

PDT



Power of AAPD

18 AAPD + AAPD Foundation Win ASAE Power of A Gold Award



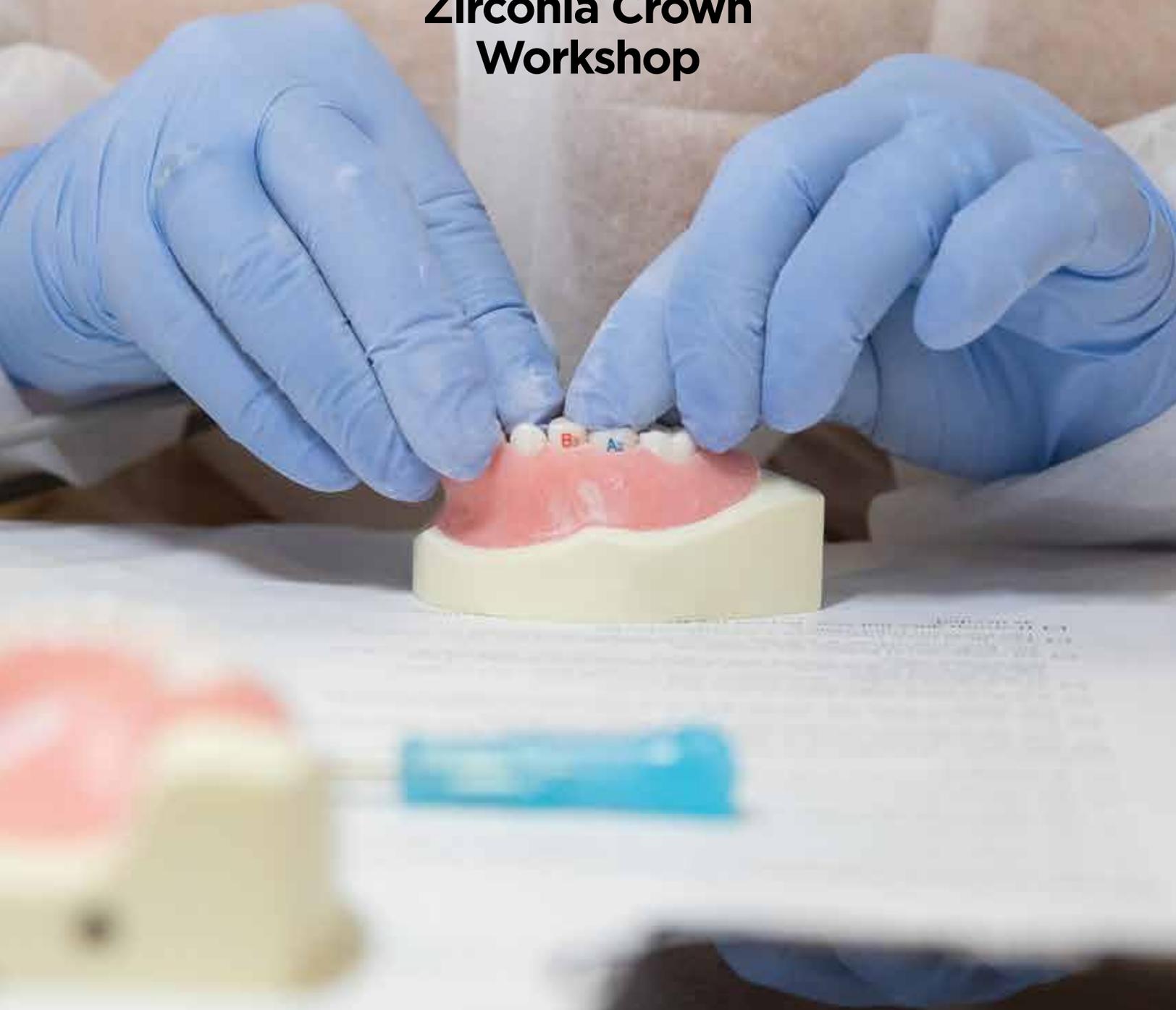
September 2021 Volume LVI, Number 5

Practice Management and Marketing News
**Actionable Steps for Optimal
Leadership Performance**

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PDT

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Power of AAPD

The American Academy of Pediatric Dentistry + AAPD Foundation—going above and beyond their everyday mission to support pediatric dentists and the children in their care.



AAPD + AAPD Foundation Win ASAE Power of A Gold Award

18



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Continuing Education by **Dr. Paul Glassman** Teledentistry and Minimally Invasive Procedures in the Time of COVID-19
Please download this file for your test and instructions to obtain 1 hr CE Credit for Dr. Glassman's course.



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Continuing Education by **Dr. Jeremy Horst** Minimally Invasive Caries Treatments
Please download this file for your test and instructions to obtain 1.5 hr CE Credit for Dr. Horst's course.

Self-Study

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NEW!

Stronger Together

by Dr. K. Jean Beauchamp

AAPD President



Summer is winding down and schools are opening up. This is usually a busy time for pediatric dentists. Somehow things are different, just different. I don't think anyone's office is like it was in 2019. We are still dealing with the pandemic, which has been a challenge for many of our colleagues and their staffs. We've had decreases in employee retention, increases in employee turnover, our patients are cautious of returning to the dental office, these things all contribute to stress for dentists. All dentists have concerns with patient safety, vaccines, masks, and air quality. Nevertheless, I am optimistic for our future. We are learning a lot, which will make us strong. We are a unique specialty that believes in high educational standards, evidence-based research and best practice guidelines which elevate the profession of pediatric dentistry.

We are planning a Town Hall concerning dental practice employees. We will have experts discuss employee retention, shortages and work/life balance. Stay tuned for more information on this soon.

Our Council on Annual Session and the Scientific Program committees are working on our meeting in San Diego next May. We will be celebrating our 75th anniversary as an association! Our specialty has come a long way since 1947, when the American Academy of Pedodontics was formed in Ann Arbor, Mich. We have missed two physical meetings and we need to get together to share our challenges over this time. We need to surround ourselves with our peers who understand what we have experienced the last few months. We need to learn the history of our Academy and appreciate the vision of our early leaders. Our profession always puts the children first. By taking care of children we take care of the future but, we must take care of ourselves and each other too.

Mark your calendar for our next Annual Session—May 26-30, 2022!

Joining a professional organization is critical in keeping informed of the latest knowledge and practices locally, regionally, and globally. It helps the professional to stay ahead of current issues and opportunities and will also assist in personal advancement for the member who becomes involved.



SAN DIEGO

aapd²²
May 26 - 29

Save the date for AAPD 2022 in sunny San Diego!

Thursday, May 26

Preconference Course
Early Career Dentist Happy Hour

Friday, May 27

Keynote Address and Awards
Scientific Program

Exhibit Hall

Learning Labs

Poster Research Competition

Welcome Reception

Saturday, May 28

Learning Labs

Scientific Program

Exhibit Hall

Poster Research Competition

Sunday, May 29

General Assembly & Research Awards

Scientific Program

Exhibit Hall

President's Farewell Dinner



Registration & Housing

Please know that the AAPD is closely monitoring all recommendations regarding the SARS-CoV-2/COVID-19. We are working very closely with all of our partners that make Annual Session possible to ensure that the health and safety of our members is our top priority. We will inform you in advance should there be any changes that will impact Annual Session and its events.

The meeting will take place at the San Diego Convention Center. Registration and Housing will open in December 2021. Complete meeting and hotel details will be posted on the AAPD 2022 website and published in the January 2022 issue of *PDT*. An email will be sent to all members announcing when registration opens as well as all hotels in the AAPD official room block.

2022 Submission Deadlines

Sept. 17, 2021 • Learning Labs, Miniclinics, String of Pearls

Jan. 14, 2022 • International Oral Presentations, Research Poster Competition

If you are interested in presenting at the 2022 Annual Session in San Diego, Calif., please visit the AAPD website at www.aapd.org for the Learning Labs, International Oral Presentations, MiniClinics or String of Pearls submission form. For additional questions, contact Caroline Oliva at coliva@aapd.org.

Learning Labs

Lead an hour-long interactive presentation on a topic of interest to pediatric dentists (50 minute presentation with 10 minute Q&A). Share your idea with up to 25 colleagues in a smaller setting. AV is available for use during Learning Labs, but the session should focus more on discussing the topic with your attendees. One Learning Lab will be held every hour from 8 a.m. – 5 p.m. on Friday, May 27, and Saturday, May 28. (One hour time commitment per speaker)

MiniClinics

Miniclinics sessions consists of eight speakers, each with a 45-minute presentation to a larger audience, based on a clinical topic geared toward pediatric dentistry. Areas of interest include early malocclusion management, clinical techniques using new technologies, legal issues, practice management and new developments in pediatric dentistry.

String of Pearls

A 15-minute presentation per speaker, up to nine presentations per session. In this format, each presenter will bring a single idea or concept and will share it with the group. These little “pearls” provide members with a wealth of information that often can be utilized immediately. Keep your presentation focused on the topic and allow for a question or two from the audience!

International Oral Presentations

A 15-minute opportunity with a 10-minute oral presentation and five minutes for questions from the audience. In this format, each presenter will bring a single idea or concept and will share it with the audience. You must be an international pediatric dentist to present during this session. Keep your presentation focused on the topic and be sure to allow time for questions.

Research Awards

Poster Research Competition

All presenters must be registered for the Annual Session to compete. If you are a pediatric dentist, you must be member of the AAPD to present in the research competition. Presenters have the option to compete and be judged or just present their findings. The research competition will take place on Friday, May 27, and Saturday, May 28, 2021, at AAPD 2022 in San Diego. **Abstracts are due Jan. 14, 2022.**

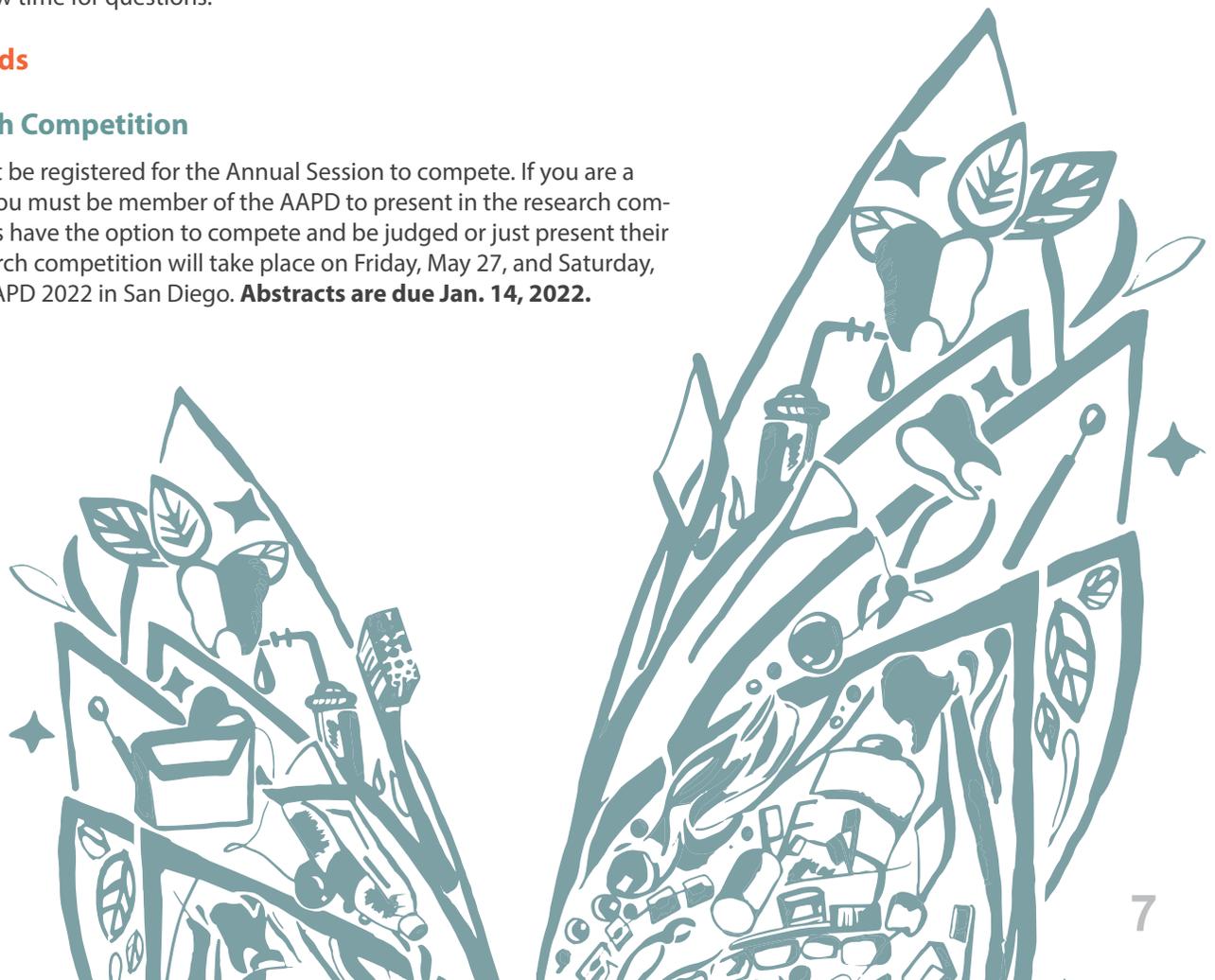
AAPD's Education Passport is Here for YOU

Anytime, Anywhere

Last year, the AAPD re-launched their Education Passport with a newer and even better platform! Have you had a chance to check it out yet? The new site is more user friendly and makes it easier than ever to browse every CE course that the AAPD offers online. You can easily purchase, earn and track your CE hours all in one place.

We know that life can be a little crazy in the world as we know it, so that is why our Education Passport is the ideal place for you to grab some CE on your own time. Purchase sessions at any time to be able to watch and listen to them before or after work or even on the weekend when you have some down time.

Each issue of the *Pediatric Dentistry* journal offers you the opportunity to earn CE credits – just purchase the Journal CE Program in Education Passport and take the Journal CE test anytime.





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.

AAPD Legislative Priorities Fare Well in House Appropriations Committees FY 2022 Recommendations

Pediatric Dentistry Title VII Funding Increased to \$14 Million

There was positive news from the United State House of Representatives concerning FY 2022 appropriations legislation related to Labor-Health and Human Services- Education. On July 12, 2021, the Appropriations Labor-HHS-Education Committee approved the legislation, followed by approval of the full Appropriations Committee on July 15, 2021, by a 33-25 vote. On July 14, 2021, the House Appropriations released the committee report¹ accompanying the FY 2022 Labor-HHS-Education appropriation bill. Among other provisions, the bill would provide Title VII Health Professions and Title VIII Nursing Workforce Development Programs with a total of \$979.88 million, a \$227.87 million increase (30 percent) from FY 2021 enacted levels.

The House report language on Title VII oral health funding was as follows:

“Oral Health Training.- The Committee includes \$42,673,000 for Oral Health Training, \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. **Within the total, the Committee includes not less than \$14,000,000 for Pediatric Dentistry Programs, an increase of \$2,000,000 above the fiscal year 2021 enacted level.** The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants initially awarded in fiscal year 2020 and dental faculty loan repayment program (DFLRP) grants initially awarded in fiscal years 2018 and 2021. The Committee directs HRSA to initiate a new pre-doctoral grant cycle, 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. 51)

The AAPD requested \$14 million for pediatric dentistry and \$46 million overall. It is noteworthy that only pediatric dentistry was targeted for an increase in the oral health training area. The AAPD also appreciates the continued preference for pediatric dentistry faculty under the DFLRP, as was advocated. The AAPD thanks all of those advocates who attended the virtual Pediatric Oral Health Advocacy Conference in March 2021, which included advocacy for this program. The AAPD also thanks ADA, ADEA, and AADR for their collaborative advocacy efforts on FY 2022 appropriations for important oral health programs.

