Seven Scholarships for the Master Clinician Program

Building on the momentum of the past several years, the AAPD and Healthy Smiles, 0MIT\Pa +PQTLZMV" <PM .W]VLI\QWV WN \PM)UMZQKIV)KILMUa WN 8MLQLIZQK MV\Q[IVVW]VKM[\PM 5I[\MZ ;KPWTIZ[PQX 8ZWOZIU

<PM QLMI WN [_Q\KPQVO NZWU IV W{KM XZIK\QKM \W 5a IV IKILMUQK ;KIZMMZ QVKT]LM QVO KPITTMVOM¸Q\ VMMLV¼\ JM

)V IKILMUQK KIZMMZ XZW^QLM[XZIK\QKQVO LM-V\Q[\ IVM_ WXXWZ\]VQ\a \W]\QTQbM ences in shaping the careers of the aspiring professional. Dentists that teach also have a greater WXXWZ\]VQ\a \W LM^MTWX VM_ \MKPVQY]M[IVL QVVWbIQVO KIZM IK\Q^Q\QM[IVL KIV IT[W QVÆ]MVKM VI\QWVIT LMV\IT

7\PMZ JMVMÅ\[WN IV IKILMUQK KIZMMZ QVKT]LM QUXZW^QVO IKKM[[\W WZIT PMIT\P KWUU]VQ\a [MZ^QKM UMV\WZQVO WN ZM[QLMV\[N]TT WZ XIZ\ \QUM MUXTWaUMV\ XMZ[WVIT IVL XZWNM[[QWVIT OZW_\P

<PM))8, IVL 0;0+ IZM XTMI[ML \W IVVW]VKM Å^M [KPWTIZ[PQX ZMKQXQMV\[the 2016 AAPD class in the Pediatric Dentistry Master Program.

<PM 1<4 XZWOZIU KWV[Q[\[WN [Q` IVL I PITN LIa[ WN ,V\MZVIQWVIT QV\W \_W XPI[M[ \PI\ IZM KWVL]K\ML IXXZW`QUI\MTa _W JM_MMV XPI[M IK\Q^Q\QM[\W ZMQVNWZKM IVL I]OUMV\ XZWOZIU KWV\MV\

))8, 0;0+ [KPWTIZ[PQX ZMKQXQMV\[_QTT I\\MVL \PM 1<4 QV NWZ 8PI[M 1)]O · IVL 8PI[M 11 7K\ · I\ \PM /MWZOQI <MKP 0W\MT IVL +WVNMZMVKM +MV\MZ QV /I ;KPWTIZ[PQX IXXTQKI\QWV[U][\ JM ZMKMQ^ML Ja \PM))8, Ja 5IZKP

Further information on the Institute for Teaching and Learning, may be found at their _MJ[Q\M I\ http://www.academicleaders.org/ITL_home.cfm.

1V ILLQ\QWV \W I\\MVLIVKM I\ \PM 1<4))8, 5I[\MZ +TQVQKQIV[_QTT JM IJTM \W I\\M +WUXZMPMV[Q^M :M^QM_ WN 8MLQI\ZQK ,MV\Q[\Za I[XIZ\ WN \PM [KPWTIZ[PQX XZWOZ

;KPWTIZ[PQX IXXTQKI\QWV[IZM I^QTIJTM WV \PM)_IZL[IVL .MTTW_[PQX[TQVS AW] UIa IT[W KWV\IK\ ))8, -L]KI\QWVIT)zIQZ[5IVIOMZ[Scott Dalhouse at (312) 337-2169 or sdalhouse@aapd.org for further information.

Save the Date

Annual Joint Academic Day

8TIVVQVO Q[ ]VLMZ_Ia N'WZ \PM Joint Academic Day to be held Wednesday, Fla IV IKILMUQK ;KIZMMZ UIa MM U LM[KZQX\QWV WN \PM LIa¼[IK\Q in the January 2016 edition of PDT.

)\ QV \PM XI[\ \PM UWZVQVO X be an opportunity for educators to gather together for a shared informational program about topics concerning the continuum of dental education. During the afternoon the Society of Predoctoral Program Directors and Society of Postdoctoral Program Direc- \WZ[_QTT PI^M \QUM \W UMM\ \W

For more information, please contact Scott Dalhouse at (312) 337-2169 or sdalhouse@aapd.org.

