

# PDT



# h-2- knOw 32

AAPD Makes a **\$PLASH** During National Children's Dental Health Month



March 2021 Volume LVI, Number 2

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# PDT

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AAPD Makes a **SPLASH** During National Children's Dental Health Month

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Please download this file for your test and instructions to obtain 1 hr CE Credit for Dr. Glassman's course.



Continuing Education with RDH Panel Discussion Flattening the Misinformation Curve - **Dental Hygiene During COVID-19**

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# Getting Back to Basics: Starting with a Dental Home

by Dr. Jessica Y. Lee      AAPD President



February was National Children’s Dental Health Month. Like in years past, many of us opened our doors to provide some care for children in need or spent time reaching out to community health centers, schools and even virtually. But unlike years past, we did this in midst of a pandemic. Give Kids a Smile Day is just not a day or a month for pediatric dentists, it is a way of life. It’s a mission! The past year has presented its challenges and so many of us had to modify our practices, but one thing still holds true – every child deserves a Dental Home!

**The American Academy of Pediatric Dentistry policy states, “The AAPD recognizes a dental home should provide comprehensive, continuous, accessible, family-centered, coordinated, compassionate, and culturally-effective care for children.”**

The AAPD and the AAPD Foundation has worked tirelessly to ensure every child has a Dental Home – even in the midst of the pandemic, we ensured that private practice pediatric dentists had access to personal protection equipment (**PPE**) so that you could safely open. We believe a Dental Home begins in every neighborhood. Access to dental care begins locally, so our goal was to get the practices running. Through the AAPD Foundation, community programs have been cultivated with community partners to help underserved children.

Over that last year, pediatric dentists from all over have witnessed that dental caries in children remains a huge challenge. The pandemic just shed light on something we all knew. Dental caries is a preventable disease that leads to pain and suffering if left untreated. We currently recommend that all children have their initial dental visit during the first year of life. For prevention to be effective, it must start early. Early dental visits for infants and their families offer an opportunity to educate and inform parents about their children’s oral health. In dental anticipatory guidance, providers counsel caregivers in infant oral hygiene, home and office-based fluoride therapies, dietary practices and caries-risk assessment.

Dental caries remains the most common chronic disease of childhood, more than four times more prevalent than asthma. National surveys report that more than 50 percent of children still experience caries in their primary teeth. Untreated dental disease in children can lead to significant pain, difficult emergency department visits, and millions of school and caregiver work hours lost each year, with uninsured children having more absences. Dental Homes can prevent suffering, reduce dollars spent on future surgical and emergency dental services, and maximize the chances for children to grow up with healthy, happy smiles.

As life seems to have gotten so complicated, we just need to get back to the basics! Every child deserves a Dental Home. We need to be incorporating these messages back into our conversations. Many of us are asked to talk to local groups. Whether that be to local parenting groups, community pediatricians, school boards, state boards, state district dental societies, we are all presented with opportunities to discuss the importance of a Dental Home and getting back to the pediatric dentists!



# Pediatric Dentistry and the 2020 ADA Virtual Annual Session House of Delegates

by Dr. John S. Rutkauskas

AAPD CEO



During the virtual American Dental Association (ADA) 2020 Annual Session this past October, the AAPD reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates. We communicated the AAPD's positions to AAPD member delegates and alternates and submitted written testimony to ADA Reference Committees on select resolutions (including the key ones described below).

## Resolution 15H – Use of SDF

**Resolved**, that the ADA policy, Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions, be adopted:

### ADA Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain circumstances, SDF may be used as a non-restorative treatment to arrest carious lesions on primary and permanent teeth. The use of SDF to arrest carious lesions requires appropriate diagnosis and monitoring by a dentist.

When using SDF for caries management, the following protocols should be followed:

1. Development of a patient-specific treatment plan by the dentist.
2. Patients or their lawful guardians should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.
3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training and supervision in accordance with state laws and in conjunction with the above protocols.

and be it further

**Resolved**, that the ADA supports SDF as a covered benefit by third-party payers, and be it further

**Resolved**, that if the tooth treated with SDF requires further treatment, that this restorative treatment or extraction of the tooth also remain a covered benefit.

*The AAPD supported this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 16H – Amendment of Teledentistry Policy Statement

**Resolved**, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.2015:244*), be amended . . . [to read as follows:]

### Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

**General Considerations:** While in-person (face to face) direct examination has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan. The treatment of patients who receive services via teledentistry must be properly

documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

**Patients' Rights:** Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.
2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.
3. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.
6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon request.
7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.
9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

**Quality of Care:** The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

**Licensure:** Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

**Reimbursement:** Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

**Technical Considerations:** Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

*The AAPD supported the intent of this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 21H – Optimizing Dental Health Prior to Surgical/Medical Procedures

**Resolved,** that the following ADA policy statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment be adopted:

The ADA believes that optimizing dental health prior to the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams re-

garding the need for, and ability to obtain, a dental examination, and consultation and treatment, when appropriate, prior to initiation of complex surgical and medical treatments is especially recommended.

*The AAPD supported this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 25H – Guidelines for Medicaid Dental Audits

**Resolved,** that the American Dental Association encourages state dental associations to work with their respective state Medicaid agency to adopt such guidelines for Medicaid Dental Reviews and/or in States that use a managed care model to incorporate such guidelines into their request for proposal (RFP) to third-party payers interested in managing the dental benefit:

### Guidelines for Medicaid Dental Reviews

The Auditor/Reviewer shall demonstrate adherence, not only to individual State Board regulations and requirements, but also an understanding, acceptance and adherence to Medicaid State guidelines and specific specialty guidelines as applicable. In addition, the Auditor/Reviewer shall demonstrate experience in treatment planning specific patient demographic groups and/or unique care delivery sites that influence treatment planning being reviewed. It is recommended that entities, which conduct Medicaid Dental reviews and audits, utilize auditors and reviewers who:

1. Have a current active license to practice dentistry in the State where audited treatment has been rendered and be available to present their findings.
2. Are of the same specialty (or equivalent education) as the dentist being audited.
3. Document and reference the guidelines of an appropriate dental or specialty organization as the basis for their findings, including the definition of *Medical Necessity* being used within the review.
4. Have a history of treating Medicaid recipients in the state in which the audited dentist practices.
5. Have experience treating patients in a similar care delivery setting as the dentist being audited, such as a hospital, surgery center or school-based setting, especially if a significant portion of the audit targets such venues.

In addition, these entities shall be expected to conduct the review and audit in an efficient and expeditious manner, including:

1. Stating a reasonable period of time in which an audit can proceed before dismissal can be sought.
2. Defining the reasonable use of extrapolation in the initial audit request.

*The AAPD supported this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 51H – Support of CHIP

**Resolved**, that the following policy titled Support for the Children’s Health Insurance Program be adopted:

### Support for the Children’s Health Insurance Program

**Resolved**, that the American Dental Association supports the Children’s Health Insurance Program (CHIP), and be it further

**Resolved**, that funds dedicated to the program should be used to provide medical and dental care to children with family income less than or equal to 200 percent of the federal poverty level before any expansion to children in families above that level, and be it further

**Resolved**, that decisions to cover children beyond 200 percent of the federal poverty level continue to be made on a state-by-state basis, and be it further

**Resolved**, that the policy titled Reauthorization of the State Children’s Health Insurance Program (Trans.2007:451) be rescinded.

*The AAPD supported this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 65 – General Anesthesia Coverage under Health Plans

**Resolved**, that the following policy titled Anesthesia Coverage Under Health Plans be adopted:

### Anesthesia Coverage Under Health Plans

**Resolved**, the ADA supports the position that all health plans, including those governed by the Employee Retirement Income Security Act, should be required to cover general anesthesia and/or hospital or outpatient surgical facility charges incurred by covered persons who receive dental treatment under anesthesia, due to a documented physical, mental or medical reason as determined by the treating dentist(s) and/or physician, and be it further

**Resolved**, that the policy titled ERISA Reform (Trans.1998:738) be rescinded.

*The AAPD supported this resolution, but it was referred to the appropriate ADA agency to be presented at the 2021 ADA House of Delegates.*

## Resolution 83B – Elimination of Wait Periods

**Resolved**, that the American Dental Association supports the elimination of wait periods for treatment for children from dental benefit plans.

*The AAPD supported this resolution, but it was referred to the appropriate ADA agency to be presented at the 2021 ADA House of Delegates.*

## Resolution 84H – Dentistry is Essential Healthcare

**Resolved**, that the ADA Interim Policy, “Dentistry is Essential Healthcare” be adopted.

## Dentistry is Essential Healthcare

The American Dental Association supports the following policy:

1. Oral health is an integral component of systemic health.
2. Dentistry is essential healthcare because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.
3. The term “Essential Dental Care” be defined as any care that prevents or eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.
4. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans. State agencies or officials should recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

*The AAPD supported this resolution, which was adopted by the ADA House of Delegates.*

## Resolution 100H – Advanced Education in Special Care Dentistry

**Resolved**, that the ADA Council on Dental Education and Licensure (CDEL) explore, with other appropriate communities of interest, the feasibility of requesting the development of an accreditation process and accreditation standards for advanced education programs in special care dentistry by the Commission on Dental Accreditation (CODA), and be it further

**Resolved**, that CDEL address actionable strategies to:

1. enhance and expand pre-doctoral training;
2. develop and promote continuing education programs for existing practitioners; and
3. investigate advanced educational opportunities, and be it further

**Resolved**, that the feasibility study with any recommendations be provided to the 2021 ADA House of Delegates.

*The AAPD opposed this resolution as adopted by the ADA House of Delegates, instead supporting Resolution 100S from the Fifth Trustee District. Our written testimony stated that all dentists should be competent in treating patients with special health care needs, as specifically cited in CODA predoctoral standards. The AAPD noted that GPRs provide this type of training, and it is an important part of pediatric dentistry residency training. The AAPD is concerned that creation of advanced training programs in this area would discourage dentists who do not receive such training from treating these patients.*

## AAPD Member Delegates and Alternates

We thank those AAPD members who served in the 2020 ADA Virtual House of Delegates:

### 1<sup>st</sup> District (Conn., Maine, Mass., N.H., R.I., Vt.)

*Delegates*

**Annemarie DeLessio-Matta**  
(Southbury, Conn.)

**Jonathan D. Shenkin** (Augusta, Maine)

*Alternates*

**John Kiang** (Providence, R.I.)

**Maritza Morell** (Andover, Mass.)

### 2<sup>nd</sup> District (N.Y.)

*Delegates*

**Loren C. Baim** (affiliate member) (Glen Falls, N.Y.)

**Lois A. Jackson** (New York, N.Y.)

**Margaret Madonian** (Liverpool, N.Y.)

**Ioanna G. Mentzelopoulou** (New York, N.Y.)

**Jay Skolnick** (Webster, N.Y.)

### 3<sup>rd</sup> District (Pa.)

*Delegate*

**Marian S. Wolford** (Erie, Pa.)

### 4<sup>th</sup> District (Air Force, Army, Del., D.C., Md., Navy, N.J., PHS, P.R., Veterans Affairs, Virgin Islands)

*Alternates*

**Rachel A. Maher** (Wilmington, Del.)

**Jason P. Rosenfeld** (Butler, N.J.)

**Sonia A. Taylor-Griffith** (St. Thomas, V.I.)

### 5<sup>th</sup> District (Ala., Ga., Miss.)

*Delegate*

**James I. Lopez** (Columbus, Ga.)

*Alternates*

**Lauren B. Moore** (Mobile, Ala.)

**Ryan M. Vaughn** (Gainesville, Ga.)

### 6<sup>th</sup> District (Ky., Mo., Tenn., W. Va.)

*Delegate*

**K. Jean Beauchamp** (Clarksville, Tenn.)

**Rhonda Dawn Switzer-Nadasdi**  
(Nashville, Tenn.)

### 7<sup>th</sup> District (Ind., Ohio)

*Delegate*

**Hal S. Jeter** (South Point, Ohio)

*Alternates*

**Homa Amini** (Columbus, Ohio)

**Sally Z. Lauterjung** (Akron, Ohio)

### 8<sup>th</sup> District (Ill.)

*Delegates*

**Susan Bordenave-Bishop** (affiliate member) (Peoria, Ill.)

**Cissy K. Furusho** (Lincolnwood, Ill.)

*Alternate*

**Sharon J. Perlman** (affiliate member) (Chicago, Ill.)

### 9<sup>th</sup> District (Mich., Wisc.)

*Delegate*

**Clifford R. Hartmann** (New Berlin, Wisc.)

### 10<sup>th</sup> District (Iowa, Minn., Neb., N.D., S.D.)

*Delegates*

**Valerie B. Peckosh** (Dubuque, Iowa)

**James D. Nickman** (North Oaks, Minn.)

**Aruna S. Rao** (Minneapolis, Minn.)

*Alternate*

**David C. Johnsen** (Iowa City, Iowa)

### 11<sup>th</sup> District (Alaska, Idaho, Mont., Ore., Wash.)

*Delegates*

**Christopher Delecki** (affiliate member) (Kirkland, Wash.)

**Jane Gillette** (affiliate member) (Bozeman, Mont.)

**Bernard J. Larson** (Mount Vernon, Wash.)

### 12<sup>th</sup> District (Ark., Kan., La., Okla.)

*Delegate*

**John T. Fales, Jr.** (Olathe, Kansas)

*Alternates*

**Christopher Paul Fagan** (Enid, Okla.)

**Timothy R. Fagan** (Enid, Okla.)

**Jill Jenkins** (Shawnee, Kansas)

**Nick Rogers** (affiliate member) (Arkansas City, Kansas)

### 13<sup>th</sup> District (Calif.)

*Delegates*

**John L. Blake** (affiliate member) (Long Beach, Calif.)

**Lindsey A. Robinson** (Grass Valley, Calif.)

*Alternates*

**Paul Ayson** (affiliate member) (Visalia, Calif.)

**Erin Shah** (San Francisco, Calif.)

**Nidhi Taneja** (Cupertino, Calif.)

### 14<sup>th</sup> District (Ariz., Colo., Hawaii, Nev., N.M., Utah., Wyo.)

*Delegates*

**Darren D. Chamberlain** (Springville, Utah)

**Jeffrey A. Kahl** (Colorado Springs, Colo.)

**Kirk J. Robertson** (Flagstaff, Ariz.)

*Alternates*

**Karen D. Foster** (Greenwood Village, Colo.)

**Christopher C. Lee** (Honolulu, Hawaii)

### 15<sup>th</sup> District (Texas)

*Delegates*

**Paul A. Kennedy, III** (Corpus Christi, Texas)

**Charles W. Miller** (Arlington, Texas)

**Rita M. Cammarata** (Houston, Texas)

*Alternate*

**Georganne P. McCandless** (Tomball, Texas)

### 16<sup>th</sup> District (N.C., S.C., Va.)

*Delegates*

**Scott W. Cashion** (Greensboro, N.C.)

**Roslyn M. Crisp** (Burlington, N.C.)

*Alternate*

**Shamik S. Vakil** (Charlotte, N.C.)

### 17<sup>th</sup> District (Fla.)

*Delegate*

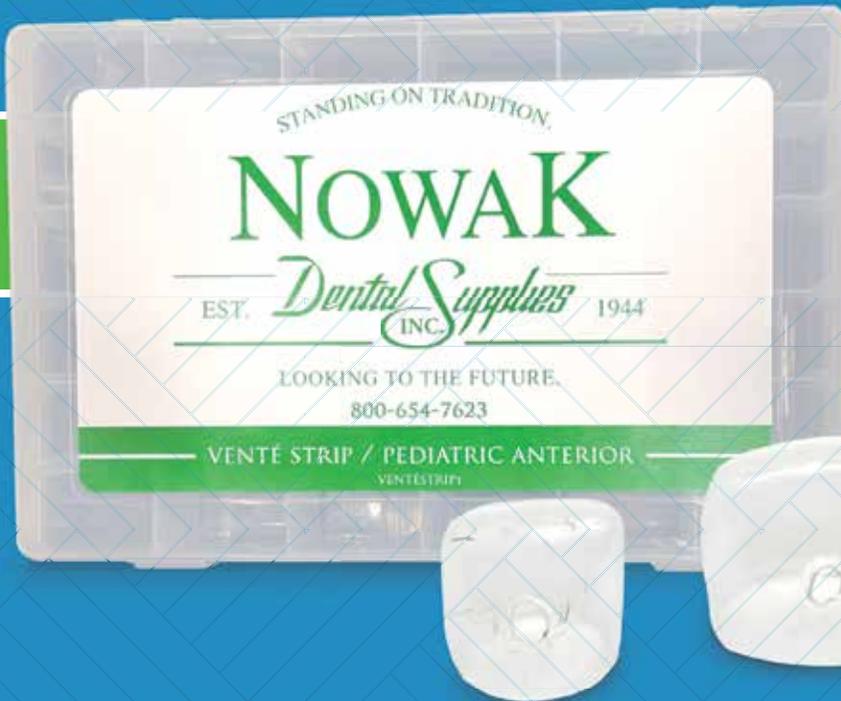
**Stephen D. Cochran** (Jacksonville, Fla.)

*Alternate*

**Casey Lynn** (Apollo Beach, Fla.)

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March 2021

## February was National Children's Dental Health Month!

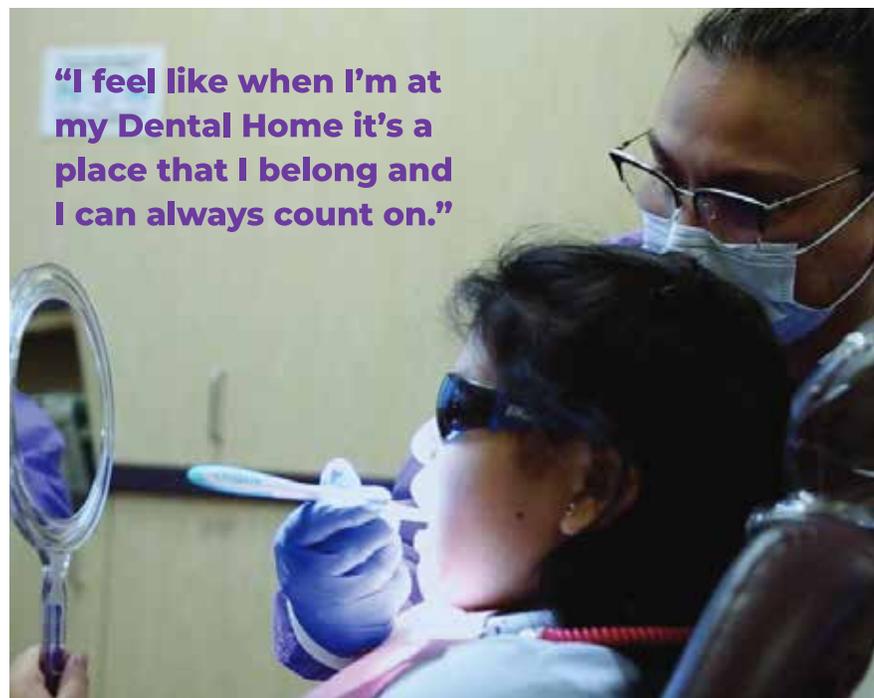
Meet some of our 2020-2021 Grantee Recipients.

**Children's Dental Foundation (Long Beach, CA).** With a program that serves 3,200 patients of the Greater Long Beach and South Bay areas, Children's Dental Foundation aims to provide multi-specialty, comprehensive dental treatment and oral health education including vital dental treatment under IV sedation and under general anesthesia in the hospital operating room.

**Oak Park River Forest Infant Welfare Society (Oak Park, IL).** To help Oak Park River Forest Infant Welfare Society's goal to increase access to health care for low income Chicago-area children, improve health outcomes for low income children through health education, and improve the health status of Clinic patients, this grant will support the salary for one of their dental assistants.



**Our goal is Dental Homes for all children!**



**"I feel like when I'm at my Dental Home it's a place that I belong and I can always count on."**

## From the President

I want to say thank you. Thank you for your generosity. Thank you for your commitment. With the support of people like you, the AAPD Foundation has given or committed more dollars to help children than any other national dental charity!

Those funds have helped local community organizations provide dental care to more than 550,000 children who may otherwise not be able to afford care. The community organizations and educational institutions selected by child oral health experts and funded by the Foundation go the extra mile every day to provide a Dental Home.

Our grant recipients are often the frontline safety net providers serving the children most at-risk.

During the month of February we focused on highlighting our 2020-2021 Grantee Recipients while educating moms, consumers about why dental care is essential care.

Give hope to children in need of a Dental Home and give now to help award grants to clinics like Children's Dental Foundation in Long Beach, CA and Oak Park River Forest Infant Welfare Society in Oak Park, IL who help their community both inside and outside the clinic.

Please help grow our impact and ensure all children receive the best oral healthcare in 2021. You can help by visiting: <https://aapdfoundation.org/our-impact/donate/>.

**Thank you for your support!**

Please follow us on Facebook, Instagram, Twitter and LinkedIn at AAPD Foundation.

#BigLoveforLittleTeeth

*Charles S. Czerepak DMD, MS*

**Dr. Charles S. Czerepak DMD, MS**  
AAPD Foundation  
President

Follow us!



@aapdfoundation

Help us provide **1 million children** with Dental Homes by 2022!

Every gift to the AAPD Foundation helps more children find Dental Homes.

**Give Now!** [www.aapdfoundation.org](http://www.aapdfoundation.org)



# AAPD FOUNDATION

IS THANKFUL FOR OUR DONORS!

We could not accomplish our goals without  
**YOUR** support!



# It's Official, We Will See You in "The Hub" for AAPD 2021!

74th Annual Session • The Hub • May 2021

## We are excited to announce that plans for AAPD 2021 have been moved to an entirely all-virtual format. Get ready to join us in The Hub!

