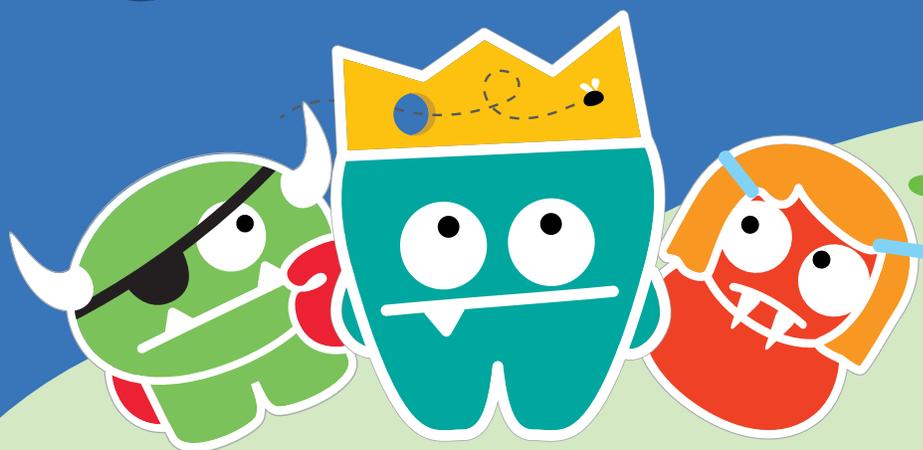


PDT

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**AAPD EMBARKS ON
OUR FOURTH YEAR OF
MONSTER-FREE MOUTHS**

28

March 2017 Volume LII, Number 2

NEW FEATURE in this ISSUE **40**

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PDT

Welcome

- 5 A Message from Your President
- 6 A Message from Your CEO

Governance

- 11 Constitution & Bylaws Amendment
- 11 Reference Committee and General Assembly
- 12 Nominations

Legislative, Regulatory and Legal Update

- 14 AAPD 2017 Legislative and Regulatory Priorities
- 16 Litch's Law Log

AAPD 2017

- 18 What's New This Year?
- 18 AAPD 2017 Sponsors
- 19 Preconference Course
- 19 Keynote Address and Opening Ceremony
- 19 Satellite Symposia
- 24 Social and Networking Events
- 22 Council & Committee Meetings
- 23 Affiliate & Alumni Meetings
- 20 Registration Information
- 21 Housing Information
- 25 AAPD 2017 Exhibitors

Columns

- 40 **PMM—Practice Marketing and Management**
- 46 Coding Corner
- 51 Media Mix
- 53 ABPD

Membership

- 30 Welcome New Members
- 30 Member News
- 31 AAPD Fellow Program
- 32 Predoctoral Chapter Spotlight
- 33 Resident's Corner
- 35 AAPD Resident Recognition Awards
- 36 2017 Membership Directory Corrections

Policy Center

- 44 Preventing Childhood Obesity
- 45 Caries Risk Assessment
- 45 Reference Manual Changes

Education

- 38 AAPD CE Courses
- 39 2017-18 Match Results
- 39 Master Clinician Program

Healthy Smiles, Healthy Children

- 56 A Message from Your President
- 57 LSU After Hours
- 58 Give Now

Opportunities

- 62 Seeking Pediatric Dentist
- 65 Faculty Positions
- 65 Office Space
- 65 Practice for Sale



**AAPD EMBARKS ON 28
OUR FOURTH YEAR OF
MONSTER-FREE MOUTHS**

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Dr. Jade Miller

AAPD President

Doing Well by Doing Good An Old Cliché Alive in the AAPD



Doing good is a simple and universal vision. A vision that each and every one of us can connect to and contribute to. It is the realization that each of us have that *giving gene* waiting to be expressed.

For us it's a vision based on the belief that our career in pediatric dentistry calls us to be the leaders and advocates of dental care for all children. Not all children can come to us—sometimes WE must go to them.

Think of those summer days as a kid, skimming rocks and the ripples that went on seemingly forever. Now imagine all the ripples that each of our 10,000 members initiate everyday in charitable acts. The free care for the family who lost their dad, the school outreach program, international efforts for the worlds most impoverished areas and the emergency response to those always unfortunate disasters—it goes on and on.

Some of the kids have walked a mile or more to see us; some have waited in lines for a good part of the day to see us; and some have pain that would be difficult for even an adult to endure. For others it is the third foster care family they have been a part of and a sense that no one cares. No matter what their story is, each of these children deserves to be pain and infection free. It is in situations like these when our members show their biggest hearts.

Eighty-one percent of AAPD members reported providing some type of pro bono care last year within our country alone. If we included the many other members who run or participated in international volunteer programs, I suspect it will be much higher. In perspective and by comparison, the independent sector reports 26 percent of U.S. adults volunteered in some capacity last year. AAPD members exceed that level of giving by threefold.

AAPD members develop these partnerships in oral health through their own generosity as well as contributions from private and public benefactors. In fact, development of sustainable, effective and culturally sensitive models for oral health—ensuring every child has a Dental Home—is a goal of our foundation Healthy Smiles, Healthy Children (HSHC). Since 2010, HSHC has issued more than \$4 million in grants and commitments to 81 organizations in 29 states and the District of Columbia. HSHC grantees have helped provide Dental Homes to more than 300,000 children. Your gift today, at <http://www.healthysmileshealthychildren.org>, will help children in need.

It is true, so very true—we always get more back than we give. As pediatric dentists, we are fortunate and grateful to have that opportunity.

“What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal.”

Albert Pike



Dr. John S. Rutkauskas
AAPD CEO

Pediatric Dentistry at the 2016 ADA Annual Meeting

During the ADA's 2016 Annual Meeting in Denver, Colo., the AAPD hosted a reception for members serving as delegates in the ADA House, pediatric dentistry speakers, and representatives from other dental partner organizations. The AAPD Executive Committee held a meeting with leadership of the Academy of General Dentistry and we also met with leaders of the Dental Specialties Group, which consists of the nine ADA-recognized dental specialties. As is done every year, we reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

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Resolution 37H—Revision of Sedation/Anesthesia Guidelines

This resolution was approved:

Resolved, that the Guidelines for the Use of Sedation and General Anesthesia by Dentists (*Trans.*2012:468) and the Guidelines for Teaching and Pain Control and Sedation to Dentists and Dental Students (*Trans.*2012:469) be amended as presented in Appendix 1.

In 2015 the resolution was referred back to committee, and the 2016 version had a significant modification related to the joint AAPD/American Academy of Pediatrics sedation guidelines. The ADA guidelines defer to our guidelines for pediatric populations, meaning their guidelines are focused on adults. **With this in mind, AAPD President Jade Miller made the following statement before the ADA Reference Committee:**

I would like to give a perspective on the Joint Sedation and Anesthesia Guidelines of the American Academy of Pediatric Dentistry and American Academy of Pediatrics. My particular focus will be on ventilation monitoring. I hope to provide a better understanding of our reasoning behind the guidelines in this area. The document was updated this year, 2016. The guidelines are used by both organizations as sedation and anesthesia guidelines for pediatric patient care by both physicians and dentists.

First, we want to acknowledge and thank the ADA and CDEL for recommending a change from last year's proposal, namely to defer to the existing AAPD/AAP Guidelines for pediatric patients. **We feel this is appropriate and in the best interest of children's safety.**

The AAPD would like to point out in monitoring ventilation where our guidelines and the proposed ADA Guidelines are in alignment and where they depart. An important perspective to understand is that when it comes to sedation there are the differences in the sedation of children for dental procedures in the office compared to adults. Pediatric sedation, in most cases utilizing an oral sedation regimen, is usually at a minimal to moderate sedation level. We believe that adult dentistry, often utilizing an IV regimen, may trend toward more moderate to deeper sedation levels. Because of that, it is in the area of ventilation monitoring we allow limited provider discretion when sedating pediatric patients.

As we testified last year on the 2015 proposal, and as included in our current updated guidelines, for moderate sedation 2 of 3 means of monitoring ventilation must be met. Those are:

1. Capnography—measuring $ETCO_2$ —that is preferred.
2. Precordial/pretracheal stethoscope. The amplified version is preferred. Or

3. Bidirectional communication with the patient. Let me emphasize the term communication. It is not a groan. It is communication, the provider seeking a response and the child responding appropriately.