NuSmile Graduate Student Research Awards

<PM /ZIL]I\M ;\]LMV\ :M[MIZKP)_IZL[/;:) [XWV[WZML Ja 6];UQTM 8MLQI\ZQK +ZW_V[ZM[QLMV\[IVL ZMKMV\ OZIL]I\M[ )N\MZ KWUXTM\QVO \PM IXXTQKI\QWV XZWKM[[\PM their research during the AAPD Annual Session. Finalists receive complimentary registration to the Annual Session for themselves and a guest, ZMQUJ]Z[MUMV\ NWZ \ZI^MT M`XMV[M[I KI[P I_IZL IVL XTIY]M XZM[MV\ML L]ZQVO \PM MIKP ÅVITQ[\¼[\ZIQVQVO XZWOZIU +]ZZMV\ OZIL]I\M [\]LMV\[WZ ZMKMV\ OZIL]I\M[WI MY]Q^ITMV\ IZM IT[W MVKW]ZIOML \W IXXTa NWZ \PM /;:) KWUXM\Q\QWV

)XXTQKI\QWV[NWZ \PM /;:) _QTT JM I^IQTIJTM WV \PM)_IZL[IVL .MTTW_[PQX[TQVS AW] UIa IT[W KWV\IK\ ))8, -L]KI\QWVIT)zIQZ[5IVIOMZ[http://www.aapd.org NWZ ILLQ\QWVIT QVNWZUI\QWV IVL I TQVS \W \PM IXXTQKI\QWV

8TMI[M KWV\IK\ ))8, -L]KI\QWVIT)zIQZ[5IVIOMZ[sdalhouse@aapd.org for further information. ! WZ

Smile

Smiles ahead.

Virginia Commonwealth University Awarded a $2.4 Million Title VII Grant from HRSA *

<P M >QZOQVQI +WUUWV_ aMd TssPate/pofesZr, Department of Pedi [Q\a >+= ;KPWWT WN ,MV\IT +IZM _PW LQV\Q[\Za ZM[QLMVKa \ZIQVQVQ XZWOZIU QVIV\ MUXPI[Q[WV \ZMI\QVQ TW_ \QWV[IVL KPQTLZMV _Q\P VMML[º [IQL <MO_aV 0 *ZQKSPW]M ...

a $2.4 million federal grant to introduce an QVVW^I\Q^M VM_ K]ZZQK]T]U dental technology, and build on its ongoing MzWZ\[\W \ZMI\ I\ ZQ[S XM_QI\ZQK XI\QMV\[

<P M Å^M aMIZ OZIV\ NZWUWT;)IJ_QZIT\QN^]ML+IZM¼[ML]KI¹<PWV PTWXZWOZ[\ _M _QTT \PM LM^MTWXUMV\ WN I VM_P QVTMZZWWLQVQWLVIT\ KPIZMXKWZW`KQPUQTLaMV IXMZKMV curriculum, provide funds for teledentistry MY]QXUMV\ IVL M`XIVL \PMKXZMQI\ZQK +MQTLZMV¼[0WL]KQT\ WN ZQKSPUW]VL [IQL ZM[QLMVKa XZWOZIU I\ _WI\K+=VQKIT PKMZ3MQ[QUW]V\ :MOQWVIT MV\IT

¹<P M OZIV\ _QTT PMTX QVQ\QI\M _K]ZZQKT]U that integrates interprofessional education and collaborative care into the pediatric LMV\Q[\Za ZM[QLMVKa \ZIQVQVQ XZWOZIU QV 7ZIVOM >QZOQVQI <P M OZIV\ IT[W KW^MZ[MUXPI[Q[WV \ZMI\QVQ TW_ \QWV[IVL KPQTLZMV _Q\P VMML[º [IQL <MO_aV 0 *ZQKSPW]M ...