Get ready for an outstanding educational program, jam-packed with incredible speakers on a variety of relevant topics in pediatric dentistry, an enhanced and interactive 3D exhibit hall, and even more ways to interact with your peers and colleagues to make up for the time you can't spend in person.

### AAPD 2021 – Virtual Program

*\*\*Live Courses will be available OnDemand after they air at their scheduled time.*

#### Live Courses

##### Preconference Course: Pediatric Medicine Update

**AAP Section: Structural Racism & Child Health, How Pediatric Dentists Can Address and Ameliorate the Effects of Racism on Children and Adolescents:** Nia Heard-Garris, Nita Mosby Tyler, Jeffrey Karp

**Addressing Systemic Racism and Its Impact in Dentistry and Building the Right Treatment Plan:** Paula Coates, Karan Estwick, Edmond Hewlett, Laila Hishaw, Jaha Howard, Ron Inge, Jeanette Sabir-Holloway, Jeanne Sinkford

**Bioactive Materials:** Gerald Kugel

**Team Talks with Ann and Bobby:** Ann Bynum, Bobby Elliott  
*Sponsored by Crest + Oral-B*

**Dental Benefits Symposium:** Teresa Duncan, Dennis McHugh, Christine Taxin

**Immune Health in the Era of Pandemics:** Tieraona Low Dog

#### MiniClinics I:

**Pediatric Orthodontics and Sleep Apnea: Which is Right and Which is an Illusion?:** Mitchell Levine

**Conducting Effective Performance Reviews:** Aaron Stump  
**Lessons Learned from the Pandemic:** Flavia Lamberghini

#### MiniClinics II:

**Oh So Tied! Collaborative Care for Best Outcomes and Prevention of Adverse Events:** Rishita Jaju

##### The Diagnostic Challenge in Pediatric Dentistry Part VII:

Juan Yepes

##### Marketing Metrics, How Does Your Office Stand Up?:

Jarod Johnson

#### MiniClinics III:

**Embracing You: Social Marketing your Dental Practice in a Post-Facebook World:** Scott Childress  
**Real World Tongue and Lip Tie Assessment and Treatment Strategies:** Richard Baxter

**Nutrition Update for the Dental Team:** Tieraona Low Dog

**Pharmacology & Pain Control:** Karen Baker

**Rethinking ECC in the Era of Precision Medicine: Novel Clinical Insights Gained from Human Genome, Oral Microbiome, and Machine Learning Applications:** Kimon Divaris

**Safe Sedation for the Pediatric Dental Practice:** Jason Maynes  
*Sponsored by Sedation Resource*

**Digital Media: Keeping Children Healthy, Smart and Kind in a World of Screens:** Michael Rich

**Stay Safe, Stay Well: Managing Occupational Hazards in a Post-COVID World:** Paul Casamassimo, Charlie Czerepak, John Molinari

**Trauma Guideline Update:** Anne O'Connell

## OnDemand Courses

### Early Career Dentist Course (Sponsored by Elevate Oral Care):

**Chairside Space Maintenance:** E. LaRee Johnson  
**Debt Management Strategies:** Chris Sands  
**Oral Sedation Licensing & Safety for New Pediatric Dentists:** Shari Kohn  
**Providing Outstanding Customer Service:** Arnold Weiss & Kathy Pauze  
**Purposeful Movements – Efficiencies and Tips for Oral Rehabilitation Under GA:** Jason Bresler  
**Third Molar Update:** Daniel Hammer  
**Wellness and Self Care:** Purnima Hernandez

### Evidence-Based Methods to Evaluation Scientific Literature

### GSRA Presentations/Research Fellowship Awards

### International Oral Presentations

### Learning Labs:

**Fatten Up Your Patient Base and Skinny Down Your Kids:** Susan Maples  
**Let's Make the Best Mouthguard for your Athlete Patients:** Stephen Mills  
**An Overview of Medicaid: History, Advocacy and Opportunity:** Colleen Greene  
**Human Trafficking and the Dental Profession:** John Kenney  
**Pediatric Dental Trauma:** Kelly Kirtland  
**Are the Pediatricians Referring to You?:** Craig Hollander  
**Breathe Well, Little One: Pediatric Airway from Cradle to Commencement:** Susan Maples  
**Tooth Agenesis and Future Risk for Neoplasia: How to Discuss Anticipatory Guidance:** Kimberly Patterson  
**Navigating Negotiations with Private Equity for the Sale of Your Practice:** Jason Turner  
**Integrating Laser Dentistry into your Pediatric Care:** Ben Curtis  
**From Dentist to CEO: The Importance of Your Professional Development:** Malika Azargoon

**Essential Insurance, Investment, and Planning Strategies for Pediatric Dentists:** Shawn Johnson  
**Oral Motor Development and Acquisition of Infant Feeding (Solid Foods) Skills: What Pediatric Dentists Should Know:** Navreet Sidhu  
**Let's Talk About Teenagers and Risk Behaviors: Are You Ready?:** Edna Perez  
**Simple Yoga Stretches & Mindfulness Breathing to Reduce Stress & Musculoskeletal Problems:** Bhagwati Mistry  
**Serving Special Needs Patients in a Dedicated Practice:** Kyle Guerin & David Jourabchi

**Speed Learning, Back to Basics: Dentofacial Esthetics in Pediatric Patients and Early Interceptive Treatment of Palatal Displaced Canines:** John Taylor

### String of Pearls:

**SMITR (or SMART) with Biodentine:** Juan Yepes  
**Optimizing Outcomes: How and When to Make the Difficult Decisions to Extract Permanent Molars:** David Avenetti  
**Predictable Results with Anterior Zirconia Crowns:** Lawrence Yanover  
**Fantastic Firsts: Making the Most of the First Visit with Oral Health and Wellness:** Lavanya Venkateswaran  
**Applications of the Intraoral Scanners for the Pediatric Patients:** Fouad Salama  
**Chalky Teeth in Children – A View from 'Downunder':** Mala Desai  
**Peri-operative Considerations in Children Undergoing General Anesthesia:** Sara Ahmed  
**Pediatric Dental Practice Compliance Considerations:** Lisa Shilman  
**Saving Lives: Education Parents about HPV Vaccination:** Daniel Hammer  
**Key Digital Marketing Strategies in a "Post-Covid" World:** Scott Childress  
**Use of Mindfulness Techniques for Behavior Management of Anxious Children:** Nidhi Taneja



**Thank you to our Corporate Support Sponsors!**

3M, Cheng Crowns, Crest + Oral B, D4C Dental Brands, Denovo Dental, Elevate Oral Care, Hu-Friedy, DOX|Pedo, Pacific Dental, Preventech, Practicon, Sedation Resource, Sunstar, Treloar & Heisel

## Registration Information

	 Plus Pass	 Extended Pass	 Fast Pass
Length of Access to Content	May 20, 2021 - May 31, 2026	May 20, 2021 - December 31, 2021	May 20, 2021 - May 30, 2021 10-day pass
Includes Preconference Course	✓	Available a la carte: \$150	Available a la carte: \$150
Complimentary Access for up to 10 Office Staff	✓	✗	✗
Early Access to Pre-Recorded Lectures and Content	✓	✓	✓
Up to 60 hours of CE credits available*	Can claim in year certificate is completed	Can only claim in 2021	Can only claim in 2021
Exhibit Hall Access	✓	✓	✓
Additional Show Discounts on AAPD CE and Bookstore Products	✓	✓	✓
Additional Show Discounts on Exhibitor Products and Services	✓	✓	✓
Student Member	\$250	\$0	Package not available
Member	\$780	\$590	\$390
Life Retired	\$295	\$225	\$150
Non-Member Dentist	\$1,360	\$1,020	\$680
Office Staff	Included with Dentist registration or available A la carte: \$240	\$180	\$120
<small>*CE is available for three years for each session released. If in three years the content remains relevant, CE can be reissued for up to two additional years. Not all sessions will qualify.</small>	<small>Complimentary Office Staff are only offered with the Plus Pass until May 30, 2021</small>	<small>Extended Pass: Only available for purchase until May 30, 2021</small>	<small>Fast Pass: Only available for purchase until May 19, 2021</small>

### Who Needs to Register

Anyone (member or non-member dentist, dentists' staff or dental student) who wants to attend any portion of the Scientific Program or have access to The Hub must register. Certificates of completion will be issued to office staff upon conclusion of the meeting. If the office staff requires a CE certificate, one can be provided upon request.

**After May 30, 2020, members, student and life members will become \$995 for the full CE Package. Non-members will be \$1,500.**

*Note: To receive the member registration rate for The Hub, your 2020-21 membership dues must be paid in full.*

### Residents

Registration is complimentary if you register on or before May 30. Residents registering after May 30, 2021, will be charged \$995; **no exceptions will be made.** Submitting a poster does not register residents for The Hub.

### Registration Methods

Registrations are processed on a first-come, first-served basis. All registration must be done online.

**Online:** [annual.aapd.org](http://annual.aapd.org)

**Credit card only. Allow five days for processing and receipt of registration confirmation.**

### Cancellation and Refund Policy

All cancellations postmarked on or before May 1, 2021, will be refunded less a \$150 processing fee.

All cancellation requests must be made in writing to AAPD Registration Services ([registration@aapd.org](mailto:registration@aapd.org)) for processing on or before May 1, 2021.

No refunds will be given after May 1, 2021. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Senior Meetings & Continuing Education Director Kristi Casale at 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611. Those refunds approved are processed after AAPD 2021.

### Registration Confirmation

Every effort is made to provide all advance registrants with a confirmation of their registration. This notice will verify whether we received your registration prior to the deadline.

### Questions

If you have any questions regarding registration, contact AAPD Registration Service Center at [registration@aapd.org](mailto:registration@aapd.org).

## Preconference Course Pediatric Medicine Update

### Course Summary

This full day course will provide the pediatric dentist an update on a wide variety of areas of pediatric medicine. Each lecture will provide a medical review of the more common disorders and diseases the pediatric dentist might encounter in clinical practice, followed by a discussion of the latest advances in management. For some of the topics there will be a specific emphasis on dental management. The lecture format followed by questions and answers affords participants an opportunity for dialogue between the lecturer and the audience.

### Objectives

Upon completion of the course, the participant should be able to:

- Provide a review of the pathophysiology of pediatric disorders and diseases the pediatric dentist is likely to encounter in clinical practice.
- Provide an update of the state of the art and science of the medical management of these disorders.
- Discuss the impact and significance of these pediatric disorders and diseases and their management to clinical pediatric dentistry with input from the audience during the question and answer period.
- Have a better understanding of the current management of a wide variety of pediatric conditions, including those conditions resulting from COVID-19, and how it may relate to their clinical practice of pediatric dentistry.

### Speakers

**Course Chairs:** *Man Wai Ng, D.D.S., M.P.H. and Isabelle Chase, D.D.S., F.R.C.D(C)*

*Riten Kumar, M.D., M.Sc.*

*Ruby Wang, M.D.*

*Jane Newburger, M.D., M.P.H.*

*Salim Afshar, D.M.D., M.D.*

*Danielle DeCoursey, M.D., M.P.H.*

*Sabra L. Katz-Wise, Ph.D.*

*Nelson Aquino, C.R.N.A.*



# Virtual Exhibit Hall

Be sure to spend time in the Virtual Exhibit Hall in The Hub! The platform is entirely new and allows for more interacting and learning about exhibitor's great products and services. We know that the Annual Session is usually a time for you to purchase products before your busy season and now you will be able to do these transactions in the virtual exhibit hall! Enjoy one-stop shopping from the comfort of your home or office.

A benefit of the Virtual Exhibit Hall is that during the show the hall is open 24 hours for you to browse the companies. You will want to make sure you stop in during the live networking hours for exciting happenings and information about discount codes.

While we know attendees love getting the Annual Session bag and filling it with exhibitor information and giveaways, rest assured you will still be able to do that this year! Virtually, you will be able to have your own swag bag and collect exhibitor information, brochures, coupons and more. In addition, you can schedule or pop into the chat and have an individual video conference with a company representative in order to answer all your questions.

We are fortunate to have vendors and sponsors that want to connect with our members and support The American Academy of Pediatric Dentistry. The Virtual Exhibit Hall is a key component of The Hub and we can't wait to see you there!

## Exhibit Hall Networking Hours

**Thursday, May 27, 2021**

**9 – 10 AM CST**

**12 – 2 PM CST**

**Friday May 28, 2021**

**9 – 10 AM CST**

**12 – 2 PM CST**

**Saturday May 29, 2021**

**9 – 10 AM CST**

**12 – 2 PM CST**

*\* AAPD 2021 show hours are 10 a.m. – 6 p.m.*

# Check out AAPD's TWO podcasts!

**PEDO TEETH TALK**  
THE BIG AUTHORITY ON LITTLE TEETH

Pedo Teeth Talk Sponsored by Hu-Friedy



**NEWLY  
ERUPTED**

Newly Erupted Sponsored by Cheng Crowns, Denovo Dental, Treloar & Heisel, Pacific Dental/My Kid's Dentist and Orthodontics, DOX|Pedo

**Listen on [aapd.org](http://aapd.org), Spotify, iTunes, Stitcher, Google Podcasts**



**You might be seeing glimmers of normalcy come back into your life, how exciting! However, virtual is the new normal when it comes to learning and education opportunities, and that's okay!**

The AAPD is excited to have an existing platform like the Education Passport that allows us to continue to serve our members in the ways that they need it most. Education that is delivered virtually, such as sessions you might find on our Education Passport, means that you don't have to forfeit the AAPD speakers and CE you've come to know and love over the years. If anything, it just means that you can earn that CE on your own time, where you want to, when you want to!

**AAPD's Education Passport is constantly being updated with the newest and most fresh content that we can bring to our members' fingertips. For instance, we have our very first Virtual Mini-Series available to you right now! Check out our Comp Review and Sedation Mini Series sessions for just \$90 each! Looking for something new and innovative? Check out our Tethered Oral Tissues Symposium, just recorded in November 2020, featuring speakers from across the world!**

Whether you want to spend one hour earning CE or a whole weekend, the choice is yours, the possibilities are endless! Check out one of our most favorite Member Benefits today.

### **Annual Session Packages**

**\*Available in CE Packages or Audio Only**

**NashVirtual 2020**

**AAPD 2019 (Chicago)**

**AAPD 2018 (Hawaii)**

### **CE Courses**

**Comprehensive Review**

**Board Qualifying Exam Prep Course**

**Safe & Effective Sedation Course**

### **Recorded in Fall 2020**

**Sedation Mini Series**

**Comprehensive Review Mini Series**

**Tethered Oral Tissues Symposium**

### **2021 Journal CE Now Available**



AMERICA'S PEDIATRIC DENTISTS  
**THE BIG AUTHORITY on little teeth®**

## AAPD Nominations 2021



**Amr M. Moursi**  
**PRESIDENT-ELECT NOMINEE**

Dr. Amr M. Moursi is professor and chair of the Department of Pediatric Dentistry at the New York University College of Dentistry and on the Medical Staff at the New York University Langone Medical Center and the Bellevue Hospital Center in New York. He completed his D.D.S. degree at the University of Michigan School of Dentistry, a pediatric dentistry residency at Children's Hospital of Pittsburgh and then a Ph.D. in Craniofacial Biology from the University of California at San Francisco. He is a board-certified Diplomate of the American Board of Pediatric Dentistry and a Fellow of both the American Academy of Pediatric Dentistry (AAPD) and the International College of Dentists. Moursi received the Merle S. Hunter Leadership Award in 2014, and was selected for the AAPD Leadership and Advanced Leadership Institutes. Moursi has served the AAPD in many capacities, including Academic Trustee-at-large on the Board of Trustees, Liaison to the American Academy of Pediatrics, Regional Consultant on the Medicaid and CHIP Advisory Committee, Chair of the Global Interactions Task Force, Fellow of the Pediatric Oral Health Research and Policy Center, and Director of the Comprehensive Review Course.

Moursi serves as an examiner for the Royal College of Surgeons in Ireland and as a consultant to both the New York State and New York City Departments of Health. He is a former member of the Examination Committee of the American Board of Pediatric Dentistry. He also served as a Consultant and Pediatric Dentistry Review Committee member for the Commission on Dental Accreditation.

Moursi's research focuses on early childhood oral health. He is the author or co-author of over 100 published articles, book chapters and policy briefs. He has been an invited speaker at numerous state, national and international conferences and universities with presentations on variety of topics including Behavior Guidance, Early Childhood Oral Health, and Oral Health for Patients with Special Needs. In addition, he has led teams of NYU faculty and students to provide pediatric dental training, education and care to underserved areas around the world including Tanzania, Nicaragua, Alaska, northern Maine and upstate New York. He also maintains a private practice in New York City.



**Scott W. Cashion**  
**VICE PRESIDENT NOMINEE**

Dr. Scott Cashion is a 1994 graduate of the University of North Carolina School of Dentistry and finished his Residency and Masters in Pediatric Dentistry there in 1997. He is currently an adjunct faculty member in the Department of Pediatric Dentistry. He is a board-certified pediatric dentist and a Diplomate of the American Board of Pediatric Dentistry. He has been in private practice in Greensboro, North Carolina for over 20 years.

Cashion has served as a leader with the American Academy of Pediatric Dentistry (AAPD). He currently serves as the chair of the Pediatric Medicaid/CHIP Advisory committee and is President of the Medicaid/Medicare/CHIP Dental Services Association (MSDA). Cashion served on the Board of Trustees of the AAPD (2008-2011) and was Parliamentarian (2012-2013). In May of 2013 he was awarded the Merle C. Hunter Award for Leadership in the American Academy of Pediatric Dentistry.

Cashion currently serves as an ADA Delegate At-Large for the NC Delegation and has been a Delegate or Alternate Delegate since 2009. Cashion is the Immediate Past President of the North Carolina Dental Society Foundation. In 2018 he completed his service on the ADA Council on Advocacy for Access and Prevention (CAAP, formerly CAPIR).

Cashion is past president of the North Carolina Dental Society (2015). He previously served on the Board of Trustees of the North Carolina Dental Society. Cashion is a member of the Guilford County Dental Society and served as president in 2005-2006. He was president of the North Carolina Third District Dental Society in 2004.

Cashion was awarded the North Carolina Dental Society's Commendation Award in 2007. He is a fellow in the International College of Dentists, American College of Dentists and the Pierre Fauchard Academy.

Cashion is involved in the Greensboro Community and served on the Board of Habitat for Humanity, is active in his church and is a member of the Greensboro Sports Council. He is an avid runner and has ran three marathons.



**Scott D. Smith**  
**SECRETARY-TREASURER NOMINEE**

Dr. Scott D. Smith received his D.D.S. from the University of Michigan in 1986, and his MS in pediatric dentistry in 1988. Upon completion of his Graduate and Post-Graduate studies at the University of Michigan, Dr. Smith and his wife Debbie moved to Denver, Colorado, to

establish a private practice. He currently has offices in Denver and Centennial, Colorado. In addition to private practice, he is an Adjunct Assistant Clinical Instructor at both the University of Colorado and at the University of Michigan, traveling back to Ann Arbor monthly.

Soon after arriving in Denver, he became involved in the Colorado Academy of Pediatric Dentistry and the Metro Denver Dental Society holding multiple offices with each group. In addition to being a founding member of the Rose Medical Center Cleft Lip and Palate/Craniofacial Anomalies Team, Dr. Smith has contributed to the Bright Futures Program with the American Academy of Pediatrics.

In 1996, Dr. Smith was appointed by the Governor of Colorado to the Colorado State Board of Dental Examiners and served as President of the Board from 2000- 2004. During his tenure on the State Board he also served as an examiner for the Central Regional Dental Testing Service.

As a member of the AAPD, Dr. Smith has served on multiple Councils and Committees including Chair of Annual Session Local Arrangements Denver 2001, Council on Clinical Affairs Committee on Adolescent Health and the Council on Continuing Education. In June of 2017, he completed a three-year term on the AAPD Board of Trustees. In addition to Council and Committee Work, Dr. Smith has participated in the Leadership Institute at Kellogg and both cohorts of the Advanced Leadership Institute at Wharton.

Outside of his involvement in the AAPD, Dr. & Mrs. Smith enjoy an active Colorado lifestyle that includes skiing, cycling and fly fishing. Additionally, Dr. Smith plays ice hockey in an Adult Hockey League.



**James R. Boynton**  
**ACADEMIC TRUSTEE AT LARGE**

Dr. James Boynton is Clinical Professor, Pediatric Dentistry Division Head, and Director of the Pediatric Dentistry Residency Program at the University of Michigan School of Dentistry. Dr. Boynton received his dental degree and specialty training at the University of Michigan

and has served on the faculty since 2005. Dr. Boynton is a board certified pediatric dentist with an active private practice in Ann Arbor, Michigan. He has co-authored more than 30 publications and three book chapters, is the primary investigator on a HRSA-funded project on improving pre-doctoral dental student clinical experience with young children, and given multiple presentations to local, national, and international audiences. He has served nationally as an item writer/consultant for the American Board of Pediatric Dentistry, as a consultant/site visitor for the Commission on Dental Accreditation, has chaired the AAPD Council on Pre-doctoral Education and Journal-based Continuing Education Committee, and served as a consultant to State agencies and private law firms.



**Jeffrey D. Rhodes**  
**SOUTHWESTERN DISTRICT TRUSTEE**

Dr. Jeffrey D. Rhodes is a 1984 graduate of Austin College in Sherman, TX. He graduated from Baylor College of Dentistry in 1988 and completed specialty training in pediatric dentistry in 1990. He has completed specialty fellowships at Scottish Rite Hospital for Children

and Children's Medical Center of Dallas. While at Baylor College of Dentistry he published research in growth and development of young children's faces. In addition, he has taught dental students at Baylor College of Dentistry, and is now teaching pediatric dental residents at Jordan Valley Community Center in Springfield, MO. His special interests lie in the growth and development of children's smiles. He is passionate about ensuring children receive education on how to have healthy, beautiful smiles for life.