Some of the other House report language related to oral health that was recommended and supported by the AAPD-ADA-ADEA-AADR included the following:

HRSA

“HRSA Chief Dental Officer—The Committee is disturbed to learn that despite its directive in House Report (116–450) to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA, no such authority has been delegated. **The Committee directs HRSA to restore the authority of HRSA CDO with executive level authority and resources to oversee and lead HRSA dental programs and initiatives as well as have a role within oral health across the agency.** The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations. The Committee requests an update as part of the fiscal year 2023 Congressional Budget Justification on how the CDO is serving as the agency representative on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.” (p. 70)

CMS

“Medicaid Dental Audits.—The Committee has previously raised concerns that failure to use professional guidelines or established state Medicaid manual parameters in the auditing process can result in inaccurate Medicaid dental audits, negatively impacting dentist participation in the program and impeding patient access to care. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee believes that as part of CMS oversight of the Medicaid program it is appropriate to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. **The Committee again urges CMS to develop such guidance for SMAs and report within 90 days of enactment of this Act on steps taken to develop such guidance.**” (p. 195)

“Oral Health Services.—The Committee is pleased that CMS is moving forward to fill the Chief Dental Officer position, which has been vacant since October 2017. This left a significant gap of clinical oral health expertise within CMS. Medicaid provides oral health services to millions of people, including vulnerable populations such as children (including those with special health care needs), pregnant women, and disabled adults. The Committee notes that States have flexibility to determine dental benefits for adult Medicaid enrollees and while most States provide at least emergency dental services for adults, less than half currently provide comprehensive dental care. The Committee urges the Chief Dental Officer to examine opportunities within existing statutory authority to expand Medicare coverage of dental services. The Committee also urges CMS to provide recommendations no later than one year after enactment of this Act regarding policies to increase coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs.” (pp. 197-198)

NIDCR

“SARS–CoV–2.—The Committee thanks NIDCR for its commitment to prioritizing research to answer critical research questions related to the novel coronavirus. The Institute’s research into high impact areas such as transmission risk in dental environments is critical for the nation to continue fighting COVID–19 and to ensure everyone is as safe as possible.” (p. 118)

“Report on Oral Health in America.—The Committee greatly appreciates NIDCR’s leadership on the upcoming Report “Oral Health in America: Advances and Challenges”. The Committee anticipates the final release of the report and encourages NIDCR to utilize the findings of the 2021 Report to identify research gaps across dental, oral, and craniofacial research and to pursue research opportunities to fill those gaps.” (pp. 118-119)

¹Rpt. 117-96
<https://www.congress.gov/117/crpt/hrpt96/CRPT-117hrpt96.pdf>

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



Implications for Dental Records from 21st Century CURES Act

by C.Scott Litch

Chief Operating Officer and General Counsel



At some point, you may have read about the 21st Century CURES Act and wondered whether you need to worry about it. This column will attempt to clarify and calm any concerns. The 21st Century CURES Act was passed by Congress in 2016, as an effort to foster innovation and problem solving in health care and attempt to remove barriers to information exchange. It encourages electronic information exchange between providers, payers, consumers and others for the sake of improving care, reducing costs and empowering consumers.¹ There were two subsequent regulations implementing the CURES Act, to prohibit information blocking practices and identify interoperability standards for the digital exchange of health information.² This column will focus on the provision that gives patients the right to immediate electronic access to their health records, including physicians' notes. The CURES Act went into effect on Nov. 1, 2020.

So what does this mean for dentistry? There is probably little immediate impact in private practice, but more of an impact for those practicing in hospitals, academic health centers, or community clinics with integrated medical/dental patient charts. The earliest impact for the broader community will be for private practitioners who use an integrated health record such as EPIC for documentation of their hospital general anesthesia cases. Over time, there will likely be more impact on private dental practices as electronic exchange of data increases.

For those impacted, patients will be able to read chart notes almost immediately after the visit without a separate records release request. In a hospital, there is the infrastructure to have patients access the electronic record through a patient portal. Most dental offices currently do not have this capability. Of course, the dental office can print out the record and let the patient/family member read it if requested.

Regardless of practice setting, it is good common sense/risk management advice to properly and accurately document patient/family discussions and information conveyed, but to do so in non-offensive and non-inflammatory ways. For example, the American Academy of Family Physicians recommends that although the CURES Act does not require physicians to change their note-writing style, some small modifications can be helpful when documenting potentially sensitive topics such as mental health, obesity, substance use disorder, sexual history, or spousal abuse. Their tips for patient-friendly notes are:

- 1. Be transparent.** Your communication with the patient in the office should reflect what you put in the note. There should be no surprises.
- 2. Minimize jargon and abbreviations.** If there are medical terms that patients might easily misinterpret, briefly define or simplify them, such as "short of breath," rather than SOB or dyspneic.
- 3. Highlight the patient's strengths and achievements in addition to the patient's problems.** This can be particularly helpful for patients with mental health issues because it gives them a more balanced perspective of their illness as they tackle difficult behavioral changes.

4. Describe behaviors rather than labeling the patient or making judgments. For example, consider these alternatives:

- “Patient could not recall” instead of “Poor historian,”
- “Patient is not doing X” instead of “Non-compliant,”
- “Patient prefers not to” or “Patient declines” instead of “Patient refuses.”³

The American Medical Association (**AMA**) has provided a summary of what information blocking means, since this is now prohibited under the CURES Act. Physicians can experience information blocking when trying to access patient records from other providers, connecting their EHR systems to local health information exchanges, migrating from one EHR to another, and linking their EHRs with a clinical data registry. Patients can experience information blocking when trying to access their medical records or when sending their records to another provider.⁴

For further information, contact Chief Operating Officer and General Counsel C. Scott Litch at 312-337-2169 ext. 29 or 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.

¹ For more details see: <https://www.ada.org/en/publications/ada-news/2020-archive/september/ada-standards-committee-on-dental-informatics-leads-charge-to-foster-interoperability>

² <https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>; <https://www.govinfo.gov/content/pkg/FR-2020-05-01/pdf/2020-07419.pdf>

³ https://www.aafp.org/journals/fpm/blogs/inpractice/entry/open_notes.html

⁴ <https://www.ama-assn.org/practice-management/digital/new-information-blocking-rules-what-doctors-should-know>

Check out AAPD's TWO podcasts!

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THE BIG AUTHORITY ON LITTLE TEETH

Pedo Teeth Talk Sponsored by Hu-Friedy



NEWLY
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AAPD PAC
THE BIG ADVOCATE for little teeth

PAC Corner

Step In or Step Up Your Support



You will be receiving the 2021 AAPD PAC Annual Report highlighting how important your support of the AAPD PAC is to our advocacy efforts. I urge you to review this report closely.

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

This is a critical time to build the AAPD PAC's resources in anticipation of the 2022 mid-term Congressional elections. Thanks to the many of you that have already supported the AAPD PAC via the voluntary PAC contribution "check-off" on your 2021-22 dues statement.

If you have not yet given this year, we need your support. The voluntary recommended support level for early career dentists is only \$100. **If you have been a regular PAC contributor at recommended level of \$250, why not jump up to the next level of support such as Cabinet (\$500-999) or Patriot (\$1000 and above)?** You can contribute online at https://www.aapd.org/advocacy/pac_contributions/.

Remember that if you want your dollars applied directly to candidate support, please make your PAC contribution via a personal credit card or check.

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





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THE BIG AUTHORITY on little teeth®

Call for 2022 Nominations

Secretary/Treasurer and At-Large Trustee for the International Membership

The AAPD Nominations Committee is accepting nominations for the 2022 election of **Secretary/Treasurer and At-Large Trustee**. The at-large trustee also represents the International Membership. The term of the current At-Large Trustee Dr. Anupama R. Tate, expires in 2022.

Nominations must be received by the AAPD headquarters office no later than Dec. 1, 2021. This date reflects procedures for the Nominations Committee, per the current *AAPD Administrative Policy and Procedure Manual*.*

A nominee's submission must be on the standard AAPD Nominations Committee Candidate Consideration form. This form can be obtained by contacting Governance and Operations Manager Margaret Bjerkli at mbj@aapd.org. The required materials from nominees are the following:

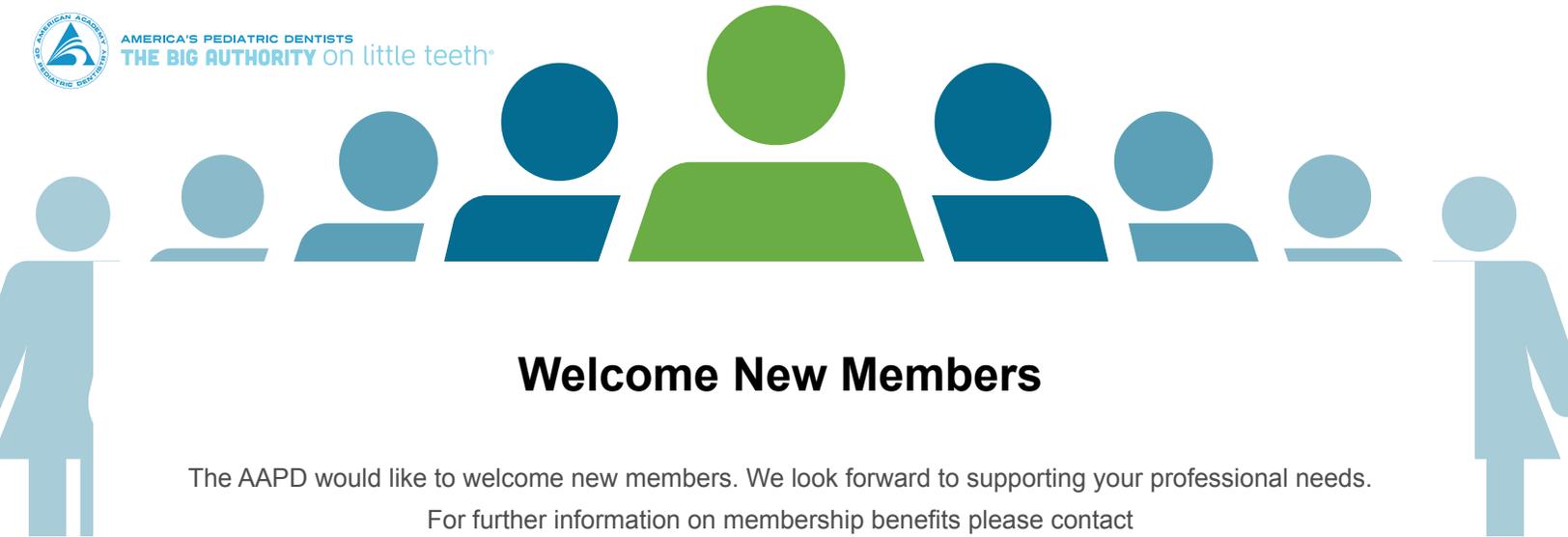
1. The completed and signed Nomination form;
2. A one-page essay explaining their interest in serving in the specific office and summarizing their leadership skills;
3. A background description suitable for publishing in *Pediatric Dentistry Today*;
4. A photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.

Letters of recommendation: Nominations for Secretary/Treasurer and Academic At-Large Trustee must have three letters of recommendation from active, life, or retired members of the Academy.

The Nominations Committee will meet in January 2022, at which time they shall interview all nominees via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process. All nominees for the 2022-2023 academy year will be published in the March or May 2022 issue of *PDT* and voted on by the membership at the 2022 General Assembly.

For further information, please contact Chief Executive Office John S. Rutkauskas at (312) 337-2169, ext. 28, or jrutkauskas@aapd.org.

** All members have online access to the most recent version of the AAPD Administrative Policy and Procedure Manual, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees. The Policy and Procedure Manual can be found on <http://www.aapd.org>, under Governance Documents in the Governance section of Member Resources.*



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.

Member Benefit Spotlight

Using the AAPD Logo

The AAPD allows the use of the AAPD logo by active and life members in good standing, as well as recognized chapter organizations such as state or provincial units and district organizations.

The logo may be used on:

- Professional stationery
- Letterheads
- Business and referral cards and forms
- Practice promotional materials (including direct mailers to families)
- Interior and exterior doors and windows only, in AAPD member offices (limited to the member categories noted above)
- Plaques hung in offices
- Patient educational literature (so long as consistent with AAPD policies and guidelines)
- Websites

The provisions above do not allow logo use on exterior signs.

For more information, download the policy on the Use of the AAPD Logo at <https://www.aapd.org/about/about-aapd/using-the-aapd-logo/>.



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Each configuration can be used in color, white or black, depending on the environment in which it is being used. Both are available as .eps, .png, and .jpg files, to be used as follows:

- .eps files: preferred in all formats
 - hi res vector file; best quality available
- .png files: picture file with transparent background
 - image file to be used when no background is needed
- .jpg files: picture file with included background
 - image file to be used when background is necessary

Download all logo files as a .zip archive.

Fellow of AAPD

Over 1,500 AAPD members have become a Fellow under the new guidelines. If you are board certified by ABPD and have been an Active Member of AAPD for five years (student membership is not included) then you are eligible to become a Fellow of AAPD. The FAAPD added to your credentials shows your commitment to organized dentistry, scholarship and community. It is a voluntary program that is renewed every five years.

The term Fellow in a professional association often refers to a person who has distinguished themselves above the standard norm, either by publications or contributions to the profession. AAPD wanted to create that opportunity.

The AAPD Fellow Program was revised, reintroduced and reenergized to the membership to bring fresh meaning and value to the designation. The focus of the fellowship program is to reward and encourage participation in organized dentistry, scholarly activity and community involvement. It is completely voluntary

If you were a Fellow of AAPD under the previous guidelines and did not renew in 2017 it is easier to reinstate your Fellow status with 15 points from two of the four categories, and a \$200 reinstating fee. Letters of recommendation are not needed for reinstatement.



For more information, please contact Senior Membership and Chapter Relations Director Suzanne Wester at swester@aapd.org.



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A Hidden Health Care Crisis

by Fredrick Harris, Ph.D., D.D.S.

"They are just my most whiny patients!"

"The best patients I have are from..."

"You know big [boys/girls] don't cry"

"Look at those clothes. They won't be able to afford treatment"

How many times has one of those phrases crossed your mind, or been uttered? Now pause. Take a moment and read each of the following words slowly, and picture a person associated with each before proceeding: medical doctor, cab driver, chaplain, police officer. Now consider the additional words: Christian, welfare recipient, thug, Hispanic.

The first set are occupations; the second are used in various situations. All are simply words in a sentence. We could easily place one individual to stand in for each term. For example, can person 'X' be a doctor, a Christian, or a police officer, etc.? The answer is yes. But what individual did you picture? What was the race/ethnicity, gender, age, or defining characteristic you thought of? Of the 'thug, 'chaplain', or 'Hispanic', which in your mind is more likely to be able to afford dental treatment? Which would you empathize with if they couldn't? These subconscious beliefs, attitudes, and stereotypes that purvey our preferences/avoidances of a group is termed, 'implicit biases' or 'implicit stereotypes'.

Implicit biases are thought to be learned through past experiences. For example, a bully that plagued your formative years was from a particular ethnicity. As you got older, you explicitly expressed "people are good"; however, you

subconsciously avoid interactions with that ethnicity due to your prior experience with that bully. Or you typecast all individuals from that ethnicity to behave a certain way.

Implicit biases also have effects in medicine. Unconscious preferences may be expressed by health care professionals by such actions as: doing disproportionate diagnostics, using condescending tones, allocating time differently, failing to provide language interpreters, and recommending different treatment options based on assumptions about physical appearance or adherence abilities.

Providers need to be aware of their implicit biases and how these perceptions may affect ability to deliver impartial health care. In a 2016 journal article in *PNAS*, scientist found half of first- and second-year medical students, and residents held one or more of the following false beliefs: black people's skin is thicker than white people's, black people's blood coagulates more quickly than white people's, and black people's nerve endings are less sensitive than white people.¹ Moreover, the trainees believed black people are not as sensitive to pain as whites; and trainees were less likely to treat black people's pain appropriately. A provider may have impartial values and outwardly believe all patients should be treated equally; however, implicit biases may result in a dissociation between those values and actual actions.

In a 2018 randomized clinical trial, researchers identified that dentist's decisions shifted towards a more conservative treatment in whites versus black patients. Even though the same chief complaint, and X-rays were presented, treatment tilted towards root canal therapy for white patients and more aggressive extractions for black patients. This writer admits it's difficult to quantify bias in pediatric dentistry, as at the time of writing there have been no studies examining biases in pediatric dental care. However, it is possible to extrapolate the potential effect of implicit biases on behavioral guidance and treatment.

For example, telling kids "big kids don't cry" can have negative effects on their emotional and mental health, as they could suppress, or avoid these emotions. Implicit biases can be corrected if we become aware of our bias and take actions to redirect our responses. Devine et al. offer strategies to reduce biases.