Again, two of these three parameters must be met.

The definition of moderate level of sedation is a purposeful patient response, which may require a mild stimulation to obtain an appropriate response. Therefore, in our guidelines if the pediatric patient is not talking and/or not responding appropriately, capnography is required in addition to a precordial/pretracheal stethoscope. If the patient is responding appropriately and the dentist is monitoring ventilation via a precordial/pretracheal stethoscope, capnography is not required but must be available. Again, this is premised on the original intended level of sedation being in the minimal to moderate range. Our recommendations for deep sedation/anesthesia do mandate capnography.

The AAPD believes this allows appropriate provider discretion while achieving patient safety, which is clearly paramount.

The other area I would like to point out that is more unique to pediatric patients is cooperation and behavior elements. This tends to be less of a variable in adult sedation. Children may be at times become upset, moving around or tend towards mouth breathing. In those situations, when you talk to the child and they clearly respond appropriately, capnography may prove more of a distraction than an aid to patient safety. The technology is not there to provide a consistent, valid read-out in such a patient. This creates an algorithmic nightmare of: (1) reaffixing instrumentation, (2) ignoring the reading, or (3) instituting unnecessary and perhaps deleterious emergency measures.

Resolution 65H—Amendment to Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct

This resolution was approved:

Resolved, that Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct be amended as set forth below (additions underscored, deletions ~~stricken through~~):

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

This section and Section 5.I are designed to help the public make an informed selection ~~between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program.~~ A dentist may ethically announce as a specialist to the public in any of the ~~The~~ dental specialties recognized by the American Dental Association including ~~and the designation for ethical specialty announcement and limitation of practice are:~~ dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics., and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner's jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist adopted by the American Dental Association or accepted in the jurisdiction in which they practice.* Dentists who choose to announce specialization should use "specialist in" or ~~"practice limited to"~~ and shall devote a sufficient portion of their practice to the announced specialty or specialties to maintain expertise in that specialty or those specialties, Dentists whose practice is devoted exclusively to an announced specialty or specialties may announce that their practice "is limited to" that specialty or those specialties. ~~limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.~~ Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

*completion of an advanced educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or being a diplomate of an American Dental Association recognized certifying board for each specialty announced.

The AAPD recommended that the following clarifying statement be added at the end of the above paragraph, due to the unique nature of pediatric dentistry as an age-defined specialty:

“In the case of the age-defined specialty of pediatric dentistry, a general practitioner may announce as a *General Dentistry practice limited to children*, but shall not announce as a *General Dentistry practice limited to pediatric dentistry* as the latter statement implies specialty status.”

Disappointingly, this statement was not adopted by the ADA Reference Committee.

Resolution 12RC—Proposed New Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers

This resolution was adopted with the directive that:

... this policy be communicated to the National Association of Dental Plans (NADP) and dental benefit companies to encourage consideration of this policy in the design and revision of each carrier’s dental plan products.

This resolution was strongly supported by the AAPD. It identifies a number of objectionable third party payer policies that interfere with treatment decisions made between doctor and patient. The policy is discussed in detail in the Coding Corner on page 44 of this *PDT* issue.



AAPD Member Speakers



The following AAPD members made CE presentations during the ADA Annual Meeting:

Kevin Donly presented the AAPD sponsored course in the “Specialty Pavilion” on *Update on Caries Remineralization Agents*.

Marvin Berman presented on *Garden of Tips for Effective Pediatric Dentistry and Special Patients-Special Dentists, Opportunity Calls*.

Charles S. Czerepak co-presented on *Maintaining Your Viability as a Medicaid Provider*.

Gregory L. Psaltis presented on *Primary Pulp Therapy and Stainless Steel Crowns are a Snap*.

Sidney A. Whitman co-presented on *Maintaining Your Sanity and Practice Viability as a Medicaid Provider*.

J. Timothy Wright co-presented on *ADA Clinical Practice Guidelines: The Most Effective Treatment in Dentistry*.

AAPD Member Delegates and Alternates

We thank those AAPD members who served in the **2016 ADA House of Delegates**:

1ST DISTRICT (CONN., MAINE, MASS., N.H., R.I., VT.)

Delegate

Jonathan D. Shenkin (Augusta, Maine)

Alternate Delegates

Loren C. Baim (Glens Falls, N.Y.)

Gary L. Creisher (Kennebunk, Maine)

Erik Johnson (Van Buren, Maine)

Jay Skolnick (Webster, N.Y.)

2ND DISTRICT (N.Y.)

Delegates

Margaret Madonian (Liverpool, N.Y.)

Lauro F. Medrano-Saldana (Brooklyn, N.Y.)

Alternate Delegates

Loren C. Baim (Glens Falls, N.Y.)

Jay Skolnick (Webster, N.Y.)

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Delegates

Mark A. Vitale (Edison, N.J.)

Sidney A. Whitman (life member) (Hamilton Square, N.J.)

5TH DISTRICT (ALA., GA., MISS.)

Delegates

James I. Lopez (Columbus, Ga.)

Alternate Delegates

Robert David Bradberry (Marietta, Ga.)

Erik H. Wells (Athens, Ga.)

6TH DISTRICT (KY., MO., TENN., W. VA.)

Alternate Delegate

K. Jean Beauchamp (Clarksville, Tenn.)

7TH DISTRICT (IND., OHIO)

Alternate Delegate

Terry G. Schechner (Valparaiso, Ind.)

8TH DISTRICT (ILL.)

Delegate

Victoria A. Ursitti (Arlington Heights, Ill.)

9TH DISTRICT (MICH., WISC.)

Alternate Delegate

Martin J. Makowski (Clinton Township, Mich.)

10TH DISTRICT (IOWA, MINN., NEB., N.D., S.D.)

Delegate

Valerie B. Peckosh (Dubuque, Iowa)

Alternate Delegate

James D. Nickman (North Oaks, Minn.)

11TH DISTRICT (ALASKA, IDAHO, MONT., ORE., WASH.)

Delegates

Linda Edgar (affiliate member) (Federal Way, Wash.)

Bernard J. Larson (Mount Vernon, Wash.)

Hai T. Pham (Aloha, Ore.)

Alternate Delegates

John L. Gibbons (Tacoma, Wash.)

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

Olga L. Ortuzar (Everett, Wash.)

Sarah Post (Eugene, Ore.)

12TH DISTRICT (ARK., KAN., LA., OKLA.)

Delegate

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

Alternate Delegates

Timothy R. Fagan (Enid, Okla.)

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

Cindi Sherwood (Independence, Kan.)

13TH DISTRICT (CALIF.)

Delegates

Claudia Masouredis (San Francisco, Calif.)

Joseph P. Sciarra (Woodland Hills, Calif.)

Sharine V. Thenard (Alameda, Calif.)

14TH DISTRICT (ARIZ., COLO., HAWAII, NEV., N.M., UTAH., WYO.)

Delegates

Karen D. Foster (Aurora, Colo.)

Jeffrey A. Kahl (Colorado Springs, Colo.)

Kirk J. Robertson (Flagstaff, Ariz.)

Alternate Delegate

Lynn Fujimoto (Aiea, Hawaii)

15TH DISTRICT (TEXAS)

Delegates

Rita M. Cammarata (Houston, Texas)

Charles W. Miller (Arlington, Texas)

Alternate Delegates

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

Adam C. Shisler (Houston, Texas)

16TH DISTRICT (N.C., S.C., VA.)

Delegates

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

Roger E. Wood (Midlothian, Va.)

Ronald D. Venezie (Apex, N.C.)

Alternate Delegate

Rocky L. Napier (Aiken, S.C.)

17TH DISTRICT (FLA.)

Alternate Delegate

Suzanne Thiems-Heflin (Gainesville, Fla.)

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NOTICE TO ACTIVE AND LIFE MEMBERS

Constitution and Bylaws Amendment before the 2017 General Assembly

These amendments will be considered the AAPD Annual Session in Washington, D.C., during the Reference Committee hearings and the General Assembly.

Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2017 Membership Directory.