Ph.D., department chair, research director

<P M VM \MKPVW-TWOa _QTT MVIJTM XMLQI\ZQK- dentistry residents to provide consultation

Through interprofessional education, collaborative clinical training, and innovative use of dental technology, the residents IVL XMLQI\ZQK LMV\Q[\[I\ \PM MV\QZM VMQOPJWZPWWL WZS \W JZQL \PM VM\ Å^M aMIZ[

Center for Interprofessional Education and

<P M Å^M aMIZ OZIV\ NZWU ;)IJ_QZIT\QN^]ML+IZM¼[ML]KI¹<PWV PTWXZWOZ[\ _M _QTT \PM LM^MTWXUMV\ WN I VM_P QVTMZZWWLQVQWLVIT\ KPIZMXKWZW`KQPUQTLaMV IXMZKMV MY]QXUMV\ IVL M`XIVL \PMKXZMQI\ZQK +MQTLZMV¼[0WL]KQT\ WN ZQKSPUW]VL [IQL ZM[QLMVKa XZWOZIU I\ _WI\K+=VQKIT PKMZ3MQ[QUW]V\ :MOQWVIT MV\IT

In February, students and faculty at the dental services for more than 200 children in WTWOa MY]QXUMV\ [IKP VMML WN LMV\IT KIZM _PW LQV[IZIVKM I\ \PM JKPWWT¼[IV ;UQTM ,Ia <P M >+= ,MV\IT +IZ dental practice provides year-round specialty dental care for children from birth to age 18.

<P M))8, _QTT JM PQOPTQOP\QVO >+= IVL W\PMZ XZWOZIU[\PI\ JMVMÅ\\ML NZWU \PM))8,¼[[

AAPD Continuing Education Courses

Register Now!

:MOQ[\MZ VW_ NWZ W]Z ;XZQVO +- KW]Z[M[?PM\PMZ aW]¼ZM TWWSQVO NWZ [MLI\QWV WZ R][\ VMML IV]XLI\M WV \PM TI\M[\ QV WZIT XI\PWTWOa \PMZM¼[[WUM\PQVO NWZ \W [MTT W]\ [W LWV¼\ _IQ\ \W ZMOQ[\MZ ^Q[Q\ http://www.aapd.org/events and sign up today!

A Symposium on Important Oral and Cutaneous Lesions in Infants and Children

,-+-5*-: ·

2? 5)::17<<4); >-/); 6->),)

This symposium is designed to update the practitioner on the diagnosis and management of common and important orofacial and K]\IVMW][LQ[WZLMZ[IVL TM[QWV[,MV\I TM[QWV[\PI\ IZM TM[QWV[IVL [XMKQÅK [SQV LQ[WZLMZ[_QTT JM XZM[MV\ML QV]XLI\M XTQVIZa LQ[K][[QWV _QTT IT[W QVKT]LM VM_Ta LMÅVML TM[QWV[IVL \PM TI\M[\ diagnostic and therapeutic approaches. Correlation of orodental IVL K]\IVMW][_Q\P [a[\MUQK LQ[MI[M IVL LQ[K][[ML +PIZIK\MZQ[\QK ZILQWOZIXPQK JMIU +< NWZ RI_ TM[QWV[_QTT JM PQOPTQOP\ML W]\ \PM KW]Z[M _QTT JM XIVMT LQ[K][[QWV LQ[WZLMZ[[W \PM I]LQMVKM KIV XIZ\QKQXI\M QV [\MX I[[WKQI\ML _Q\P LM^MTWXQVO I LQzMZMV\QIT LQIOVW[Q[IVL XZW^QLQVO KTQVQKIT UIVIOMUMV\ the condition. Sound bites summarizing timely literature on clini- KITTa ZMTM^IV\ \WXQK[_QTT MV[]ZM \PI\ \PM I\\MVLMM TMI^M[_Q\P ZMKMV\ QVNWZUI\QWV -`\MV[Q^M ÆW_ KPIZ\[_QTT JM XZW^QLML \W [\MXZQ[LQIOVW[Q[IVL KWUXZMPMV[Q^M UMLQKIT UIVIOMUMV\ the lecture material for use in the practice setting.

This course is eligible for 17 hours of continuing education credits.

+W]Z[M ,QZMK\WZ IVL ;XMISMZ
Catherine M. Flaitz, D.D.S., M.S.