- Imagining the individual as the opposite of the stereotype
- Seeing the person as an individual rather than a stereotype
- Putting yourself in the other person's shoes
- Increase opportunities for contact with individuals from different groups
- Reframe the interaction with the patient (or parent) as one between collaborating equals.

Using such strategies will help us align our expressed values with our practices and make sure ALL kids have optimal oral health.

Fredrick Harris, Ph.D., D.D.S., is currently the chief pediatric dental resident at St. Joseph's University Medical Center in Paterson, N.J. He was born in Greenwood, Miss., and completed his dental degree at the University of North Carolina Adams School of Dentistry. Prior to starting dental school, he earned a doctorate in cancer biology/biochemistry at Meharry Medical College; prior to starting his pediatric dental residency, he did a general practice residency at the University of Tennessee Medical Center – Knoxville.

When Should You Start Looking for Disability Income Insurance?

Don't Skimp on this Critically Important Protection for Dentists

Jamie L. Fehrs, MBA, ChFC®
Manager, Financial Services Association Division
www.treloaronline.com

At our firm, we have always held that disability income insurance is protection that anyone practicing dentistry should secure as soon as possible (read: immediately!). As a financial services professional, I am all too familiar with the common reasons doctors offer for putting off the purchase of this important risk management tool. I've heard, "Well, you know what, I am not making any money right now," or "I'm still paying tuition!"

Disability is one of those things that most people believe "will not happen to me," until it unfortunately does, and inevitably upends their life. Being "taken out" by a disability is hard enough physically and emotionally; it need not be exacerbated by the financial hardship that comes from losing your primary source of income.

I would contend that in some ways you're probably worth more as a student than you are at any time in the future. Hard to believe? Well, it's true! As a student, you are "all potential," and as such you have all of your earning years ahead of you. That's something to be cherished and protected.

Securing disability income coverage while you are in training may put you in a position to update the coverage once you get out of your training program. Another great part is that once you obtain it, you may be able to update your coverage without regard to any changes that may have occurred in your health history. Again, if you're a young person and you're thinking "what kind of health changes?" – generally your body is in its best condition the younger you are.

Also, by the time you graduate, your income likely will have gone up. Most people want to increase their disability income coverage at that point, because there's more at stake. Now that you're making some "real" money, you want to make sure that you protect that income. Knowing that you have locked in your health history early on in your career, it likely will allow you to access better rates for purchasing additional insurance.

You may have heard that some companies offer discounted rates for dental students or residents. They may let you "lock in" a lower rate when you're in school. Given that most people are in school when they're younger and in better health, then obviously the rates you lock in will be quite in your favor. Think about that! Now is a great time to buy disability income insurance. Don't put it off until after graduation, get it while you can.

The bottom line is that disability income insurance is a kind of asset protection. You would never think of not having health insurance, would you? Of course not. Everything hinges on your physical health, and you want to protect that asset. It helps to think about disability insurance as the insurance you get to protect your financial health. It's the stopgap measure that kicks in when you are unable to produce an income due to disability.

Just remember, you're likely the most valuable money-making asset you have.



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Power of AAPD

The American Academy of Pediatric Dentistry + AAPD Foundation—going above and beyond their everyday mission to support pediatric dentists and the children in their care.



AAPD + AAPD Foundation Win ASAE Power of A Gold Award

We are pleased to share that the American Academy of Pediatric Dentistry + AAPD Foundation has been named a 2021 Power of A Gold Award winner for the entry, Access to Care/Child Oral Health Pandemic Readiness.

The Power of A Awards recognize and celebrate the extraordinary contributions associations make to society by enriching lives, creating a competitive workforce, preparing society for the future, driving innovation and making a better world.

Part of ASAE's advocacy role is to educate outside audiences about the true value of associations and the resources they bring to bear on our nation's most pressing problems. ASAE has created The Power of A program as the association industry's brand and messaging platform from which to communicate the association community's role in building a stronger America and world. Associations have a good story to tell.

The winners were selected by ASAE's Power of A Awards Judging Committee. This year, the committee received 118 entries in five award categories: The Power of Advocacy; The Power of Industry/Professional Advancement; The Power of Global Development; The Power of Diversity and Inclusion; and The Power of Community Support and Engagement.

"Congratulations to this year's Power of A Award winners, who continue to exemplify the indelible impact associations have on not just the industries and professions they represent, but on society at large," said Barry Pilson, CAE, 2021 Chair of the Power of A Awards Judging Committee. "Given the pandemic-related challenges associations experienced over the past year, it's incredible to see countless cases of associations going above and beyond their everyday mission to change the world. It's a testament to our community and we're very proud to highlight these award-winning initiatives this year."



The AAPD Foundation allocated up to \$1.6 million to offer all AAPD members one, 50-count box supply of KN95 masks at no charge, in a joint collaboration between the American Academy of Pediatric Dentistry, the AAPD Foundation and Henry Schein, Inc. More than 4,200 orders were received from July 2020 and September 2020.



AAPD hosted multiple Townhalls, published a Re-emergence Practice Checklist, and updated online COVID-19 resources regularly.

This award speaks to the great partnership of the AAPD and AAPDF in bringing such a necessary and timely program to our members. Cheers and congratulations to all!

AAPD continually provides savings to members.

In 2020, AAPD pivoted in less than five weeks to make AAPD 2020 *NashVirtual*. More than 3,100 dentists attended. AAPD 2021—the Hub—is sure to be a success with over 62 hours of CE credits available, an awesome keynote and lots of surprises in store.



The AAPD Foundation suspended all proactive fundraising from March through November 2020 with planned direct appeals repurposed into social media and direct e-mail "feel good" outreach. Despite the suspension, members making annual gifts increased by 16 percent compared to FY 2020 for a 14 percent increase in total contributions.

AAPD continues to support member education virtually.



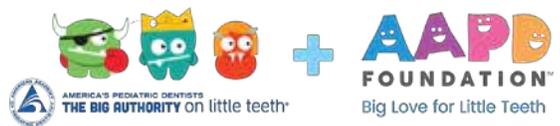
April was National Facial Protection Month and the AAPD and AAPD Foundation developed this infographic for our members to share with patients to prepare them for any dental emergency that may come their way.

AAPD launched a Social Media Library in the Fall of 2020 to help members engage in ongoing public awareness emphasizing safety measures followed by pediatric dentists.

The AAPD and AAPD Foundation took full advantage of National Children's Dental Health Month (NCDHM) providing educational materials to membership and the public regarding the importance of proper oral health care habits at an early age. In accordance with the NCDHM theme on the benefits of water, AAPD created a campaign called "H-2-Know". H-2-Know focused on and answers three separate questions that many parents and caregivers may not have known about water!

Work continues on the redesign of the AAPD's consumer website *mychildrenteeth.org* as well as the development of in-practice parent education materials. Also, thanks to member generosity, investment stewardship and ongoing cost controls, the Foundation will consider recommendations to make more than **\$2 MILLION** in grants and commitments to clinics providing dental care for underserved children – the greatest single-year commitment in the Foundation's history.

The AAPD also released three new brochures for parents and caregivers to read and learn from. The new brochures highlight the benefits of seeing *The Pediatric Dentist, Dental Care for your Baby and Sealants*. A starter set of the brochures were sent to the top 400 AAPD brochure users.



Title VII FY 2020 Grant for Postdoctoral Training in Pediatric, General, and Public Health Dentistry Spotlight

Grantee Profiles—University of Washington & University of Illinois at Chicago

The Health Resources and Services Administration (HRSA) awarded 27 Title VII FY 2020 grants for postdoctoral training in pediatric, general, and public health dentistry. Six awards were directed solely to pediatric dentistry programs, and another ten include pediatric dentistry in collaboration with general dentistry and dental public health.

In recent *PDT* issues, we have highlighted programs that received this grant. This issue spotlights the **University of Washington** and the **University of Illinois at Chicago**. Obtaining funding for pediatric dentistry within the HRSA Title VII oral health primary care training cluster is AAPD's top federal appropriations priority.

University of Washington

Interdisciplinary Special Needs Dental Access Network (I-SPAN)



This proposal seeks to improve the oral health of underserved and vulnerable children in Washington State through the creation of a sustainable program of enhanced training and interdisciplinary collaboration. The overall aim of this project is to increase oral health care quality and access for children with special health care needs (CSHCN), particularly those in rural areas. We will accomplish this through the following key objectives:

- **Provide pediatric dentistry residents with enhanced didactic training in the care of Children with Special Health Care Needs.** Trainees receive a core curriculum consisting of self-study modules, video and live lecture content, active learning exercises, and evaluative instruments. Topics include care of CSHCN, rural health, LGBTQ-IA+ youth, social determinants of health, substance abuse, cultural competence, nutrition, caring for children with dental complexities, and other issues specific to underserved populations.
- **Develop the UW Interdisciplinary Oral Health Education Center (IOH Center) and provide multi-specialty treatment for CSHCN.** UW pediatric dentistry trainees learn to care for CSHCN through a new collaborative interdisciplinary partnership with UW dental specialty programs, Dental Education in the Care of Persons with Disabilities (DECOD) providers, and Advanced Education in General Dentistry (AEGD) residents. Trainees also participate in interprofessional team-based care with dental and

medical providers at Seattle Children's Hospital (SCH) and the UW Leadership Education in Neurodevelopmental and Related Disabilities (LEND) clinic. The newly created IOH Center will develop faculty leaders and train residents to implement the interdisciplinary treatment model in their practices upon graduation.

- **Develop a hub-and-spoke oral health network to connect CSHCN with dental providers.** We will provide dentists within the existing statewide Access to Baby and Child Dentistry (ABCD) provider network with training to enhance their ability to care for CSHCN. Pediatric dentistry residents and faculty will deliver this training at regional symposia, in-person, and virtually using telehealth technology. Upon graduation, pediatric dentistry residents will then participate as leaders ("Champions") in the ABCD network. When patients in rural areas require specialty-level services, local ABCD dentists will interface with regional Champions at "hub" clinics that have been developed with telehealth expertise and technology. Champions will complete virtual patient consultations and treatment planning with the IOH Center.
- **Evaluate the long-term impact and effectiveness of I-SPAN.** To measure impact, we will follow practice location, populations served, work setting, and leadership roles of graduates. The program will be sustained after the grant period by ongoing state and nonprofit funding for the ABCD program, the novel enhanced curriculum, and support from community partners.



ADA CER-P is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CER-P does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

University of Illinois at Chicago

Resident Education in Advocacy and Community Health for Underserved Populations

Resident Education in Advocacy and Community Health for Underserved Populations (**REACH-UP**) addresses two HRSA focus areas: caring for underserved/vulnerable populations and dental public health.

REACH-UP aims to address these focus areas through two aims:

- To enhance the leadership, advocacy, and public health education for Pediatric Dentistry residents at the University of Illinois at Chicago (**UIC**).
- To meet the needs of underserved populations through community clinic rotations, collaborative practice, and interprofessional education.

The objectives of aim 1 are to provide experiences that will enhance the dental public health training of residents to increase their capacity to treat underserved populations. This includes:

- Enhancing dental public health education for pediatric dentistry residents. This will be accomplished by offering a hybrid Master of Public Health (**MPH**) and Certificate in Pediatric Dentistry (accomplished in three years) to two residents per entering class and a Certificate in Public Health and Certificate in Pediatric Dentistry (accomplished in two years) for one resident per year in partnership with the UIC School of Public Health. The public health curriculum for all residents will be enhanced through this program.
- Offering an enhanced “**LE**adership and **A**dvocacy in **D**ental public health” (**LEAD**) curriculum in partnership with UIC’s School of Public Health and School of Business. This will be accomplished through a curriculum and practical experiences with leadership emphasized in Y1 and advocacy emphasized in Y2.

Further details of these specific awards can be found at <https://data.hrsa.gov/tools/find-grants>. Click on Program Name, scroll down and select Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (**D88**). Then click on Year and select 2020 and hit the Submit button.

For more information about AAPD’s Title VII advocacy, contact Chief Operating Officer and General Counsel C. Scott Litch at slitch@aapd.org. For more information about HRSA Title VII dental grant opportunities, contact Education Development and Academic Support Manager Leola Royston at lroyston@aapd.org.

The objectives of aim 2 are to meet the needs of underserved/vulnerable populations by:

- Enhancing interprofessional education/collaborative practice with Pediatric Medicine at the University of Illinois Hospital and Health Science system (**UI Health**) to ensure that oral health is treated as part of overall health in high-risk patients. This will be accomplished through monthly interdepartmental rotations, lectures, and an enhanced referral system.
- Exposing residents to alternative models of care through community health center rotations, where residents will provide direct patient services on underserved populations in a collaborative medical-dental environment. This will be accomplished through weekly rotations at the Infant Welfare Society (**IWS**) medical-dental community health center.

The enhanced LEAD curriculum, community site rotations and partnership with Pediatric Medicine will be carried out annually during the five-year grant period. This project involves formal relationships with the UI Hospital, UIC School of Public Health, and the IWS Community Health Center. UIC is also the recipient of a pre-doctoral HRSA training grant and HRSA Dental Faculty Loan Repayment grant.

AAPD Fall 2021 CE Courses

CAPD/ACDP – AAPD Joint Conference

Sept. 23-25, 2021

Conference Presented Virtually

Dental Assistant Sedation Course: Your Role in the Safe Sedation of Children Course

Oct. 22-23, 2021 • Dallas, Texas

This course is generously sponsored by Sedation Resource.

Safe and Effective Sedation for the Pediatric Dental Patient Course

Oct. 22-24, 2021 • Dallas, Texas

CAPD/ACDP – AAPD Joint Conference

Molar Hypomineralization: Everything You Need to Know

Sept. 24-25, 2021

Conference Presented Virtually

Pain pathways associated with the pathophysiology of Molar Hypomineralization 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.

Dental Assistant Sedation Course: Your Role in the Safe Sedation of Children Course

Oct. 22-23, 2021

Fairmont Dallas, Texas

This one-and-a-half day course is specially designed for the pediatric dental assistant to enhance their knowledge and understanding of sedation emergencies and other emergent medical conditions in the office. An introduction to oral sedatives and using nitrous oxide/oxygen sedation will be included. Participants will learn how to organize and prepare the office for an organized response to a medical emergency and how to assist in the management of medical and sedation emergencies. On Saturday morning, there is a four-hour workshop that allows hands-on training for the dental assistant. Participants will rotate through the multiple stations to include airway management, airway equipment, papoose board and monitor placement.

Safe and Effective Sedation for the Pediatric Dental Patient Course

Oct. 22-24, 2021

Fairmont Dallas, Texas

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You'll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. There will be dedicated forums to ask questions and talk about specific issues with course faculty, discuss techniques for effective communication with the patient and parent to address unusually challenging and complex situations. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

Media Mix

AAPD President, Dr. K. Jean Beauchamp Interviewed by Clarksville Now

Tooth decay in toddlers: How you can prevent it and what to do about it

“Dr. Jeannie Beauchamp, a pediatric dentist and owner of Clarksville Pediatric Dentistry, wants parents to know the importance of early dental intervention and keeping a baby’s teeth healthy.”

“If you are noticing signs of early childhood caries, go see Clarksville Pediatric Dentistry right away. Dr. Beauchamp said, “We can work together to determine the best treatment options and get your baby’s smile on track for healthy growth and development.”

<https://clarksvillenow.com/local/tooth-decay-in-toddlers-how-you-can-prevent-it-and-what-to-do-about-it/>

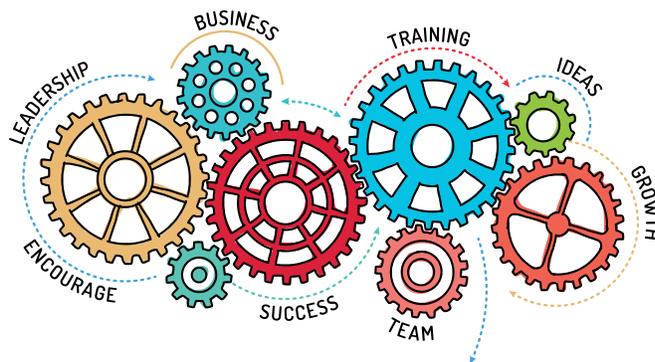
AAPD’s Active Kids Healthy Teeth Guide Featured by NBC16

Healthy Kids: How to treat children with dental emergen- cies

“The American Academy of Pediatric Dentistry offers this brief guide (<https://tinyurl.com/382ua6d2>) to help parents and caregivers be prepared for the most common types of childhood tooth injuries. Print it and keep it on the fridge or near the phone so family members and babysitters know what to do in the event of an emergency”

<https://nbc16.com/station/healthy-kids/healthy-kids-how-to-treat-children-with-dental-emergencies>

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



LCP Dental Team Coaching is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

Actionable Steps for Optimal Leadership Performance

A doctor should always assume and demonstrate leadership skills to positively influence their team. Most doctors do not realize the power leadership actions have on the level of team stress, job satisfaction and practice profitability. Over our many years of coaching pediatric dental practices across the country, we can emphatically say, when a doctor is not performing leadership actions, they experience more stress and lower profitability due to lack of planning and low employee job performance, thus resulting in poor functioning systems and teamwork.