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

AMEND COMPOSITION OF LEADERSHIP DEVELOPMENT COMMITTEE OF BOARD OF TRUSTEES TO ALLOW GREATER FLEXIBILITY

Section 18. COMMITTEES OF THE BOARD OF TRUSTEES

892 **G. LEADERSHIP DEVELOPMENT COMMITTEE:**

893 *Composition:*

894 The Leadership Development Committee shall consist of

895 ~~four (4)~~ **five (5)** members: ~~three (3)~~ **four (4)** pediatric dentist **current and/or past** members of the

896 Board of Trustees appointed by the President, and the Chief

897 Executive Officer, who shall serve ex officio without a vote. The

898 President shall appoint the chair. The committee may also utilize

899 outside consultants who have an understanding and knowledge of

900 the best practices in development of volunteer leadership in

901 professional membership associations.

NOTICE TO ACTIVE AND LIFE MEMBERS

(1) Reference Committee Hearing and Reports &

(2) General Assembly Meeting

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

The Reference Committee hearing will take place on Saturday, May 27, 2017, from 10 to 11 a.m. in National Harbor 4/5 of the Gaylord National Convention Center. Members are strongly encouraged to attend. Non-members may attend, but will be polled and asked to identify themselves by the chair, and are not allowed to comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and clinical guidelines and other business to come before the General Assembly.

Reference Committee reports will be available in the back of National Harbor 4/5 of the Gaylord National Convention Center beginning at 8:30 a.m. on Sunday morning May 28, 2017, prior to the beginning of the General Assembly and Awards Recognition at 9:30 a.m. If available in time, copies will also be provided at District Caucuses on Saturday, May 27, 2017, from 1 to 2 p.m.

The Awards Recognition and General Assembly will take place on Sunday, May 28, 2017, from 9:30 to 11:30 a.m. in National Harbor 4/5 of the Gaylord National Convention Center. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Final action on recommendations from Reference Committees takes place at the General Assembly. An agenda for the General Assembly meeting will be posted under "Latest News" in the Members-Only section of the AAPD website (www.aapd.org) approximately one month prior to the meeting. All members will be alerted to this availability via *AAPD E-News*.

AAPD Nominations

Joseph B. Castellano

PRESIDENT ELECT NOMINEE



Dr. Joe Castellano attended the University of Texas Dental Branch in Houston and received his D.D.S. degree in 1990. He completed an Advanced Education in General Dentistry residency and later his specialty training in pediatric dentistry, both at the University of Texas Health Science Center in San Antonio, Texas (UTHSC-SA). He is board certified in pediatric dentistry. Castellano is an assistant clinical professor for the Department of Developmental Dentistry at UTHSC-SA Dental School and has authored and co-authored several publications in the dental literature. He is active in the AAPD and currently serves on the board of trustees as vice president. He has served on the Council on Continuing Education, Ex-Officio on the Council on Governmental Affairs and has served on and chaired the Council on Clinical Affairs, and its Committees on the Adolescent, Perinatal Oral Health, and Behavior Guidance. He has also served on the Task Force on Strengthening the Science in AAPD's Guidelines and Journals, the task force on General Dentists, and on the Advisory Board for the AAPD Pediatric Oral Health Research and Policy Center. He is a graduate of the AAPD Leadership Institute and the AAPD Advanced Leadership Institute. He is active with his state component, has served in all its offices including as president of the Texas Academy of Pediatric Dentistry. Castellano is in private practice in Laredo, Texas.

Kevin J. Donly

VICE PRESIDENT NOMINEE



Dr. Kevin Donly is currently a professor and chair in the Department of Developmental Dentistry and professor in the Department of Pediatrics at the University of Texas Health Science Center at San Antonio. Previous positions include professor and associate director of the Center for Clinical Studies at the University of Iowa; associate professor, Pediatric Dentistry at the University of Texas Dental Branch at Houston; and associate professor, The University of Texas Medical School. He received his D.D.S. in 1984, certificate in pediatric dentistry in 1986, and M.S. in 1986 from the University of Iowa.

Donly is active in the AAPD and currently serves on the board of trustees as Secretary-Treasurer. He is a Diplomate of the American Board of Pediatric Dentistry, was on the board of trustees for the American Academy of Pediatric Dentistry, was on the board of directors for the Healthy Smiles, Healthy Children Foundation, is the previous chair of the American Academy of Pediatric Dentistry Council on Post-doctoral Education, is past president of the American Society of Dentistry for Children and past chair of the Public Information Committee for the American Academy of Pediatric Dentistry. He completed his four year term as the Pediatric Dentistry Commissioner for the Commission on Dental Accreditation. He has published over 300 chapters, manuscripts and abstracts associated with pediatric den-

istry and dental restorative materials research and clinical utilization. He has received grants or research support from the National Institute of Health/National Institute of Dental and Craniofacial Research, Health Resources and Services Administration, 3M, ESPE, Premier, Bisco, GC, Dentsply, Ivoclar, Kerr, NuSmile, Procter and Gamble, Church and Dwight, Optiva, Oral-B, Enamelon, Atrix Laboratories, Inc. and Guidor companies.

Jessica Y. Lee

SECRETARY-TREASURER NOMINEE



Dr. Jessica Lee is the Demeritt Distinguished professor and chair of the Department of Pediatric Dentistry at the University of North Carolina. She is also a professor in the Department of Health Policy and Management in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. She has served on over 15 AAPD councils and committees ranging from the Council on Scientific Affairs to the Council on Governmental Affairs. Lee received her M.P.H. and D.D.S. degrees from Columbia University and her Certificate in Pediatric Dentistry and Ph.D. in Health Policy and Management from the University of North Carolina at Chapel Hill. She is a board certified pediatric dentist and an active member of the medical staff at UNC Hospitals and practices in the Dental Faculty Practice in the School of Dentistry. She has authored over a 100 peer reviewed manuscripts, abstracts and book chapters. She is involved in teaching, clinical practice and research and maintains several funded research grants. Her primary research interests are in infant oral health, access to dental care for young children, and health services research. Lee is the recipient of numerous teaching and research awards including the 2008 American Academy of Pediatric Dentistry Jerome Miller "For the Kids" Award. In 2010, she received the Presidential Early Career Award for Scientist and Engineers from President Barack Obama. In 2011, Lee was named the Pediatric Dentist of the Year by the American Academy of Pediatric Dentistry. In her spare time, she loves travelling and spending time outdoors. She is an avid runner and has completed over 50 marathons and ultramarathons.

Tegwyn H. Brickhouse

AT-LARGE TRUSTEE NOMINEE



Dr. Tegwyn Brickhouse is director of VCU Philips Institute for Oral Health Research's Oral Health Services Research Core. In addition, she is chair and associate professor in the Department of Pediatric Dentistry at the VCU School of Dentistry. She has served VCU as a faculty member since 2003. Brickhouse earned her dental degree from the University of Nebraska Medical Center College of Dentistry and received her pediatric dentistry specialty training at the University of North Carolina at Chapel Hill. She also earned a Ph.D. in Epidemiology at the UNC

Gillings School of Global Public Health and completed a Dental Public Health residency at the North Carolina Oral Health Section in Raleigh, N.C. She received her certificates in pediatric dentistry and dental public health at the University of North Carolina at Chapel Hill. She also earned a Ph.D. in Epidemiology at the UNC Gillings School of Global Public Health. She has been awarded numerous local and federally funded grants. Most recently, she was awarded a 2.4 million dollar HRSA grant which will support the development of interprofessional curriculum for the residency program, provide funds for teledentistry equipment, and expand VCU's pediatric dental residency program to two additional two clinical care sites. Brickhouse also serves on the board of the Virginia Oral Health Coalition, a nonprofit committed to bringing excellent oral health to all Virginians through policy change, public awareness, and interprofessional programs. She is a member of Virginia's Department of Medical Assistance Services (DMAS) Dental Advisory Committee for the Smiles for Children Program. She is the recipient of the AAPD's Healthy Smiles Healthy Children Foundation's Jerome B. Miller Award (national) and VCU's Women in Science, Dentistry, and Medicine (WISDM) Professional Achievement Award (local award). Brickhouse has two daughters, Cara Lee and May Belle, and enjoys running, VCU basketball, fishing, and sailing with her husband Todd.

J. C. Shirley

SOUTHEASTERN DISTRICT TRUSTEE



Dr. J. C. Shirley is a pediatric dentist with the Center for Craniofacial Disorders at Children's Healthcare of Atlanta Pediatric Hospital. He has a hospital-based practice treating children with complex medical conditions since 1997 and is

also in private practice with Alpharetta Children's Dentistry. He is a clinical assistant professor at the Dental College of Georgia, Augusta University and a consultant to the Navy Postgraduate Dental School in Bethesda, Md.