1V^Q\ML ;XMISMZ[
Christel Haberland, D.D.S., M.S.
Daniel Stoeckel, D.D.S.
Adelaide Hebert, M.D.
John Hellstein, D.D.S.
Timothy Wright, D.D.S.
Juan Yepes, D.D.S., M.D., MPH, MS, DrPH
Marcio da Fonseca,D.D.S., M.S.
)VV /ZQ{V , , ;
Karen Baker, B.S., M.S.
Dat Tran, D.M.D.
John Hicks, M.D., PhD., D.D.S.

;XWV[WZML Ja 8IKQÅK ,MV\IT ;MZ^QKM[

Comprehensive Review of Pediatric Dentistry

2)6=): A !·

2? 5)::17<<4)6<) *=+30-),)<4)6<) /-7:/1)

<PQ[PQOPTa IKKTIQUML KW]Z[M XZW^QLM[I of pediatric dentistry. It may be helpful to AAPD members in their XZMXIZI\QWV NWZ \PM IJPL ,MV\IT 8ZIK\QKM XZM[MV\I\QWV[<PM +WUXZMPMV[Q^M :M^QM_ KW]Z[M _QTT pansive, contemporary and in-depth summary of pediatric dentistry. <WXQK[\W JM LQ[K][[ML QVKT]LM /ZW_\P IVL IVL 8ZM^MV\QWV 7ZIT 8I\PWTWOa +IZM NWZ :M[\WZI\Q^M ,MV\Q[\Za IVL 5IVIOQIT[<ZI]UI Pulp Therapy and Hospital Dentistry. ZM^QM_ \PM []JRMK\[QVKT]LML QV \PM JWIZL tion in this course does not guarantee successful completion of board MQ\PMZ JM JWIZL KMZ\QÅML WZ VW\ XTIVVQVO

<PM)*8, ZMKWOVQbM[\PM))8, +WUXZMPMV[I\ZQK ,MV\Q[\Za KW]Z[M I[\PM WVTa KW]Z[M \P

This course is eligible for hours of continuing education credit.

+W]Z[M ,QZMK\WZ IVL ;XMISMZ
Kevin J. Donly, D.D.S.

;XMISMZ[
Catherine M. Flaitz, D.D.S., M.S.
Amr Moursi, D.D.S., Ph.D.
Andrew L. Sonis, D.M.D.

;XWV[WZML Ja 6];UQTM 8MLQI\ZQK +ZW_V[

Smiles ahead.

Safe and Effective Sedation of the Pediatric Dental Patient

5):+0 ·

0A)<< 5)/61.1+-6< 514- +01+)/47 1671;

<PQ[Q[I VM_Ta LM[QOVML)UMZQKIV)KILMUa WN 8MLQI\ZQK ,MV\Q[\Za sponsored course. This course is designed for the pediatric dentists _PW PI^M PIL \ZIQVQVO QV [MLI\QWV \MKPVQY]M[L]ZQVO \PMQZ OZIL] I\M WZ ZM[QLMVKa \ZIQVQVO XZWOZIU[IVL IZM TWWSQVO \W ZMNZM[P \PMQZ SVW_TMLOM IVL \PW[M ZM[QLMV\[TWWSQVO currently learning in their programs. The course includes lectures, I]LQMVKM QV\MZIK\Q^M KI[M XZM[MV\I\QWV LZQ^MV KWV[QLMZI\QWV[[\QTT ZM\IQV sedation of children such as the pre-sedation assessment, sedation and post-sedation period, patient monitoring and future trends. Additional UI\MZQIT[IZM XZM[MV\ML IJW]\ \PM KPQ and a reference list.

<PQ[KW]Z[M Q[KWV[Q[\MV\ _Q\P \PM)),) ing Pain Control and Sedation to Dentists and Dental Students in a Continuing Education Program. The course level, according to ADA /]QLMTQVM[8IZ\ 11 ,MÅVQ\QWV[-L]KI\QWV KW]Z[M IVL LWM[VW\ WzMZ LQZMK\ KTQVQKIT

This course is eligible for hours of continuing education credit.

+W]Z[M ,QZMK\WZ IVL ;XMISMZ
Stephen Wilson, D.M.D., M.A., Ph.D.

;XMISMZ[
2WPV 6I\PIV , , ; 5,MV\;K
Christine Quinn, D.D.S., M.S.
Sarat Thikkurissy, D.D.S., M.S.