Doctors can delegate leadership actions to co-leaders (i.e., office coordinator, practice administrator, clinical coordinator, etc.), however, the doctor must hold these co-leaders accountable. In today's economic environment of increased competition and reduced insurance reimbursement, strong leadership is vital for enjoyable and profitable practice performance.

According to the book "The Attributes" by Rich Diviney:

- Leadership is not a position. It's a behavior.
- Leaders are defined by those whom they lead.
- People follow leaders willingly and eagerly, because leaders motivate and influence.

Anyone can be a great leader, regardless of their personality type if they consistently and successfully carry out the following leadership actions:

Leadership Actions

Continually evaluate if things can be done better. Do not settle for the status quo.

- Strive to improve efficiency, systems, and team members.

Procure excellent advisors, mentors and support system.

- These may include an accountant, attorney, practice management consultant/coach among others.
- Find successful professionals who are willing to share their knowledge. Create a support system with colleagues that you can meet with regularly or call for advice.

Lead by example and cultivate a healthy practice culture.

- A doctor is in control of the practice culture. It can be a healthy environment that is fun and productive or a dysfunctional environment that is stressful and unproductive. The doctor's behavior sets the standard and defines this culture; therefore, doctors must hold themselves to high standards.

- Team members can safely communicate openly and honestly.
- Expressing a different opinion is not feared. A discussion between parties can take place and a solution or compromise reached.
- Employees are not afraid to take risks and try new things. They are comfortable in taking ownership of a mistake and learning from it.
- Praise and support of each other are shared daily.
- Gossip is not tolerated.
- Problem employees are held accountable in a timely manner to improve their behavior, or they are dismissed.
- Problem patients/parents are dismissed from the practice.

Define your practice vision and share it with the team.

- When all team members are working toward a common vision and goals, the probability of success greatly increases, and the team's energy becomes symbiotic.

Have strong fiscal management.

- Create an annual business plan and set goals that are monitored regularly.
- Define goals for breakeven point, daily producer production (doctor, hygiene, hospital, in-office GA or IV Sedation), number of producer workdays/month, new patients/month, monthly collections, collection ratio, accounts receivable, overhead expense budget.
- Utilize reports in the practice management software.

- Update fees annually.
- Begin saving for retirement early and regularly.
 - Create the habit of making a monthly deposit (no matter how small) into a retirement account. The amount of the deposit can increase as the practice grows.

Be “People Smart”: understand people’s different behavior traits and strengths.

- Managing teams effectively and with low stress is one of the biggest challenges doctors face. Being “People Smart” is a powerful leadership tool that helps a doctor better lead, manage and hire people by understanding:
 - People possess different mixtures of behavior traits and how this impacts their job performance.
 - A person’s strengths and limitations to be able to hire and coach effectively.
 - Each person’s motivators that empower them to be more productive and experience greater job satisfaction.
- After extensive research, Professional DynaMetric Programs (PDP), www.pdpglobal.com, a worldwide leader in top-of-the-line behavioral assessment solutions for businesses, has defined the four behavior traits as **Dominance (take charge), Extroversion (people), Pace (patience), and Conformity (detail/systems)**.
- Each trait has high and low behavioral intensities. **One of these four high traits will be a person’s strongest and dictate 50-70 percent of their natural behavior and responses.** It is almost like people come from four different “planets”; each “planet” with its own natural way of behaving and communicating. After learning about the four “planets” and work style approaches, doctors have a better insight as to why employees function the way they do.

Hold employees accountable.

- Many doctors find it difficult to discuss job performance issues with employees. Many doctors will either avoid this necessary leadership skill or carry it out unsuccessfully because it feels confrontational.
- When a doctor does not hold team members accountable for proper job performance and attitude, it becomes discouraging and in turn, the industrious team members will lose respect for the doctor. Team morale and productivity drop and eventually the hardest working among them become frustrated and leave. However, when employees are promptly held accountable for proper job performance, the doctor’s reward will be an enjoyable, high-functioning team that supports the practice vision and where everyone looks forward to coming to work each day.

Motivate with praise, appreciation and recognition.

- Know each employee’s goals and motivators and encourage their development and growth.

- Make employees feel part of the team, it is essential they feel like they matter and make a positive difference.
- Give recognition and praise to each employee for a job well done at least once a week.

Hold regular meetings.

Clear and consistent communication is the only tool a team has to improve how they work together. Teams should meet regularly to discuss the status of the practice; what is working, what is not working, and how they are going to resolve challenges they are facing. Meetings should take place in the office and not in a restaurant over lunch. It is more difficult to discuss confidential practice information or address team issues in a public atmosphere.

• Morning Meetings

- Sets the tone and level of productivity for the day.

• Monthly Team and Marketing Meetings

- Discuss areas that need improvement, goals, and educate the team on new practice information or pediatric dentistry.
- Evaluate marketing efforts and decide on new actions.

• Quarterly Department Meetings

- Departments may include; front desk, restorative assistants, hygiene, and leadership.
- Departments should meet quarterly with the doctor and/or practice coordinator to discuss job duties, problem solve department-specific issues, and evaluate systems.

Celebrate success.

- It is important to recognize the team’s efforts and celebrate milestones and goals. Celebration activities can be:
 - Dinner or lunch.
 - Surprise spa day.
 - Cash bonus.
 - Special gift at five, 10, 15, and 20 year employment anniversaries. This shows other employees how you honor loyalty and a job well done.

Leadership Styles

Two common leadership styles are the **task-oriented** leader and the **transformational/relational** leader. Each style has positive attributes but is not the full set of skills for successfully completing the above leadership actions. A combination of both styles is needed to assure employees complete tasks, follow systems, and pay attention to detail while also creating for the employee a sense of belonging and recognition for the positive difference they contribute. A doctor will be more effective as a leader if they create relationships and build trust with their employees.

A Task-Oriented Leader

- Has high standards for themselves and others.
- Leads the team by setting specific goals for the practice and each employee, then evaluates, and trains the team to ensure results are achieved.
- Is detailed, loves structure, standard operating procedures, and step-by-step plans in place.
- Is logical, analytical, and completes tasks in a timely manner.
- Is fair when rewarding or requesting a performance change from team members.
- Can be conflict-avoidant and not hold employees accountable promptly.

Transformational/Relational Leader

- Shares their vision for the practice with the team so the team is working toward common goals.
- Focuses more on the big picture.
- Likes to delegate to co-leaders who are attentive to detail and organized.
- Is a risk-taker. Always looking for new and better ways to get things done effectively and efficiently.
- Supports and develops employees beyond formal job descriptions by knowing their motivators and goals.

- Encourages employees to think forward, be creative and contribute ideas that can positively impact practice performance.

What is Your Style?

Take a few minutes to ask yourself the following questions and look for ways to optimize your leadership:

- Am I fully embracing the leadership role?
- What is my natural leadership style? Am I task-oriented or transformational/relational?
- Do I perform the leadership actions listed above? What can I start doing or do better?
- Do I regularly share my vision for the practice with the team? Are we moving in that direction?
- Is there a healthy practice culture?
- Do I help foster a sense of belonging with employees?
- Do I hold employees accountable in a timely manner?
- Do I recognize individual employees for their contributions?
- Do we celebrate successes?

Based on these responses, take a few minutes to visualize and write down what it would look like to be the optimal leader your team needs to inspire them to function at their optimal performance.

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

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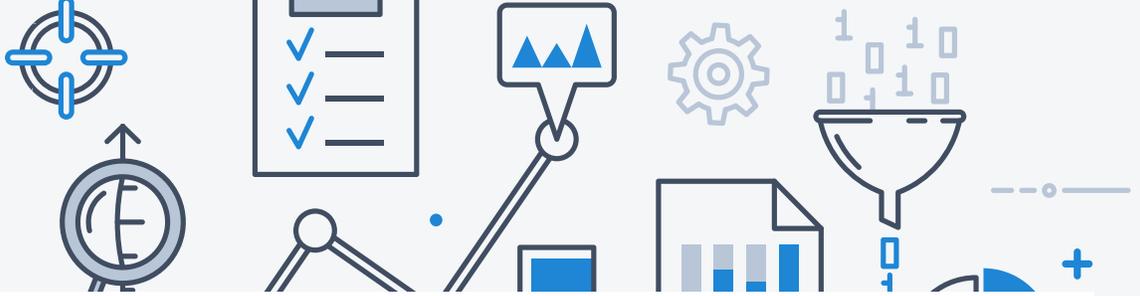
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- Dr. Robin Wright

Advocate for Your Patients with Quick Facts and Strong Messages on SDF

The new Silver Diamine Fluoride (SDF) Fact and Policy Summary from the Policy Center offers concise research-based information and clear visuals about SDF as a vital service in children’s oral health treatment. It clarifies the AAPD’s position on key issues, such as establishing SDF as a covered benefit from both private and public third-party carriers. This new electronic publication will serve as a lay-friendly companion for advocacy to support the AAPD’s Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients (<https://www.aapd.org/research/oral-health-policies--recommendations/use-of-silver-diamine-fluoride-for-pediatric-dental-patients/>) and clinical practice guideline on Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs (<https://www.aapd.org/research/oral-health-policies--recommendations/silver-diamine-fluoride-for-dental-caries-management-in-children-and-adolescents-including-those-with-special-health-care-needs/>).

Here’s a preview!

What is silver diamine fluoride (SDF)?

SDF is a clear liquid that combines the antibacterial effects of silver with the remineralizing power of fluoride. According to the 2017 clinical practice guidelines of the American Academy of Pediatric Dentistry, SDF may be used in certain circumstances as a non-restorative management technique for the arrest of progression of cavities on primary (baby) teeth and permanent teeth. SDF is painted on the caries-affected areas of teeth in a quick, painless procedure. After application, the treated decay is permanently stained black.

Does it work?

Yes, in as many as four out of five teeth if used properly. Systematic reviews of clinical trials confirm that when SDF is applied twice a year, its effectiveness in arresting tooth decay in baby teeth can be as high as 80 percent. The tooth decay arrest rates in clinical studies ranged from one in two teeth (54 percent) to nine in 10 teeth (90 percent), depending on the location of the tooth, size of the cavity, and presence of plaque (a film of saliva, food and bacteria that forms and can harden on the teeth).



Is it safe?

Yes. Scientific reviews and clinical trials report no adverse events or serious side effects in either children or adults. However, a small number of patients have experienced minor side effects such as short-term gum irritation or a metallic taste.

How should providers be reimbursed for SDF application?

SDF should be a covered benefit by both public and private dental insurers. To be more specific, SDF should be reimbursed as a per-tooth procedure so the effectiveness of SDF can be more accurately measured in terms of both patient health outcomes and fiscal impact. In addition, SDF should be covered as a non-definitive therapeutic agent for arresting dental caries rather than a definitive restorative procedure. That means dental insurance programs should commit to cover treatment when a patient requires a future restoration or extraction for a tooth previously treated with SDF.

How often should SDF be covered by a dental benefits plan?

The frequency of SDF application must be based upon patient characteristics, current and future risk assessment, and medical and dental health status. (One size does not fit all.) Unfortunately, some public and private insurance require multiple SDF applications to have a specific time frame between applications, such as 3 to 6 months, based on decay risk. Additionally, if a tooth is restored within a certain time period after SDF application, some insurance carriers lower the restorative/surgical reimbursement by the amount of the SDF reimbursement – or deny coverage altogether.

These types of coverage policies are not justified by existing science, patient well-being or budget considerations. At the very least, insurance payers should reimburse SDF without any limitation of restorative needs in the future. In addition, lifetime limits per tooth should be determined by an individual patient's oral and general health needs and status. Further research will provide for clear and fair reimbursement policies as understanding of SDF's effects are better understood.

To view the full brief, visit <https://www.aapd.org/research/policy-center/technical-briefs/>.

Enhancing Safety in Pediatric Dental Practice

The AAPD Safety Committee brings you expert advice and resources on the safety topics you care about so you don't have to go searching the web. Check out Peto Teeth Talk. Easy to find and in short interesting sessions, the AAPD podcast hosted by Dr. Joel Berg is the perfect channel to tune into to hear compelling interviews while learning to do safety more efficiently and effectively. You can listen to an interview with Dr. Bryant Cornelius, dental anesthesiologist of Ohio State University, titled "Are Narcotics Disappearing from Our Sedation Cases?" Up for more? Tom Terranova of the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) offers insights into what voluntary accreditation may mean for the health of your patients and your business. Don't miss out on the current trends in safety. Visit https://www.aapd.org/education/peto-teeth-talk/aapd_podcasts/ to learn more.

New Publication: Are Your Kids Covered? Medicaid Coverage for Essential Oral Health Benefits, 2nd Edition

Originally published in 2017, this publication identifies the pediatric dental procedures most essential for coverage, catalogs the coverage of these procedures by state, and specifies problem areas of coverage for oral health services. The second edition includes teledentistry services and provides updated coverage information for each state. This advocacy resource has proven valuable to members as they champion for extended access to care through public insurance of oral health services for children.



Are Your Kids Covered? Medicaid Coverage for the Essential Oral Health Benefits

Second Edition • May 2022

This health care is a timely response to the need for children with dental and coverage of dental services under both public and private insurance. It is a critical resource for dental professionals and policy makers. It is a critical resource for the public and private insurance industry. It is a critical resource for the public and private insurance industry.

To see this publication and more, visit the Technical Briefs page at the Policy Center under Research at www.aapd.org.

New Publication: Denial of Access to Operating Room Time in Hospitals for Pediatric Dental Care

Every day, you see the significant impact of operating room (OR) access on pediatric oral health. Delaying treatment of caries results in worsening dentition status, greater likelihood of emergency department visits, and medical complications. Poor and minority children covered by Medicaid are disproportionately affected, further exacerbating healthcare inequities.



This resource offers a clear look at the critical issues. Our new policy brief details the worsening problem of access to hospital-based care for children needing treatment under general anesthesia. Equally important, it offers potential OR access strategies for pediatric dentists within their own communities.

To see this publication and more, visit the Technical Briefs page at the Policy Center under Research at www.aapd.org.

Addressing Hidden Dangers for Children

Paul S. Casamassimo, D.D.S., M.S.

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Seeing threats to children in the media, like trafficking and errant shootings in dangerous neighborhoods, is becoming commonplace. While we focus on our part of the pediatric health paradigm, our commitment to safety as pediatric health providers extends beyond the oral cavity to opportunities to help a child by surveillance of possible threats when we interact with them and families.

Assessing potential threats and confronting them represent serious challenges to our profession. At the 2019 AAPD Annual Session, a program hosted by Policy Center Director Dr. Robin Wright, entitled, "Difficult Conversations" brought these dangers to light and revealed the emotional stress they place on us as pediatric dentists, ethically and morally committed to children. Every day, we can be challenged with issues beyond oral health, but the need to act is vital to the health and safety of our child patients. Ultimately, these are safety issues for children.

The purpose of this brief article is to identify some of these red flags and offer ways to help address them. Some are easier to talk about with families and have less risk to us, but all challenge us to do the right thing.

General Health and Welfare: Children should have a regular source of medical care, up-to-date immunizations and age-appropriate schooling. Access to primary pediatric health care depends on a number of factors, but pediatric dentists are in a good place to identify children without a regular source of primary care and make recommendations to private pediatric practices, community health centers and family practices. Identifying a lack of primary care may prompt the need to address health coverage, so we should be able to guide families to help.