He received his Doctor of Dental Medicine degree from the University of Mississippi Medical Center and practiced general dentistry in the U.S. Navy on active duty for three years. He then completed a three-year residency program in pediatric dentistry at University of Alabama-Birmingham and received a Masters of Science degree.

Shirley is a Diplomate of the American Board of Pediatric Dentistry (ABPD) and the American Board of Special Care Dentistry. In 2004, he was selected for membership in the Royal College of Surgeons of Edinburgh in Special Needs Dentistry. He is past president of the ABPD. Shirley served on ABPD Advisory Council, ABPD Examination Committee and was chair, Oral Clinical Examination (OCE) Committee where he was responsible for creation and administration of the Oral Clinical Examination from 2011-2014. He currently serves as a consultant/site visitor for the Commission on Dental Accreditation and served on the American Dental Association's Dental Quality Alliance Measure Development Committee. He has served on the AAPD Council of Dental Care and Council on Dental Benefits. He completed the AAPD Leadership Institute at Kellogg School of Management, Northwestern University and the AAPD Advanced Leadership Institute at Wharton School, University of Pennsylvania.

Shirley is Past President of the Georgia Academy of Pediatric Dentistry and has served on the board of trustees of the Southeastern Society of Pediatric Dentistry. He has been a consultant for the Georgia Medicaid Advisory Committee and the Georgia Board of Dentistry. The Georgia Chapter, American Academy of Pediatrics appointed him Vice Chair, Oral Health Task Force and he was state leader for the AAPD Head Start Dental Home Initiative. Shirley was course director for the 2016 Hinman Dental Meeting Pediatric Oral Health Conference and served on faculty for Pediatric Emergencies in the Dental Office (PEDO) and Children's Healthcare of Atlanta Cleft Lip/Palate Conferences. He led efforts for state legislation in Georgia for general anesthesia and oral health services for children with special health care needs and worked on revision of state regulations related to safety during sedation of children.

His Navy reserve assignment, until December 2016, is Commanding Officer, Expeditionary Medical Facility Dallas. He is in the chief executive in command of a 150-bed field hospital consisting of 650 personnel that includes 80 physicians and 200 nurses. This unit has 20 detachments spread throughout the Southwest and is the largest commissioned unit in the Navy Reserves.

Dorothy Pang

ABPD DIRECTOR



Dr. Dorothy Pang received her D.D.S. degree from the University of Texas, Health Science Center in Houston, completed her residency training in pediatric dentistry and obtained her Master of Science degree from the University of North Carolina at Chapel Hill. She has been an examiner of the Oral Clinical Examination since 2008 and a part-leader of the Qualifying Examination since 2010.

A native of Hong Kong and studied in England, Pang received her initial dental education from King's College, University of London. Upon graduation from dental school in London she served as a dental officer of the Hong Kong Government providing care in rural communities and prisons and working with dental therapists to treat elementary school children. This latter experience ignited her interest in pediatric dentistry.

Following her residency training and graduate studies at UNC Chapel Hill, Pang and her husband Peter moved to San Francisco where she served as a full-time faculty member in the Division of Pediatric Dentistry of the University of California, San Francisco, and later became the graduate program director.

Pang's career has been a true mix of community dentistry, academia and private practice. For the past 20 years, she has built a successful orthodontic and pediatric dental practice in San Francisco with Peter who is an orthodontist. She teaches part-time and remains an active and significant contributor to the residency program at UCSF serving as a Health Science Full Clinical Professor.

AAPD 2017 Legislative and Regulatory Priorities

Developed by the Council on Government Affairs and Approved by the Board of Trustees

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.

PRIORITY: INSURANCE REFORM (INCLUDING AFFORDABLE CARE ACT OR SUCCESSOR LEGISLATION)

GOAL: ACCESS TO CARE

Target: Federal Health Care Reform

1. Support corrections to Affordable Care Act (**ACA**) or successor legislation to:
 - (a) Make pediatric oral health coverage mandatory—assuming there is a mandatory benefits package for children in successor legislation.
 - (b) Exempt preventive dental services from deductibles in embedded plans and SADPs.
 - (c) Reauthorize the Children's Health Insurance Program (CHIP).
 - (d) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.
2. Assist ADA in promotion of **ERISA reform bill** from Congressman Gosar (H.R. 1677 from previous Congress), that would require all health plans offering dental benefits to provide uniform coordination of benefits and permit consumers to designate payment of dental benefits to providers who do not participate in the network.
3. Work with ADA and other dental and medical organizations to support successor bill to H.R. 3323, the Dental and Optometric Care Access Act, which would apply **non-covered services provisions** to ERISA plans.

Target: Federal Regulations

1. As the Affordable Care Act (ACA) provision defines **pediatric oral health as an essential health benefit (EHB)**, ensure that implementing regulations require robust coverage consistent with the AAPD Policy on a Model Dental Benefits for Infants, Children, Adolescents, and

Individuals with Special Health Care Needs. Coordinate joint response/comments on proposed regulations with ADA and keep key members of Congress informed.

Support mandatory purchase (vs. offer) of an appropriately structured embedded or stand-alone dental plan for children inside exchanges, and encourage states to adopt such a requirement as several have already done (Kentucky, Nevada, Washington state).

Sustain regulatory inclusion of general anesthesia coverage state mandates as EHB in 2017 and beyond (for states that approved such mandates prior to 12/31/2011). Monitor types of pediatric oral health insurance offered in state health insurance exchanges as compared with AAPD model benefits.

Evaluate and respond to key ACA insurance plan issues such as network adequacy, provider fees, family out-of-pocket costs, and the impact of pediatric dental coverage embedded in medical plans. Communicate recommendations to Center for Consumer Information and Insurance Oversight.

EFFORTS WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE

2. Work closely with ADA, state dental associations, and state pediatric dentistry chapters to ensure that **state health insurance exchanges** appropriately adhere to federal guidelines and regulations concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort

EFFORTS WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE

Target: State Legislation and Regulations

1. Continue to provide technical assistance to states for **General Anesthesia coverage via legislation or state insurance marketplace regulations**, highlighting ongoing cost analysis and success in 33 states to spur momentum. Utilizing research and policy center technical brief and working closely with CDBP, educate insurers and insurance regulators on necessity of this benefit and role of pediatric dentists in treating high risk children.

PRIORITY: MEDICAID DENTAL REFORM

GOAL: ACCESS TO CARE AND MEDICAID DENTAL REFORM

Target: Federal Health Care Reform

1. Explore possibility of **targeted pediatric oral health bill** to address **Medicaid dental reform** by increasing Medicaid matching payments for states that pursue specific Medicaid dental reforms including reimbursement at competitive market-based rates (per previous proposals such as S. 1522/H.R. 3120). **Protect Medicaid EPSDT guarantee in Medicaid block grant and other cost-savings proposals.**

GOAL: MEDICAID DENTAL REFORM

Target: Federal Regulations

1. Ensure that **Medicaid EPSDT regulations** continue to promote the dental home and a required examination by a dentist.
2. Encourage CMS to include **pediatric oral health quality measures developed by the Dental Quality Alliance¹** as part of the Medicaid dental program.

Target: State Legislation and Regulations

1. Provide continued technical assistance to state pediatric dentistry chapters for **Medicaid dental reform** for their efforts with both state legislatures and state dental associations.

Continue to promote states' adoption of appropriate dental periodicity schedules consistent with AAPD guidelines, and update research and policy center dental periodicity schedule adoption map on website as appropriate.

Promote state Medicaid programs' adoption of pediatric oral health quality measures developed by the Dental Quality Alliance (DQA).

Continue to inform and educate key constituencies about reforms that work, including MSDA (Medicaid/CHIP State Dental Association), NCSL, NGA etc.

Work with research and policy center and CDBP to respond to Medicaid medical movement to managed care by:

- (a) promoting dental managed care hybrid payment models that leave the risk with the plan contractor (or at least share it between the plan and the provider); and
 - (b) maintaining accountable dental fee-for-service plans.
2. Ensure that state **Medicaid programs conducting provider audits** do so in an appropriate and fair manner, adhering to AAPD clinical guidelines and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.