Dr. Rhodes has held numerous leadership roles for the Southwest Society, AAPD, and the Arkansas Society. He served on the SWSPD Board from 1997 through 2017, including a term as President in 2003-2004, and is currently the Public Policy Advocate for Arkansas. Dr. Rhodes is a member of the AAPD's Committee for Special Health Care Needs, a Board Examiner for the American Board of Pediatric Dentistry (ABPD) and a member of the ABPD subcommittee that writes exam questions. He is currently participating in the AAPD Leadership Institute at the Kellogg School of Business, Northwestern University.



**Jonathon E. Lee**  
**WESTERN DISTRICT TRUSTEE**

Jonathon Everett Lee received his D.D.S. (with Honors) from the University of the Pacific in 1997. He completed his dual specialty certification in Pediatric Dentistry and Orthodontics at the University of California at Los Angeles School of Dentistry in 2000 and joined his

father, Dr. Brian Lee, in private practice.

As one of the few Dual Board Certified Pediatric Dentists and Orthodontists in the country, he enjoys both providing care for the kids and watching them grow up. Because of quality experiences, generations have trusted and enjoyed coming to Dr. Jon--so much so that they return with their kids.

He has served as a member and chair of the AAPD's New Pediatric Dentist Committee. During his service, the committee was able to successfully plan and implement the New Pediatric Dentist Continuing Education program at the Annual Session and launch the New Pediatric Dentist Reception at the Annual Session.

From 2005-2011, Lee served as a Board Director for the California Society of Pediatric Dentistry (CSPD) where he chaired the curriculum review and helped with online continuing education. He served as president of CSPD from 2018-2019. From 2006-2013, he was the AAPD liaison for both California and the Western Society of Pediatric Dentistry (WSPD), serving as president of WSPD from 2011-2012. Since 2014, Lee has served on the Foundation of the College of Diplomates of the American Board of Pediatric Dentistry and from 2017-2019 served as its chair.



**Brian D. Hodgson**  
**ABPD DIRECTOR**

Brian Hodgson received his dental degree from Marquette University in 1987 and served a three year commitment in the US Navy as a general dentist. He then completed the Pediatric Dentistry Residency program at Children's Hospital of Wisconsin (CHW) from

1991-1993, receiving a Certificate in Pediatric Dentistry in 1993. He began working as a full-time Attending Pediatric Dentist at the Pediatric Dentistry Residency program at CHW in July 1993 and transitioned to part-time in 1996. He completed his board certification requirements and became Board Certified by the American Board of Pediatric Dentistry in 2001. In 2003, he accepted an appointment as an Assistant Professor at Marquette University School of Dentistry but still continues to provide didactic instruction to the residents at CHW. In 2011 he received a promotion to Associate Professor with tenure at Marquette where he currently continues in his academic career. He provides numerous continuing education lectures within the state of Wisconsin and has been a presenter at AAPD Annual Meetings.

His private practice experience began in 1996 when he purchased a pediatric private practice in Lake Geneva, WI. In 2008, he sold this practice and continued to work as an independent contractor with his new employer. In 2013 he left this practice and worked as an independent contractor for the Brown County Oral Health Partnership in Green Bay, WI one day per week. He left this practice in 2017 and recently accepted the position of Dental Director of the Gardetto Family Dental Clinic at St. Ann Center for Intergenerational Care, a clinic that serves only adults and children with special health care needs.

He continued his Navy career in the U.S. Navy Reserves in 1993 after completing his pediatric residency. He has served in numerous leadership roles throughout his 30+ years in the Navy culminating in receiving a position in a major Navy Reserve Medicine Command at the Operational Health Support Unit, Portsmouth, VA from December 2014 through November 2016.

In 2010 he began serving as a consultant to the American Board of Pediatric Dentistry, assisting in the oral board examination activities. In 2015, he became a member of the Oral Clinical Examination Committee of the ABPD, where he continues to serve today as the OCE Part A Leader.

## NOTICE TO ACTIVE AND LIFE MEMBERS

# Constitution and Bylaws Amendment before the 2021 General Assembly

This amendment will be considered the AAPD Annual Session during the Reference Committee hearings and the General Assembly.

*Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2021 Membership Directory.*

~~Strikethrough~~ words are to be removed; **bold underlined** words are to be added.

### 1. SPECIFY CHAIR OF NOMINATIONS COMMITTEE

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

**Background:** The Constitution and Bylaws Committee brought to the attention of the Board of Trustees that the Chair of the Nominations Committee is not specified in the Bylaws. In practice, this has been the second immediate Past President. The Board of Trustees directed the Constitution and Bylaws Committee to draft a technical amendment to clarify the matter.

An amendment would be made to Chapter V (BOARD OF TRUSTEES), Section 18 (COMMITTEES OF THE BOARD OF TRUSTEES):

931 H. NOMINATIONS COMMITTEE:

932 Composition:

933 The Nominations Committee shall be composed of eight (8)  
934 members: the two immediate Past Presidents of the Academy,  
935 a board member of the American Board of Pediatric Dentistry  
936 as determined by the ABPD and one (1) member elected from  
937 each trustee District. **The second immediate Past President shall serve as chair.** Further details on committee member  
938 selection and committee procedures are provided in the  
939 Administrative Policy and Procedure Manual of the AAPD.

## Reference Committee Hearing and Reports & General Assembly Meeting

Constitution and Bylaws amendments and proposed changes/additions to oral health policies and best practices of the American Academy of Pediatric Dentistry will be the subject matter for the Reference Committee hearings at the Hub AAPD 21 virtual Annual Session. Recommendations from the Council on Clinical Affairs concerning oral health policies and best practices will be posted as a Members-only document on the AAPD website ([www.aapd.org](http://www.aapd.org)) no later than sixty (60) days prior to the General Assembly. All members will be alerted to this availability via *AAPD E-News*.

**The Reference Committee hearings will take place virtually on Wednesday, May 26, 2021, at 12:30 PM Eastern/11:30 AM Central/10:30 AM Mountain/9:30 AM Pacific time, and will be accessible at [www.aapd.org](http://www.aapd.org).**

*Please note this date and time are subject to change; members will be notified via E-News in such case. The hearings are open to all AAPD members, as well as non-members who have registered for the Hub. Non-members will be polled and asked to identify themselves by the chair, who also has the authority to determine whether a non-member may comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and best practices, and other business to come before the General Assembly. Reference Com-*

*mittee Reports will be available online in advance of the District Caucuses and General Assembly.*

The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Any AAPD member is welcome to attend, although only Active and Life members may vote. Final action on recommendations from Reference Committees takes place at the General Assembly. Per the Hub AAPD 21 virtual Annual Session, the General Assembly will meet in an online virtual format. **The General Assembly will take place on Sunday, May 30, 2021, at 1 p.m., Eastern/12 Noon Central/11 AM Mountain/10 AM Pacific time, and will be accessible at [www.aapd.org](http://www.aapd.org).** The Illinois Not-For-Profit Corporation Act, which governs AAPD's activities, permits a meeting of members in this manner. This notice is being provided as required no less than thirty (30) days before the session. An agenda for the General Assembly meeting will be posted under "Latest News" in the Members-Only section of the AAPD Web site ([www.aapd.org](http://www.aapd.org)) approximately one month prior to the meeting. All members will be alerted to this availability via *AAPD E-News*.

**Stay tuned to E-News for special announcements! We also encourage you to login to your AAPD membership profile to ensure that your e-mail address and preferences are accurate.**

# Congress Repeals McCarran-Ferguson Antitrust Exemption for Health Insurance Companies

by C.Scott Litch      Chief Operating Officer and General Counsel



## *What Does it Mean for Dentistry?*

### **The Victory**

A long-time legislative priority of the ADA and the AAPD was achieved on Dec. 22, 2020, when the U.S. Senate voted to repeal the McCarran-Ferguson antitrust exemption for health insurance companies by passing HR 1418, the Competitive Health Insurance Reform Act. The House previously passed the bill on Sept. 21, 2020. The President sign the bill into law into law on Jan. 13, 2021, as P.L. 116-327.

The bill amends the McCarran-Ferguson Act to restore the application of federal antitrust laws to the health insurance industry, but does not otherwise interfere with or impact the authority of state authorities to regulate health insurance provided under the act.

This success was possible thanks to the bi-partisan leadership of Senators Steve Daines (R-Mont.) and Patrick Leahy (D-Vt.), and House members Congressmen Peter DeFazio (D-Ore.4th) and Paul Gosar (R-Ariz. 4th). Gosar has been the primary and leading congressional advocate for the bill's passage since being elected to Congress in 2010.

The bill was supported by many other dental organizations in addition to the ADA and AAPD, plus many consumer groups.<sup>1</sup>

The AAPD thanks all those who contributed to the advocacy efforts on this issue, by responding to Action Alerts and advocating for the repeal during AAPD's annual Pediatric Oral Health Advocacy Conference in Washington, D.C.

### **The Impact**

Promoting lower prices, greater consumer choice, and increased innovation through robust competition is the role of the antitrust laws. As the ADA testified before the U.S. House Judiciary Committee in 2017 (emphasis added in **bold**):

"Repeal of the McCarran-Ferguson Act will substantially improve, even potentially eliminate, the problem of one-sided federal antitrust enforcement. According to a 2008 study by the American Medical Association, within the 314 metropolitan statistical areas surveyed, 94% of commercial health insurance markets qualified as "highly concentrated" under standards established by DOJ and FTC. Yet, currently, dentists and other health care providers facing monopoly health plans have little recourse. If individual providers or practices band together to increase their negotiating clout, they are likely to trigger an antitrust investigation, if not an enforcement action. And, for

decades, when health care providers have brought antitrust concerns regarding insurers to the attention of federal enforcers, agency staff have been reluctant to proceed for fear of crossing the line that McCarran-Ferguson draws. **Repeal of the Act would enable both DOJ [Department of Justice] and FTC [Federal Trade Commission] to focus their attention on specific anticompetitive practices by insurers that may adversely affect patients and dentists, thereby leveling the playing field and ensuring that providers and health plans are abiding by the same set of competitive rules.**

If insurance companies had to observe the antitrust laws when setting rates and designing coverage, they would have to compete more aggressively with each other for both individual customers and purchasers of large group policies by keeping premiums comparatively low and benefits comparatively high. They would have to strive to differentiate themselves in other ways as well. **This would include offering plans that the most qualified professionals would want to participate in, which in turn would help make such plans more attractive to consumers.** The better plans that would result from insurance company competition would likely provide for a greater selection of dental treatment options and better coverage for them. These positive developments could result in new

insurance companies, different pricing, different coverage options, and different contractual terms. In other words, competition for insurance business would compel insurance companies to deal more fairly, effectively, and creatively with both consumers of dental services and with providers. Competition like this works in other sectors and, given the chance, it will work here.”<sup>2</sup>

The U.S. Justice Department issued a press release<sup>3</sup> on Jan. 13, 2021, stating that the repeal will:

“ . . . assist the Antitrust Division in its mission to enforce the antitrust laws by narrowing this defense and clarifying that, except for certain activities that improve health insurance services for consumers, the conduct of health insurers is subject to the federal antitrust laws.”

and

“ . . . end distracting arguments about when health insurers qualify for the McCarran-Ferguson exemption, and it will enable the Antitrust Division to spend resources more efficiently to achieve results that make a difference for American consumers.”

The repeal will make it easier to legally challenge anti-competitive practices of insurers, making lawsuits like the ADA’s class action lawsuit filed in 2019 against Delta Dental more feasible, common, and winnable.<sup>4</sup>

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 ext. 29 or [slitch@aapd.org](mailto:slitch@aapd.org).

*This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.*

<sup>1</sup><https://www.ada.org/en/publications/ada-news/2020-archive/december/congress-passes-competitive-health-insurance-reform-act>

<sup>2</sup>[http://www.ada.org/~media/ADA/Advocacy/Files/170216\\_115hr372\\_judiciary\\_mcf.pdf](http://www.ada.org/~media/ADA/Advocacy/Files/170216_115hr372_judiciary_mcf.pdf)

<sup>3</sup><https://www.justice.gov/opa/pr/justice-department-welcomes-passage-competitive-health-insurance-reform-act-2020>

<sup>4</sup><https://www.ada.org/en/publications/ada-news/2019-archive/november/american-dental-association-files-lawsuit-against-delta-dental>  
*This case was subsequently consolidated and is now pending in the U.S. District Court for the Northern District of Illinois.*



## Legislative, Regulatory and Legal Update

Unless otherwise noted, for further information on any of these issues please contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 or [slitch@aapd.org](mailto:slitch@aapd.org).

### FEDERAL NEWS

#### COVID Relief

The following COVID-19 relief provisions in legislation approved by Congress in late 2020 are important for dentists and dental associations:

- Makes expenses paid for with the PPP loans tax deductible. This fully clarifies the Congressional intent from the 2020 CARES Act that PPP forgiveness is not taxable income.
- Eliminates the requirement that PPP loan forgiveness be reduced by the amount of the Economic Injury Disaster Loan (EIDL) grant that was received by the business. The bill also allocates additional EIDL grant money.
- Allows PPP borrowers to utilize the Employee Retention Tax Credit. The bill also increases the wage cap and percentage of eligible wages for that credit.
- Eases the forgiveness process for PPP loans that are \$150,000 or less.
- Makes 501 (c) (6) organizations eligible for PPP funds if they have less than 300 employees and meet certain lobbying restrictions.
- Allows PPP funds to be used to purchase personal protective equipment or to cover the cost of facility modifications that were made to mitigate the transmission of COVID-19.

An ADA News story<sup>1</sup> contains additional details, and the ADA subsequently disseminated more information about applying for additional PPP funds under new criteria (businesses must show a 25 percent decline in revenue from the previous year and those with 10 or fewer employees will be given priority).

#### Final Fiscal Year 2021 Appropriations and Senate Report Language Supports Title VII Pediatric Dentistry and other AAPD Priority Issues

The final spending package, approved by Congress in late 2020, includes \$12 million each for Title VII Pediatric Dentistry and General Dentistry, as requested by the AAPD, ADA, ADEA, and AADR. This remains the AAPD's top appropriations priority.

Earlier in the fall, the U.S. Senate released their funding recommendations and report language, which included the provisions highlighted below.<sup>2</sup> With the passage of the Consolidated Appropriations Act of 2021, the Senate and House report language now officially guides federal agencies like HRSA and CMS in carrying out their activities in FY 2021. For example, the language directs HRSA to initiate a new Dental Faculty Loan Repayment Program (DFLRP) grant cycle with a preference for pediatric dental faculty.

“Training in Oral Health Care – The Committee provides \$40,673,000 for Training in Oral Health Care programs, which includes not less than \$12,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents. The Committee directs HRSA to provide continuation funding for post-doctoral training and dental faculty loan repayment (**DFLRP**) grants, and to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites. . . ” (p. 45).

“Chief Dental Officer (**CDO**) – The Committee is pleased that HRSA<sup>3</sup> has restored the position of CDO and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA. The Committee requests an update within 30 days of enactment of this act on how the CDO is serving as the agency representative with executive level authority

on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.” (p. 59)

“Chief Dental Officer – The Committee is concerned that CMS<sup>4</sup> has not appointed a permanent the Chief Dental Officer position since October 2017.” (p. 141)

This language is consistent with earlier language from the FY 2021 House Appropriations report.<sup>5</sup>

<sup>1</sup><https://www.ada.org/en/publications/ada-news/2020-archive/december/lawmakers-reach-agreement-on-next-coronavirus-relief-package>

<sup>2</sup><https://www.appropriations.senate.gov/imo/media/doc/LHHSRept.pdf>

<sup>3</sup>Health Resources and Services Administration

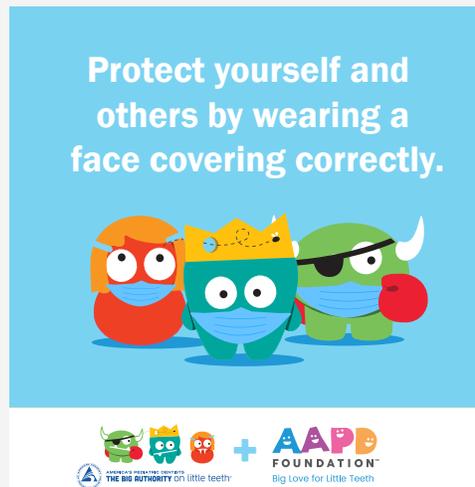
<sup>4</sup>Centers for Medicare and Medicaid Services. Currently there is a temporary assignment of a pediatric dentist as the Dental Officer for CMS.

<sup>5</sup><https://www.aapd.org/globalassets/media/advocacy/fy-2021-house-l-hhs-educ-appropriations-update-7-22-20.pdf>

## Protect Yourself and Others by Wearing a Face Covering Correctly

Looking for a way to kindly inform your office visitors to follow your mask guidelines? Hang up these great resources in your office to make wearing a mask a little bit more fun!

The Mouth Monsters are here to help encourage masks to be worn in the office. Wearing a mask properly can significantly help stop the spread of disease from person to person. These posters are wonderful for use on social media, websites and to be hung on the wall in the office. The best part is that they are available in English and Spanish!



## Patient/Family Communications Materials to Brighten the Day for Your Patients

Brighten the day for your patients by sending them this new “Stay Home, Stay Healthy” poster from the AAPD – or posting it on your practice Facebook page. A Spanish poster is available too! For more free downloads of positive patient materials based on sound science, visit the AAPD parent and caregiver website. Pediatric dentists know that it’s all about the kids, and remember YOU are the big authority on little teeth within your own community.



Download yours now from the Mouth Monster hub at [mychildrensteeth.org](http://mychildrensteeth.org)!



PAC Corner

# Thank you to All PAC Contributors for your Support in 2020

## SPECIAL CONGRATULATIONS TO THE SSPD

The PAC sent out an electronic annual report<sup>1</sup> along with a video appeal targeted at the 2020-21 membership dues renewal cycle. This was expected to be a challenging year for PAC contributions given the impact of the COVID-19 pandemic. **However, THANKS TO YOUR LOYAL SUPPORT we were pleasantly surprised to have held our own.** Below are AAPD PAC contribution figures for 2020, broken down by districts:

### PAC CONTRIBUTIONS as of Dec 31, 2020

District	Hard Dollars	Soft Dollars	Total	#contributions	\$/contribution
NorthCentral	\$22,125	\$16,425	\$38,550	187	206.15
Northeastern	\$21,575	\$14,875	\$36,450	168	216.96
Southeastern	\$28,880	\$22,985	\$51,865	238	217.92
Southwestern	\$19,450	\$22,694	\$42,144	195	216.12
Western	\$23,370	\$25,350	\$48,720	215	226.27
<b>TOTALS</b>	<b>\$115,400</b>	<b>\$102,329</b>	<b>\$217,729</b>	<b>1,003</b>	<b>217.08</b>

Total contributions were about 1.5 percent ahead of the 2019 figure of \$214,505. 1,003 contributions in 2020 is just slightly below the 1,029 contributions received in 2019, but the amount per contributor is higher than the 2019 average of \$208.46.

**The 2020 District competition winner is the Southeastern Society of Pediatric Dentistry, which leads in both total contributions and total hard dollars contributed.**

A full list of 2020 contributors will be included in the May 2021 PDT.

**Cliff Hartmann, D.D.S., F.A.A.P.D.**  
*PAC Steering Committee Chair*

### ERRATA FROM NOVEMBER 2020 PDT

In the list of PAC-supported candidates, we neglected to list **Congressman Dr. Roger Marshall<sup>2</sup> (R-Kansas 1<sup>st</sup>)** who successfully ran for an open Senate seat vacated due to retirement of Senator Pat Roberts. Also, Senator Mitt Romney (R-Utah) was not up for re-election in 2020; our support went to his Leadership PAC.

For further information about the AAPD PAC, please contact PAC Secretary C. Scott Litch at (312) 337-2169 ext. 29 or [slitch@aapd.org](mailto:slitch@aapd.org).

<sup>1</sup> <https://www.aapd.org/globalassets/media/pac/2020-pac-annual-report-final.pdf>

<sup>2</sup> Marshall is an obstetrician.

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decisions so that you can  
move a step closer to the  
retirement you envision.