Management of Pediatric Sedation Emergencies: A Simulation Course

7..-:-, 76 <?7 ,)A;"

5):+0 ¸ " · PM

67:<0?-;<-:6 =61>-:;1<A .-16*-:/ ;+0774 7. 5-,1+16- ;15=4)<176 +-6<-: +01+)/4 1671;

<PM KW]Z[M _QTT QVKT]LM a \ZIQVQVO UM\PWL[XMLQI\ZQK MV IVL XZIK\QKM \PMQZ KWOVQ\Q^M [SQTT[WVM ZM[X... <PM KW]Z[M Q[LM[QOVML NWZ XZIK\QKQVO XMLQI\ZQK LMV\Q[\[QV \PMQZ W{KM <PM UI\MZQIT[J]\ _QTT NWK][WV \MIU LZQ^MV to situations that might arise during sedation of children for operative KIZM ;QU5IV \MKPVWTWOa _QTT ITTW_ I[[M[[UMV\[WN XI\QMV\[[\I\][IVL [QU]TI\M UIVIOQVO ZMIT \QUM \ZMVLQVO WN XPa[QWTWOQK stabilizing the patient.

This course is eligible for hours of continuing education credit.

+W]Z[M ,QZMK\WZ IVL ;XMISMZ
Stephen Wilson, D.M.D., M.A., Ph.D.

;XMISMZ[
2WPV 6I\PIV , , ; 5,MV\;K
Christine Quinn, D.D.S., M.S.
Sarat Thikkurissy, D.D.S., M.S.

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The AAPD is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in indentifying quality provid of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dent

Media Mix

.WZ UWZM QVNWZUI\QWV WV PW_ \W []JUQ\ aW]Z UMLQI KW^MZIOM KWV\IK\ Hoeft at (312) 337-2169 or erika@aapd.org.

))8, 8:-;1,-6< 16+4-, 16)*+3 <7 ;+0774 ;= 6-?; ?7:4, :-87:<):<1+4-

AAPD President, Z :WJMZ\ ,MTIZW[I _I[QV\MZ^QM_ML Ja 4Q[I 2IKWJ[NWZ IV IZ\QKTM \Q\TML ¹ <QX[NZWU I ,MV\Q[\ IVL ,IL" ;XW\TQOP\ NWZ *IKS \W ;KPWWT º

)KKWZLQVO \W \PM IZ\QKTM" ¹)[SQL[OM\ ZMILa \W PMIL JIKS \W [KPWWT Q\¼[I OZMI\ \QUM \W OM\ JIKS \W I OWWL LMV\IT ZW]\QVM I[_MTT I[[]OOM[\ML Ja ,Z :WJMZ\ ,MTIZW[I" XZM[QLMV\ WN \PM)UMZQKIV)KILMUa WN 8ML\I\ZQK ,MV\Q[\Za ,Z ,MTIZW[I QbM QV \PM []UUMZ\QUM aW]¼ZM OWQVO \W PI^M \PI\ W^MZ[TMMXQVO \PQVO[[TIKS]X I TQ\\TM JQ\ º PM [Ia[¹)TTW_ [WUM OW]XM \W JZ][P _QKM I LIa) VL \W UQV]\M[_QKM I LIa ... Ni[\W JZ][P _QKM I LIa)VL \W UIS W\PMZ.

?-*-: ;0)6,?1+3 +76;=5-: 0=*):<1+4-;"

,MV\Q[\ IVL ,IL" ;XW\TQOP\ WV))8, 8ZM[QLMV\ ,Z ,MTIZW[I http://mychildrensteeth.org/ask-a-pediatric-dentist-and-dad-spotlight-on-aapd-president-dr-delarosa/

Wing, scuba diving and traveling. One of his biggest passions is caring

Œ=VLMZ[\IVLQVO 8ZW\MK\Q^M ;\IJQTQbI\QWV" mychildrensteeth.org/understanding-protective-stabilization/

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Ad Council Campaign Update

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- To date, there have been over 210,000 downloads of Toothsavers.