PRIORITY: WORKFORCE IMPROVEMENTS

GOAL: ACCESS TO CARE

Target: Federal Regulations

1. Secure HRSA review and **update of dental health professions shortage area (HPSA) criteria**, building from unimplemented 2005 UNC/Sheps Center report along with other recommendations. An improved dental HPSA will provide a more accurate federal assessment of oral health workforce needs.

GOAL: WORKFORCE AND ACCESS TO CARE

Target: State Legislation and Regulations

1. Promote states' adoption of **expanded duties for dental assistants** as recommended in the AAPD's *Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home*, and assist state chapters dealing with dental therapist and other mid-level proposals.² Provide technical assistance, via research and policy center, to state Public Policy Advocates working in collaboration with state dental associations on this issue.

GOAL: WORKFORCE

Target: Federal Appropriations for FY 2018

1. Seek appropriations for **sec. 748 Title VII dental primary care cluster** of \$35.873 million³, with directed funding of not less than \$10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under the ACA⁴. Obtain continued support for dental faculty loan repayment, and strongly encourage HRSA to issue a new grant announcement with broader clinical site eligibility than FY 2016 grants.
2. Support efforts of Children's Hospital Association to obtain full funding of \$300 million for **Children's Hospitals GME**, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.
3. Seek HRSA support for establishing a **Chief Dental Officer** position, working from Congressional report language obtained in FY 2017 committee bills.

PRIORITY: OTHER

GOAL: ACCESS TO CARE

Target: Federal Health Care Reform

1. Work with ADA and other dental and medical organizations to support a simplified process across appropriate governmental agencies to **designate individuals with intellectual disabilities as a medically underserved population**.

Target: Federal Regulations

1. Monitor implementation of **Head Start Performance Standards** proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.

Target: State Legislation and Regulations

1. Provide technical assistance to states seeking legislation for **mandatory oral health examinations prior to school matriculation**. Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.⁵
2. Work with ADA, state dental associations, and state pediatric dental units to promote **community water fluoridation**, and prevent efforts to remove fluoride from currently fluoridated communities.

¹The initial DQA pediatric oral health quality measures tested and adopted in 2013 are as follows:

Evaluating Utilization

Use of Services

Preventive Services

Treatment Services

Evaluating Quality of Care

Oral Evaluation

Topical Fluoride Intensity

Sealant use in 6-9 years

Sealant use in 10-14 years

Care Continuity

Usual Source of Services

Evaluating Cost

Per-Member Per-Month Cost

The DQA was formed by the ADA at the request of CMS. The AAPD was a founding member and has a representative on the DQA's Executive Committee.

²The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

³Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA supported \$10 million each for pediatric dentistry and general dentistry in FY 2017.

⁴As Congress considers tax reform legislation explore possible inclusion of tax exemption of faculty loan repayment amount, or via Title VII reauthorization explore authority for school or residency program to provide additional amounts to cover tax liability as done in NIH loan repayment programs.

⁵Note that a tool kit is available on the AAPD research and policy center Web page.



C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

Protecting Patient Health Information on Mobile Devices

Mobile device use seems to keep increasing exponentially, and health care is no exception. While the HIPAA privacy law applies to any dental practice that sends patient information electronically (such as insurance claims submissions), HIPAA does not prohibit the use of mobile devices to send patient health information. HIPAA does require implementation of reasonable safeguards to limit incidental uses or disclosures of patient information that may result from any use or disclosure permitted under HIPAA. Therefore, a number of precautionary steps are recommended. The federal government website www.HealthIT.gov provides the following 11 useful tips concerning mobile devices.

“Use a password or other user authentication.

You can configure your mobile device to require a password, personal identification number (PIN), or passcode (a pattern you trace with your finger) to gain access to the device. Keep your password, PIN, or passcode a secret, and don't store them on your mobile device. You can also configure your mobile device to automatically lock or log you off after a set time of inactivity.

Install and enable encryption.

Encryption is the conversion of data into a form that cannot be read without the decryption key or password. It is important to encrypt data stored locally on your mobile device (data at rest) and data sent by your mobile device (data in motion) so that it is protected from unauthorized users.

Install and activate wiping and/or remote disabling.

Remote wiping is a security feature that enables you to remotely erase the data on the mobile device if the device is lost or stolen. When you enable remote wipe feature on your mobile device, you have the ability to permanently delete data stored on your lost or stolen mobile device.

Remote disabling is a security feature that enables you to remotely lock or completely erase data stored on a mobile device if it is lost or stolen. If the mobile device is recovered, it may be unlocked.

Disable and do not install or use file sharing applications.

File sharing is software or a system that allows individual users of the Internet to connect to each other and trade files.

Install and enable a firewall.

A personal firewall can protect against unauthorized connections by intercepting incoming and outgoing connection attempts and blocking or permitting them based on a set of rules.

Install and enable security software.

Security software protects against malicious software such as viruses, spam and malware. A virus is a self-replicating program that runs and spreads by modifying other programs or files. Spam is the abuse of electronic messaging systems. It is electronic junk mail. Malware is a program that is inserted into the operating system of a mobile device, to compromise the confidentiality, integrity, or availability of the data, application, or operating system of the device. This is usually done covertly without the user's awareness.

Keep your security software up to date.

Security risks and threats are changing rapidly. By updating your security software you know that you have the latest tools to prevent unauthorized access to health information on your mobile device.

Research mobile applications (apps) before downloading.

A mobile app is a software program for mobile devices. Some examples of mobile device apps are games, note taking programs, research programs, and health related tools, such as EHR software.

Maintain physical control.

Mobile devices are easily lost or stolen due to their small size and portability. A mobile device that is accessible to unauthorized users poses a risk to the confidentiality, integrity, and availability of health information on the mobile device. If you physically secure your mobile device, you can limit the risk of unauthorized users tampering with or stealing it.

Use adequate security to send or receive health information over public Wi-Fi networks.

Wi-Fi stands for Wireless Fidelity. It refers to wireless data networking technologies. Wireless data networking links computers, including mobile devices, without wires (such as an Internet cord). The risk of using a public Wi-Fi network (or hotspot) is that information can be intercepted between the mobile device and the system connection.

Delete all stored health information before discarding or reusing the mobile device.

By using software tools that thoroughly delete (or wipe) health information stored on a mobile device before discarding or reusing it, you can protect and secure the information from unauthorized access.”

More details can be accessed on the www.HealthIT.gov website at <https://www.healthit.gov/providers-professionals/how-can-you-protect-and-secure-health-information-when-using-mobile-device>.

Readers may also be interested in the following article, which provides additional considerations for dental offices: <http://www.dentalproductsreport.com/dental/article/hipaa-compliance-and-digital-photography-personal-mobile-devices>.

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.

GET Connected



Facebook

Follow the AAPD consumer Facebook page where you can learn and share AAPD tips and tricks to good oral health.
[@AmericanAcademyofPediatricDentistry](#)

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Join our Closed Facebook Group where you can share:
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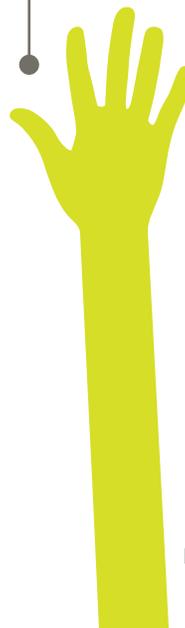
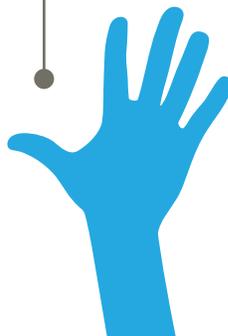
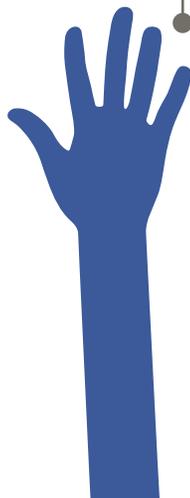
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Visit us online at www.aapd.org for all your member needs.

Connect your patients with us at www.mychildrensteeth.org where they can learn all about the Mouth Monsters and tons of tips and tricks for healthy oral health.

What's New This Year?