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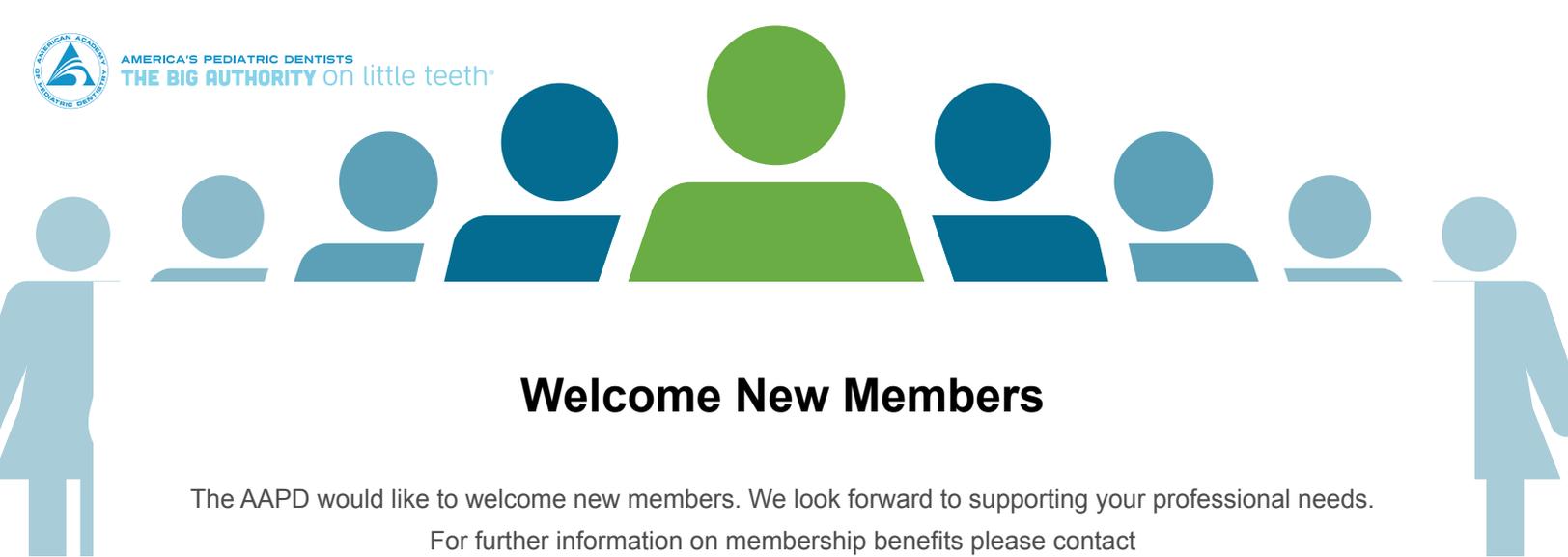
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TH-210046

\* According to the ADA Health Policy Institute, on average, in 2017 a dentist retired at 68.9 years, while in 2001 a dentist retired around age 65.  
Source: [www.ada.org/en/publications/ada-news/2018-archive/august/hpi-average-dentist-retires-later](http://www.ada.org/en/publications/ada-news/2018-archive/august/hpi-average-dentist-retires-later)



## Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs.

For further information on membership benefits please contact  
Membership Department at (312) 337-2169 or [membership@aapd.org](mailto:membership@aapd.org).

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### Member Benefit Spotlight

## AAPD Career Center

### Job Seekers

Just finished your residency program? Looking for your next career opportunity? AAPD is dedicated to providing the best industry resource for pediatric dentistry careers. The AAPD Career Center includes robust tools for creating a personal presentation for any potential employer:

- **Job Agent** – Let the system find new jobs for you: establish your search and you'll be notified automatically whenever a matching job is posted. Job Agent effectively matches candidates with the right industry employers.
- **Career Resources** – Access free career tips, resume writing services, webinars and more!
- **Resume Builder** – Post an updated resume/C.V. by uploading from Microsoft Word or other desktop applications.
- **Professional Profile** – Create a user-friendly professional presentation of your qualifications with information pre-populated from your resume.
- **Searchable Portfolio** – Increase your exposure to employers by uploading up to five career-related documents, i.e., work samples, cover letters or certification letters.
- **Job Application Preview** – Control your applications with the ability to preview your application as an employer will see it before submitting.

Find the Career Center on AAPD's website under Publications – Advertising and or visit the AAPD Career Center directly at [http://www.aapd.org/career\\_center/](http://www.aapd.org/career_center/).

### Employers

Looking to grow your practice with a new associate? Have an open position? The AAPD Career Center can help you facilitate employment connections including a resume database for the job seekers.

- **Network Wizard Technology** – The AAPD Network Wizard gives you peace of mind in knowing exactly where your job will be distributed before committing to a purchase. AAPD employers can paste their entire job description in the Network Wizard and see a list of career center sites in which their job might be listed.
- **Larger Resume Database** – National Healthcare Career Network (NHCCN) job postings allow employers to have immediate access to our network database of resumes that have been posted to AAPD and the nearly 300 niche job boards in the network.
- **NEW Programmatic Advertising** – Continue to build your brand by taking advantage of AAPD's website traffic. If you're looking to target certain states or graduates this would be a good place to start!
- **NEW Google for Jobs Integration** – Jobs posted to AAPD Career Center are automatically searchable through Google for Jobs, creating even greater exposure. The Google for Jobs application appears before Google's standard search results; prioritizing your positions over other employers, job boards and staffing agencies that do not have an established partnership with Google.
- **View or Print Reports and Statistics** – Get detailed information about your job posting such as views, number of applications, and how many times your job was e-mailed to a job seeker via an alert. You can also easily bring up your purchase history, view, print invoices and statements.

## The Value of an Interprofessional Team

Living in a world where as professionals we are becoming more and more specialized, sometimes it is helpful to take a look back at the big picture. As experts in our field, we begin to silo our focus on more specific topics, and as a necessary consequence, lose our understanding of other areas. However, in caring for our patients, we pledge to care for the whole child, not just his or her teeth.

What does caring for the whole child mean?

- Understanding of his/her medical conditions and how they might relate to oral health – conditions like congenital heart disease, diabetes, chronic kidney disease, obesity, and mental health disorders.
- Acknowledging how home dynamics might impact oral hygiene. Does your patient live with mom and dad or perhaps grandma and auntie? Does your patient have dental insurance and access to a dental home? Does the family live in a food desert or rely on stamp benefits? What is involved in getting the patient to a dental appointment – days off from work, care for other siblings, transportation?

The truth is it is hard to master all of these things. The truth is there are masters of each of these things. A solution? COLLABORATION. Forming a team, a network of experts, to care for your patients is the best way to ensure you are

addressing the whole patient, and not just his/her caries. Who might you want on your team?

- Primary care provider (nurse practitioner, physician's assistant or pediatrician)
- Social worker
- Nutritionist or diet counselor
- Psychologist

Perhaps you already have this network and never really thought about it. Many pediatric dentists participate in craniofacial teams which include multiple specialties collaborating care for patients. The plastic surgeon, geneticist, pediatric dentist, oral surgeon, physiologist, language specialist, and otolaryngologist sit around one table to develop a comprehensive plan. As a resident at a children's hospital I'm fortunate to sit at that table.

Just last week, my co-resident and I examined a three-year-old with an unrepaired cleft palate and severe early childhood caries. As a recent immigrant from Ethiopia, mom did not speak any English and was relying on her daughter to help navigate the medical system. In our conversations we learned the patient still goes to sleep with a bottle of milk and had never seen a dentist. They had never been told otherwise. Because of our collaborative approach, the patient will be undergoing dental rehabilitation in combination with her cleft repair, and the family will have the assistance of a case worker.

I would be remiss to acknowledge that being within a hospital system it is easier to communicate and coordinate with other providers. With a few clicks I can see the last cardiology progress note, and within minutes I have the on-call doctor answering my page. But why stop with our medically complex patients or those treated in the hospital setting? What if we truly worked side by side to provide comprehensive health care services for all our patients?

In his editorial three years ago, Marko Vujicic stated it is time to get dentistry out of its care delivery silo and engage with the rest of the health care system. We practice what we learn, so these changes need to begin with our training. Harvard School of Dental Medicine piloted a Nurse Practitioner-Dentist Model for Primary Care when I was a dental student, and I am sure many others exist. The forum allowed basic screening for the most prevalent chronic disorders like diabetes and hypertension. Wouldn't you be more motivated if your primary care provider and dentist spoke with you at the same time regarding how your dietary choices affect your overall health?

Primary care and pediatric dentistry have the same goal of prevention. Life is complicated, and no less so for our patients. It is our duty to address the whole patient, so consider adding some other experts to your team!



**Dr. Jillian Muhlbauer** is a graduate of the Harvard School of Dental Medicine and current second year resident at Children's National Hospital in Washington, DC. She is originally from Massapequa Park, NY and is a member of the AAPD Resident Committee.

# h-2- knOw



AAPD Makes a **SPLASH** During National Children's Dental Health Month



The month of February may have started on a down note with Punxsutawney Phil seeing his shadow and predicting six more weeks of winter, but we were determined to make February a fun-filled month worth celebrating. February is National Children's Dental Health Month (**NCDHM**) and the AAPD and AAPD Foundation took full advantage of providing educational materials to membership and the public regarding the importance of proper oral health care habits at an early age. We hope that you were able to learn and share something that we created to spread the news over National Children's Dental Health Month.

To start off the month, we had our own President **Dr. Jessica Lee** participate in a National Satellite Media Tour. Dr. Lee was interviewed by more than 25 outlets and spent the entire day advocating for the importance of not skipping out on oral health care. Dr. Lee stressed that dental offices are taking extra PPE precautions, limiting the amount of patients in the office at one time, vetting patients and caregivers for symptoms prior to arrival and also cleaning every surface in between patients. Per Dr. Lee, most dental offices have arguably never been safer to visit, and it is extremely important that patients do not skip dental visits, because oral health care does not take a break.



Just a few days after the Satellite Media Tour, Dr. Lee and AAPD CEO **Dr. John Rutkauskas** were interviewed by AAPD Vice President **Dr. Amr Moursi** on Dr. Radio on *Sirius XM*. Their talk focused on spreading awareness of National Children's Dental Health Month and informing listeners about what the AAPD's mission is and why we are known as *The Big Authority on Little Teeth*.

In addition to bringing awareness to the AAPD mission, the importance of February, and why keeping up routines especially during a pandemic are essential, National Children's Dental Health Month also had a fun theme, and this year, the theme was water! Not too many people know this, but lack of water consumption can affect oral health and can cause caries among many other health problems. In accordance with the NCDHM theme, AAPD created a campaign called "H-2-Know". H-2-Know focuses on and answers three separate questions that many parents and caregivers may not have known about water!



**Starting with the first question about the health benefits of water, we brought in one of our favorite example kids, Hank, to explain the importance of drinking 3-5 glasses of water each day, and to stick to fluoridated, unsweetened and uncarbonated water as much as possible to prevent oral health problems. Hank is just an example, so the amount of water kids should drink can vary and should be adjusted based on diet and activity levels.**

**The next question featured our friend, Helen, who couldn't decide between having a 12 oz glass of water, 100 percent fruit juice, soda or a sports drink. Helen had no idea of the nutritional facts and the amount of sugar and calories that were in soda, a sports drink and even juice! Fruit juice may sound healthy, because fruit is healthy, but according to the American Academy of Pediatrics, it is not a necessity in a child's diet due to the amount of natural sugars. After learning all of that, Helen ran to grab a nice big glass of water!**

**Rounding out our H-2-Know campaign, we brought in Hannah and asked the question about how one can possibly make drinking plain ol' water appealing when there are so many better tasting options out there. To help get Hannah to drink more water and to enjoy it, we suggested letting her pick out her own cup or straw from the store that is just for water so that she has something that will catch her eye and remind her when she should take a sip. We also suggested that she occasionally add in a piece of fruit like a strawberry or a slice of cucumber to give her fluoridated water a little extra flair! Lastly, we suggested having an incentive program where if she hits her goal each day for a week or a month, she may get a treat or reward of some sort. In the infographic we also stressed that kids like Hannah will eventually get into the habit of drinking water regularly as long as the routine is started early enough.**

Our H-2-Know campaign gained a lot of attention from parents, caregivers and dental professionals for its help in addressing the chore of including water in a child's diet. The AAPD NCDHM campaign definitely made a big SPLASH this February!

Rounding out National Children's Dental Health Month, we released three new brochures that are redesigned and include the latest and greatest dental information at a level for parents and caregivers to read and to learn from. The new brochures highlight the benefits of seeing a Pediatric Dentist, Sealants and Dental Care for your Baby. A starter set of the brochures were sent to the top 400 AAPD online store customers compliments of Cheng Crowns. The new brochures are available to purchase in our store at [store.aapd.org](http://store.aapd.org).



**CHENG CROWNS**  
PEDIATRIC CROWNS

These new brochures are provided thanks in part to the generous support from **Cheng Crowns**.



Punxsutawney Phil may have predicted an six extra weeks of winter at the beginning of the month, but with all that went on throughout the month of February, it was nothing but fun, educational and bright! Between the interviews with our leadership, H-2-Know and our redesigned brochures, bringing attention to National Children's Dental Health Month made a SPLASH!

**Contact us anytime at [aapdinfo@aapd.org](mailto:aapdinfo@aapd.org).**

# MADE TO BLEND IN

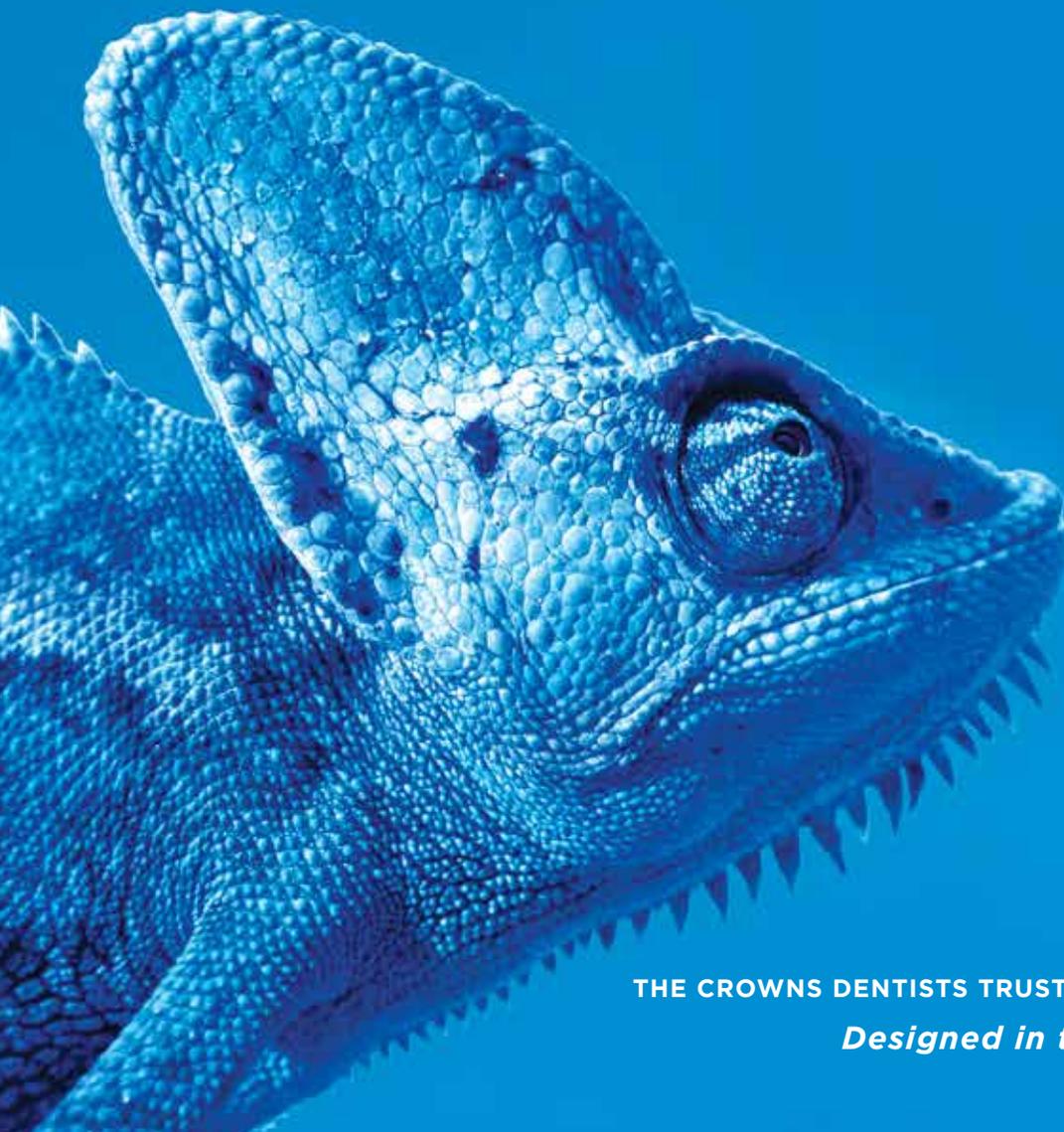
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## AAPD Podcasts

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### Newly Erupted



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Berg, in AAPD's newest podcast and learn about topics such as loan repayment, negotiations/contracts, disability insurance, dental student debt options, differing career path perspectives, advocacy and more. Each topic and guest will be decided by a group of residents, so you can be sure the episodes are relevant to you and your career path. Join us every fourth Tuesday for a new episode!

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## The Canadian Academy of Pediatric Dentistry and The American Academy of Pediatric Dentistry Joint Conference

### Molar Incisor Hypomineralization: Everything You Need to Know

Sept. 23-25, 2021

Montreal, Quebec

This course will discuss the etiology and prevalence of Incisor-Molar Hypomineralization (MIH). Pain pathways associated with the pathophysiology of MIH will be presented, as well as ways to manage the pain short-term and longer-term. Restorative treatment options will be discussed and orthodontic special care considerations will be presented, including decision-making on whether to extract or not extract. Pulpal considerations will be discussed, including current evidence-based pulp therapy.

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# Join Your Colleagues for the Annual Joint Academic Day

## JAD 2021

### **Bridging The Gap: Innovative Approaches to Nurturing Better Pediatric Dentists Through Pre and Post-doctoral Collaboration**

The schedule is being finalized, but a list of topics that will be covered this year can be found below.

We hope to see you there!

*(Joint session all day, Pre and Post-Docs) (Sponsored by Elevate Oral Care)*

#### **Morning**

- Moving from Feedback Sandwich to Feedback Conversation
- How has COVID-19 Changed Teaching and Learning in Pediatric Dentistry? A Conceptual Framework for Understanding the Impact of the Pandemic on Pediatric Dental Education
- Breakout Room Discussion: Innovative Education

#### **Afternoon**

- Digital Assessment of Pediatric Restorative Procedure in Predoctoral Simulation Clinic
- Breakout Room Discussion: Clinical Assessment
- Virtual Interviews: Survey of Program Directors and Applicants
- Breakout Room Discussion: Interviews
- Announcements: ADEA, IADR/AADR, ABPD, Council on Post Doctoral Education, In-Service Exam

Please contact the Education Development and Academic Support Manager Leola Royston at (312) 337-2169 or e-mail [lroyston@aapd.org](mailto:lroyston@aapd.org) for further information.

### **Annual Session Packages**

**\*Available in CE Packages or Audio Only**

**NashVirtual 2020**

**AAPD 2019 (Chicago)**

**AAPD 2018 (Hawaii)**

### **CE Courses**

**Comprehensive Review**

**Board Qualifying Exam Prep Course**

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**Sedation Mini Series**

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## Top Habits of Successful Practice Owners

Dental schools teach doctors how to do dentistry; however, they fall short on teaching doctors how to be business owners. Many dentists are the CEO, COO, and CFO's of their practice and provide services to their patients. With little business training available, doctors are left in the dark to build, grow, and maintain their practices. While practice management software provides the doctor with real-time information, many doctors do not fully utilize their data when making business decisions. By understanding practice reports and reviewing them regularly, doctors can implement systems and make proactive business decisions that will create positive upward trends.

### Yearly Goals

Ninety-five percent of dental practices operate without a business plan. An **Annual Business Plan** gives the doctor a blueprint for the success of the practice. It is more imperative than ever for a doctor to understand business metrics and run their practice reports regularly in these uncertain times. Monitoring goals daily and monthly will show if any benchmark is not met and indicates precisely where a doctor needs to focus their actions for the practice to be successful. This is an essential piece of protecting your practice. It holds team members accountable for reaching goals, effective scheduling, collecting fees, entering proper adjustments, and purchasing supplies within a healthy budget.

- A **Break-Even Point** is the amount of practice collections required on an annual basis to cover overhead expenses, doctor income, retirement contributions, debt service, and new capital expenditures. Divide this number by 12 to calculate your **Monthly Collection Goal**. CPAs or practice management consultants can help to calculate your break-even point. Calculating this number is only the beginning.
- Create an **Annual Overhead Budget** by taking the following expense percentages and multiplying them by the Break-Even Point. Divide this number by 12 to get the monthly budget amount.
  - **Miscellaneous 4 – 6 percent;** advertising, business insurance, property taxes, misc.
  - **Office 3 percent;** bank charges, credit card fees, billing and collections, office supplies, postage, printing
  - **Professional Development 1 percent;** dues and subscriptions
  - **Dental Supplies 4 – 6 percent**

- **Lab .25 percent**
- **Facility 8 – 10 percent;** rent, repairs, janitorial, laundry, telephone, utilities, uniforms
- **Professional Advisors 2 – 4 percent;** legal, consulting, accounting, payroll fees
- **Labor 18 – 24 percent;** separate employees from associate
- **Associate Doctor 6 – 10 percent**
- **Employee Benefits 2 – 3 percent;** employee continuing education
- **Payroll Tax 2 percent**
- **Owner Benefits 1 – 3 percent;** doctor continuing ed, auto, travel, dining, retirement, doctor health insurance
- **Owner Income 30 – 48 percent**
- **Equipment, Depreciation & Debt Service 3 – 10 percent**
- **Monthly Production Goal.** Divide your monthly collection goal by the practice **Collection Ratio**.
- **Producer Production Goal.** There are four different areas of productivity in pediatric dentistry: restorative, hygiene, IV sedation, and hospital, which should be monitored each month separately by using different producer codes. Create a producer code for each of these productivity areas and charge all procedures to the actual producer. This will allow accurate producer production goal monitoring. The practice hygiene should continue to grow until it becomes 50 – 75 percent of the total practice production, depending upon the patient population's decay level. When these productivity areas are measured separately, the doctor can

see if the hygiene side of the practice is growing appropriately. All procedures performed on the hygiene patient or in the hygiene chairs should be included in hygiene production to accurately reflect the level of productivity generated from hygiene patients. This includes the periodic exam, prophylaxis, bitewings, panoramic radiographs, fluoride, and sealants. The total of the four producer monthly productions (# days x daily goal) equals the practice monthly production goal. See formula below.