Something's Not Right Here: Our frequent and wide exposure to a range of children gives us a perspective on normal appearance, behavior and general health. A health history or a child's ap-

pearance and behavior may confirm our instincts, and we're faced with the challenge of pursuing clarity and offering support. Obesity, behavioral and mental health issues, and developmental versus chronological age are examples that can be difficult to address but may mean the difference between positive or negative consequences for a child. Medication currency is another area where we can affect a child's health and safety by questioning parents about currency, appropriateness of dosing and other aspects of medications for behavioral or chronic medical conditions. We can partner with our medical colleagues in relationships that allow us to suggest follow-up on these types of concerns.

The Toughies: Suspected physical child abuse is a paramount issue we may need to confront. Laws in all states are clear on mandated reporting, but don't make the interaction between us and caretakers any easier. Sexual abuse and spousal abuse pose challenges that might be clued to us from comments, observations and even direct pleas. Legal precedents have provided the practice community with social service, law enforcement and public health services that make suspicions a little easier to manage. Each practice should know these resources available in its locale.

The Unknown Identity: Adolescents exploring their gender identity, have a preference for the same-sex gender, and/or have experienced discrimination for how they identify themselves may be at potential risk for depression and/or self-injury. Clinicians can make big differences in making LGBTQ+ youth feel more accepted. Updating current medical health history forms to be more inclusive, refraining from questions assuming interest in the opposite sex, and vocalizing support regarding LGBTQ+ and overall diversity may make adolescents feel more accepted and welcomed. For those individuals who are experiencing depression and/or self-harm, an open-minded clinician can be a beacon in their struggles.

The Unspoken Abuse: Pediatric dentists can help identify risky behaviors that suggest misuse of medication, drugs or alcohol. Some identifiers are mood swings, loss of interest in activities once enjoyed, disconnection from old groups of friends for new friends, rule breaking, sleeping more than usual, weight loss, nosebleeds and tremors. Signs of substance abuse can be revealed during a dental screening. These findings can include dry mouth, rampant caries, enamel erosion, bruxism, ulcers or sores, and gingivitis and periodontitis. The biggest hurdle for us is raising our concern, and it is important to have resources and options we can recommend for families.

The Silent Injured: Self-injury has become more prevalent in children and adolescents in recent years. Self-injury may be a statement to reject parents' beliefs, declare individuality, and communicate feelings unheard like hopelessness, depression and/or having suicidal thoughts. A clinician can identify signs of self-harm by observing cuts, scratches, burn marks, bruises, head trauma, broken teeth, scarring, self-harm behaviors (e.g., hitting themselves). Clinicians can speak in a non-confrontational way to adolescents with open-ended questions to help understand the challenges the youth is experiencing. Clinicians can encourage parents to speak to their child with respect and seek additional help. It is important to note that seeking help from a mental health professional can be urgent.

Steps for Safety: A practice can employ a variety of strategies to make dealing with these difficult situations a bit easier.

- *First and foremost, remember that these situations are not what we are trained to deal with and recognize your personal limitations in any circumstance.*
- Be culturally sensitive and train staff to be the same.

- Brochures, desk top information and posters advising families on some issues may be helpful, reaching those who are interested but unwilling to ask.
- Health histories or registration questionnaires can be private ways to elicit concerns and get help for families.
- Stating willingness to accept various forms of payment and see children with special needs and of all ages on websites can offer a pathway for some families and ultimately help a child.
- It is already common for practices to ask about a child's and family's special needs at initial phone calls. All of these can create a relationship with trust that can help protect a child.
- Offices should have relationships with and awareness of sources of help for these families and established referral pathways. It is critical to know your referral sources well and be clear on the nature and scope of services they offer.
- Staff huddles on these topics with delineation of responsibilities as well as training in identification can widen the safety net of a practice.
- Asking open-ended questions in a non-judgmental way may assist a provider in gathering more information from an adolescent experiencing substance abuse or other sensitive issues.
- Ultimately, building trust and rapport with adolescents may open doors to getting them the help they need. If a clinician believes an adolescent or parent is experiencing any of the above issues, many resources are available in communities and should be in the practice's resource toolkit.

AAPD Joint Beverage Recommendations in JAMA Pediatrics

In June 2021, "Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations" was featured in an editorial on plant-based beverages for young children in the Journal of the American Medical Association Pediatrics.¹ Breast milk, infant formula, water and plain milk are part of this new set of evidence-based recommendations for young children. They caution against beverages that are sources of added sugars in young children's diets, including flavored milks, sugar- and low-calorie sweetened beverages, in addition to a wide variety of beverages on the market targeted to children such as toddler formulas, caffeinated beverages, and plant-based/non-dairy milks.

These comprehensive beverage recommendations for birth through age five were developed in 2019, in a first-ever collaboration by the AAPD, Academy of Nutrition and Dietetics, American Academy of Pediatrics and American Heart Association under the leadership of Healthy Eating Research with funding from the Robert Wood Johnson Foundation. The recommendations for Healthy Beverage Consumption in Early Childhood are found in the 2020-2021 Reference Manual of Pediatric Dentistry under Endorsements on pages 547-550.

¹Bodnar LM, Jimenez EY, Baker SS. Plant-Based Beverages in the Diets of Infants and Young Children. *JAMA Pediatrics* June 2021; 175(6):555-556.

Evidence-Based Dentistry (EBD) Committee Update

The American Association of Endodontists (AAE) has accepted the AAPD's invitation to create joint AAPD-AAE Clinical Practice Guidelines on vital pulp therapy in permanent teeth for children and adolescents. The AAE is in the process of selecting three of its members for the joint committee. The Clinical Practice Guidelines will appear in both AAPD and AAE publications.

Clinical Practice Guideline Topic	Systematic Review Publication Date	Guideline Publication Date
Sealants (completed)	08/2016	09/2016
Vital pulp therapy (completed)	01/2017	09/2017
Silver diamine fluoride (completed)	N/A	09/2017
Non-vital pulp therapy (completed)	07/2020	09/2020
Behavior guidance (in progress)	2021	2022
Frenectomy and lactation (in progress)	2022	2023
Vital pulp therapy (revision in progress)	2022	2022
Permanent tooth vital pulp therapy in children and adolescents (in progress)	2022	2023

Coding Corner

New CDT Vaccine Codes Approved

The ADA's Code Maintenance Committee (CMC) met for their annual meeting March 11-12, 2021. Typically, CDT Codes are updated once annually and go into effect Jan. 1, of each year. However, the CMC has the authority to meet more often during special sessions should exceptional CDT Code needs arise—as they did in 2020 for the addition of the antigen and antibody procedure codes.

Consequently, in response to the nation's current public health emergency, the CMC accepted and approved the inclusion of eight pandemic-related CDT procedure codes into the current Code on Dental Procedures and Nomenclature – 2021, effective immediately. The Chair of the CMC, Randall C. Markarian, D.M.D., M.S., released a memo to the Dental Community on March 15, 2021, announcing these new vaccine (and molecular testing) codes:

D1701 Pfizer-BioNTech COVID-19 vaccine administration – first dose

D1702 Pfizer-BioNTech COVID-19 vaccine administration – second dose

D1703 Moderna COVID-19 vaccine administration – first dose

D1704 Moderna COVID-19 vaccine administration – second dose

D1705 AstraZeneca COVID-19 vaccine administration – first dose

D1706 AstraZeneca COVID-19 vaccine administration – second dose

D1707 Janssen (Johnson & Johnson) COVID-19 vaccine administration
D0606 Molecular testing for a public health related pathogen, including coronavirus

Dr. Markarian commented, "The ADA Council on Dental Benefit Programs recognizes the importance of supporting dentists' documentation needs and Centers for Medicare & Medicaid Services' interest in vaccination reporting by dentists" and added, "Implementation of these public health emergency procedure codes should not be delayed."

This memorandum also announces a new vaccination procedure coding guidance document entitled "ADA Guide to CDT's 'Covid-19' Vaccination Procedure Codes" available online at www.ada.org.

The purpose of Current Dental Terminology (CDT) is to achieve uniformity, consistency, and specificity in accurately documenting dental treatment. The ADA Council of Dental Benefit Programs established its Code Maintenance Committee to ensure that all stakeholders have an active role in evaluating and voting on CDT Code changes. The committee is tasked to arrive at decisions that are in the best interests of the profession, patients, and third-party payers and administrators.

Limitations and Exclusions: Understanding Common Dental Insurance Contract Provisions

The details and specifics of every dental insurance plan are defined within two documents—the Summary Plan Description and the Plan Document. These two documents are extremely important because they determine and direct coverage and reimbursement for the plan.

What Is the Difference?

Summary Plan Description – a synopsis or summary provided which outlines the general benefits of the specific plan. This document is available only to plan participants and beneficiaries. The Summary Plan Description is typically 25 pages or less and outlines and explains the rights and obligations of both the participants and beneficiaries.

Plan Document – also referred to as “the insurance contract.” This document can be 200 or more pages in length and details the specific provisions of the plan including, but not limited to, exclusions, limitations, etc. While providers cannot directly obtain a copy of the Plan Document, your patient can request a copy from their human resources department (if they are covered by an employer sponsored group plan) or directly from the insurance company (if they are covered by an individual plan).

Reading every dental plan document from cover to cover is not necessary. However, answering a few key questions can often save time and alleviate the need to verify the numerous aspects of the plan’s benefits. Additionally, when your team is knowledgeable about the limitations and exclusions of your patient’s plan, they can:

- Boost treatment plan acceptance.
- Allow for estimation of the plan’s payment and patient’s out-of-pocket.
- Decrease financial collection challenges.
- Improve patient retention.

Below, are some of the common, but very important plan document provisions and limitations every dental team (both business and clinical team members, and most importantly the dentist) should understand.

Frequency Limitations

A frequency limitation mandates the number of covered procedures permitted by the plan over a stated time period. Cleanings (prophylaxis) are a common example of a frequency limitation. Many plans limit prophys to “two per twelve months” or “one per six months.” Moreover, most plans also establish a limit on the amount of time that must elapse before a specific covered procedure may be repeated on the same tooth. Numerous payers apply the frequency limitations to current treatment(s) provided under a previous dental plan.

Family Related Exclusions

Another limitation common among most payers is the familial relation clause. This exclusion stipulates that a doctor cannot file a claim for services rendered on an immediate family member—and it applies to both in- or out-of-network providers. The verbiage of the familial exclusion varies among payers. Several illustrations of payer contract language include: “immediate family or immediate family of spouse,” or “enrollee’s spouse, child, brother, sister, or parent” or “a person who lives in the covered person’s home or who is related to the covered person by blood or marriage.”

Waiting Periods

A waiting period limits reimbursement for various services until the insured has been covered for a specific amount of time. Waiting periods are designed to prevent patients from purchasing coverage when they have a great need, and then dropping the coverage as soon as treatment is complete.

It is important to note that the term “waiting period” differs from “eligibility.” Eligibility stipulates the length of employment, job status, length of time the beneficiary has been covered under the plan, dependency, child, and student age limits, etc. that define when an individual qualifies to enroll in a plan and/or a certain category of covered services.

Waiting periods vary from plan to plan and may be specific to certain procedures. Because waiting periods are used to decrease premium costs, the longer the waiting period, the lower the premium. But since most patients are unaware of these waiting periods, they often assume their treatment will be covered as soon as the plan goes into effect. Limitations, waiting periods, and eligibility variables can present challenges for the practice and the team when a patient is planning to pay a copayment or deductible for a given treatment, but was not expecting to pay the full fee for a given treatment. Your front office team must be knowledgeable about the plan’s waiting period, exclusions, and limitations, as well as the classification of services (basic or major) of the plan to prevent any negative surprises.

Missing Tooth Clause

Over half of payers’ contracts contain language pertaining to teeth that were extracted prior to current dental plan coverage. Most plans exclude the initial replacement of teeth extracted prior to coverage under the current plan. Important issues to note are: This exclusion only applies to the

initial replacement of teeth extracted prior to coverage under the current plan. Replacement prosthetics are usually covered if they are necessary, and if the patient has satisfied the prosthetic frequency limitation period, which can be anywhere from five to 10 years.

Incurred Liability Date

Another important contract provision is the incurred liability date. This is the date on which a payer is legally liable to consider reimbursement for a service rendered.

The incurred liability date pertains to all multi-appointment procedures, such as dentures, occlusal guards, endodontic procedures, crowns, bridges, space maintainers, etc. Perhaps the most common scenario regarding the incurred liability date involves determining when a plan provides reimbursement for a crown—either on the date the tooth is prepped or the date the crown is seated.

- **Plan Document** – Every payer defines its incurred liability date in its Plan Document. As previously mentioned for insured plans, this document can only be obtained by the patient from their employer or directly from their insurance company.
- **Processing Policy Manual** – As a general rule, the PPO contract, or Processing Policy Manual, states that for in-network providers no service may be submitted for reimbursement until it is complete. When a PPO contract states no service may be considered until completed, remember this includes all multi-appointment procedures.

Billing and Claim Submission

Concerning billing, it is recommended that the service be posted to the patient ledger on the prep date. It is also recommended that you collect the patient's estimated portion due at this time. However, the claim would not be submitted until the payer's incurred liability date (typically the seat date).

Always be mindful of the payer's incurred liability date when submitting a claim, regardless of in-or out-of-network status. The incurred liability date for the vast majority of payers is the completion (seat/delivery) date of the service rendered. Also, some payers require that the patient be covered by the plan for the duration of treatment (start and delivery dates), no matter the incurred liability date. In general, it is recommended that root canal procedures not be billed until complete, whether in-network or not.

Many PPO contracts require that Box 24 of the 2019 ADA Dental Claim Form reflect the completion date (not the start/prep date) if the completion date is the payer's incurred liability date. However, this proves challenging for many software programs as practices need and prefer to reflect gross production on the prep date and ledger, yet have the claim reflect the seat date. Contact your software support team for assistance in implementing this change.

While some payers do allow the preparation or start date in Box 24 and the completion or seat date noted in the remarks section, this is becoming less common because of auto-adjudication. If the start date is reported in Box 24 and the claim is auto-adjudicated, reimbursement may be based on start of service, not the completion date, causing denial, delay, or inappropriate reimbursement.

The 2019 ADA Dental Claim Form allows submission for services both in progress and when completed, as noted by the language in Box 53 which states, "I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed." The treating dentist confirms this statement by signing Box 53. Nonetheless, the plan's incurred liability date still determines when benefits may be considered for reimbursement.

As outlined in many PPO contract processing policy manuals, misrepresentation of the completion date may be considered fraud or abuse. Violation of PPO contract provisions may result in a comprehensive audit, requests for reimbursement of payments made, or termination from the plan, as well as action by the State Dental Board against the treating dentist.

As a provider, you are obligated to notify the payer if a service has been billed and reimbursed, but treatment is incomplete. This is applicable for all multi-appointment procedures including crowns, dentures, occlusal guards, root canal therapy, etc. If reimbursement is received prior to completion, the incurred liability date determines if a refund will be requested by the payer.

Always report what you do. Be sure the clinical documentation supports the need for all services rendered, including the date of service. Keep in mind that, as the treating dentist recorded on the claim form, you are responsible for all information submitted and will be held accountable for its accuracy. In some cases, this also applies to any team member primarily responsible for insurance billing.

For questions or comments, please contact Dental Benefits Director Mary Essling at messling@aapd.org.



Leila C. Younger, DDS, MS, named Executive Director

After a six-month national search, the board of directors and staff of the American Board of Pediatric Dentistry are pleased to announce the appointment of Leila C. Younger, DDS, MS, as the new Executive Director.



Leila Younger, DDS, MS

Dr. Younger graduated with honors from the University of Illinois College of Dentistry where she was inducted into OKU. She completed her residency at Children's

Memorial Hospital in Chicago and earned a Master's degree from Northwestern University. Dr. Younger

maintained a solo and then a group practice in the Chicago suburbs.

She is a Clinical Assistant Professor of pediatric dentistry at The University of Southern California Ostrow School of Dentistry. She was awarded a Master Clinician Certificate by ADEA/AAL Institute for Teaching and Learning and is a member of AAPD/AAPD Foundation Kellogg Leadership Cohort VI.

Board Certified since 1998, she has been an examiner for the Oral Clinical Examination since its inception in 2005. In addition, she served on the Renewal of Certification Committee, was Director of the ABPD and served as President from 2019-2020. She has served on the AAPD Scientific Program, Clinical Affairs, Safety, and

Nominations Committees.

Dr. Younger and her husband, Dr. Terry Younger, reside in Barrington, Illinois. They enjoy biking, hiking and travel. They frequently visit Los Angeles where their two adult children reside.