Enhance your time in the Exhibit Hall at AAPD 2017



Tech Bar in the Exhibit Hall

In need of tech help? Bring your questions, we'll bring the experts.

- **Ask Questions** about your smartphone, tablet, apps and tech gadgets
- **Discover Solutions** for your everyday life—both professional and personal
- **Increase Productivity** through little-known tips and cutting-edge tools

Cool gadgets will be on-hand, including virtual reality goggles, smart watches, infrared keyboards and more. Bring your own devices and our experts will help trouble-shoot your toughest tech questions and provide tips you didn't even know were possible.

Sponsored by Smiles for Life Network



Exhibit Breaks

For the first time ever, there are built-in breaks to each session this year. Maximize your 20 minute breaks in the Exhibit Hall with our 150+ exhibitors!

Podcasts

AAPD is excited to announce the launch of our newest educational endeavor, podcasts! Soon available on the smart device of your choice, updates to clinical guidelines, article reviews from the Journal and even content recorded right in the Exhibit Hall at Annual Session!

Thank You 2017 Annual Session Sponsors



Preconference Course

Frenums to Pacifiers, Pearls for Treating Toddlers

THURSDAY, MAY 25

8:30 AM – 4:45 PM

Dave Tesini, D.M.D., M.S.; Bobak Ghaheri, M.D.; Scott Rickert, M.D.; German Ramirez-Yanez, D.D.S., Pedro Cert, M.D., Sc., M.Sc., Ph.D.; Josh Wiesman, M.S.

With the AAPD's successful messaging on the Age 1 Dental Home, pediatric dentists are confronting issues of toddler dental care daily; in fact it takes up a major portion of the pediatric dentist's morning office hours. Providing oral health care to this cohort requires a special knowledge of diagnostic factors and treatment techniques not inherent in the treatment of the rest of our patients.

LEARNING OBJECTIVES

- Review the clinical importance of growth and development in the comprehensive evaluation of the infant and toddler
- Provide evidence-based guidelines on the management of ankyloglossia and the maxillary frenum as they relate to breast feeding and oral development
- Explore the importance of the developing airway and tongue posture in the growth and development of the oro-facial complex
- Understand how non-nutritive sucking habits can affect oral development and occlusal disharmony
- Learn how to identify and manage developing malocclusions in the primary dentition

Satellite Symposia

New Approaches to Pediatric Pulp Therapy

A Lecture and Hands-On Workshop with Drs. Jessica Lee and Ron Hill

THURSDAY, MAY 25

5:30 – 7:30 PM

Registration fee of \$275 includes a 2.5g kit of MTA, 2 CE credit hours and NuSmile hosted reception. Register by calling (800) 346-5133 or online at goo.gl/8Au4kQ.

Sponsored by NuSmile



Opening Ceremony & Keynote Address

Mel Robbins

FRIDAY, MAY 26

7:30 – 9 AM

Meet Mel Robbins. Mel is a third generation entrepreneur, a married mother of three, and here's a fun fact – she used to be a public defender representing violent felons in New York City.

She's no longer arguing reasonable doubt to a jury; she's teaching people around the world about the power of learning to push ourselves and how to break our habit of self-doubt.

You may have seen Mel's TedX Talk "How To Stop Screwing Yourself Over," which has racked up over 10M views across social channels in 37 countries, and is climbing by the hour. Perhaps you've seen her on TV, she's one of CNN's senior legal and social commentators. Or on the pages of *SUCCESS Magazine*, where she is a contributing leadership editor.

"It takes five seconds to change your life."

Come hear from Robbins or grab a copy of her new book, "The 5 Second Rule: Transform your Life, Work, and Confidence with Everyday Courage."



Registration Information

Please review the following information to avoid delays in the processing of your registration or housing request.

Who Needs to Register

Anyone (member or non-member dentist, dentists' staff or dental student) who wants to attend any portion of the Scientific Program must register. All registration categories for AAPD 2017 include all education sessions (except those specified), the Welcome Reception, complimentary beverages in exhibit hall and the Scientific Proceedings. The guest registration is additional and must accompany that of an attendee; children are complimentary to the meeting, but tickets must be purchased for Social Events. Guests do NOT earn any continuing education credit; if seeking CE Credits, spouses/guests must register as Office Staff.

- Tickets to the Presidents' Farewell Dinner are an additional fee and must be purchased separately; see the Social Events section of the registration form and make the appropriate notation.
- Additional tickets to all Social Events must be purchased during registration; onsite tickets for these functions may be limited and are subject to availability.

The cutoff for the advance fee is

Monday, April 3, 2017. All registration forms submitted must be postmarked or date stamped on or before Monday, April 3, 2017, to qualify for advance registrations and receive the discounted rates.

Note: To receive the member registration rate for the 2017 Annual Session, your 2016-17 membership dues must be paid in full.

Residents

- Registration is complimentary if you register on or before April 3, 2017.
- Residents registering after April 3, 2017, or onsite are charged \$150 in registration fees; no exceptions will be made.
- Student registration includes a ticket to the Welcome Reception; please indicate your intent to attend on the registration form.

Residents are encouraged to attend the New Dentist Happy Hour on Friday, May 26. Make the appropriate notation on the form and include payment to attend this fabulous networking event.

Registration Materials: What You Receive Onsite

Again this year, badges will not be mailed. Attendees who register in advance will bring their email confirmation to a Badge Pickup counter at registration to receive their badge(s), ticketed scientific sessions and social event tickets at self-serve kiosks. Upon confirming the details of your registration, you will be directed to a counter to pickup tote bag and Program Book.

Registration Methods

Registrations are processed on a first-come, first-served basis. Complete all sections of the form and include proper payment. Each registrant must complete a separate registration form.

Online: <http://www.aapd.org/annual>

Phone: (800) 424-5249

Fax: (301) 694-5124

Credit card only. Allow five days for processing and receipt of registration confirmation. *NOTE: Please do not mail after faxing.*

Mail:

AAPD 2017
5202 Presidents Court, Suite G100
Frederick, MD 21703

Credit card or check (drawn on U.S. bank in U.S. funds) must accompany a completed registration form. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation. **Make checks payable to AAPD/Experient.**

Registration Hours

Please pick up your badge and materials at Registration. Registration is available during the following days/times:

Thursday, May 25	7:30 AM – 5 PM
Friday, May 26	7 AM – 5 PM
Saturday, May 27	8 AM – 5 PM
Sunday, May 28	8 AM – NOON

Registration Instructions

- Type or print all information on the registration form and housing form in black ink (please print legibly). To avoid completing the forms, register online at <http://www.aapd.org/annual> for the meeting and hotel.
- AAPD Registration and Housing Services Center is not responsible for faxes not received due to mechanical failure or circumstances beyond our control.
- Due to the volume of forms received, AAPD Registration cannot confirm receipt of faxed or mailed forms.
- Attendees must be registered for the Annual Session (via form or online) in order to make hotel reservations within the AAPD hotel block using the official AAPD Registration and Housing Form or online.
- Most educational sessions do not require tickets. Seating is on a first-come, first-served basis. Many optional sessions, activities and events require additional fees and must be indicated on the registration form; applicable tickets will be included in your meeting materials.
- The Preconference Course, Breakfast Rounds, PALS, BLS and Evidence-Based Education Workshop require additional fees; please indicate session choice and include fees.
- Registration forms must be submitted on or before April 3, 2017, to qualify for the discounted fees. Registrations received after April 3, 2017, will be automatically charged the higher registration fees.

Cancellation and Refund Policy

All cancellations postmarked on or before May 1, 2017, will be refunded less a \$150 processing fee (\$50 for office staff and guests).

All cancellation requests must be made in writing to AAPD Registration and Housing Services for processing on or before May 1, 2017.

No refunds will be given after Monday, May 1, 2017. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Vice President of Meetings and Continuing Education Tonya Almond at 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611. Those refunds approved are processed after the Annual Session.

Refunds are not granted for no-shows.

Registration Confirmation

Every effort is made to provide all advance registrants with a confirmation of their registration. This notice will verify whether we received your registration prior to the deadline, and if the tickets requested will be issued.

Please check your registration and fee calculations carefully to avoid unnecessary delays in processing. If you are using American Express®, MasterCard® or Visa®, provide complete credit card information, including each digit of your credit card number, expiration date, security code number and signature.