- **Producer Work Days.** Define the average number of “restorative,” “hygiene,” “IV sedation,” and “hospital” work days per month. A doctor work day is typically scheduled in two columns. A hygiene work day is scheduled in one column. A good benchmark is for every one restorative work day, there should be at least two or more hygiene work days scheduled (2 or more columns).

**Use the below formulas to calculate practice goals:**

Annual Break Even Point \$\_\_\_\_\_ ÷ 12 = Monthly Collection Goal \$\_\_\_\_\_

Annual Collection \$\_\_\_\_\_ ÷ Annual Production \$\_\_\_\_\_ = Practice Collection Ratio \_\_\_\_\_%

Monthly Collection Goal \$\_\_\_\_\_ ÷ Practice Collection Ratio \_\_\_\_\_% = Monthly Production Goal \$\_\_\_\_\_

Average restorative work days/month \_\_\_\_\_ x Daily restorative production goal \$\_\_\_\_\_ = \$\_\_\_\_\_ Restorative monthly production goal

Average recare work days/month \_\_\_\_\_ x Daily recare production goal \$\_\_\_\_\_ = \$\_\_\_\_\_ Recare monthly production goal

Average IV sedation work days/month \_\_\_\_\_ x Daily IV sedation production goal \$\_\_\_\_\_ = \$\_\_\_\_\_ IV sedation monthly production goal

Average hospital work days/month \_\_\_\_\_ x Daily hospital production goal \$\_\_\_\_\_ = \$\_\_\_\_\_ Hospital monthly production goal

**The four Monthly Producer Production Goals above should equal the Total Monthly Production Goal \$\_\_\_\_\_**

**Reports & Actions That Increase Production & Collections**

Many doctors are unfamiliar with practice reports and actions the front office team should perform to maximize production and collections. Doctors must learn the practice management software and its reports to access practice business information quickly.

**Daily**

- **End of Day Reports.** Do not lose out on production and collections:
  - **Production Report by Provider** – each provider reviews the charges on patients they treated to ensure all procedures have been charged out, and tooth numbers and surfaces are correct. Corrections are written on production report, initialed, and given to Office Manager (OM) to make modifications before electronic claims submission. This helps increase production and reduces the re-filing of insurance claims.
  - Doctor reviews **Adjustment Report** daily for unusual adjustment types or amounts. This helps prevent unauthorized adjustments to payments, which reduce collections.
  - Verify that cash and checks balance to the end of day **Deposit Report** from the practice management software. The team member making the deposit initials the bank deposit slip and gives the deposit to a different person to take to the bank. The second person also reconciles and initials the bank deposit slip.

- **Credit Card Batch Report** is run and balanced against the end of day Deposit Report. Set Credit Card machine to settle each night automatically. Every morning, check the Settlement Report against the Batch Report from the night before to ensure totals match and attach to the Deposit Report.
- OM sends **Deposit Report to CPA or bookkeeper** so deposits can be entered in practice QuickBooks and practice deposits can be reconciled to the bank statement at the end of each month.
- **Send electronic claims** after making necessary corrections to the production report.
- **Make corrections to claims from the E-claim report** that failed to transmit and resubmit with corrected information. Print E-claim report and keep it in a binder.
- **Send statements daily** on a 21-day billing cycle. This ensures that all patients with a balance remaining after insurance payments get a statement right away. Do not wait until the end of the month.

- **Monitor daily producer production goals.** Track production for each producer throughout the month and inform the team if they are ahead of goal or behind. If behind, team members can help that producer **“Go the Extra Mile”** by completing additional treatment that is not on the schedule, i.e., pano’s, sealants, simple extractions, or small fillings needed by hygiene patients already in the office or additional fillings on cooperative patients.

### Weekly

- OM prints **Unbilled Transaction Report or Procedures Not Attached to Insurance Report.** These are procedures completed that were not attached to a submitted claim. Procedures can miss being sent to insurance for payment if not appropriately attached for electronic claim submission.

### Bi-Monthly

- Check payroll reports for accuracy of employee hours, hourly rate, vacation, and personal time off pay. Pay close attention to this data on the employee who submits the payroll information. This helps deter payroll fraud. Also, create individual time clock logins so employees cannot clock each other in or out. Remove authorization for employees to adjust their own time clock entries.

### End of Month

- Ensure that all missed production corrections given to OM daily have been made.
- Review **Adjustment Report** to make sure adjustments are the same as was seen throughout the month and no new large adjustments were made and backdated. The doctor should randomly audit patient ledgers with large adjustment amounts or unusual adjustment types and look for notes explaining why the adjustment was made. Every single adjustment should have a note and the initials of the person who created the adjustment. Also, inappropriate adjustments can be a red flag for embezzlement.
- Review **Adjustment Report** to understand how much production is being written off and in what categories;

bad debt, employee dentistry benefit, insurance, medicaid, charity, and discounts. Too many bad debt adjustments may indicate poor financial policies or the front office team’s unwillingness to collect old account balances. High adjustments in the other categories may indicate the need to monitor how much dentistry is given away or a need to change the practice’s payor mix.

- Make sure all checks (insurance and patient payments) received for the month are entered.
- **Reconcile Revenue on Profit and Loss Statement to Collection Total** on the practice management software End of Month Report for the same reporting period.
- Review **Accounts Receivable Report (AR)** to ensure total AR is not greater than an average month’s production and the 61-120+ days total is not greater than 18 – 24 percent of the total AR.
- Review the **Patient Refund Report.** Include charge and payment transactions to justify the refund.
- Print a **New Patient Referral Report.** Analyze where new patients are coming from. Does the monthly NP total meet your goal? What marketing actions are working? Decide what new marketing efforts to pursue in the next 30 days.
- **Overdue Recare and Unfinished Treatment Plan Report.** Make sure not too many patients are listed in these reports and that the reports are worked regularly.
- **Review Practice Goals.** Daily producer production (doctor, hygiene, IV sedation, and hospital), monthly collections total, collection ratio, AR balance, 61+ days AR percentage of AR total, producer work days, production adjustments, and new patients. Were goal numbers met? How are goals numbers tracking cumulatively year to date?
- **Close out the month** in your practice management software for proper aging of accounts (few PMS do not have to be closed out).
- Review practice **Profit & Loss Statement (P&L)** to see if overhead budget goals are met.

In these challenging economic times, doctors must learn how to run and interpret their practice management reports to increase productivity and profitability. Consider scheduling annual trainings, if possible, with your Practice Management Software to stay current with the software and report updates. When doctors understand the business side of their practices, they can implement changes and actions to help them reach and surpass production and collection goals.

**“Being challenged in life is inevitable,  
being defeated is optional.”**

**Roger Crawford**

*Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.*

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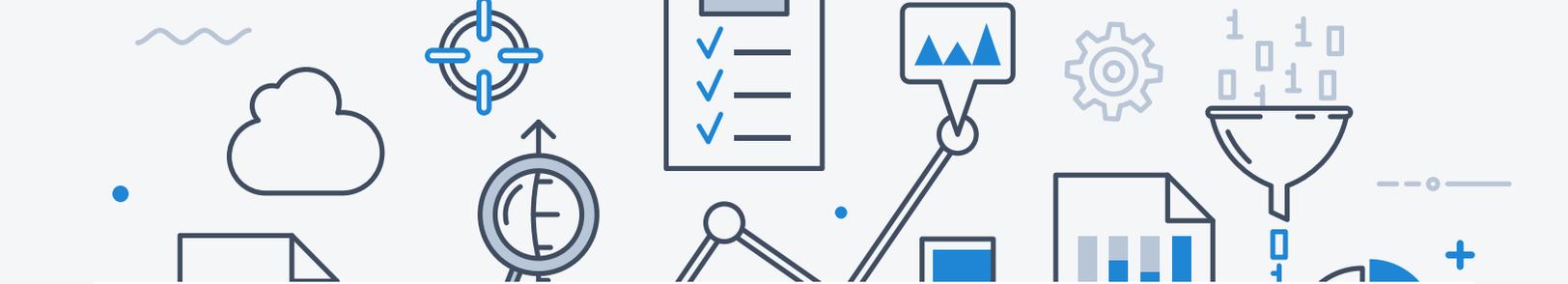
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# Pediatric Oral Health Research and Policy Center



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## Check Out New Webpage Resources Relevant to Your Practice

The Policy Center has updated its pages on the AAPD website with new resources, research and information that you will find pertinent to vital areas of your practice. Check it out under Policy Center under Research at [www.aapd.org](http://www.aapd.org). Here's a preview of what is featured on each page.

**Dental Workforce.** This webpage offers up-to-date information about how pediatric dentists practice in the U.S., including practice type, participation in private and public insurance programs, dental fees of pediatric dentists and general practitioners nationally and by region, and significant trends in characteristics of the pediatric dental workforce.

Notable content:

- *AAPD Survey of Dental Practice.* In 2017, the AAPD conducted a survey among its members to collect data on central aspects of pediatric dental practices. Data include information on such subjects as perceived busyness, geographic variations in the workforce, and charitable care.

**Children's Health Data.** This page features resources on children's oral health and general health status. You will find information on topics ranging from dental caries and periodontal disease to access to preventive dental services, including socio-demographic indicators for oral health disparities such as economic status, geographic location, and race and ethnicity.

Notable content:

- *Child Snapshot Slide Presentation.* Updated in late 2020, this slideshow presents a wide breadth of statistics on key indicators of American children's health and well-being, as well as access to and use of dental services.
- *State of Little Teeth Report, 2nd Edition.* This 2019 report examines the causes and impacts of dental diseases among children. Additionally, it explores various remedies to these issues provided by pediatric dentists, patients, and national policy leaders.

**Technical Briefs.** The AAPD has published numerous technical briefs on topics ranging from the importance of early dental visits to Medicaid coverage and innovations in tooth decay treatment.

Notable content:

- *Treating Tooth Decay: How to Make the Best Restorative Choices for Children's Health.* This technical brief explores the various restorative choices for children's teeth, including stainless steel crowns, supported by patient-friendly visuals. It offers solutions for pediatric dentists, parents, policy leaders and insurers to help all children receive the best treatment using proven restorative choices.
- *Are Your Kids Covered? Medicaid Coverage for Essential Oral Health Benefits.* This technical brief, designed as an advocacy resource, discusses the importance of state Medicaid coverage of selected dental procedures, shows state-by-state coverage of each of these CDT codes, and identifies areas for improvement in coverage for oral health services.

**Oral Health in Primary Care.** This page includes resources on the integration of oral health care into primary healthcare settings. By incorporating oral health promotion into well-child visits, healthcare providers can collectively streamline caries risk assessment and more effectively promote the importance of oral health to parents and caregivers.

Notable content:

- *Predictive Model for Caries Risk Based on Determinants of Health Available to Primary Care Providers.* The AAPD developed a model to gauge the risk of oral disease at the time of a patient's first dental visit based on information collected at early well-child visits. This model can help primary care providers provide more effective early caries risk assessments.

**Non-Dental Provider Issues.** AAPD's advocacy efforts are built on oral health policies and evidence-based clinical practice guidelines that promote the delivery of safe, comprehensive oral health care within a Dental Home. The Dental Home model is based on dentist-directed care, which means the dental team works under the direct supervision of a pediatric dentist to increase the dental office's capacity to serve more children while also preserving quality of care.

Notable content:

- *Maryland Dentists' Perceptions and Attitudes Toward Dental Therapy.* Published in July 2020, this report shows recent information on the viability of dental therapy to address concerns about access to oral health care for underserved populations. This data indicate that the majority of dentists oppose the use of dental therapists to address the dental health needs of at-risk children and would not employ dental therapists in their offices.

**Medicaid/CHIP Reform Issues.** AAPD advocacy supports programs that provide adequate dental benefits, including maintenance of the Medicaid EPSDT benefit. It further supports market-based payment rates to maximize patient and provider participation, thereby alleviating oral disease among millions of children.

Notable content:

- *Dentist Participation by Medicaid or CHIP.* This handy graphic, published by the ADA Health Policy Institute in August 2020, displays breakdowns of dentists participating in Medicaid or CHIP by state, gender, age, specialty, race/ethnicity, and affiliation with a dental service organization. It also shows the national percentage of all dentists who participate in Medicaid or CHIP.
- *Estimating the Cost Savings of Preventive Dental Services Delivered to Medicaid-Enrolled Children in Six Southeastern States.* This paper explores long-term impacts of early dental intervention on state Medicaid expenditures. The study found that Medicaid cost savings from using topical fluoride and sealants before caries-related treatment ranged from \$1.1 million to \$12.9 million/year in the states studied.

## Evidence-Based Dentistry (EBD) Committee Update

The EBD Committee oversees the development of new evidence-based clinical practice guidelines on the following topics:

- Use of Vital Pulp Therapies in Primary Teeth (revision)
- Permanent Tooth Vital Pulp Therapy in Children and Adolescents
- Behavior Guidance for Pediatric Dental Patients
- Frenectomy/Frenotomy and Lactation

The members of the workgroup on Clinical Practice Guidelines for Permanent Tooth Vital Pulp Therapy in Children and Adolescents has met monthly since July 2020. It has made significant progress in choosing MeSH terms, developing PICO questions, submitting a Systematic Review and Meta-analysis Protocol to PROSPERO, and conducting extensive literature reviews.

The Behavior Guidance Guideline Workgroup is expecting the publication of the Cochrane systematic review on "non-pharmacological interventions for managing dental anxiety in children" in 2021, which will be evaluated and appraised by the workgroup for the development of clinical guidelines. To answer clinical questions within behavior guidance that are not informed by high-quality systematic reviews, the workgroup has proposed the development of a second document of Consensus-Based Practice Recommendations using a Modified Delphi Process methodology.

The AAPD Board of Trustees approved the proposal of the EBD Committee to consider the addition of a layperson (such as a parent of a patient or a consumer/health/child advocate) to EBD guideline workgroups when deemed beneficial and relevant to the topic of the clinical guideline. By viewing a clinical guideline topic from a different lens, a lay member can bring an insightful and valuable perspective to the workgroup as a whole.

## Safety Committee Update

The Safety Committee continues to monitor the development of information affecting dental practice safety during the COVID-19 pandemic. To bring members the latest resources and to help practices succeed safely, the Committee has published the newest resources in "Beyond Re-emergence: Pediatric Dentistry Checklist." Beyond Re-emergence now includes short descriptions of each resource, so viewers can read descriptions of the various resources and articles before committing to open each document. Pediatric dentists needn't stop their safety journey there; members can also find relevant and useful materials in the AAPD Safety Toolkit.

**Anesthesia Accreditation.** The AAPD and American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) have partnered to offer a voluntary sedation/

general anesthesia accreditation model for pediatric dental practices. This program is in response to the commitment by pediatric dentists to continue to provide safe environments in which to treat children, and is designed for practices interested in demonstrating that commitment to their patient families. To learn more about the pediatric dentistry accreditation program, please visit <https://www.aaaasf.org/programs/outpatient-programs/outpatient-pediatric-dentistry/>.

### **Dental Anesthesia Incident Reporting System (DAIRS).**

The AAPD has collaborated with the American Association of Oral and Maxillofacial Surgeons (AAOMS) in support of the DAIRS data collection system for anonymous reporting of anesthesia incidents. The DAIRS database launched this fall on the AAOMS website with the goal of identifying and correcting system-related issues that unintentionally promote anesthesia incidents.

## N95's and Respirators...Are You Compliant?

by **Joe Castellano, D.D.S.**

2020 and COVID-19 brought changes to the way we use PPE in our practices and clinics. What we wear, how we wear it, how we put it on and take it off have all been affected. Masks and respirators definitely fall into this category with some stringent guidelines attached to them. The CDC, OSHA, and the ADA all have put forth guidance on what we should use to cover our faces during the pandemic. But what are those recommendations? What does the CDC recommend? What does OSHA require to be "compliant"? What documentation is required? These are all important questions that many of us may or may not know the answer to. What follows is a review of some key points on respirator use in the workplace to help clarify what is required to maintain compliance.

As stated in the General Duty Clause of the Occupational Safety and Health Act of 1970, the Occupational Safety and Health Administration (**OSHA**) requires that "each employer shall furnish to each of their employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."<sup>1</sup> Basically, we are required to protect our employees from risk of illness or injury in the workplace. The use of environmental controls, administrative controls and personal protective equipment (**PPE**) helps employers achieve this safe work environment.

One of the key pieces of PPE we use in the dental setting to create a safe environment is the use of a face mask or respirator. Currently, CDC guidelines recommend that an N95 mask or better be used during aerosolized procedures. They state, "During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filter-

ing facepiece respirators, powered air-purifying respirators (**PAPRS**) or elastomeric respirators."<sup>2</sup> Up until the COVID-19 pandemic occurred, we used an appropriate level face mask for the task that was being accomplished, but due to the need for increased protection from the SARS-CoV-2 virus, a higher level of respirator has been required. Although many practitioners had difficulty securing these types of respirators at the beginning of the pandemic, thankfully as of late, N95 or its equivalent have been more widely available for use in the dental setting.

The CDC also states that the respirators should be used in conjunction with a comprehensive respiratory control program. Respiratory Control Programs must be in accordance with the OSHA's Respiratory Protection standard- 29 CF 1910.134.<sup>2</sup> This standard requires "the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator."<sup>3</sup> Some of the elements required in a plan include procedures for selection of respirators, medical evaluations for those required to use respirators, fit testing of respirators, procedures for proper use, cleaning, disinfection and storage of respirators, and training of employees on the proper use of the respirators.<sup>3</sup> (The standard contains many more requirements so please refer to it when deciding to create a Respiratory Protection Program for your workplace.)

Fit testing is another requirement of the OSHA Respiratory Protection standard when using a tight-fitting facepiece or other respirators. A "Tight Fitting Facepiece" (**TFF**) is a respiratory inlet covering that forms a complete seal with the face.<sup>3</sup>

The N95 respirator is considered a TFF. The standard states that the employer needs to make sure that employees using a TFF pass a qualitative fit test (**QLFT**) or quantitative fit test (**QNFT**) and be fit tested before initial use of the respirator, whenever a different respirator (size, style, model or make) is used, and then annually thereafter.<sup>3</sup> There are different companies that can do fit testing. You will need to search your local area to find one that can do the testing required. Most of the testers that I found were testing for industry and not necessarily dedicated to healthcare. Remember when selecting someone to do the fit testing, it is important to make sure that they follow an OSHA-accepted QLFT or QNFT protocol.

Medical evaluations of employees using respirators, including TFF's, are needed as part of the Respiratory Protection Plan.<sup>4</sup> According to the standard a medical evaluation needs to be done by a physician or other licensed health care professional using the medical questionnaire referenced by the standard's appendix C<sup>4</sup>, or another questionnaire that obtains the same information. A copy should be kept in the employee's file.

A "compliant" respiratory protection program is a detailed document. It is important to use the OSHA's Respiratory Protection standard when developing a program for your workplace to ensure that all the requirements are met. There are also companies that can help you develop a plan. The important thing is to have one in place. Inspections have taken place across the country and there have been employers (yes dentists) that have received fines for not having a Respiratory Protection Plan and/or not being in compliance.

N95 face masks, or their equivalent, have become common place in the dental workplace. As we continue to adapt to their use, the wearer should be aware of the potential physiological impact and the potential for increase in blood CO<sub>2</sub> levels when wearing them. The literature seems to indicate that there are

no severe adverse effects from long term use. There are, however, known physiological effects from extended use of the respirators. These include headache, lightheadedness, increased breathing frequency, increased work of breathing, rash, acne, skin breakdown, and impaired cognition.<sup>5,6,7</sup> It is important to be able to recognize symptoms if they occur. In most cases, taking a break and removing the respirator, staying hydrated, and practicing good skin care are effective ways to manage the symptoms if they do occur.<sup>7</sup> Of course, if symptoms are severe, consult your physician.

Respirators have proved effective in the dental setting, especially during the COVID-19 pandemic. Continued diligence is important as we navigate our way through 2021. Making sure you understand the use of respirators and the compliance that is needed with their use is imperative. The AAPD Safety Committee is committed to being a membership resource to ensure we all keep our workplaces, employees and patients safe.

All the best in 2021!

## Resources

Understanding Compliance with OSHA's Respiratory Protection Standard During the Coronavirus Disease 2019 (**COVID-19**) Pandemic: <https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf>

Q&A: OSHA Guidance for Dental Workplaces: [https://success.ada.org/~media/CPS/Files/COVID/QA\\_OSHA\\_Guidance\\_for\\_Dental\\_Workplaces](https://success.ada.org/~media/CPS/Files/COVID/QA_OSHA_Guidance_for_Dental_Workplaces)

Dental Compliance: <http://dentalcompliance.com/>

Respiratory Protection Program: <https://www.cda.org/Home/Practice/Back-to-Practice/Preparing-your-Practice/respiratory-protection-program>

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## Coding Corner

### NCOIL Adopts Transparency in Dental Benefits Contracting Model Legislation

The National Council of Insurance Legislators (**NCOIL**) adopted the Transparency in Dental Benefits Contracting Model Act at year's end. This was a successful ADA initiative that was strongly supported by the AAPD and other members of the Organized Dentistry Coalition.

NCOIL is an organization of state legislators whose main area of public policy concern is insurance legislation and regulation. **This dental benefits model can be used as a template for introducing similar legislation around the country.** It was co-sponsored by state Representatives George Keiser, R-N.D., and Deborah Ferguson, D-Ark. The measure passed on a voice vote by both the NCOIL Health Committee and the Executive Committee.