As ABPD strives to inspire pediatric dentists to provide high-quality oral health care to all children and support Diplomates in lifelong learning, Dr. Younger is committed to the Board's vision to improve patient outcomes through our Diplomates' participation in the continuous certification process.

Please visit www.abpd.org for a full listing of ABPD staff members.



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 - September 2022: Program participation begins



More information may be found at www.abpd.org.

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

ARIZONA—GOODYEAR. Exceptional pediatric dental practice has a wonderful opportunity for a pediatric dental associate! We have a well-established, non-corporate, state of the art, themed office in a rapidly growing area. Our office is looking for an enthusiastic pediatric dentist to join our growing team who will provide high quality care to our patients on either a full-time or part-time basis. Our office is doctor owned, offers patient-centered treatment (accepting private PPO dental insurances only/ no state based plans), and has been a successful business for 16 years. We also offer in-office general anesthesia in our surgical suite dedicated to weekly general anesthesia days and are open weekdays only (no weekends). Associates earn a guaranteed daily salary, quarterly bonuses, paid vacation days if full time, and share in the corporate retirement plan as well as group medical insurance. Please email your C.V. to hilgersk@yahoo.com to learn more about this exciting opportunity! D.D.S. or D.M.D. with a certificate from a pediatric dental residency program. Current residents may apply.

ARIZONA—GOODYEAR. Part time, with potential Full time 4 to 5 days a week. Established full-time "growing" pediatric practices in 3 locations in Goodyear, AZ, Surprise, AZ, Buckeye AZ and 4th location coming to Scottsdale around January-February 2021. This successful Phoenix, West Valley, private practice group has a great advantage with an open concept. Four full time pediatric dentists and orthodontist in an open concept design. On average, our doctors are scheduled a four day work week, with one day a month (negotiable) of surgery under general anesthesia, including the local hospital. Expect minimal on-call duties, and a schedule proven to allow flexibility for family planning and maternity leave. Private Insurance only - no Medicaid. 401k, and health insurance available, competitive salary. Contract year to year. No weekends Good hours, Good Team Culture! Join Palm Valley Pediatric Dentistry & Orthodontics today! Doctorate D.D.S. or D.M.D. degree from a dental school accredited or eligible to become board certified through the examination process of the American Board of Pediatric Dentistry (ABPD). Must be actively licensed by the Arizona State Board of Dental Examiners. For more information please contact odolghier@gmail.com.

COLORADO—DENVER. Seeking an energetic, compassionate, and passionate person with a desire to be on the forefront of dentistry. We are a highly sought out and education based Fee For Service frenectomy/frenuloplasty practice in Denver helping to pioneer this field. We are helping mothers and babies bond and breastfeed, children with feeding, speech, and sleep issues, and all with better airways. Looking for an associate toward buy in or buy out. We are willing to train. If interested, please email your resume and interest to DrJesse@ColoradoTongueTie.com. Colorado License required.

COLORADO—GRAND JUNCTION. We are in search of a Pediatric Dentist for a part or full-time position in beautiful Grand Junction Colorado. Grand Junction is an incredible area with every outdoor activity imagined. We enjoy skiing, hiking, camping, rafting, paddle boarding, mountain biking, atv's, hunting, fishing and more. We are 4 hours from Denver, 1.5 hours from Moab, and only 3 hours to Provo Utah. This is a great area to raise a family and the valley is growing rapidly. The valley is big enough to have the amenities, but small enough that we can be a part of the community. We are an established office with two locations and currently have 3 full-time pediatric dentists and are growing. We own the office and are not a chain. We have state of the art offices, with all-digital records, intraoral cameras at each chair, soft-tissue laser, isolite, Nomads, etc. We are laid back, enjoy our workplace and co-workers, and focus on a low stress environment. We have invested a significant amount in consulting services, focus on systems, and rely on incredible staff members to make the office as low stress as possible. We treat our staff well and with respect and have a very efficient and smooth running office. We provide all forms of behavior management to our patients including N2O, oral sedation, in-office GA with dental anesthesiologists, and have weekly hospital block time. We are centered on providing the best quality oral care to our patients, and taking care of our staff. We are searching for a long term addition and to be part of our team and vision. We are looking for a compassionate provider that will help provide the best care for our patients. We would like someone to join our office from 3 to 4.5 days per week, with a guaranteed daily minimum and a great work/life balance. Future ownership opportunities are available for the right trial partner. Please email your resume to [Jeremy at jcox4dental@yahoo.com](mailto:jcox4dental@yahoo.com), to discuss this opportunity. Colorado dental license and completed pediatric dental residency are required.

COLORADO—LAKEWOOD. Independent private office seeking part-time Pediatric Dentist associate (1-2 days a week). We have a great team that will support you well. We have a diverse patient base, seeing patients from all socio-economic backgrounds. In-office GA is scheduled regularly. Competitive Pay with a base salary and percentage of production, whichever is greater. Located in Denver, CO. Looking forward to your resume and chatting so we can go over more details. For more information please contact dr.nam@hardypedoortho.com.

CONNECTICUT—WEST HARTFORD. Great opportunity for someone who is looking to have fun while practicing pediatric dentistry in beautiful central Connecticut. If you have integrity, wish to do the right things in the right way, you are what we want. We are a Pedo-Ortho group, working out of four offices in three different geographical regions. We've been around, and have been busy since our inception in 1970. We are looking for a full time associate, walking into a full schedule, on a fast track to partnership and ownership. Competitive

salary, excellent benefits, will be working within a well oiled machine, with an experienced team and staff to make for a seamless transition into our friendly group. For more information please contact akmaltz@comcast.net.

FLORIDA—ORLANDO. Seeking Pediatric Dentist to join established and growing private practice in the Central Florida area. Upscale and modern fully digital office. Flexible scheduling including full time or part time options. Autonomy over treatment planning. Treatment options include in office IV sedation with anesthesia team, oral sedation and N2O. Competitive compensation based on guaranteed minimum or percentage of collections (whichever is greater). Qualifications include: Board Certified or Eligible, Florida Dental License. For more information please contact Awesomepedojob@gmail.com.

FLORIDA—ST. AUGUSTINE. Little Smiles Children's Dentistry and Orthodontics is looking for a Pediatric Dentist to join our team. We are fast-paced with a great staff, in turn making the schedule flow smoothly and efficiently. As a fun, private pediatric dental office, we are looking for a long term, committed, energetic, flexible, and dedicated Pediatric Dentist who can bring their talents and personality to our offices. Great communication skills are a must. We are looking for a full time to fill 4 and a half days a week. Little Smiles is a state-of-the-art pediatric and orthodontic dental practice, with offices in St. Augustine and Palm Coast, Florida. Our office strives to create an environment that prepares children of all backgrounds for a lifetime of good oral health. To do this we look to form lifelong patient relationships, provide personal attention with quality care in an at-home environment and compassionate dental treatment, and make care accessible to infants, children, teens, and patients with special needs. What we offer: competitive pay \$250,000 guaranteed salary and monthly bonus (35% of collection after guaranteed salary is covered). In addition to pay, we offer full benefits including health insurance, 401k, paid time off, and paid holidays. Requirements: D.M.D. or D.D.S., Completed Residency in Pediatric Dentistry and Florida Dental License. For more information please contact dracruz@pedosmiles.com.

GEORGIA—BRASELTON. Pediatric dentist-owned multiple office practice seeking out fun-loving personable pediatric dentists who love what we get to do everyday! We truly love our patients and our amazing team! Our practice has experienced nonstop continual growth! If you want the respect and autonomy to treat every child as if they were your own—then we are that place! We have gained our communities' trust by providing optimal genuine care in a way that allows parents to be inclusive in the decision making that is best for their child. Confident communication and amazing chairside manner is a must! Compensation and benefits that you will be more than happy with--Due to our exponential growth your earning potential is definitely significant! If you feel that you are the type of pediatric dentist (new grad or experienced) that we need to meet and you're

interested to join our growing team, then we look forward to hearing from you! Please email your C.V. to dmd4kids@gmail.com and we will be in touch with you! Thanks so much for your time and consideration!

GEORGIA—COLUMBUS. Join our team and well respected practice that is consistently booked over several months. You will be very busy immediately and the income potential is great. There is also a sign on bonus of \$15,000 and this is not a corporation so there will not be anybody looking over your shoulder. This is a full time position that will be compensated with the greater of a guaranteed base salary or commission bonuses. We have great relationships with all the Pediatricians in the area. Columbus is a very welcoming city that has great weather that allows for outdoor activities year round. Columbus lies on the scenic the Chattahoochee River. Columbus is the third largest city in Georgia and has a low cost of living, affordable housing and great schools and colleges nearby. Benefits- Health Insurance, Retirement Plan, 8 days PTO, Malpractice insurance paid, AAPD membership paid, GA Dental license fee paid, Local Dental Chapter dues paid, CE reimbursement- \$3000 annually, DEA License fee paid, Scrub allowance \$1000 per year, 100% of lab fees paid. For more information please contact ellis3dmd@gmail.com.

ILLINOIS—FRANKFORT. Bite Size Pediatric Dentistry is seeking a pediatric dentist to join our team in Frankfort and Oak Lawn Illinois. We are a growing group practice with two locations and 5 pediatric dentists that has earned a wonderful reputation among families in the community. We work hard to provide a fun and pleasant environment for kids along with thorough communication and transparency for parents. Our practice is PPO and fee for service, no HMO or public aid. Full time or part time available. Compensation is very competitive. Includes medical and dental insurance and 401k retirement match. We encourage you to check out our website and facebook page to learn more about us and our team. <https://www.bitesizepediatricdentistry.com/>, <https://www.facebook.com/bitesizepediatricdentistry/>. If you are interested, please send your resume to drdenise@bitesizepediatricdentistry.com. Bite Size Pediatric Dentistry is pediatric dental group with locations in Frankfort and Oak Lawn Illinois. We serve patients in the southwest suburbs of Chicago, providing specialized dental care for infants, children & teens, including special needs.

MARYLAND—BOWIE. Great Opportunity For a Pediatric Dentist to join our fun an amazing team of pediatric and orthodontic specialists. We are looking for 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) and 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 and sedation dentistry. For more information please contact berrychildsdental@comcast.net.

MICHIGAN—TROY. A growing pediatric dental practice in Troy of Michigan is looking for a full time or part time pediatric dentist with potential buy in and eventually take over. The area has the best public high school in the country-Troy High School. I am a solo practitioner and willing to offer 40% collections. or \$1200 per day. Our office offers conscious sedation and full range of pediatric dental services to children and special needs patients. Michigan state dental license required. If you like to learn more about this opportunity, please call (248)797-2551 or e-mail at Jianfuz@aol.com.

NEW YORK—CAPITAL REGION/ALBANY. Our growing pediatric dental practice is looking for our next skilled and compassionate pediatric dental associate to join our well-respected group. Our group currently consists of 5 partners who are board certified pediatric dentists. Our office, where smiles grow, has been the leading pediatric dental group in the area for more than 30 years. We have established strong professional relationships with the pediatricians, hospitals, and dentists in our area. Our respected position in the local medical and dental community has provided us with continuous referrals that keep our practice growing and thriving. Our offices provide state of the art care for children and patients with special health care needs in a safe, nurturing environment. We utilize sedation dentistry and hospital dentistry, in addition to the routine care we provide in our offices. We also offer laser dentistry. We continuously strive to offer the most comfortable and positive experience for our patients and their families through dental education, a variety of treatment options and excellence in clinical expertise. From the second the patients walk in the door, through they complete their visit at check out, our group of caring, long term team members ensures a pleasant visit. Our team practices in beautiful upstate New York, in the capital region surrounding Albany. The location is ideal for all that it can offer being that it is situated within a three hour drive to Boston, New York City and Montreal. In the immediate area, Saratoga Springs, Lake George, and the Adirondack Mountain Region offer an endless number of outdoor activities, horse racing, art and culture. We offer an excellent opportunity for the right person and a very competitive salary and benefits package, including health care, ce, 401k, malpractice insurance, and more. We would love to meet qualified candidates who are interested in joining our group. Come visit us for a day and see our practice. To chat or learn more about us, please call Dr. Jennifer Charlesworth at (518)785-3911. For additional information please contact JH8496@YAHOO.COM.

NEW YORK—NEW YORK. Busy Pediatric Dental group with 16 locations and 40+ Pediatric Dental Associates is seeking full-time and part-time Pediatric Dentists. FT positions upstate make 2k-3k per diem and downstate 1k-2k per diem. Results vary based on clinical skills, efficiency, staff and patient management, etc... but we have had great success with onboarding and training talented Pediatric Dentists in the past. If you are caring and compassionate, if you enjoy working hard and helping people every day then this is the job for you. FT positions include 2wks PTO, medical insurance, malpractice ins, and relocation and retention stipends. Email resume to barry.jacobson@hqrcms.com. New York State Dental license, NYS Medicaid Provider ID and DEA- we will cover the cost for new grads.

NEW YORK—NEWBURGH. We are seeking a compassionate pediatric dentist to join our successful, well established, quality oriented multi-specialty private practice. Pediatric Dentistry, Orthodontics, Oral Surgery and General Dentistry. FFS and PPO, no Medicaid. Excellent opportunity for a motivated individual. Enjoy going to work. Family oriented, friendly office with competitive compensation. Low stress office. We are located in the lower Hudson Valley which offers many outdoor activities such as hiking and camping, has excellent restaurants and is convenient to NYC. Our office is doctor owned not corporate, offers patient-centered treatment, and has been a successful business for over 50 years. Four days per week but would consider part-time. No weekends. Will consider new graduate. Benefits with full time employment include paid vacation and holidays, sick pay, 401K retirement plan and health insurance. D.D.S. or D.M.D. with certificate from accredited pediatric dental program. Please reply in confidence. D.D.S. or D.M.D. with certificate from accredited pediatric dental program. For more information please contact braceman.sf@gmail.com.

NEW YORK—SOUTHAMPTON. Hampton Pediatric Dental Associates is looking for the ideal pediatric dentist to join our well-established, insanely busy, ever-growing office in Southampton, Long Island. Full-time or part-time position available leading to eventual partnership for the right individual. We provide excellent general dental care to a diverse population of children from infancy through college from all over the east end of Long Island. Knowledge of Spanish is a definite plus. We believe in making the dental experience fun for both the patient and parent. Our philosophy is a more conservative approach to treating children. We will use desensitizing visits and monitor younger children with 3 month recalls. We use traditional behavior management techniques including nitrous oxide. Anyone can treat a child under general anesthesia, we prefer to avoid that! Most parents prefer to avoid that also! You'd be surprised how far a little patience and play can go. We have 3 full-time hygienists and an amazing support staff. We use digital X-rays and are paperless. We do not skimp on equipment or supplies. Our infection control measures are state of the art. We have no hierarchy in the office. Everyone helps everyone because our goal is the same, provide the best dental experience and care for our patients. Board certified or eligible pediatric dentist, new graduates from accredited US pediatric dental programs are welcome to apply, NYS license required. For more information please contact sosandnec@aol.com.

NEW YORK—VESTAL. Are you interested in making a difference in the life of a community and its children? Enjoy practicing the skill and art of pediatric dentistry in a newly-built themed office. You can accomplish your professional and personal goals in the Southern Tier of New York. Go on a wine-tasting tour in the scenic Finger Lakes Region; hike along the waterfalls and gorges of Ithaca; ski the Catskills and Endless Mountains in the winter; take a short drive for a weekend getaway to New York City or Philadelphia. Established, vigorous practice with 40-year roots in the community seeks talented and dedicated associate. Part-time and full-time positions considered. Your senior partners welcome your involvement in all aspects of pediatric dentistry, including hospital privileges and more. Benefit from working with well-trained, dedicated staff members who truly love the challenge of

working with children and their parents. If you are the kind of person who enjoys the challenge of a lucrative, fast-paced practice and has the desire to be a direct and positive influence within the local medical community, then Valley Dental Pediatrics is waiting for you. Please send C.V. to Dr. Michelle Tunison drtunison@valleydentalpediatrics.com, or Dr. Jessica Campbell jcampbellD.D.S.@gmail.com. Board eligible, certificate in pediatric dentistry, New York State Dental license.