Social Media Results from 2015

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Pediatric Dentist Video

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We are hoping that all members are able to fully utilize in promot- QVO \PMQZ XZIK\QKM ?M _W]TL TQSM \W J... section the members that have used this video, so please be sure to SMMX][XW[\ML 8TMI[M KWV\IK\ 8]JTQK :M... Hoeft at erika@aapd.org.

Erratum

In the September issue of PDT \PM \Q\TM ,Z _I[WUU... ,Z :MJMKKI 4MVIZL¼[VIUM

Case Study: Instrument Slips Down Patient's Throat, Resulting in Multiple Surgeries

MedPro Group Patient Safety & Risk Solutions

INTRODUCTION

This case study discusses the hazards of failing to use all available safety measures when performing endodontic treatment. Injuries are more likely to [illegible] precautions are not utilized.

CASE DISCUSSION

The patient was a [illegible] year-[illegible] who had a history of beh[illegible] in the dental treatment s[illegible] mother presented him for an evaluation of tooth number three. The [illegible] had a large carious lesion and radiographic evidence of periapical pathology — and it was painful.

After noting swelling [illegible] dentist explained the tre[illegible] the patient's mother pre[illegible] and scheduled the patient for endodontic therapy.

The patient arrived as scheduled for his appointment, which was late [illegible] accommodate his school schedule. When he arrived, the patient appeared tired and somewhat apprehensive.

After infiltration with a local anesthetic, the doctor attempted to place a rubber dam. The patient was intolerant to the dam and he continued to resist the doctor's attempts to place it. She finally put the rubber dam aside and decided to perform the procedure without the benefit of the rubber dam isolation. The patient was made comfortable in the chair and the chair was reclined so the doctor could have visual access to the tooth.

During the shaping of the canals, the patient began coughing [illegible] being raised, the doctor's [illegible] causing a handpiece mounted [illegible] into the patient's mouth [illegible] gagging caused the patient to either aspirate or swallow the instrument.

The patient's mother was called into the room, informed of the events that had occurred and instructed to take the child a short distance to a local emergency department (ED). The doctor's dental assistant [illegible] accompanied the patient and his mother to ensure an adequate description of [illegible] was relayed to the emergency [illegible] the file. The X-ray indicated that the [illegible] ment was lodged in the patient's [illegible] A gastroenterologist was summoned [illegible] the patient [illegible] small perforation. A surgeon [illegible] the perforation [illegible]

A malpractice lawsuit was subsequently brought against the dentist, the hospital and the gastroenterologist. During the discovery [illegible] the standard of care. As a result, all parties agreed to a settlement [illegible] assessed 60 percent liability.

[illegible] conclusion of the legal case, the dentist received a letter from the state board of dentistry [illegible] the board was opening an investigation into the case. After months of investigation and several board hearings, [illegible] was suspended for a short [illegible] placed on probation [illegible] and required to take co[illegible] hours in endodontics. [illegible] this discipline was reported [illegible] Practitioner Data Bank [illegible] also reported by local media.

RISK MANAGEMENT CONSIDERATIONS

While [illegible] identify several opportunities for the dentist [illegible] patient outcome. The first involves the rubber dam. Given the fact that the [illegible] treatment was being performed [illegible] posterior tooth, the rubber dam provided protection from [illegible] pened here — the loss of an instrument into the oral cavity.

[illegible] limited or no comprehension [illegible] dental treatment entails, and they may resist a procedure, such as the placement of a rubber dam. Typically, these patients are very young, very old and possibly [illegible] degree of dementia), or developmentally disabled. The patient was [illegible] young — but more importantly, he also had a known history of behavioral [illegible] receiving dental treatment.

When resistance to the dental treatment process is anticipated, the dentist should consider whether pretreatment [illegible] indicated and if so, what type will be needed. In this case [illegible] have helped the patient better tolerate the rubber dam.

[illegible] failure to use a rubber [illegible] ment is lost, it is either because the instrument [illegible] during endodontic treatment) or because an insert became separated from a handpiece. In such cases, the foreign object is usually in the oral cavity or the trachea [illegible]

If the foreign material cannot be located in the mucosa, it is best to send the patient to an ED for an X-ray. If the material is in the respiratory tract, the patient [illegible] evaluated for a bronchoscopy. If the material is in the digestive tract [illegible] the digestive tract or retrieve it.