The model was first introduced at the 2019 NCOIL Annual Meeting in Austin, Texas and contained five substantive sections, NCOIL said in a news release. After work and compromise among everyone involved, the model was narrowed to include three sections dealing with network leasing arrangements, prior authorization payments, and virtual credit cards, all under the umbrella of transparency.

"The model language on these three issues offers a balanced approach, empowering all three stakeholders in the dental transaction – patients, dentists and insurance carriers – in a way that supports access to care and needed clarity in how dental benefits are paid," according to a letter the ADA, AAPD, and other dental organizations sent the National Council of Insurance Legislators ahead of its Dec. 10, meeting.

Representative Keiser said, "I am proud that I was able to introduce this Model and that Representative Ferguson, as a dentist who deals with these issues so often, was able to guide it across the finish line. The Model protects both patients and dentists and should be considered by states during their next legislative session."

"These issues are very important to me as I have seen how if left unchecked, the practices that the Model addresses can harm both patients and dentists," stated Ferguson. "I am confident that this Model provides for the ultimate level of transparency. Transparency in dental insurance and dental care is of the utmost importance for the dentist, but more so for the patient, as they end up absorbing unnecessary costs."

NY Assemblywoman Pamela Hunter, chair of the NCOIL Health Committee, remarked: "I am very pleased with all of the hard work that Rep. Keiser, Rep. Ferguson, and stakeholders put into getting this Model adopted. When discussions on the Model began, both sides were far apart on the issues, but NCOIL once again provided a forum where people with difference perspectives can work together to develop sound insurance public policy."

NCOIL CEO, Commissioner Tom Considine, stated, "The Model came a long way from when it was first introduced and that really is due in large part to the leadership from Representatives Keiser and Ferguson. As sponsors, they were able to guide the conversations to a point where sufficient consensus could be reached so the Model could be adopted and presented to states for consideration. Everyone had the same goal of ensuring that people have access to affordable and quality dental care, and this Model highlights the importance of that."

Below is a summary of the key provisions of the model act:

### **Requiring Fair and Transparent Network Contracts**

The model permits a contracting entity to grant a third-party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network contract if certain requirements are met such as:

- At the time the contract is entered into or renewed, or a when there are material modifications to a contract relevant to granting access to a provider network contract to a third party, the dental carrier allows any provider which is part of the carrier's provider network to choose to not participate in third party access to the contract or to enter into a contract directly with the health insurer that acquired the provider network;
- The third party accessing the contract agrees to comply with all of the contract's terms;
- The contracting entity identifies, in writing or electronic form to the provider, all third parties in existence as of the date the contract is entered into or renewed; and
- The contracting entity notifies network providers that a new third party is leasing or purchasing the network at least 30 days in advance of the relationship taking effect.

### **Limiting Prior Authorization Denials**

The model act prohibits dental benefit plans from denying any claim subsequently submitted by a dentist for procedures specifically included in a prior authorization unless an exception applies for each procedure denied such as:

- Benefit limitations such as annual maximums and frequency limitations not applicable at the time of the prior authorization are reached due to utilization subsequent to issuance of the prior authorization;
- The documentation for the claim provided by the person submitting the claim clearly fails to support the claim as originally authorized; or
- If, subsequent to the issuance of the prior authorization, new procedures are provided to the patient or a change in the condition of the patient occurs such that the prior authorized procedure would no longer be considered medically necessary, based on the prevailing standard of care.

### **Providing Flexibility on Types of Payment**

The model act prohibits dental benefit plans from restricting the methods of payment from the dental benefit plans or its vendor or the health maintenance organization to the dentist in which the only acceptable payment method is a credit card payment. If initiating or changing payments to a dentist using electronic funds transfer payments, including virtual credit card payments, a dental benefit plan or its contracted vendor or health maintenance organization shall:

- Notify the dentist if any fees are associated with a particular payment method; and
- Advise the dentist of the available methods of payment and provide clear instructions to the dentist as to how to select an alternative payment method.

For questions or comments, please contact Dental Benefits Director Mary Essling at [messling@aapd.org](mailto:messling@aapd.org).

## Media Mix

### **AAPD President Dr. Lee Interviewed by Henry Schein Dental for #ScheinChats**

AAPD President **Dr. Jessica Lee** spoke with Henry Schein Dental VP of Corporate Affairs David Kochman, about the opportunities for COVID-19 testing and additional preventative care in pediatric dental practices.

Search “The Unique Opportunities for COVID-19 Testing in Pediatric Dental Practices” on YouTube.

<https://www.youtube.com/watch?v=ldJNUwl2emE&feature=youtu.be>

### **Keeping up with your Child’s Oral Health Care During a Global Pandemic – FOX31**

American Academy of Pediatric Dentistry member **Dr. Scott Smith** who practices pediatric dentistry in Denver, Colo., shares why it’s so important to keep up with your kid’s dental needs.

<https://kdvr.com/news/keeping-up-with-your-childs-oral-health-care-during-a-global-pandemic/>

### **AAPD on YahooLife.com**

The AAPD was referenced in an article on how to clean baby teeth.

“Once teeth are visible, the American Academy of Pediatric Dentistry (**AAPD**) recommends smearing a drop of fluoride toothpaste the size of a grain of rice on a soft-bristled toothbrush with a small head. Use this to clean your baby’s teeth twice a day, gradually increasing to a pea-size amount of paste. Nighttime brushing is most important for avoiding cavities.”

<https://www.yahoo.com/lifestyle/clean-baby-teeth-213231768.html>

**Stay up-to-date on AAPD Latest News by visiting the News Room on the AAPD website under the About section.**



# Antonio Dario Cardenas, DDS MS A Living Example of ABPD's Mission

What does the American Board of Pediatric Dentistry's mission actually look like?

Our mission strives "...to certify pediatric dentists through a voluntary examination process that continuously validates their knowledge, skills and experience for delivering quality patient outcomes."

Allow me to introduce you to a living example:



Dr. Antonio Dario Cardenas, recent diplomate (2018), practitioner, educator, and role model. Dr. Cardenas completed pediatric dentistry training at The University of Illinois at Chicago in 1975, where he remained as faculty for two years before moving back to Colombia. After practicing and teaching in Colombia for 40 years, Dr. Cardenas returned to the U.S. to live closer to his three daughters and their children. Knowing he had much more to offer, he joined the School of Dentistry faculty at the University of Texas Health Science Center at Houston. Becoming board certified is a major accomplishment and is even more exceptional late in a career when most think about slowing down.

**Greg Olson, DDS, MS, ABPD Director:** Why did you decide to become board certified now?

**Antonio Cardenas, DDS, MS:** Becoming board certified was always something I wanted to do. Unfortunately, in 1975, the pathway to board certification was very different and became even more difficult when I returned to Colombia. I have always believed in teaching by example. It was also now more than ever the right thing to do, especially because I expect that my residents become certified.

**Olson:** What was the most difficult part of the process and how did you overcome it?

**Cardenas:** Many people told me that I would pass easily. I did not believe them and decided to study just as any resident would. There was a lot of material such as genetics and syndromes. Many of the special needs and syndrome cases are rarely seen in private practice. I organized a study plan, set goals, then reserved time every day to study. Over time, I filled three notebooks with notes. Most importantly, I disciplined myself and kept with the plan.

**Olson:** What did you learn most from the process?

**Cardenas:** I learned that it is never too late and

you are never too old to learn or to set and reach new goals. This experience was extremely rewarding. In addition to reviewing many things I had forgotten; it reaffirmed my belief that one should always be a student.

**Olson:** Why do you keep learning and testing yourself?

**Cardenas:** I find great joy in learning and sharing this knowledge with my students and colleagues. About 90% of what I was taught in dental school is no longer valid. It would be unethical to practice with outdated techniques and knowledge. Furthermore, being an educator is a great responsibility and being a constant student is an important piece of the equation. One of my residency professors told me, "What you know, you owe. What you learn, you must share."

Thank you, Dr. Cardenas, for showing us the importance of continued learning and growth. Thank you, on behalf of all patients, students and the Board, to all of you who share a similar commitment.



Greg Olson, DDS, MS  
Secretary, ABPD  
Board Certified 2006  
Houston, TX

## CONGRATULATIONS 2020 Richard C. Pugh Awardees

The Pugh Award is given to those who have scored in the top 3% of the 2020 Qualifying Examination

**Siddhi Shah** - Clifton, NJ  
Temple University

**Madelyn Levine** - Pittsburgh, PA  
Children's Hospital of Michigan

**Rebecca Pikos** - Clearwater, GA  
University of Alabama

**Patricia Casey** - Doral, FL  
Miami Children's Hospital

**Yun Kim** - Westborough, MA  
NYU Langone Hospitals

**Rachel Vorwaller** - Chicago, IL  
University of Illinois at Chicago

**Tiffany Rangel** - Nashville, TN  
NYU Langone Hospitals

**Yea Nam** - Enfield, CT  
Temple University

**Haejin Kang** - Los Angeles, CA  
NYU Langone Hospitals

**Vera Kenderian** - Rochester, MN  
Loma Linda University

**Katherine Strong** - Rochester, NY  
Children's National Medical Center

**Amanda Settle** - Philadelphia, PA  
St. Christopher's Hospital for Children

**Bianca Hassoun** - Arlington, VA  
St. Barnabas Hospital

**Colton Charles** - Eagle, ID  
NYU Langone Hospitals

**Laura Hofto** - Greenville, SC  
University of Tennessee

**Yun Ju Jung** - Centreville, VA  
Bronx Lebanon Hospital

**Kimberly Ngai** - Unionville, ON  
University of Toronto

**Jenna Yu** - Brooklyn, NY  
NYU Langone Hospitals

# Opportunities

For information regarding placing a listing in *PDT* or *Pediatric Dentistry* please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169.

## SEEKING PEDIATRIC DENTISTS

**ALASKA—JUNEAU.** Provide pediatric dental services in an out-patient clinical setting using behavioral management techniques and nitrous oxide. Provide full mouth dental rehabilitation in a hospital setting. South East Alaska Regional Health Consortium (SEARHC) is a non-profit health consortium that serves the health interests of the residents of Southeast Alaska. We are one of the oldest and largest Native-run health organizations in the nation. Our pediatric dentists work in a beautiful 8 chair clinic in Juneau. They also travel out to our remote communities to provide care. Living and working in Alaska is an amazing adventure. Many people visit Alaska, but very few people can say that they ever lived here. The scenery is amazing and the opportunities for outdoor recreation are unlimited. Southeast Alaska is a temperate rain forest. We get lots of rain and decent winter snow most years, but the temperatures are mild year round - rarely below 10F in the winter or above 75F in the summer. We boast fantastic hiking, fishing, wildlife watching, boating, camping, hunting, cross country and downhill skiing, glaciers, and more! At SEARHC, we see our employees as our strongest assets. One of our top priorities is to further providers in their professional development. Working at SEARHC is more than a job, it's a fulfilling career. We offer generous benefits, including retirement, paid time off, paid parental leave, health, dental, and vision benefits, life insurance and long and short-term disability, and more. DDS or DMD degree and Pediatric Dental Residency. Graduate of an accredited program with the DDS and Pediatric Dental Residency. Board Certification preferred. Dental License in the State of Alaska or another U.S. State. For more information please contact [kmiller@searhc.org](mailto:kmiller@searhc.org).

**CALIFORNIA—CLOVIS.** California KiDDS is looking for a dedicated, energetic, full-time Associate/Partner Pediatric Dentists for the Central California areas of Visalia, Madera, and Merced. We are looking for someone who is kind, patient, and understanding to patients, parents, and staff. Our group of pediatric dentists creates an environment of unity and teamwork, while allowing you the autonomy necessary to increase your skills as a pediatric dentist. We are fortunate to have an exceptional reputation within the dental and medical community. Our offices are designed for two doctors so you don't have to work alone and only accept fee for service and PPO insurances. Our schedule is thoughtfully organized, allowing for sufficient time to interact with parents and patients without feeling rushed. The efficient schedule, in addition to our highly trained professional team, allows you to perform your best as a pediatric dentist. Central California is within driving distance to many notable sites including Sequoia and Yosemite National Parks, the Pacific Ocean, Disneyland, the San Francisco Bay Area, and Los Angeles. This is a great place to raise a family with wonderful schools, affordable cost of living, parks, lakes, outdoor and community activities. Please email me at [jkunkeldds@calkidds.com](mailto:jkunkeldds@calkidds.com) with

any questions and your C.V. Please check out our website at [calkidds.com](http://calkidds.com) and click the Facebook link (<https://www.facebook.com/CalkiDDS>) to learn more about us. California State Dental License. Board Certified in Pediatric Dentistry or in the process of Board Certification.

**CALIFORNIA—SAN DIEGO.** Great opportunity for pediatric dentists in the San Diego County area. Join our team and be a part of something as extraordinary as the children you treat. With six locations, we are looking for someone compatible who is personable, enthusiastic, caring and someone who loves what he/she does. Currently, we're seeking both part-time and full time positions with GREAT compensations, relocation and sign on bonus packages. For more information on our practice, please feel free to check out our website [www.thesuperdentists.com](http://www.thesuperdentists.com) and see for yourself why The Super Dentists is San Diego's largest, most trusted and top awarded pediatric dentistry practice. Please send your resumes to [nicki@thesuperdentists.com](mailto:nicki@thesuperdentists.com) or call (619) 548-8772 for more information on the opportunity. Pediatric Dentist CA License.

**CALIFORNIA—TEMECULA AND FONTANA.** At Dentistry 4 Kids, kid's dental care comes first. Established in 1998 with 12 location in inland empire and Orange County of southern California with 4 location to open this year so we are expanding and in need of skilled experienced pediatric dentist or even fresh out of residency. Dentistry 4 Kids is a southern California based company that offer comprehensive dental services to include preventive dental care, orthodontics and oral surgery services; also own our own surgery center so we offer general anesthesia service for kids of need of having dental treatment done under general anesthesia. Our doctor are paid above industry paid compensation and proud to have a high retention rate of our doctors something we are very proud of compassionate caring. Board eligible or board certified. California dental board license. DEA and CPR license. For more information please contact [dentistry4kid@gmail.com](mailto:dentistry4kid@gmail.com).

**FLORIDA—DAVIE.** Fantastic opportunity for a full-time or part-time pediatric dentist to join a well-established, ppo and fee for service pediatric dental/orthodontic practice. Prime time opportunity to practice in a non-corporate, energetic, high quality; privately owned office. Located in Broward County, South Florida. Just 20 miles west of Ft. Lauderdale! Offering: competitive salary with production bonus; benefits for full time position include: 401 k plan; paid vacation; professional liability insurance; ce allowance; moving budget; and re-signing bonus. Excellent potential for growth! We are a state of the art facility with the latest in digital technology and equipment. We strive to provide the highest quality care in a fun and loving way! We offer a full range of services: laser dentistry; digital X-rays; and all types of sedations. If you feel you would be a perfect fit; please submit your C.V. and let us know why you think you are the best fit for our team. Current Florida dental license. ABPD board eligible or certified. Eligible for sedation permit. For more information please contact [drebbles1999@aol.com](mailto:drebbles1999@aol.com).

**FLORIDA—PANAMA CITY.** Thriving well-established pediatric practice seeking a new associate to join our team in a gorgeous Northwest Florida Gulf Coast setting! Panhandle Pediatric Dentistry (<https://www.panhandlepediatricdentistry.com/>) pledges to provide all children with outstanding dentistry in a caring, efficient, and enthusiastic manner. We pride ourselves on our state of the art facility with caring well-trained staff members creating an incredible family friendly work environment for the entire dental team as well as our patients. We are located in Northwest Florida with offices in Niceville, Panama City and Santa Rosa Beach. Our economic anchors are tourism, military and a diverse group of local industries ranging from call centers of nationally known companies to major manufacturers. Our community is especially proud of our number one industry, tourism. Home to the World's Most Beautiful Beaches, you will find over 27 miles of sugar white sandy beaches to enjoy along with plenty of sun, surf, and activities to keep you busy. If interested in a rewarding career in a team-oriented environment, please send your C.V. to Eric Berry, D.M.D., at [drrericberry@hotmail.com](mailto:drrericberry@hotmail.com). Desired Qualifications: Graduate of a Pediatric Dental Post-graduate program. \*Board Eligible or Diplomate. \*Must have exceptional technical skills. \*Possess excellent interpersonal and communication skills \*Possess a strong sense of ethics and the ability to act with integrity \*Must be a team player.

**GEORGIA—DACULA.** Be part of a very reputable pediatric dental practice in the community! We are looking for a part-time/full-time pediatric dentist. Candidates must LOVE what they do! We have a great working atmosphere where our highest priority is to make every PATIENT and every PARENT HAPPY. We offer every form of behavior management from oral conscious sedation, IV sedation, and outpatient hospital to provide the best care for our patients. We compensate very well with a guaranteed annual salary. Please email your cover letter, along with your C.V. and professional references. Send to - Attention: Liz Sanders [pa.kpdental@yahoo.com](mailto:pa.kpdental@yahoo.com) contact telephone is (678) 714-7575, ext 109. For more information, please visit our website at <http://www.kwonsmiles.com>.

**GEORGIA—WOODSTOCK.** We started Johns Creek Pediatric Dental Town as a solo pediatric dental office in 2006 where the inside of the office looks like a small town complete with pet shop, bike shop, toy store and more to encourage patients to find their dental home. We proudly went against the grain of established offices in the area offering conservative treatment options to children as if they were our own and inviting parents back into treatment rooms with their children. The result was wildly successful. In 2011, two best friends and like-minded professionals joined as full partners bringing orthodontics and adult dentistry into the mix. Today we have four Dental Town locations offering pediatric dentistry, orthodontics, general dentistry, and oral surgery. Lead by core values which guide and shape our vision, we are in need of another pediatric dentist to join our team. We invite you to come and see how joining our small group provides not only great camaraderie

and professional growth and development but increased opportunities for growth, leadership, and peace of mind. We are large enough to enjoy the benefits of a great team and small enough to avoid many of the pitfalls of corporate dentistry. We offer a competitive daily rate (\$1000) , or a negotiable % of collections (which ever is higher). We also encourage and welcome buying in as a partner after one year. Incentive package also includes \$5000 starting bonus, \$2,000 CE allowance/year, company contribution to health insurance, 401k with matching, and paid malpractice insurance. Please visit our website at [dentaltownsmiles.com](http://dentaltownsmiles.com) to learn more about our incredible office. Will have to acquire GA Dental licensure if not already licensed in the state of Georgia. For more information please contact [alih@dentaltownsmiles.com](mailto:alih@dentaltownsmiles.com).

**ILLINOIS—PARK RIDGE AND GLENVIEW.** We are seeking a board certified or board eligible and licensed team oriented, energetic pediatric dentist to join our team in Park Ridge and Glenview. We have a positive and cheery atmosphere. We are a ultra modern and high technology office. No HMO or public aid. Compensation includes health insurance, disability and life insurance, 401k, paid time off, malpractice insurance and a very competitive compensation. [www.kidsmyl.com](http://www.kidsmyl.com).

**INDIANA—TERRE HAUTE.** We are a privately owned practice with NO CORPORATE INFLUENCE. Our well established practice has been in business for 30 years. We are the only pediatric and orthodontic specialists in the community and surrounding areas. We have a devoted marketing team and we average over 220 new patients per month. All systems, expanded duties staff and most importantly, the patients, are in place for a motivated pediatric dentist to have success in a highly patient centric office. This position allows the associate to practice all facets of pediatric dentistry, while working side-by-side with the mentoring owner-dentist. The associate will also provide services with routinely scheduled OR time and IV Sedation. The compensation package includes a guaranteed salary with generous incentive and bonus systems in place to maximize income. We offer a competitive benefits package which includes a sign on bonus and relocation expenses. The community has great neighborhoods, schools, 4 universities, hiking, biking and walking trails and is very family friendly. The cost of living is extremely affordable and we are very close to major metropolitan cities, Indianapolis, St. Louis, Chicago, Nashville and Louisville. These cities are just a short drive away. For more information, please contact [SPilipovich@dj4k.net](mailto:SPilipovich@dj4k.net).

**MARYLAND—BOWIE.** Great opportunity for a pediatric dentist to join our fun an amazing team of pediatric and orthodontic specialists. We are looking for a an equally fun and energetic compatible pediatric dentist who is personable, enthusiastic, caring, and loves treat children and special needs patients. We offer: 100% clinical autonomy over patient care and schedule template; mentorship from our highly experienced board certified doctors; state-of-the art technology and resources that will foster and facilitate our doctors; compensation very competitive with industry standards (guaranteed daily minimums, plus commission). Our doctors are earning between 185,000 to 245,000 annually. Responsibilities: quality patient care for all our pediatric and special needs patients; hospital dentistry; sedation dentistry. For more information please contact [berrychildsdental@comcast.net](mailto:berrychildsdental@comcast.net).