NORTH CAROLINA—CHARLOTTE. Fulfilling opportunity for an ambitious pediatric dentist to join a modern & growing multi-location Charlotte area pediatric dentistry practice. Future partnership opportunity as well. Minimum guaranteed daily rate plus a generous percentage of collections, including benefits. Potential to earn over \$400k per year. 4+ days a week. Please contact ethan@akasmiles.com. Certificate of Residency in Pediatric Dentistry.

NORTH CAROLINA—WILSON. Wilson Pediatric Dentistry 2401 Wooten Blvd SW, Suite F Wilson, NC 27893. Wilson Pediatric Dentistry is seeking a part-time or full-time associate pediatric dentist to add to our team in Wilson, NC. We are located 45 minutes east of Raleigh. If you are looking for autonomy, this is the practice for you! Exceeding all CDC guidelines with iWave air purification system in place. Partnership opportunity available if interested. You must have completed an accredited Pediatric Dentistry Residency Program to qualify. Included: Hospital privileges in the local hospital - up to four days a month available. Sign-on bonus prorated over 12 months for first year / CE allowance. To apply: please send your C.V. to Jasmine R. Elmore at dr4babyteeth@gmail.com. You must have completed an accredited Pediatric Dentistry Residency Program to qualify.

OHIO—MILFORD. Office for Sale in Milford Ohio. Pediatric dental office for sale by owner, who has worked in the community for 10 years and is ready to sell and retire. The practice is located 15 miles from downtown Cincinnati, making it the perfect combination of a neighborhood feel and easy access to the metro area. Active patient base of approximately 1,900 patients with collection of over \$300K in 2019, the office is currently open 4 days a week and has three dental chairs, digital x-ray and Dentrix computer charting. The office is located on the ground floor of a professional complex, 1,100 square feet, which is also available. The sale is at a very reasonable acquisition price. Must be able to be licensed in the state of Ohio to practice dentistry. For more information please contact kamptt@twc.com.

OHIO—OREGON. Pediatric Dentist - Oregon Pediatric Dentistry (near Toledo, Ohio) - Sign on Bonus, Relocation Bonus, Student Loan! 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 along side an experience pediatric dentist. Office is a very stable and busy practice with long term employees. As an associate pediatric dentist you'll enjoy the following: Base salary with performance incentives to earn more, sign-on bonus of \$10,000, relocation

package and 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 4-5 days per week with family friendly days/hours. Candidates must be licensed to practice in the State of Ohio with no board reprimands or issues. New residency grads welcome to apply! www.puredentalbrands.com. Great Place To Work For Certified! #WeHaveWhatMakesYouSmile. #LoveWhereYouWork. Equal Opportunity Employer/Drug Free Workplace. Veteran's Hiring Pledge. AARP Hiring Pledge. A Diverse Employer with Opportunities for All. Candidates must be licensed to practice in the State of Ohio with no board reprimands or issues. New residency grads welcome to apply!

OREGON—SALEM. "Be the change you want to see in the world"- Mahatma Ghandi. At Acorn Dentistry for Kids, we are creating something unique within the dental industry, not only in the focus on the patient and parent experience, but also in how we treat and create opportunities for our team members. We are looking for innovative, entrepreneurial-minded doctors to continue our fast-paced growth. I hope the following description will strike a chord with you as you not only get to know a little about us, but also FEEL how intentional we are in how we run our business of helping the kids in our communities. First and foremost, we believe that every child deserves to grow up happy and confident in the way they look and the way they feel, including the underserved children in our community. Creating magical clinical experiences is the vehicle which we use to bring this vision into reality, and the relationship we build with each child is the most important part of our work. As a result, we are transforming the way families view dentistry to the point where kids are asking to have their birthday parties at the clinic! Part of how we do this is by engaging and including all team members in the conversation on how to create more immersive magical moments for our young friends. We have established what we call a "Ministry of Magic" which is made up of a variety of team members from across our Acorn team that regularly meet together, looking into the future of what pediatric dentistry could be, and creating a pathway to build that dream experience. Another important thing to know about us is our commitment to providing access to all children in the community, including Medicaid. Most specialists phase out Medicaid as their practice grows; however, rather than start to exclude patients from a clinic once the capacity fills up (which happens very quickly for us), we choose to continue to grow to increase the capacity for all children, especially the underserved. It is a void we are filling and it shows not only in our growth, but also in our customer experience feedback. We are changing the way families feel about dentistry, shifting that perspective from a "have to" to a "want to". We hear kids every day, as they are leaving the clinic, asking their parent "when can I go back to the dentist?" Part of how we do this is through our innovative business model that exemplifies a very unique shared leadership approach to a dental organization, led by the Doctor Leader. Instead of relying on traditional Office Managers and often-disconnected Lead Dental Assistants, we have created a "Coaching Culture" where individuals are expected and trained to lead and be accountable through personal integrity, not micromanagement. Clinics have Coaches that help develop individualized learning pathways

that provide structure and support for each team member's personal growth and development as part of the Acorn team. Together we have developed our Core Values that define who we are, not just what we do, as well as how we hire and how we train: 1. Team Loyalty, Honesty and Respect; 2. Lead With Empathy; 3. Choose Your Attitude; 4. Make It Personal; 5. Be A Lifetime Learner; 6. Be A Little Acorny; 7. Ask "What If" and Celebrate the Possibilities of Tomorrow; 8. Create Magical Moments; 9. Be Humble; 10. Be Grateful. This is a very exciting time to be able to create something completely unique to dentistry far beyond the clinical focus, a time when creative businesses are newly defining the work-team relationship, away from the typical business hierarchy and into collaborative networks. Our doctor team is leading the charge in literally changing the lives of our team members as we all learn and grow together, experiencing where true fulfillment comes from. This in turn impacts the relationships outside of work and positively influences our entire community. Something entrepreneurial doctors will appreciate is that we provide equal ownership opportunity after only one year of associateship, building equity at a very rapid pace in our fast-growth trajectory that does not involve private equity backing. You get the autonomy like in a solo doctor private practice, but also get the mentorship and camaraderie which are built into our doctor team. We also like to have fun Top Golf outings, whitewater rafting, etc. This is in addition to covering all doctor-related expenses such as licensing, CE, insurance, etc. A strong doctor team-leader with great clinical skills can also expect to earn up to \$500,000 annually within our model (while seeing a significant number of underserved children). In addition to being part of an All-Star team, you get to live in Oregon, where all sorts of outdoor adventures await. Enjoy access to the Pacific Ocean, snow sports, water sports, hiking, biking, farm tours, city life and quaint small towns. The foodie culture also can't be beat. Come discover why Oregon is such a desirable place to live, and experience what an incredible opportunity this presents to you. Please email timrichardsonD.D.S.@gmail.com to find out more about this remarkable experience. We look forward to sharing this incredible journey with you. Entrepreneurial minded doctor who wants to grow with our team.

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. Dental License, Graduated from a Pediatric Dental program. For more information please contact rj6davis@gmail.com.

RHODE ISLAND—CRANSTON. Well established pediatric dental office serving the Rhode Island community for over 35 years is seeking a motivated and caring pediatric dentist. Our practice, which is non-corporate, is owned/managed by three Diplomates of the American Board of Pediatric Dentistry who have a passion for treating children. The position is initially part time or full time, with goal of full time leading to partnership track. Experience is welcome, mentorship available. We offer a very competitive salary and benefits

package for the right person, including health care, CDE allowance, malpractice insurance and more. If moving from out of state, we will reimburse packing/moving fees. We have two modern offices equipped with the latest digital technology including all digital radiographs. Our offices are located near the beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. To find out more information about our office, please contact Nicole Robbio at nrobbio@peddentri.com. Board eligible or board certified Pediatric Dentist who has completed a Pediatric Dentistry training program and received a certificate in Pediatric Dentistry.

SOUTH CAROLINA—CLEMSON. Our pediatric dental office will be expanding into a third location, situated in the upstate of South Carolina - Clemson (GO TIGERS!), Seneca (next to a beautiful mountain lake -- Lake Keowee), and soon to be Powdersville (a town about 10 minutes from the city of Greenville). Our practice currently has three pediatric dentists and one general dentist. We are looking to bring another pediatric dentist onto our team. The position would rotate between the three locations and have hospital privileges for GA cases, as well as the option to use of a pediatric anesthesiologist and dental anesthesiologist for IV sedation in office, in addition to options for conscious oral sedation and nitrous oxide. We believe in compassionate dental care and strive to partner with our families to improve the oral healthcare of children and make coming to the dentist fun! Other services include interceptive orthodontics, all ceramic crowns, and laser dentistry for frenectomies (diode laser with I-Lase). We are aiming to bring an orthodontist onto the team in our new location to offer a pedo/

ortho model in Powdersville. The position would be a full time pediatric dentist position, offering 401 K benefits with profit sharing, healthcare insurance, a bonus structure, vacation, and CE allowance. South Carolina is a beautiful state to live in and this part of the state you will enjoy the mountains, hiking, water skiing, the city and what it has to offer, and is a great place to raise a family too! If you are interested, please send any inquiries to pediatrics@issaqueenadental.com or visit our website at www.issaqueenadental.com.

SOUTH CAROLINA—COLUMBIA. Excellent opportunity to join well respected practice that is consistently booked out several months. You will be very busy immediately and the income potential is great with the previous associate earning over \$350,000. There is also a sign on/ relocation bonus of \$30,000 and this is not a corporation so there will not be anybody looking over your shoulder. This is a full time position that will be compensated with the greater of a guaranteed base salary or commission bonuses. We have great relationships with all the Pediatricians in the area. Columbia is a very welcoming city that has great weather that allows for outdoor activities year round. There is a large beautiful lake close by which is great for boating, fishing and water sports. Columbia has a low cost of living, affordable housing and great schools and colleges nearby. The beautiful beaches of South Carolina and the Blue Ridge Mountains are just a short drive away. Benefits- Health Insurance, Retirement Plan, 8 days PTO, Malpractice insurance paid, AAPD membership paid, SC Dental license fee paid, Local Dental Chapter dues paid, CE reimbursement- \$3000 annually, DEA License fee paid, Scrub allowance \$1000 per year, 100% of lab

fees paid. For more information please contact ellis3dmd@gmail.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.

WASHINGTON—MARYSVILLE. How is your job hunt going? How many offices have you talked to in the past few months? Are you tired of complicated contract discussions, figuring out payment benchmarks that resemble corporate tax returns, and meeting "amazing staff" that don't know a dental explorer from Dora the Explorer? Well, it's time you stop your search and talk to Puget Sound Pediatric Dentistry. We have been quietly building an amazing group practice with outstanding doctors like yourself. What do we promise? It's simple. An amazing place to work, outstanding families, truly amazing staff, and great compensation that you deserve! We offer a partnership tract, a solid benefits package, and a full schedule of patients to get you started. We know how to support your needs as you transition from your education to private practice and excel at creating a collaborative environment where you can learn from your mistakes and develop your skills. We have multiple locations in suburban areas north of Seattle and take care of a broad range of patients from birth to 18 years old. We often talk about offering a dental home to our patients, isn't it time to find an "office home" that will offer you an amazing future? For more information please contact Tracy@PugetSoundPD.com.



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.

Maximize your PDA's value to your practice!
Call (770) 823-3534 or visit www.thepdta.org to join today!



*additional fee

WWW.THEPDTA.ORG

WASHINGTON—WALLA WALLA. Pediatric Dentist: Immediate Opening with Signing Bonus. Have a passion for helping children have a wider and brighter smile Join our team at Craik Pediatric Dentistry. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a Lifetime! At Craik Pediatric Dentistry our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional dental care. Craik Pediatric Dentistry 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 Craik Pediatric Dentistry: At Craik Pediatric Dentistry 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. Our office is located at the foot of the Blue Mountains in Walla Walla, Washington, were wineries are beginning to rival the sweet-tasting Walla Walla onion as the hallmark of this lovely town. In fact, the combination of excellent wineries and appealing scenery has put Walla Walla on the map as one of the country's hottest new wine touring regions. The town's rich history, starting with the Indian tribes who first settled here followed by the early pioneers, the establishment and subsequent tragic demise of a famous mission and then a gold rush, is also a tourist draw. Fascinating museums and historic attractions bring this past to life. Music and the arts are a vital part of this culturally conscious college town, which boasts one of the oldest symphony orchestras west of the Mississippi, frequent summertime blues and jazz concerts, arts festivals and at least 15 art galleries. A revitalized downtown features restored 19th-century buildings, restaurants, galleries and wine-tasting rooms. If you're itching for outdoor fun, head east for hiking, mountain biking and fishing in the Blue Mountains or take the relatively easy Stateline Loop bike trail to Oregon and back. Our clinic has 6 ops outfitted with ability to go to 8 in center of Walla Walla. We operate 4 full day schedules and use state of the art technology such as the Solea Laser and operate in office GA with our pediatric anesthesiologists. Why Should You Apply? We offer: competitive salary, signing bonus and quarterly bonus potential. Top benefits including: Health Insurance, 401K Retirement Plans, and Health Savings Account. We also include paid professional liability insurance, paid vacations, continuing education reimbursement and a team that focuses on family and individuals. Great work week hours that allow you to enjoy all that Walla Walla has to offer! Craik Pediatric Dentistry 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. Craik Pediatric Dentistry 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@akidzentalzone.com.

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 CRV to julieanderson@kidsdentalexperts.com.

PRACTICE FOR SALE

IDAHO—LEWISTON. New to the market is a thriving pediatric dental practice in Northern Idaho for sale. The current doctor has practiced in the community for nearly twenty years and has a great referral base. Located in an office park in a great community, the real estate is also for sale. The current doctor is interested in exploring transitions that lead to retirement. They are therefore interested in a partnership or a straight buy-out to another dentist. With no marketing, the practice has seen 330 new patients in the last 12 months; therefore you're sure to be busy from day one! For an overview of this Northern Idaho Pediatric Dental Practice for sale, read on! This practice has 5 operatories & 1 quiet room, collections of \$1.3 million, EBITDA \$300,000 and 2800 active patients. Current doctor open to staying on 3-5 years. Real estate for sale. Minimal traffic, great dining options and closeness to nature are just a few reasons are why transplants are loving life in Coeur d'Alene and the greater Northern Idaho area. Lewiston, along with adjoining Clarkston, Washington, makes up the burgeoning entertainment and business region known as Lewis-Clark Valley. Hells Gate State Park, the entrance to Hells Canyon, which, at 7,993-feet, is the deepest river gorge in North America is also located in the area. With a plethora of dining options, unlimited outdoor recreation and close knit communities, Northern Idaho towns are a great place to call home! To learn more about this pediatric dental practice in Northern Idaho, please contact Sam Schoenecker with Professional Transition Strategies: by email at SAM@PROFESSIONALTRANSITION.COM or give us a call: (719) 694-8320. We look forward to speaking with you! <https://professionaltransition.com/properties-list/northern-idaho-pediatric-dental-practice-for-sale/>.

MICHIGAN—DETROIT. Detroit is much more than "motor city" (<https://visitdetroit.com/>) the community continues to transform with a thriving economy, new hotels, inspiring outdoor spaces and a booming arts and culture scene! New to the market is a well-established and successful pediatric dental practice in one of the most desirable communities in the Detroit metro area. The current doctor is interested in exploring options that lead to retirement and is open to staying on for a few years as well. For an overview of this productive Pediatric Practice, read on! We have 5 fully equipped operatories, collections of \$1.23 million, EBITDA (TTM) \$450,000, large practice in a medical office park, 3,300 active patients and 45 new patients per month. Young professionals are seeking downtown Detroit residences as the city remains a business, cultural and financial center. The cost of living is still very affordable and honors it's blue collar roots. The economy of the city is thriving and job opportunities are plentiful. Of course, the die hard fanbase for the professional sports teams can't be missed! With award winning restaurants, a walkable downtown area and Lake St. Clair waterfront Detroit is a great place to live, work and play. To learn more about this great practice opportunity please contact Sam Schoenecker with Professional Transition Strategies to learn more: SAM@PROFESSIONALTRANSITION.COM or give us a call: (719)694-8320. We look forward to speaking with you! <https://professionaltransition.com/properties-list/detroit-mi-pediatric-dental-practice-for-sale/>.