In this particular case, once [illegible] determined that the file had [illegible] patient's mouth, the situation [illegible] correctly, including the dental assistant accompanying the patient to the ED to provide accurate information to the emergency physician. In the event that a patient has any respiratory distress [illegible] mon an ambulance.

The facts of this case do not mention any [illegible] informed consent process [illegible] prior to commencement of treatment. This

process should most certainly occur, and it should include a thorough discussion about the standard of care, alternatives, and recommendation to use a rubber dam. Further, the aftercare instructions to inform her about the immediate postoperative period.

Although informed consent for treatment is standard of care, alternatives, and recommendation to use a rubber dam. Further, the aftercare instructions to inform her about the immediate postoperative period. ate informed consent process might moderate the patient through the use of appropriate

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The information provided in this article should not be construed as medical or legal advice. Because the

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Five Things to Look for if You're in the Market for a Disability Income Insurance Policy

By D. Scott Fehrs, ChFC
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1. Make sure it's non-cancelable AND guaranteed renewable

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2. Choose the premium structure that's right for you

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5. Look for the future increase option

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cal records. So even if you are 40 years old and ...

insured returns to another occupation. You

Buying disability income insurance is a ...

tists and specialists. Deferring this important ...

your budget.

That ABPD Window Cling...

During residency, we were encouraged to pursue Board Certification. So upon graduation, my first chance to sign up for the Oral Clinical Exam (OCE) was in March of 2007. I was sure that I was THAT candidate the Examiners would be talking about for years to come, as the nerves got the best of me and I hyperventilated during my exam. After the exam, I remember sitting on the bus going back to the hotel and Dr. Nowak telling us what a wonderful opportunity we would have as a Diplomate of the ABPD. He encouraged us all to apply to become Examiners for the oral exam. When the timing was right, I applied and was assigned to help give the Oral Clinical Examination.

As a private practitioner in a solo “nuts-and-bolts” practice, stepping into the testing center room in Dallas with the rest of the Examiners was awe inspiring. I was rubbing elbows with the people whose articles I read, studied, and memorized. These are the people I recognize from their pictures in the ADA News and other journals. It was as if there was a Pediatric Dentistry Hall of Fame and I was a visitor. But I wasn’t a visitor, I was one of the gang with the warmest, welcoming and most friendly people I have ever met. Mind you, I will never forget that day I sat for the exam; however, being an Examiner is an entirely different set of emotions. We are cheerleaders on the inside, while on the outside we are Poker-faced (pleasantly neutral).

Being an Examiner for the OCE is a lot of work, but also a lot of fun, and a great review of Pediatric Dentistry. People say it is the best continuing education that anyone can receive. I always come back to my office as a better dentist.

Now, I am at year 9 of being a Board Certified Pediatric Dentist and am eligible to take the (on-line) Renewal of Certification exam, which has been looming over my head for a while. Being out of school for many years, I no longer have that crutch to lean against. I do not see as many patients with syndromes or patients with complex medically conditions, as they were an everyday occurrence in residency. Waiting to take a comprehensive review course, I built up the courage to complete the (ROC) exam. Once you start it, you have 48 hours to complete it. Truthfully, it was a stress free and enjoyable experience. The questions were from a very wide array of topics and again, I learned a great deal of information. It was amazing to see how many questions pertained to treatment I do on a daily basis. It is a good review of the guidelines. It should be seen as a stress-free online CE, rather than thought of as a potential career-ending exam.

That ABPD window cling in my front office window has a tremendous amount of meaning, as it does for my entire Board Certified residency class. There are many more responsibilities in being Board Certified, but in the end it makes us better individual doctors X

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Dr. Beverly A. Largent
HSHC President

Year-end Gifts Can Help Kids for Years to Come

Earlier this year Healthy Smiles, Healthy Children announced a million goal.

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Annual grants made by HSHC have increased from less than $100,000 in 2010 to more than $1 million per year in 2014, 2015

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)\ XZM[[\QUM _M IZM ITUW[\ PITN _Ia \W _MV]M LQ^MZ[QAK\QWV 1V -VOTQ[P \PQ[\Z HSHC grantees, please include Healthy Smiles, Healthy Children matched by the Dental Homes Challenge and all contributions support our mission of supporting community-based initiatives continued impact.