Name Badges

Name badges must be worn at all times by all registered attendees, including children, in order to gain access to any portion of the Scientific Program, Welcome Reception, access to the Exhibit Hall, hospitality areas and all social events.

Children's badges are provided without charge up to the age of 20; their names and ages must be listed on the registration form.

Questions

If you have any questions regarding registration or housing, contact AAPD Registration and Housing Service Center at (800) 424-5249 Toll-free U.S. and Canada (Monday – Friday, 9 a.m. to 8 p.m. EST), (847) 996-5876 International (Monday – Friday, 9 a.m. to 8 p.m. EST), or aapd@experient-inc.com.

Housing Information

Please read this information carefully. You must register for the Annual Session prior to booking your hotel reservation. All housing reservations must be made through the AAPD Registration and Housing Service Center. Only one reservation allowed per form.

Housing Reservation Methods

Online: <http://www.aapd.org/annual>

Fax: (301) 694-5124

Credit card only. Allow 7-10 days for processing and receipt of registration confirmation.

NOTE: Please do not mail after faxing.

Mail:

AAPD 2017 Annual Session
5202 Presidents Court, Suite G100
Frederick, MD 21703

Credit card or check (drawn on U.S. bank in U.S. funds) must accompany a completed registration form. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation.

Reservation Deadline

All housing requests must be submitted by Wednesday, April 26, 2017, by 5 p.m. PST in order to receive the AAPD discounted room rate. After April 26, 2017, rooms and rates are subject to availability.

Housing Information and Change/Cancellation Policies

- Reservations are processed on a first-come, first-served basis.
- All reservations require a one night's room and tax guarantee. The hotel deposit may be paid with a check drawn on U.S. banks submitted with a form (mailed forms only). **Checks should be made payable to Experient, not AAPD.** Checks for hotel deposits should NOT include registration fees. This deposit will be credited to your first night stay.
- Acknowledgement of reservation request is sent after each reservation form is processed, as well as each time a reservation is modified/changed and or cancelled. For online reservation housing, acknowledgement is immediate. For fax/mailed forms, acknowledgement will be sent within two business days of completion of processing. Please review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days of submission, please call AAPD Registration and Housing Services Center at (800) 424-5249.

- All hotel room rates are subject to applicable state and local taxes in effect at the time of check-in (currently 10 percent).
- AAPD discounted room rates are applicable May 22 – May 29, 2017, subject to availability.
- Changes must be made on or before May 9, 2017, at 5 p.m. (PST) and online by accessing your registration/housing record or in writing via e-mail to aapd@experient-inc.com.
- **All cancellations must be received a minimum of 72 hours prior to arrival in order to receive a refund of your deposit.** No refunds will be given for cancellations within 72 hours of arrival or for no shows.
- A portion of the room rate is used to offset the expense of registration and housing services.

Hotel Block

Gaylord National Resort (Headquarters hotel)

\$249—Single/Double

\$22 Resort Fee

AC Hotel

\$249—Single/Double

Hampton Inn

\$219—Single/Double

Residence Inn

\$249—Single/Double

Westin Washington National Harbor

\$249—Single/Double

Rates are subject to a current tax of 10 percent; tax is subject to change.

Council & Committee Meetings

MONDAY, MAY 22

NOON – 5 PM

Executive Committee Lunch/Meeting

TUESDAY, MAY 23

8:30 AM – 5 PM

Board of Trustees Meeting

THURSDAY, MAY 25

8 – 10 AM

Interprofessional Relations Committee

8 AM – 5 PM

Pulp Therapy Workgroup

10 AM – NOON

Fellows: Pediatric Oral Health Research & Policy Center

11:30 AM – 2 PM

HSHC Board Meeting

1 – 5 PM

Advisory Board: Pediatric Oral Health Research & Policy Center

2 – 4 PM

PAC Steering Committee

FRIDAY, MAY 26

7 – 8:30 AM

Section Editors Meeting

9:30 AM – 12:30 PM

Council on Membership, Communications Committee, New Dentist Committee & Residents Committee

Leadership Development Committee

9:30 AM – 1:30 PM

Council on Scientific Affairs

9:30 AM – 2:30 PM

Council on Clinical Affairs

12:30 – 1:30 PM

Scientific Program Committee

12:30 – 2:30 PM

Council on Post-Doc Education

2:30 – 4:30 PM

Committee on Special Health Care Needs

1:30 – 4:30 PM

Editorial Board Meeting

SATURDAY, MAY 27

7:30 – 9:30 AM

Council on Government Affairs, Pediatric Dental Medicaid and CHIP Advisory Committee

8:30 AM – 10:30 AM

Council on Pre-Doc Education

9 AM – NOON

Council on Continuing Education

10 – 11 AM

Reference Committee Hearings

10 – 11:30 AM

Affiliate Advisory Committee

10:30 AM – 12:30 PM

Committee on Sedation and Anesthesia

NOON – 1 PM

Public Policy Advocates Luncheon
(Invitation Only)

NOON – 1:30 PM

Speakers Bureau Committee

1 – 2 PM

Northeastern Society of Pediatric Dentistry District Caucus

Southeastern Society of Pediatric Dentistry District Caucus

North Central Society of Pediatric Dentistry District Caucus

Southwestern Society of Pediatric Dentistry District Caucus

Western Society of Pediatric Dentistry District Caucus and WSPD Board Meeting

1 – 5 PM

Post-doc Inservice Exam Committee

2 – 3 PM

Affiliate Member Caucus

2 – 3:30 PM

Leadership Caucus

3 – 4 PM

Committee on Dental Benefit Programs

4 – 5 PM

Federal Services Society of Pediatric Dentistry

SUNDAY, MAY 28

7:30 – 9 AM

Board of Trustees Meeting

8 AM – 1 PM

Evidence Based Dentistry Committee

9:30 – 11:30 AM

General Assembly and Awards Recognition

NOON – 4 PM

Board of Trustees Meeting



Affiliate & Alumni Meetings

THURSDAY, MAY 25 – SATURDAY, MAY 27

Indiana University Pediatric Dentistry Alumni Association

THURSDAY, MAY 25

4:30 – 6:30 PM

American Board of Pediatric Dentistry Recognition Reception & New Diplomate Pinning Ceremony

FRIDAY, MAY 26

8 AM – 1:30 PM

College of Diplomates of the American Board of Pediatric Dentistry–Board Meeting

2 – 4 PM

Foundation of the College of Diplomates of the American Board of Pediatric Dentistry–Board Meeting

SATURDAY, MAY, 27

8 – 10 AM

Donuts with Diplomates–Annual Breakfast Meeting & Symposium of the College of Diplomates

1 – 2 PM

American Board of Pediatric Dentistry Overview Session

1 – 3 PM

Western Society of Pediatric Dentistry Board Meeting

2:30 – 4 PM

American Board of Pediatric Dentistry Board of Directors Meeting

3:30 – 5 PM

Western Society of Pediatric Dentistry (WSPD)—AAPD Leadership Caucus

5 – 6 PM

The University of Michigan Eastlick Society Alumni Reception

5 – 6:30 PM

Howard University Pediatric Dentistry Alumni Reception
University of Texas School of Dentistry at Houston
Kansas City Association of Pediatric Dentistry Children’s Mercy Hospital/UMNC

5 – 7 PM

Bronx-Lebanon Hospital Center
Louisiana State University School of Dentistry
Northeastern Society of Pediatric Dentistry (NESPDP)
NYU College of Dentistry Alumni Reception
University of Pittsburgh School of Dental Medicine
University of Washington/Yakima Alumni
UTHSC San Antonio Pediatric Dental Alumni Reception
VCU Pediatric Dentistry

5 – 7:30 PM

University of Iowa Pediatric Dentistry Alumni

5 – 8 PM

Case Western Reserve University Alumni Reception
UNLV Pediatric Residency

5:30 – 7 PM

Children’s National Medical Center
Cincinnati Children’s Hospital Medical Center
Ohio State University Alumni Association
Paul P Taylor Association of Pediatric Dentists
UNC Alumni and NC Academy of Pediatric Dentistry
University of Illinois at Chicago, Pediatric Dentistry Alumni Reception
University of Minnesota School of Dentistry

5:30 – 7:30 PM

Boston University Dental School
Canadian Academy of Pediatric Dentistry
Columbia University College of Dental Medicine Pediatric Dentistry Alumni Reception
CSPD/WSPD Reception
New Jersey Academy of Pediatric Dentistry/Rutgers School of Dental Medicine
Nova Southeastern University Pediatric Dentistry Alumni
UConn Alumni
University of Mississippi Medical Center, Pediatric Dentistry Alumni and Friends

6 – 7 PM

Jacobi Medical Center Pediatric Dentistry Alumni Reception
St. Barnabas Hospital

6 – 7:30 PM

Boston Children’s Hospital Harvard Alumni Reception
University of Tennessee Pediatric Dentistry Alumni

6 – 8 PM

Case Western Reserve University Alumni Reception
Eastman Institute for Oral Health Pediatric Dentistry Alumni and Friends Reception
NYU Lutheran Dental Medicine
Tufts University School of Dental Medicine
UNMC Pediatric Dental Residency Program
Village Family Dental Meet and Greet

6:30 – 8 PM

Temple University Kornberg School of Dentistry

Social & Networking Events

First Timers' Reception

THURSDAY, MAY 25

5:30 – 6:30 PM

Join other first-time attendees to make new acquaintances from your district or mingle with old friends. The AAPD board of trustees welcomes you to the AAPD 2017!