TEXAS—AUSTIN. Pediatric Dentistry & Orthodontics Office For sale by owner near Austin, Texas. Rare opportunity to purchase an established Pediatric Dentistry & Orthodontics practice. The office is located near Austin, Texas in a recently remodeled single story medical building next to a family medical practice and walking distance to a major hospital (level IV trauma center). The practice was started in 1996 and moved to its current location in 1999. Current Pediatric Dentist owner acquired the practice in 2017. Austin, Texas the live music capital of the world! America's Best Places To Live & Work - Best City to Raise a Family - Most Recession Resistant - Best Tech Cities - America's Greatest Music Cities - Best Foodie City - Best Performing City - Best Places for Veterans. This office gives the new owner an opportunity to live in the most popular and fastest growing city in the country. Excellent internal and external referrals. New Patients: 101/month. Production Profile: Pediatric Dentistry 65%, Orthodontics 35%, Last 12 month Collections: \$1.7M, Fee For Service: 32%, PPO 30% and Medicaid: 38%. The practice provides a buyer with tremendous opportunity for growth through: Increasing operating hours (current Dr's sched 8-3), increasing owner doctor days (current owner Dr days M-W), organic growth of orthodontics (Ortho started Jan 2020) and addition of new ortho consult room (space and plans in place). For more information: phone: (210)906-7077, email: austinpediatricD.D.S@gmail.com.

TEXAS—SAN ANTONIO. New to the market is an exciting opportunity with this multi-location pediatric dental practice in the San Antonio area! The charming, historic towns just outside San Antonio offer a real sense of community with easy access to large city amenities. Each of the practices is located in a free standing or office building with good visibility. The practice has 17,100 active patients and sees an average of 300 new patients

per month. With no marketing, all referrals are word of mouth, this is truly a practice with a dedicated patient base! The current doctor is interested in partnership; with a group or individual dentist. For an overview of this multi-location Pediatric Dental Practice near San Antonio, read on! We have 43 total operatories, collections of \$3.5 million, adjusted EBITDA \$552,000, real estate for sale, owner doctor and multiple associate dentists on staff and 300 new patients per month. South Texas offers an array of activities for anyone, from boating on the lakes to golf courses to enjoying local restaurants and wineries. The practices are in smaller communities with easy access to San Antonio, San Marcos and Austin. San Marcos houses Texas State University along with research facilities like the San Marcos National Fish Hatchery & Aquatic Resource Center. Enjoy generally mild winters and hot, humid summers. A multitude of lakes and rivers make the area a popular place for tubing, canoeing, swimming and fishing. Located between the fast-growing metros of Austin and San Antonio, the region is attracting a new generation of entrepreneurs, students, families, veterans, chefs, musicians, and artists, all looking for an ideal place to live, work and put their own twist on what it means to be a Texan. To learn more about this exciting multi-location pediatric dental practice near San Antonio, TX please contact Sam Schoenecker with Professional Transition Strategies: SAM@PROFESSIONALTRANSITION.COM, or give us a call: (719)694-8320. We look forward to hearing from you! <https://professionaltransition.com/properties-list/multi-location-pediatric-dental-practice-near-san-antonio-tx/>.

WASHINGTON—YAKIMA. Pediatric dental practice for sale in the Yakima Valley of Washington. Current doctor has practiced in the community for over a decade and has built a tremendously dedicated patient base. 6 operatories & a toddler room. Collections of \$1.3 million & EBITDA \$265,000. 4200 active patients & 45 new patients per month. To learn more about this thriving pediatric dental practice, please contact Sam Schoenecker with Professional Transition Strategies: SAM@PROFESSIONALTRANSITION.COM or give us a call: (719)694-8320. We look forward to hearing from you! <https://professionaltransition.com/properties-list/yakima-valley-wa-pediatric-dental-practice-for-sale/>.

FACULTY POSITIONS AVAILABLE

ILLINOIS—CHICAGO. The Department of Pediatric Dentistry in the College of Dentistry at University of Illinois at Chicago is seeking qualified candidates for a full-time open rank faculty position in the Non-Tenured Clinical Track. The Department seeks an excellent educator, mentor, and clinician with an interest in research to teach in both the pre-doctoral and post-graduate programs. The Department has a history of strong interaction with Public Health and allied health professions; thus, the ideal candidate should be able to work well within that environment. Responsibilities will include: (1) education of pediatric dental residents, dental students, physicians, nurses and medical residents; (2) delivery of dental care for children under general anesthesia and/or sedation; (3) participation in professional service; (4) production of scholarly activity, including presentations and publication of scientific manuscripts; and (5)

mentoring of graduate student research projects, presentations, and publications. Participation in intramural or extramural practice may be available. Duties and Responsibilities: 1. Teaching of Post-Graduate Residents, physicians, dental/medical/nursing residents and students, and supervision of patient care for pediatric and special needs patients in the Pre-Doctoral and Post-Graduate Pediatric Dentistry clinics, the UI Hospital (ER and OR), the Pediatric Dentistry ambulatory care center, and other College-affiliated clinics. 2. Delivery of dental care for children and special needs patients under general anesthesia and sedation. 3. Teach pre-doctoral and post-graduate courses within an evidence-based curriculum. 4. Serve as Chair and/or Committee member on Pediatric Dentistry resident thesis committees; mentor residents' research projects, presentations, and publications. 5. Participate in professional service and scholarly activity, including maintenance of membership in relevant professional associations, periodic attendance at relevant professional conferences, participation in CE courses, presentations and publications of scientific manuscripts. 6. Participation in intramural or extramural practice may also be an option. Qualifications include a D.D.S./D.M.D. or foreign equivalent, completion of an US accredited specialty program in Pediatric Dentistry or foreign equivalent by the time of hire, hold or be eligible for dental license in Illinois, ability to obtain a controlled substances license, and maintain current cardiopulmonary resuscitation/basic life support and/or pediatric advanced life support certificates required. Board certification preferred or ability to complete the American Board of Pediatric Dentistry certification process within three years of the date of hire. Candidate should have experience utilizing conscious sedation and general anesthesia for pediatric dental care. Experience or training in the care of medically compromised and/or special needs patients is also required. Experience in evidence-based dentistry, curriculum development, and practice management and a strong background working with diverse patient populations are highly desirable. Academic rank and salary will be commensurate with norms and criteria for faculty appointments within the College of Dentistry. For fullest consideration, submit a letter of intent, current C.V., and the names of three references to University of Illinois at Chicago, Human Resources website at: <https://jobs.uic.edu/job-board/job-details?jobID=146876> through the close of business on Tuesday, September 7, 2021. Position to remain open until filled. The University of Illinois at Chicago is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans, and individuals with disabilities are encouraged to apply. Offers of employment by the University of Illinois may be subject to approval by the University's Board of Trustees and are made contingent upon the candidate's successful completion of any criminal background checks and other pre-employment assessments that may be required for the position being offered. Additional information regarding such pre-employment checks and assessments may be provided as applicable during the hiring process. The University of Illinois System requires candidates selected for hire to disclose any documented finding of sexual misconduct or sexual harassment and to authorize inquiries to current and former employers regarding findings of sexual misconduct or sexual harassment. For more information, visit: <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1411899>.

MASSACHUSETTS—BOSTON. Boston Children's Hospital is accepting applications for full-time faculty positions in Pediatric Dentistry. The Department of Dentistry is academically within the Department of Developmental Biology at the Harvard School of Dental Medicine. Major responsibilities include patient care in the clinic and operating room and teaching pediatric dental residents. Salary and academic appointment as Instructor/Assistant Professor/Associate Professor will be commensurate with qualifications and experience. Applicants must have a D.D.S./D.M.D. degree or equivalent, be board certified or candidate for board certification in pediatric dentistry and be able to obtain a Massachusetts dental license. Candidates should have significant clinical experience in treating children with medically complex conditions and developmental disabilities, and dental care in a hospital setting. Highly desirable is a record of teaching, research and scholarly activities. Although several years of direct clinical, teaching and management experience would be advantageous, less experienced candidates with exceptional promise will also be considered. The Department of Dentistry is expanding in coming years and leadership opportunities will soon be available. Interested candidates should send a personal statement, three references and Curriculum Vitae to Man Wai Ng, D.D.S., MPH, Chief of Department of Dentistry, Boston Children's Hospital at Email: Manwai.ng@childrens.harvard.edu. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

ILLINOIS —CHICAGO. The University of Illinois Chicago (UIC), College of Dentistry, invites applications from experienced Pediatric Dentistry educators for a full-time, tenure-track or tenured position as Associate Professor/Professor and Head of the Department of Pediatric Dentistry. The successful candidate will provide visionary and strategic leadership, management, and administrative support of the Department's predoctoral, postgraduate/graduate, and research programs and continue to expand its reputation as a national and internationally recognized center of education, research, and service. In addition to administrative roles, this position may include didactic and clinical teaching responsibilities. UIC College of Dentistry is located in the most comprehensive academic health sciences centers in the United States, including The University of Illinois Health Enterprise (UI Health) which includes the UIC Hospital, the Mile Square FQHC Clinics, regional campuses, UIC Comprehensive Cancer Center, UIC Center for Clinical and Translational Sciences, UIC Institute for Health Research and Policy along with the globally recognized Health Science Colleges including the Colleges of Dentistry, Medicine, Applied Health Sciences, School of Public Health, Nursing, Pharmacy, and the Jane Addams College of Social Work. Research strengths in the College of Dentistry include wound healing, tissue engineering, inflammation/immunology, cancer biology, functional foods, oral health disparities and caries research. The College is fundamentally committed to serving diverse communities and is one of the largest providers of

Medicaid pediatric dental services in the State of Illinois. The Department of Pediatric Dentistry has a long history of clinical and scholarly achievements. It has a strong relationship with The Children's Hospital of the University of Illinois Chicago and research and teaching collaborations with UIC's School of Public Health. The postgraduate Pediatric Dentistry Residency Program is GME-funded, offering a 24-month Certificate/MS Oral Sciences track and a 36-month HRSA-supported Certificate/MS Oral Sciences/MPH track. The Department has a division of public health dentistry, responsible for the disciplines of dental public health sciences and behavioral dental sciences, with faculty, research, and teaching programs in these disciplines. Overall, Pediatric Dentistry's research programs includes cariology, social determinants, access to care and health disparities, health policy and prevention, biomaterials, infant oral health and prevention, and special needs and related outcomes. The Department of Pediatric Dentistry has the only full-time dedicated professional social worker and allied intern program to support education and patient care in the department, a healthcare iterative employed by fewer than 10% of all U.S. dental schools. The candidate must have a D.D.S./D.M.D. (or equivalent foreign degree) and completed an advanced education in pediatric dentistry residency program, be eligible for dental

licensure in Illinois, be able to obtain hospital credentials at University of Illinois Health, be board-certified or board-eligible (must receive board certification within 3 years of appointment) through the American Board of Pediatric Dentistry, and have a minimum of five years' experience in teaching and practice. The preferred candidate also will have a PhD, MPH or doctoral degree in public health or advanced training in research, knowledge of finance and budget management, human resource or management experience, potential for developing faculty and securing external or internal research/grant funding. Further, individuals with strong scholarly accomplishments, strong interpersonal skills, a desire to participate in a program of excellence, and demonstrable experience in promoting an equitable, inclusive, and diverse scholarly environment are strongly encouraged to apply. Academic rank and salary will be commensurate with qualifications and experience. This position is available in 2022. Confidential review of materials and screening of candidates will be ongoing and continue until the position is filled. For fullest consideration, please apply by September 15, 2021 through the university website at: <https://jobs.uic.edu/job-board/job-details?jobID=145795>. Applicants should include a cover letter, curriculum vitae,

and the names and contact information of four professional references. Inquiries regarding this position may be addressed to Dr. Sath Allareddy, Department Head of Orthodontics and Search Committee Chairperson (312) 996-1809 or mail to sath@uic.edu. The University of Illinois Chicago is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans, and individuals with disabilities are encouraged to apply. Offers of employment by the University of Illinois may be subject to approval by the University's Board of Trustees and are made contingent upon the candidate's successful completion of any criminal background checks and other pre-employment assessments that may be required for the position being offered. Additional information regarding such pre-employment checks and assessments may be provided as applicable during the hiring process. The University of Illinois System requires candidates selected for hire to disclose any documented finding of sexual misconduct or sexual harassment and to authorize inquiries to current and former employers regarding findings of sexual misconduct or sexual harassment. For more information, visit: <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1411899>.

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Dr. Michael Swetye, a child psychiatrist from the SF Bay Area, will lecture on **Child and Adolescent Mental Health**. CSPeD Talk sessions are planned by Dr. Randy Lout who will speak about **Substance Abuse in Adolescents** and a specially designed presentation on **Wellness Care and Health for the Dental Practitioner** will be given by Dr. Purnima Hernandez.

Dr. Juan Yepes, from Indiana University, will be lecturing to us on **Safety and Best Practices in Pediatric Radiography--Image Gently**.

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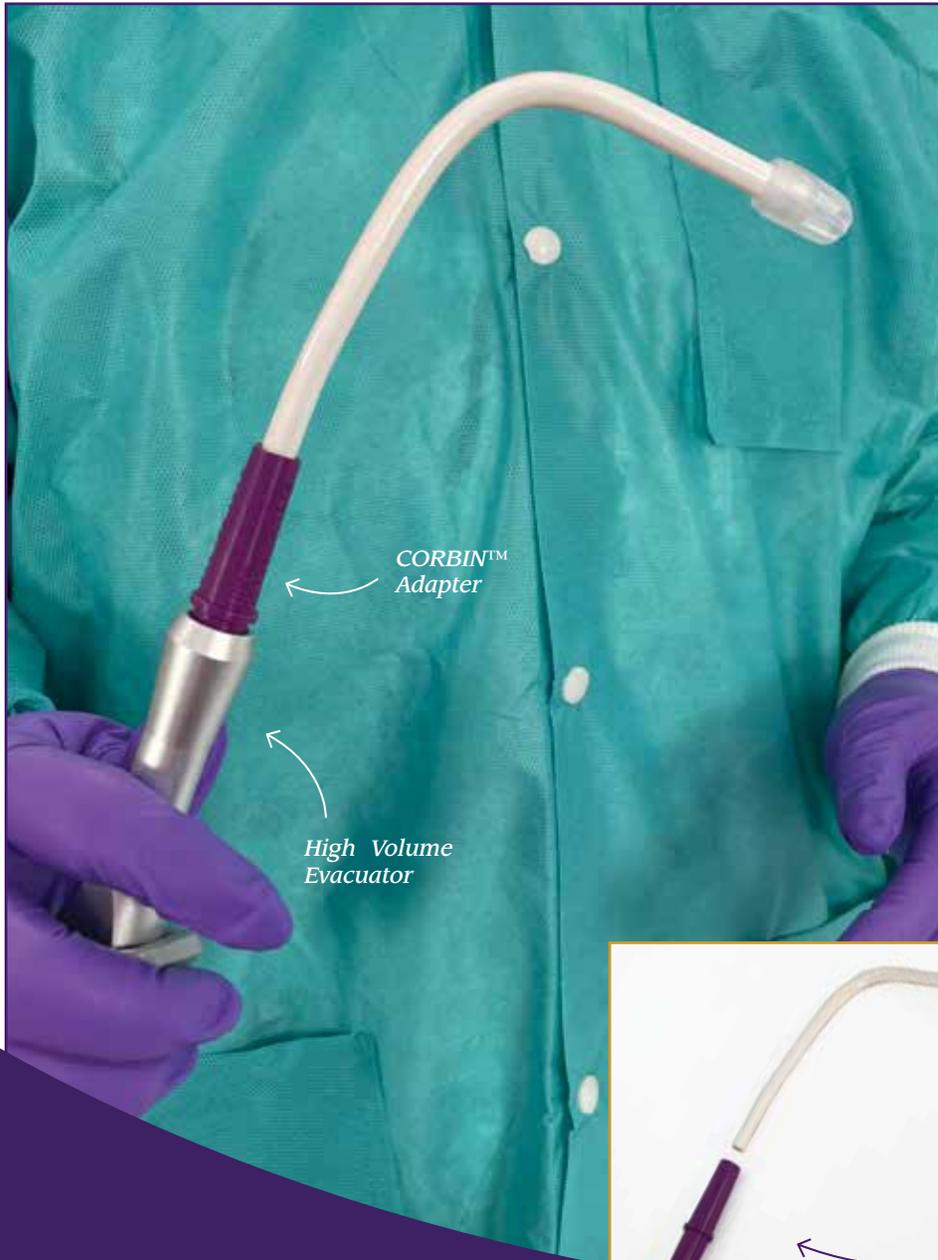
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