**MARYLAND—PRINCESS ANNE.** Pediatric Dentistry: Chesapeake Health Care (CHC) Department of Dentistry - Advanced Education in Pediatric Dentistry invites applications for a full time board certified pediatric dentist. CHC is a multi-disciplinary, multi-site health care practice. Candidates must be qualified to obtain a full Maryland Dental License and Class I sedation permit is preferred. CHC's mission statement is to provide affordable, culturally competent, patient and family centered health care leading to individual and community wellness to residents of the three lower counties of Eastern Shore of Maryland. CHC is a Federally Qualified Health Center that offers an Income-Based Sliding Scale discount to patients with the goal of reducing barriers to quality care. The CHC Dental Department has expanded to two sites, one site with 24 chairs, and another site with 6 chairs. Our primary office is located in Princess Anne, MD, which is approximately 2 hours from the Baltimore-DC metro area, 20 minutes from the Chesapeake Bay, and 40 minutes from the Atlantic Ocean coastal towns like Ocean City, MD. The secondary clinical site is located in Salisbury, MD. CHC is affiliated with NYU Langone Dental Medicine Advanced Education in Pediatric Dentistry (AEPD). CHC is a host to a 24 month, full time, hospital and health center based, ADA and CODA accredited training program. Primary responsibilities include a combination of direct patient care and direct clinical supervision of residents in our onsite NYU Langone Advanced Education in Pediatric Dentistry (AEPD) residency program. Applicant must be willing to work at any of CHC's affiliated clinical sites, including surgery center and emergency room. Direct patient care responsibilities include diagnosis and treatment of children and young adults. Supervision of AEPD residents would include direct oversight on clinical floors, in the ER, and in the OR. Applicant must be willing to serve as a clinical and professional mentor to residents during the two year program. Applicant must have mentorship skills along with a desire to treat an under-served population in a team-oriented environment. Additional experience in the areas of interceptive orthodontics, special patient care, speech/language pathology, ethics, and/or advocacy is preferred, but not required. CHC offers an excellent benefit package which includes: PTO, 8 Paid Holidays, CEU Reimbursement, 401K with match, reimbursement for licenses, and medical insurance, dental insurance, vision insurance. You are also eligible to apply for National Health Service Corp's loan repayment program. For a commitment of two years you can receive up to \$50,000 in loan repayment. To apply or ask questions please email Kristi Carmean, HR Manager a cover letter and C.V. to [kcarmean@chesapeakehc.org](mailto:kcarmean@chesapeakehc.org) or via fax to (443) 210-2324. Please visit <http://www.chesapeakehc.org> for more information on our company.

**MASSACHUSETTS—CAMBRIDGE.** We have an excellent full-time or part-time opportunity with long term potential for a pediatric dentist to join our team. Since 1970, our practice has earned a reputation for exceptional pediatric dental and orthodontic care. Our goal is for children to develop positive, confident attitudes about their smiles and dental health. We are committed to building warm, trusting relationships and performing technical excellence. All of our team members are professionals dedicated to the needs of our patients and their families. Competitive salary and benefits. Visit our website: <http://cambridgepediatricdental.com>. Please email a letter of interest and C.V. to [cc@cambridgepediatricdental.com](mailto:cc@cambridgepediatricdental.com) D.M.D./D.D.S. degree. Pediatric Specialty Program completed

and certificate awarded. Dental license for the Commonwealth of Massachusetts.

**MICHIGAN—CHESTERFIELD.** Well established pediatric dental and orthodontic office serving Metro Detroit area for over 6 years is seeking a motivated and caring pediatric dentist. Our practice, which is non-corporate has a passion for treating children. We are seeking both part-time and full-time opportunities. Experience is welcomed, mentorship available. We offer a very competitive salary and benefit package for the right person including CE allowance and malpractice insurance. We have 3 very modern offices with state-of-the-art equipment, OR privileges at two area hospitals, and in office GA available. To find out more information about our office, please contact Julie Spinek at [julie@growingsmiles.com](mailto:julie@growingsmiles.com).

**MICHIGAN—GROSE POINTE WOODS.** Toothworks is an established, fast growing, busy pediatric dental practice. We currently have 4 pediatric dentists on staff and are looking for a 5th. Toothworks is located on the campus of a level 1 trauma center. The practice is located in a family oriented community with top ranked schools with amazing parks and access to water sports that are unique to Michigan. We are located 30 minutes from Detroit and 45 minutes from Ann Arbor, home to the University of Michigan. Toothworks serves a diverse clientele. The office has a robust restorative practice balanced with an established continuing care system. We believe in giving back to the community. The practice is affiliated with the Pediatric Dentistry Residency program at the Children's Hospital of Michigan. There are optional teaching responsibilities for the interested qualified candidate. We are offering a full time position to an energetic, hard working professional to complement our motivated team. Partnership is available for the right candidate. This position offers an excellent pay and benefit package. Send resume to: [info@toothworkspc.com](mailto:info@toothworkspc.com). Check out our community at: <https://www.pbs.org/video/whats-your-pointe-if77ja/>.

**MICHIGAN—GROSE POINTE WOODS.** Toothworks is an established, fast growing, busy pediatric dental practice. We currently have 4 pediatric dentists on staff and are looking for a 5th. Toothworks is located on the campus of a level 1 trauma center. The practice is located in a family oriented community with top ranked schools with amazing parks and access to water sports that are unique to Michigan. We are located 30 minutes from Detroit and 45 minutes from Ann Arbor, home to the University of Michigan. Toothworks serves a diverse clientele. The office has a robust restorative practice balanced with an established continuing care system. We believe in giving back to the community. The practice is affiliated with the Pediatric Dentistry Residency program at the Children's Hospital of Michigan. There are optional teaching responsibilities for the interested qualified candidate. We are offering a full time position to an energetic, hard working professional to complement our motivated team. Partnership is available for the right candidate. This position offers an excellent pay and benefit package. Send resume to: [info@toothworkspc.com](mailto:info@toothworkspc.com). Check out our community at: <https://www.pbs.org/video/whats-your-pointe-if77ja/>.

**NEW HAMPSHIRE—BEDFORD.** We are a well established Southern NH multi-specialty group practice looking for a motivated and caring pediatric dentist to work alongside our 3 fun

loving pediatric dentists. This is a full-time position with excellent long-term potential. Our busy one-location group practice seeks a colleague with excellent clinical, communication and interpersonal skills to collaborate and grow with us. We are looking for a pediatric dentist who enjoys a fast paced environment and has an energetic personality to build relationships with our loyal patients. We seek an associate who shares our philosophy of providing excellent care for kids as if they were our own children. New or recent grads welcome. Join us at Lindner Dental Associates, P.C. in a beautiful, spacious, modern facility with a well-trained and friendly staff – close to the mountains, the seacoast, and less than an hour to Boston. FT attractive benefits package including guaranteed salary, medical insurance plan, malpractice insurance, CE allowance, retirement plan, vacation, and holidays. Please send resume and confidential inquiry to [DMD603NH@gmail.com](mailto:DMD603NH@gmail.com).

**NEW JERSEY—HOWELL.** Busy pediatric office looking for outstanding pediatric dentist to join our wonderful team three days per week. Compensation is based on a percentage of production. Monmouth County is a wonderful place to raise a family. Please send resume to [DrJay@dkkinhowell.com](mailto:DrJay@dkkinhowell.com).

**NEW MEXICO—ALBUQUERQUE.** Albuquerque Pediatric Dental is in search of a friendly and motivated pediatric dentist willing to serve our family of patients. Our well established practice has been providing dental treatment to the children of New Mexico for over 40 years. We are looking for a pediatric dentist willing to form a long term relationship with our patients, local communities, and staff. Our office accepts most major private insurances as well as Medicaid. We strive to provide high quality dental care in both the traditional dental office setting as well as the hospital setting. We are proud of our caring, hard-working, and enthusiastic team of employees capable of handling the diverse needs of our patients. In fact, we are proud to say half of our employees are fluent in Spanish and our longest tenured employee has been with us for almost 20 years. We offer a dedicated staff, competitive salary with health benefits, paid holidays, malpractice insurance, modern treatment facilities, as well as the diverse food, outdoor activities, culture, landscapes and the plentiful sunshine the southwest has to offer. Candidates must have completed a postgraduate residency in pediatric dentistry, and already have an established Medicaid ID. Although, current residents are free and encouraged to apply for this open position as well. Interested professionals should please submit their resume to: [infodrcito@yahoo.com](mailto:infodrcito@yahoo.com). Also, we would love it if you visited our website at: [www.albuquerquepediatricdental.com](http://www.albuquerquepediatricdental.com) and read some of the reviews our family of patients have posted. We look forward to hearing from you soon! D.D.S. or D.M.D. degree with dental license in the state of New Mexico and certificate from a pediatric residency program.

**NEW YORK—BROOKLYN.** Associate pediatric dentist. Come help us create tomorrow's smiles. Bitesize, is a Brooklyn based Pediatric Dental office, dedicated to the success of our patients. Our unique practices are patient and family centered, offering our communities high quality dental care. The real magic behind helping to create healthy smiles is making the experience easy on patients and parents and that's what we're all about. We are looking for a pediatric dental whiz, to lead their

clinical team. An individual who is committed, energetic and adventurous. As a pediatric dentist at Bitesize, you will Provide care focusing on prevention and community involvement. Help implement growth strategies for our expanding practices. Work collaboratively with supervisors and clinicians from varying backgrounds. Treat everyone like family. Requirements: You'll bring these skills and strengths to the role: Comfortable in a fluid environment, able to adapt to evolving clinical circumstances as needed. Detail orientation. Communication skills. Relationship building skills. Flexibility and adaptability. Mission alignment: You demonstrate an authentic commitment to and belief in Bitesize's mission, vision and values. We'd be even more excited if: You are flexible and adaptable. You have demonstrated achievement in a demanding work environment. You are enthusiastic about working on weekends. You have graduate level pediatric training and bring at least 3 years of relevant experience. You have a spark and present with charisma, gravitas, humility, and kindness. Does this sound like you? Please submit your cover letter, resume and two references to [employment@wearebitesize.com](mailto:employment@wearebitesize.com). Check out us out at: [www.wearebitesize.com](http://www.wearebitesize.com). <https://www.dentaltown.com/magazine/article/7511/office-visit-bitesize-pediatric-dentistry>.

**NEW YORK—LONG ISLAND.** Pediatric dentist wanted for our growing state of art practices in Commack, Medford, and Garden City locations. Our offices are true Pediatric Dental Practices fully equipped with N2O, digital radiographs and paperless charts. Highly competitive salary/bonus package. This is an excellent opportunity for a caring, skilled, and highly motivated Pediatric Dentist looking to grow in our Long Island practices. The practices are high energy, fun family like atmospheres with excellent reputations for providing A class pediatric dental care. We are looking for associates with excellent interpersonal and social skills, that are looking for long term relationships with our patients, parents and offices. Opportunity for future partnership available. Part time and FT positions available. Must have Pediatric Dental Residency completion and Licensed to practice in State of New York. For more information [mikeioannou@hotmail.com](mailto:mikeioannou@hotmail.com).

**NEW YORK—NEW YORK.** Pediatric dental office in Coop building on the Upper East Side, NYC. Office can be purchased separately from practice and used for specialty or general practice location. Practice can be purchased at minimal cost when purchased with Coop sale. Office is fully digital and networked with 5 chairs. Doctor and associates will stay if necessary. For more information please contact [shmadg@aol.com](mailto:shmadg@aol.com).

**NORTH CAROLINA—CHARLOTTE.** We are a new, privately owned pediatric dental practice in Charlotte, N.C., looking for a North Carolina licensed Pediatric Dentist. Charlotte, N.C., is one of the fastest growing cities in the country. Our new office is focused on: patient-centered clinical care, community involvement, team-work, and building a strong foundation for the practice. We are looking for a candidate that is hard-working, looking for a long-term position, energetic, and focused on treating each patient to the highest standards of clinical care. We believe that the position offers a great balance of autonomy and opportunity for mentorship. Both new graduates and experienced providers are welcome to apply. Compensation for the position will be a combination of a base salary

between \$1,200-1,500 per day, 32-35 percent of the adjusted production, and an annual bonus. The exact compensation will be determined based on the practitioner's experience and skill level. If you are interested in this type of opportunity, please send your bio and resume to [creeksidesmiles1@gmail.com](mailto:creeksidesmiles1@gmail.com).

**NORTH CAROLINA—WILKESBORO.** We are a high quality, multi specialty practice in the triad and foothill areas of North Carolina seeking a talented pediatric dentist to join our rapidly growing practice full time. We offer a generous minimum salary and a quick pathway to partnership. Current associate earning \$350,000/year with opportunity for more. New grads welcome. Send your C.V. to Dr. Chad Shobe at [chadshobeds@gmail.com](mailto:chadshobeds@gmail.com). Visit our website at [www.southerndentalinc.com](http://www.southerndentalinc.com).

**NORTH CAROLINA—WINSTON SALEM.** Excellent opportunity for a highly motivated, skilled, dedicated pediatric dentist to join our reputable state-of-the-art pediatric dental practice. We are a thriving, well established, fee for service offering the highest quality of care in a fun, caring atmosphere. Candidates must have a positive attitude, excellent chairside manner, communication skills and the desire to treat our patients as if they were your own children. This is an ideal opportunity to receive mentorship while jumping right in and adding to the momentum while working with an exceptional, experienced, multi skilled team to support patient care. We are located in a pristine and professional Medical Park in the Piedmont Triad of North Carolina. Winston Salem is conveniently located just hours from the mountains and the beautiful Carolina beaches. The practice offers a rich benefit package. Visit our website at [www.dentist4kids.com](http://www.dentist4kids.com). For more information, please send your C.V. to: Dr. Tina S. Merhoff, 185 Kimel Park Drive, Suite 202, Winston Salem, NC 27103; fax (336) 714-1017 or [hmains@dentist4kids.com](mailto:hmains@dentist4kids.com).

**OHIO—OREGON.** Pediatric dentist - Oregon Pediatric Dentistry (near Toledo, Ohio) - Sign on Bonus, If you're looking to make your professional mark on a community, this is your chance. Build valuable relationships with patients and get involved with the greater community of Oregon, Ohio while providing top-notch dental care. Well established practice, long term team members, great location! Our talented and dedicated support team will work alongside you to help ensure your success. Mentorship is available working alongside an experience pediatric dentist. Office is a very stable and busy practice with long term employees. Option to add EFDA to team if wanted. As an associate pediatric dentist you'll enjoy the following: Base salary with performance incentives to earn more. Sign-on bonus of \$10,000 (Full-time, partial for part-time). Relocation package. Student Loan Repayment Assistance Program. Full time benefits include yearly CE allowance, paid professional liability, 401K with company match and group health/wellness plans. Practice 2-5 days per week with family friendly days/hours. <http://puredentalbrands.com/careers/?gnk=job&gni=8a7887a8688e28cf0168aa78c0682efc&gns=Company+Website>. Equal Opportunity Employer/ Drug Free Workplace. [www.puredentalbrands.com](http://www.puredentalbrands.com). Candidates must be licensed to practice in the State of Ohio with no board reprimands or issues. New residency grads welcome to apply!

**OREGON—HERMISTON.** Pediatric dentist immediate opening with signing bonus. Have a passion for helping others have a wider and brighter smile? Join our team at Advanced Pediatric Dentistry of Hermiston. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a Lifetime! At Advanced Pediatric Dentistry of Hermiston our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional integrated dental care. Advanced Pediatric Dentistry of Hermiston has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care for children in the community. About Advanced Pediatric Dentistry & Orthodontics. Advanced Pediatric Dentistry of Hermiston has been in practice for 13 years. We are located on the corner of the busy and convenient intersection of, W Elm Ave and 11th St., where our patients can easily access care. We are in an area where the community is rapidly growing with new businesses and neighborhoods. Our surroundings include a small commute North to the Tri-Cities, where you can find shopping center & restaurants or enjoy commute to Walla Walla for the winery experience. Hermiston is known for our watermelon farms and many small owned businesses, as our community is rapidly growing, we continue to enjoy our small-town friendliness. At Advanced Pediatric Dentistry of Hermiston we believe that every patient deserves quality dental care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the community that we serve. Why Should You Apply? Competitive Compensation. Signing Bonus. Production

Bonus Potential Top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account. Paid Professional Liability Insurance. Paid Vacations. Continuing Education Reimbursement. Opportunity for future partnership. Team that focuses on family and individuals. Advanced Pediatric Dentistry of Hermiston is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. Advanced Pediatric Dentistry & Orthodontics does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. For more information, please contact [sue@akidz dentalzone.com](mailto:sue@akidz dentalzone.com).

**OREGON—HOOD RIVER.** Pediatric dentist: immediate opening with signing bonus. Have a passion for helping others have a wider and brighter smile Join our team at A Kidz Dental Zone. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a Lifetime! At A Kidz Dental Zone our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional dental and orthodontic care. A Kidz Dental Zone has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About A Kidz Dental Zone. We have been in practice since 1999 in the heart on Hood River and opened our doors to The Dalles community in 2013. We are surrounded by Mountains, rivers, streams, biking & hiking trail and all of the outdoor adventures the Gorge brings. At A Kidz Dental Zone we believe that every child deserves quality dental

care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the community that we serve. Why Should You Apply. Competitive Compensation. Signing Bonus. Production Bonus Potential Top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account. Paid Professional Liability Insurance. Paid Vacations. Continuing Education Reimbursement. Opportunity for future partnership. Team that focuses on family and individuals. A Kidz Dental Zone of Hood River is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. A Kidz Dental Zone of Hood River does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. For more information, please contact [sue@akidz dentalzone.com](mailto:sue@akidz dentalzone.com).

**OREGON—SALEM.** "Be the change you want to see in the world" - Mahatma Ghandi. My name is Dr Tim. I started Acorn Dentistry for Kids in 2017 with the vision to fill a significant void in our area of Oregon and change the way pediatric dentistry is done. With personal investment, a lot of sweat equity, and more great doctors coming on board, we have grown to five great clinics within 3 years, and we are not close to being done yet. We are a group of entrepreneurial-minded doctors that don't believe the trend of big corporate takeover is good for us or our patients, instead valuing the group practice model that is owned by doctors who are actually seeing the patients. We are looking for more pediatric dentists to be a force for good in the Pacific Northwest. If you are entrepreneurial minded and want to be a part of creating a



## How Would You Like To Have The Best, The Happiest, And The Most Competent Pediatric Dental Assistants **Who Actually Make You Money?**

The Pediatric Dental Team Association is proud to accept memberships from qualifying pediatric dental offices. Take a look at everything that is included in your exclusive membership:

- The Annual PDAA Conference\* - an excellent place to keep your PDAs connected and excited to be part of bigger community of high-performing PDAs.
- Pediatric dental assistant video training modules in key practice areas with optional Q&A assessments.
- Email support from Dr. Haugseth personally.
- 24/7 access to videos and training modules to allow learning during downtime at the office, at the house, or even from a tablet.
- Opportunity to request new training modules to be developed.
- A bi-monthly newsletter filled with fun, helpful news and information.

*...and so much more!*

As a PDTA member, your practice receives terrific benefits. Your dental assistants gain valuable knowledge and training. Their increased abilities help grow and develop your practice. And overall communication and patient care are greatly improved. Learning new skills and sharpening the skills of your existing assistants is the key to keeping your practice happy, productive, and profitable.

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\*additional fee

legacy group dental practice, keep reading. Acorn Dentistry for Kids is leading the way in creating the ultimate patient and family experience for ALL families in the community. Most dentists around here - including pediatric dentists - got into school claiming they want to help the underserved, yet close their doors to those most in need of their help and compassion once they get into practice. We choose to take care of every child in our community regardless of which insurance they have (or lack thereof, and have our own in-house membership plan to help). We also do not segregate private and Medicaid insured kids on our schedule. We stand for equal access and quality treatment for ALL kids and take ownership of that stewardship. We believe employees are our number one asset and have zero tolerance for poor treatment of employees that help us serve our community. We pay them well, provide benefits and do not see them as "disposable" like many offices do. We spend a lot of time and resources on developing our team, starting with a full two weeks of culture and communication training upon hire. Doctors take the lead role in cultivating that positive culture we all want to have. A positive work environment is not a gift - it is a result of our cumulative efforts. Together we have developed our core values that provide the framework for the Acorn Culture: 1. We Are One; 2. Lead With Compassion; 3. Be Emotionally Proactive; 4. Be Yourself and Let Your Passion Shine; 5. Seek Personal Connection with Patients and Each Other; 6. Be a Little Acorn; 7. Be a Lifetime Learner; 8. Innovate and Embrace Change; 9. Be Humble; 10. Be Grateful. We train as a team each month on these values, and performance reviews use our values as the framework for our discussions and decision making. These are led by the doctor, NOT an office manager. We have no lead dental assistants and no office managers. Instead, we have created a leadership structure where anyone who chooses to put in the work and qualify for it gets to be in the leadership group, creating accountability for each individual as well as the team. No one wakes up in the morning and says, "I can't wait to be managed today." But we do wake up and say, "I want a good leader" and "I want leadership opportunity." That is the environment we are creating. IF YOU SEEK TO BE A LEADER FOR GOOD IN EVERY ASPECT OF YOUR LIFE, this is the opportunity you have been looking for. Come join an incredible group of doctors and team members that love and support each other and our patients each and every day, as we continue to grow and serve. Mentorship by more experienced doctors is built-in, but is also great for an experienced provider to jump right in and add to the momentum we now have. We all help each other be the best doctors and leaders we can be. To get a summary of what we are working on, please watch this Simon Sinek video: <https://www.youtube.com/watch?v=RFxlm7fcB7c>. This is a doctor-owner model (not a private equity / corporate model) and we offer equal equity ownership after only one year - I am not keeping majority ownership as the founder. This is truly a legacy project for me, to be passed on to other doctors over the years. We now have three equal doctor owners. Associates are guaranteed \$250,000+ during first year associateship (all doctors are currently earning well over the base), plus all professional fees and CE covered, with medical/dental/vision plan in place. Relocation stipend also provided if needed. Oh, and by the way, you also get to live in the pristine Pacific Northwest where all sorts of outdoor adventures await. The Pacific Ocean, snow sports, water sports,

hiking, biking, farm tours, city life and quaint small towns are all at your fingertips. The foodie culture's not too bad either :) Come discover why Oregon is such a desirable place to live. Please respond to this ad to find out more about this incredible opportunity. We look forward to sharing it with you. Must be entrepreneurial minded, be a long-term thinker, and want to be a team leader in addition to a great clinician. For more information, please contact us at [timrichardsondds@gmail.com](mailto:timrichardsondds@gmail.com).