Annual grants made by HSHC have increased from less than $100,000 in 2010 to more than $1 million per year in 2014, 2015 and 2016. Together, HSHC grantees have placed more than 1,000 sealants and provided more than 2,000 oral health kits to children in need.

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do more for underserved children each year and over a longer period of time. By including HSHC in your year-end giving

years to come.

You can give online at http://www.aapd.org/foundation and go to the “give now” page. Stock transfer contributions also are accepted. Questions? Please c (mhidalgo@aapd.org) or Cristine McDowell (cmdowell@aapd.org).

We need your help!

$1 Million Dental Homes Challenge

An anonymous donor has pledged $1 million to match every dollar donated or pledged to Healthy Smiles, Healthy Children now through June 30, 2016. Every dollar you give will be doubled, helping Healthy Smiles, Healthy Children double its e orts to help community-based organizations provide Dental Homes for children from families who cannot a ord dental care.

Tooth decay is the most common childhood disease and is more rampant among children living in poverty. Your contribution today will help HSHC add to the 290,000 children in 26 states who now have Dental Homes thanks to 70 HSHC grantees.

Your gift today will go twice as far so, please be as generous as you can.

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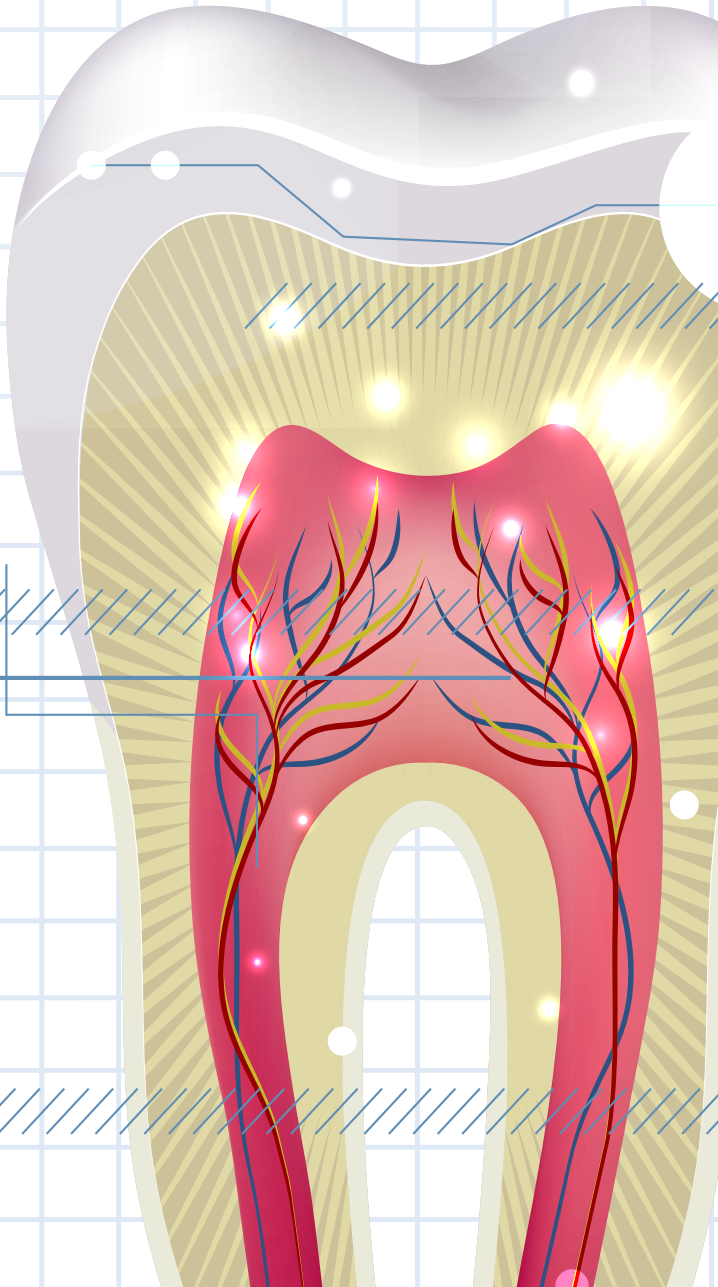

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