**PENNSYLVANIA—BEAVER.** Our practice is looking for a Pediatric Dentist FT/PT that wants to grow and potentially become a partner and future owner. We are a big practice in a small town. This is a great place to raise children. We are on staff at the local hospital and do OR's. We offer many benefits including health, retirement and vision. The staff is very experienced and always willing to help. Please contact me for more information [rjdavis@gmail.com](mailto:rjdavis@gmail.com). Dental License, Graduated from a Pediatric Dental program.

**SOUTH CAROLINA—AIKEN COUNTY.** SOUTH CAROLINA - WESTERN MIDLANDS. If you are looking for a great opportunity with a lot of upside potential then our office would be a great choice. We have a stand-alone pediatric office in the western midlands of SC. A very affordable place to live and/or raise a family. A quaint southern town with lots to do and close to major cities - also, only a couple of hours or so to the beach. We are easily accessible from all surrounding areas and very close to the downtown area. We have a broad patient base across 8-9 counties, so there is room for growth. Our staff is excellent and well-trained. They are willing to stay and work for the new owner. Our selling dentist is willing to work an adequate period of time to ensure a smooth successful transition if desired. Our practice is predominantly a Medicaid practice. We do have private insurance-based patients as well. The office has 2 restorative operatories and 3 hygiene rooms; plus 1 infant/toddler exam/pre-cooperative parent/child consultation room. Also, the real estate is for sale. Our lot and building are in great shape. We are working with Neal McFadden at [ddsmatch.com](http://ddsmatch.com). Please contact: [nmcfadden@ddsmatch.com](mailto:nmcfadden@ddsmatch.com).

**SOUTH CAROLINA—LEXINGTON.** Seeking Pediatric Dentist for an established, privately owned dental practice. Competitive Salary up to 250K + benefits. Please email resumes to [jessica@sunsetchildrens.com](mailto:jessica@sunsetchildrens.com).

**SOUTH DAKOTA—RAPID CITY.** Dakota Dental 4 Kids is seeking a pediatric dentist to join our amazing team! The position includes time in the clinic and the OR performing surgical cases. For more information please contact [chadmcarpenter@gmail.com](mailto:chadmcarpenter@gmail.com).

**TENNESSEE—FRANKLIN.** Pediatric Dental Care, located in Franklin, Tenn., is looking for a highly motivated, driven, and enthusiastic pediatric dentist to work with our awesome team. Our practice environment is fun and fast-paced. We're passionate about growing personally and professionally—and pushing the limits of WOWing our parents and patients is the everyday norm. In this position, you'll be able to expand your professional skills but the really cool part is doing work that matters. We take our work seriously. We see lives changed on a daily basis and that motivates us to work even harder. We also take family seriously. While we're at work, we focus on work. But when we go home, we focus entirely on

our families. That's because we value family time as much as you do. This focus on intentionally being where you are throughout your week is what makes our practice one of the Best Places to Work in Williamson County. Let's just talk about a couple of factors that make us feel this is a "Dream Opportunity". Location, Location, Location! Nestled a mere 21 miles away from Nashville, Historic Franklin, TN is an oasis. Consistently appearing in Top 5 Best Places to Live in America lists. This area is brimming with Southern charm and hospitality. With rolling hills, plantations, Victorian and Antebellum houses and porch swings, it's sure to draw you in. A place people often referred to as 'God's Country' simply for its beauty and charm. Bustling brooks, horses, cows, post and rail fences, historic buildings, stately homes, and country stores will make you want to go for a drive and get lost for an hours. If you are looking for a strong and reliable economy, you've found it in Franklin, Tenn. With 58% of the population having a Bachelor's degree (or higher), the average salary being \$103,543 dollars, and the population being just over 78,321, and an expected growth forecast of 153% by 2040, this is an ideal place for anyone to call home. Enjoy a cost of living that is 4% lower than the National average in one of the wealthiest cities, in one of the wealthiest counties in America. If you come to Franklin, Tenn., you are going to hear about the amazing schools. With \$145 million awarded in scholarships (in 2016) and 100% of Williamson County students taking the ACT's, people are very proud of the 44 schools in this area. Our Practice. Pediatric Dental Care is a doctor owned well established practice with a top-notch reputation. We are known for our conservative and virtuous approach. The pediatric dentist we are looking for will provide support to our office and must be passionate about educating our patients and parents about the importance of oral health. For the right fit, ownership/equity buy-in is an option. This option is not for everyone and is not offered without both sides feeling that partnership is in everyone's best interest. For more information please contact [jillpdm@icloud.com](mailto:jillpdm@icloud.com)

**TENNESSEE—KINGSPORT.** Looking for a energetic, motivated, hard-working, full-time (or part-time) SUPER STAR pediatric dentist to add to our team. Our mission at Kingsport Pediatric Dentistry is to provide excellent patient centered care involving parents/guardians to ensure the best and healthiest results with outstanding customer service. The practice sees children as young as one day old for tongue/lip tie release procedures to age 18 for total oral health care. We take pride in the brand that we have built in our community and surrounding areas and are excited to add to our team so we can continue to grow. Kingsport is centrally located to Asheville, NC, Johnson City, TN, and Bristol, VA. These beautiful East Tennessee communities are family-oriented areas surrounded by mountains and lakes with a variety of outdoor activities! If you ever dreamed of living on a lake, this is the place to do it! Please contact or send C.V.: [aleighia\\_barker@hotmail.com](mailto:aleighia_barker@hotmail.com). Offer includes: \$250K salary, 4-day workweek, not DSO Or thirty-five percent [35%] of Employee's Collections. 4 weeks Vacation plus holidays. Partnership potential. No Medicaid, all private insurance or cash-paying. Malpractice Insurance. Relocation Bonus Optional Health Insurance. Continuing Education reimbursement. Tennessee Dental License or eligible for licensure. Completion or soon to be completed Pediatric Residency Program.

**TENNESSEE—MURFREESBORO.** Are you looking for a fast-paced, quality office with southern charm and hospitality? Wild About Smiles! Pediatric Dentistry & Orthodontics is a multi-generational office (not a DSO) in the greater Nashville area (Murfreesboro) that has been serving the local community for over 37 years. Guaranteed 4 days/week practice with hospital time at least once a month. Must be comfortable with oral sedation in their treatment regimen. We offer mentorship, an experienced staff, a partnership track if interested and work/life balance. Our team is currently comprised of 4 pediatric dentists and an in-house orthodontist to serve the needs of our awesome patients. Compensation: -Daily guarantee or % of collections -Relocation stipend -Malpractice insurance -Continuing education. Requirements -Active or able to obtain dental license for state of Tennessee -Pediatric Dental Certificate from an accredited program -DEA Certificate -CPR/BLS/PALS Certificate -New grads and experienced pediatric dentists welcome! For more information, please contact [DavidStanleyDDS@gmail.com](mailto:DavidStanleyDDS@gmail.com).

**TEXAS—AUSTIN.** We are a pediatric dental practice located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation package: -Full Medical Benefits -Company Paid Life Insurance -Company Paid Long Term Disability Insurance -401K with up to 3.5% company matching -New grads welcome to apply. TX License. For more information, please contact [Joinourpractice2010@gmail.com](mailto:Joinourpractice2010@gmail.com).

**TEXAS—BELTON.** We are a clinician owned group that consists of board certified Pediatric Dentists, Orthodontists and Oral Surgeons with an Associate Pediatric Dentist opportunity available in [https://en.wikipedia.org/wiki/Killeen-Temple-Fort\\_Hood\\_Metropolitan\\_Statistical\\_Area](https://en.wikipedia.org/wiki/Killeen-Temple-Fort_Hood_Metropolitan_Statistical_Area). Killeen-Temple-Fort Hood Metropolitan area. This is a growing community with opportunities to settle down outside of the fast paced urban lifestyle while still being only an hour away from all that the Austin area offers. Copperas Cove is known as the "Five Hills" area due to its beautiful creeks and valleys and the Belton area has a wonderful school district that received the Texas Education Agency's highest accountability rating (met standard) based on student performance on the State of Texas Assessment of Academic Readiness. Please email your C.V. to [joinourpractice2010@gmail.com](mailto:joinourpractice2010@gmail.com) for more information. TX License.

**TEXAS—LAREDO.** We are looking for a Pediatric Dentist (part-time or full-time) for growing practice in Laredo, TX (2.5 hrs south of San Antonio). The work days would be 4 Days per week or more if you like. Able to start immediately after insurance credentialing. Full Time Benefits available such as Paid Time Off, Holiday pay, CE allowance, License

reimbursements and more. Pay is percentage of collections. We are a fun, private practice pediatric dental group looking for the right Associate. Our team is experienced and knowledgeable with pediatric dentistry. We offer sedation in-office and hospital outpatient time for those in need. New Grads welcome to apply. For more information, please email Dr. Joanna Ayala at [pedodocjobs@gmail.com](mailto:pedodocjobs@gmail.com) or call (210) 632-4560.

**VIRGINIA—BURKE.** Virginia - Fairfax County. An excellent opportunity has developed for a pediatric dentist wanting to practice in Burke, Virginia right outside our nation's capitol. This well established thriving practice continues to provide high quality dental care in a fast paced environment. The ideal candidate is motivated, passionate, ethical, hardworking with excellent clinical and communication skills. This is a rare opportunity for someone who desires associateship leading to future ownership of an established practice with a thirty one year track record. Competitive salary and perks are offered. If your ultimate goal is practice ownership, please send inquiries along with resume/C.V. to [leafdds@aol.com](mailto:leafdds@aol.com).

**WASHINGTON—MARYSVILLE.** Happy New Year and Welcome to 2021. You are finally getting close to being done with residency or your term contract! You have been on interviews and may have settled on your future job. Yet, you are still nervous. You have a lingering doubt. You are not sure! Debt of 300K or more is scaring you, and you are not sold on the legal mumbo jumbo of the contract. The corporate recruiter who was so happy to meet you and was there during your "free trip" just sends you form letters, or even worse: the single office that offered you an incredible "guaranteed" salary now has very confusing language and may not be what you want. Well, if you are reading this ad you would like to see what else is out there and I have an offer for you, EVERYTHING. Yes, I am offering a blank slate because you have not met or seen anything like us at Puget Sound Pediatric Dentistry. We are an amazing pediatric dentistry group located outside the Seattle area. We are doctor-owned (no private equity partners) with top-notch pediatric dentists, and room for more amazing doctors with our ever growing patient base. We want to save our profession from shady owners or corporate mills who promise riches beyond your wildest dreams and deliver on a terrible work culture. We offer a great work environment, fair pay that is based on total collections, and an ownership tract. We are offering you a dental home, the thing you want most for your patients. We look forward to hearing from you because EVERYTHING only comes along once. For more information, please contact [Tracy@PugetSoundPD.com](mailto:Tracy@PugetSoundPD.com).

**WASHINGTON—RENTON.** Are you a pediatric dentist who would like more? Are you ready for practice ownership? We can help you transition from your residency program, your associate position, or from your current situation, to our newly constructed pediatric office in Renton, Washington. Washington is a beautiful state to live as an individual or family: hiking, biking, beautiful parks, coastline activities, water sports, shopping, dining, concerts, professional sports, anything you can imagine—the quality of life here is amazing! Your new state of the art pediatric facility is ideally situated for traffic visibility and is demographically advantageous. We are confident you will find our partnership buy-in to be reasonably priced. You will be

supported with our practice management systems, marketing, and fellowship support from the other partners. Our group currently has a network of ten general practices and two orthodontic practices in the Tacoma-Seattle area, with more growth in the future and the possibility of passive income. As a group, we feel it is time to have a pediatric dentist we can refer to within our own organization. Call or email to explore this unique opportunity! Travis Probst [DDStprobsts@dentalonline.bizmobile](mailto:DDStprobsts@dentalonline.bizmobile): (719) 352-5773.

**WISCONSIN—GREEN BAY.** Looking for an Associate Dentist to join our thriving practice in the Green Bay/De Pere, WI area; option for buy-in available. Guaranteed salary, plus bonus, sign on bonus, 401k, profit sharing, medical benefits, multi doctor support system. We offer State of the art office equipped with latest in technology. A focus on quality, patient-driven care is a must. Kids Dental Experts® is committed to providing high quality dental care with an emphasis on superior service to our patients and parents. If you love working with children and looking for a satisfying career; we are seeking a self-motivated Dentist to provide high quality patient care in a fast paced, well established and respected practice. The right individual must be proficient in treating children at a high level of compassion and quality and have aspirations to commit to our practice and the community. We offer full service dentistry for children including orthodontics/invisalign, 3D scanning for impression free treatment, in office oral sedation, in office general anesthesia, and general anesthesia at local hospitals. At Kids Dental Experts® you can expect to see a steady flow of new patients and at the end of the day you will find a truly rewarding career. We currently have a full schedule of patients waiting for you. Kids Dental Experts® elite dental team provides you the tools and resources so that you can focus your entire day on providing quality patient care. Our highly skilled and trained team allow continued support throughout the day. Our multiple locations are a great place to raise a family with excellent school systems, great neighborhoods, restaurants and entertainment. Convenient access to boating, fishing, hunting, walking/running/biking trails, multiple golf courses, major sports teams, paddle boarding, kayaking, and cross country ski trails. Enjoy an area that offers the beauty and excitement of all four seasons. Graduating residents encouraged to apply. Interested candidates should email C.V. to [julieanderson@kidsdentalexperts.com](mailto:julieanderson@kidsdentalexperts.com).

**WYOMING—LARAMIE.** Do you love the outdoors? Laramie is rich with outdoor opportunities. World class mountain biking at Curt Gowdy state park in summer, and alpine and nordic skiing is less than 45 minutes in the Medicine Bow National Forest. There is lots of great hiking, camping, fly-fishing, hunting and outdoor activities nearby in the surrounding mountains. Laramie is a college town as well so if you enjoy college sports it is fun to be able to enjoy all that community brings. Josh Allen the current Buffalo Bills quarterback calls the University of Wyoming his alma mater. We are a growing privately owned group pediatric dental practice. We are looking for a great doctor to join us in our Laramie Wyoming office. We are currently expanding our current Laramie location to better accommodate the communities' needs. You will be working in a brand new beautiful office that will be completed in the next few months. Here is what it will look like <https://photos.app.goo.gl/ProuLv3t8h7XwVWm6>. New office example. Our

office is focused on: patient-centered clinical care, a fun environment, a great team dynamic and hard work. We really have created a work family of long term team members. We are looking for a candidate to join this work family that is hard-working, energetic, looking for a long-term position, and focused on treating each one of our superkids to the highest standards of clinical care. We believe that this opportunity offers a great balance of autonomy, work life balance and space for mentorship. Both new graduates and experienced providers are welcome to apply. Compensation is competitive and will be determined based on your experience. Lets talk! <https://pediatricdentistryofwy.com>. Mouth Chat, the first nationwide teledentistry company designed specifically for pediatrics is looking for pediatric dentists across the country to join our team. At Mouth Chat you can set your own rate and have complete control over your schedule. Whether you are looking to supplement your existing practice or wish to practice exclusively remotely, we would love to hear from you. Started and exclusively owned by two pediatric dentists and designed by the same developers as "Doctors on Demand", we understand the current challenges during the COVID-19 pandemic, and are here to help families during these difficult times and beyond. Visit [www.mouthchat.com/opportunities](http://www.mouthchat.com/opportunities) or email us at [info@mouthchat.com](mailto:info@mouthchat.com). Must have completed a pediatric dental residency and be licensed in the state(s) you wish to see patients.

## CANADA

**ONTARIO—TORONTO.** Long-standing and established pediatric dental practice in Toronto, ON, Canada is looking for a full-time or part-time pediatric dentist. Centrally located in a vibrant, growing, and thriving neighborhood, with close access to subway lines and a major highway, Toronto Children's Dentists has steady new patient flow. A great chance to work alongside and be mentored by a senior, very progressive pediatric dentist. Retain true clinical autonomy while performing pediatric dentistry in a supportive environment. Clinic is equipped for oral and nitrous sedation with potential for Hospital privileges or in-office GA. Work Monday-Friday for a healthy work-life balance. Applicants should be ethical, hard-working, and focused on providing high-quality patient care. The ideal candidate will have a positive attitude, strong communication skills, and exceptional skill in working with children. Candidates must be eligible for board certification in Ontario. As part of one of the largest dental networks in Canada, our supportive and experienced team is ready to support your transition. Competitive compensation packages, relocation assistance, and a \$10,000 sign-on bonus for applicable candidates. Access to mentorship programs and continuing education. This is an associate dentist position with partnership opportunities for those interested. For more information or to apply for the position, contact [tochildrendcm@altima.ca](mailto:tochildrendcm@altima.ca) or visit [careers.altimadental.com](http://careers.altimadental.com). Board Certified Pediatric Dentist OR in process of graduation.

**ONTARIO—TORONTO.** Our well-established pediatric dentist office based steps from Yorkdale Mall seeks a pediatric dentist to work 2-3 days a week with our amazing patients. Our established patient base is ready for your personable touch, in a family-friendly and team-oriented office. This opportunity provides hospital privileges,

experienced staff, and is a non-assignment office. You will be busy from day one - as there aren't enough hours in the day to meet the demand of patients with our current dentist alone! It will be an easy commute to work, as we are located close to the subway line, close to the highway, and provide free parking. Contact Kimberly today - (416) 697-7144 or [kimberly@associatesondemand.com](mailto:kimberly@associatesondemand.com) pediatric license, RCDSO registration.

## FACULTY POSITIONS AVAILABLE

**PENNSYLVANIA—PHILADELPHIA.** Temple University Kornberg School of Dentistry is seeking highly qualified applicants for full-time tenured, tenure-track or non-tenure-track faculty positions in pediatric dentistry to work in a growing urban patient-care center serving children of birth till 16 years of age and in a newly established Sedation Center. Applicants must have completed an ADA-accredited Pediatric Dentistry advanced training program. Applicants must have, or be eligible for, full Pennsylvania licensure or be eligible for a Pennsylvania restricted teaching license; and must be (or be eligible to be) Board certified by the American Academy of Pediatric Dentistry. Responsibilities will include didactic and clinical teaching; and clinical practice in the Pediatric Clinic and a newly established Dental Sedation Center. Candidates seeking tenured or tenure-track appointments should have advanced training in research at the PhD level or equivalent experience. Extensive records of research funding or productivity are necessary to be appointed with tenure. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For more information, please contact [jo.ann.nyquist@temple.edu](mailto:jo.ann.nyquist@temple.edu).

**SOUTH CAROLINA—CHARLESTON.** Pediatric Dentistry Residency Program Director- The Medical University of South Carolina, James B. Edwards College of Dental Medicine, invites applications for a full-time tenure-track faculty position as the Pediatric Dentistry Graduate Program Director. Located in the historic peninsula of Charleston, SC, the Medical University of South Carolina is the State's only comprehensive academic health science center. MUSC also recently inaugurated the Shawn Jenkins Children's Hospital, a free-standing, state-of-the-art facility with over 27 pediatric specialties. The Program Directors' primary area of responsibility is to lead the Pediatric Dentistry Graduate Program, including active participation in all the aspects of the program's teaching and patient care components. Other expectations include teaching pediatric dentistry in the DMD program and scholarly activities in pediatric dentistry. The ideal candidate must have excellent teaching, leadership, mentorship, administrative, and organizational skills. Additional qualifications include the capacity to motivate staff/residents, provide a positive working and learning environment, and work effectively in a team setting. Candidates must have recent experience in a pediatric residency program (minimum of three years, but five years is favored). Candidates with hospital-based residency program experience, extensive operating room and sedation experience, and experience managing medically complex patients are also preferred. Additionally, the Committee will also favor previous experience as a Program Director, dual specialty training, or

additional academic degrees. Candidates must possess a DDS or DMD degree or equivalent and a certificate or master's degree from a CODA-accredited graduate pediatric dentistry program. Candidates must be eligible for licensure in South Carolina and must possess Board Certification in Pediatric Dentistry. The academic rank and salary will be based on the candidate's qualifications and commensurate with experience level. Review of candidates will begin immediately, and applications will be accepted until February 26, 2021. A start day on or before June 1 is preferred. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Please submit a letter of interest, including a statement of career goals and curriculum vitae online through human resources - <https://web.musc.edu/human-resources/university-hr>.

## PRACTICE FOR SALE

**INDIANA—EVANSVILLE.** Newly on the market is a thriving pediatric dental practice for sale outside Evansville, IN. Located in a medical plaza with over 5,500 square feet, the practice is warm and welcoming for young patients. In proximity to Louisville and Owensboro, KY as well as Evansville, the practice is centrally located in Southern IN. While the practice currently has six operatories, there is expansion opportunity for three additional, already plumbed ops! To learn more about this successful pediatric dental practice, read below: 6 operatories. Expansion opportunity for three additional ops. Collections of \$1.7 million. \$600,000 in adjusted EBITDA. 120 new patients per month with 6,000+ active patients. Southern Indiana has a low cost of living and quiet, community oriented neighborhoods. A plethora of state parks and rivers are available for hiking and paddling. For family fun, visit Holiday World; the nation's first theme park and top ranked water park. The town offers a burgeoning art and culture scene with unique private-public partnerships contributing to a revitalized downtown area and river walk. The current doctor is seeking a partner to continue the growth of the practice. To learn more, contact Kaile Vierstra with Professional Transition Strategies via email: [kaile@professionaltransition.com](mailto:kaile@professionaltransition.com) or by phone: (719) 694.8320. We look forward to hearing from you! <https://professionaltransition.com/southern-indiana-evansville-area-pediatric-practice-for-sale/>.

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To learn more about the Surround Toothbrushes, or to place an order, visit our website at [specializedcare.com](http://specializedcare.com). Or call us at 800-722-7375.