Sponsored by NuSmile



PAC Donor Reception

FRIDAY, MAY 26

5 – 6 PM

(Invitation only)



New Pediatric Dentist Happy Hour: POSE in the Gaylord National Resort

FRIDAY, MAY 26

5:30 – 7:30 PM

(Ticketed Event)

Located in the Gaylord National Resort, POSE is the place to be! The 18th floor lounge offers floor to ceiling windows gazing out over the beautiful National Harbor. Whether you relax in the comfortable modern lounge and listen to music or step out onto the terrace to take in the D.C. skyline, this event will not disappoint.

Meet and connect with fellow new pediatric dentists, then head right outside of the hotel to hop on the transportation provided by AAPD to the Welcome Reception.

Sponsored by Treloar & Heisel and Medical Protective



AAPD Welcome Reception: Chance of a Lifetime

FRIDAY, MAY 26

7:30 PM

FedExField

How often do you get the opportunity to kick a field goal on a real NFL field? Not too often! Bring your office staff, friends and family as all are invited to participate in this chance of a lifetime at FedExField. You know AAPD will have you covered with plenty of food and beverages, so join us for a night on the turf of activities, games and dancing.

Sponsored by Sunstar Americas, Inc.

SUNSTAR



Career Fair

SATURDAY, MAY 27

3 – 5 PM

The Career Fair is a great opportunity for a new pediatric dentist seeking their first practice position or the more experienced dentist who is looking for a change to network with hiring organizations.

For more information on exhibiting or to download the Career Fair form, visit <http://www.aapd.org/annual>. The cost for AAPD Members is \$150; recruitment companies may exhibit at the price of \$500.

Sponsored by Nusmile



International Reception

SATURDAY, MAY 27

5:30 – 7:30 PM

This reception began in 2010 at the Annual Session and has continued to be a popular event for international members and attendees. Join members of the AAPD board of trustees, learn more about the AAPD and network with fellow international attendees before enjoying your evening in Washington, D.C.

Presidents' Farewell Dinner

SUNDAY, MAY 28

6:30 – 10:30 PM

Smithsonian National Museum of Natural History

Ever dined with an African Elephant? The AAPD 2017 Farewell Dinner is your chance! Join Henry the Elephant and President Jade Miller for a night of exclusive access to all that the Smithsonian National Museum of Natural History has to offer. AAPD promises to deliver another exquisite evening complete with friends, delicious food, laughter and a whole lot of dancing!

Reception is sponsored by Treloar & Heisel

Dinner is sponsored by MAM



2017 Annual Session Exhibitors

3M	300	Fotona/Lasers4Dentistry	414	PBHS Web Site Design	204
Academy of Orofacial Myofunctional Therapy	231	Freelance Anesthesia, LLC	735	Pediatric Dental Assistants Association	714
Accurate Manufacturing., Inc.	527	GC America Inc.	635	Planmeca USA, Inc.	819
Accutron, Inc.	232	Giggletime Toy Co.	412	Practice Financial Group, LLC	322
Air Techniques	242	Golden Proportions Marketing	225	Practice Genius / Patient Rewards Hub	435
Alexion Pharmaceuticals, Inc.	637	Good Time Attractions	729	Practicon, Inc.	511
American Board of Pediatric Dentistry	535	Great Expressions Dental Center	834	Premier Dental Products Co.	101
American Dental Society of Anesthesiology	628	GumChucks	200	Preventech	606
Arminco	142	Hawaiian Moon	830	Professional Sales Associates	143
Aseptico, Inc.	636	HealthFirst	310	Prophy Magic	715
Bank of America Practice Solutions	638	Healthy Start/ Ortho-Tain, Inc.	723	Prophy Perfect	529
Benco Dental	429	Henry Schein Dental	515	Pulpdent Corporation	315
Biolase	711	Hu-Friedy	127	Quintessence Publishing Company, Inc.	236
Bisco Dental Products	605	Imagination Dental Solutions (IDS)	121	RGP Dental	727
Boyd Industries, Inc.	235	Infinite Trading Inc	528	Sage Dental	229
BQ Ergonomics	122	Infinity Massage Chairs	327	Sassy Dental	335
Brasseler USA	800	Isolite Systems	701	SDI (North America) Inc.	313
Cain, Watters & Associates	226	Ivoclar Vivadent, Inc.	506	Second Story Promotions	807
Carestream Dental	700	Joey Board USA	234	Sedation Resource	626
Centrix Inc.	117	Kavo Kerr Group- Dental Alignment Systems	140	Septodont, Inc.	615
Cheng Crowns	614	Kidzpace Interactive Inc.	522	Sesame Communications	734
Cloud9Pedo	521	Kilgore International Inc.	427	Shofu Dental Corporation	639
Coast Dental	105	Kinder Crowns	415	Smiles for Life	426
Colgate	208	Kool Smiles	526	SmileMakers	107
College of Diplomates of the ABPD	534	KSB Dental	307	Smile Savvy	704
Convergent Dental, Inc.	423	Lares Research	607	SML Space Maintainers Lab	601
Crest + Oral-B	100	Lighthouse	210	Social Dental	211
Cumberland Pediatric Dentistry and Orthodontics, PLLC	725	LightScalpel	804	Specialized Care Co. Inc.	201
DDS Multimedia	330,820	Lips Inc.	721	SpryXlear	103
Denovo Dental	507	LumaDent, Inc.	223	Sunstar Americas, Inc.	407
Dental Tribune	630	MacPractice	731	Surgitel/General Scientific Corp.	543
DentalSynetics	700	Main Street Children's Dentistry & Orthodontics	538	Tess Oral Health	611
DentalVibe	437	MAM	301	The Brushies	104
Dentaquest	545	Marketing by SOS	333	Treasure Tower Rewards	716
DentistryPlanet.Com	212	MD Brands Inc.	331	Treloar & Heisel	304
Designs For Vision, Inc.	510	MedPro	306	U.S. Jaclean, Inc.	814
Directa Dental	326	Moss, Luse & Womble, LLC	531	Ultradent Products, Inc.	632
DMG-America, LLC	116	Myofunctional Research Company	705	Ultralight Optics	530
Doctor.com	128	NeoLab	537	Vision Dental Consulting	801
Dolphin Imaging and Management Solutions	642	Nowak Dental Supplies, Inc.	207	Visit Hawaii	802
Dry Shield	838	Nusmile	401	VOCO America, Inc.	431
EA Beck & Co	634	NYU Lutheran Dental Medicine	533	Waterpik, Inc.	815
Eclipse Loupes and Products	817/124	Oasys Practice, LLC	205	Weave	612
Elevate Oral Care	321	OMS, Exclusively	324	Web.com	206
Elsevier Inc.	710	Orascoptic	712	West- TeleVox Solutions	106
EZ Pedo, Inc.	215	Ortho2	228	Willamette Dental Group	411
First Medica	227	Otto Trading, Inc.	216, 610	Worlds of Wow	707
		Pacific Continental Bank	328	XL Dent	110
		Pacific Dental	501	Yapi	738
				Zoll Dental	617
				Zooby	739

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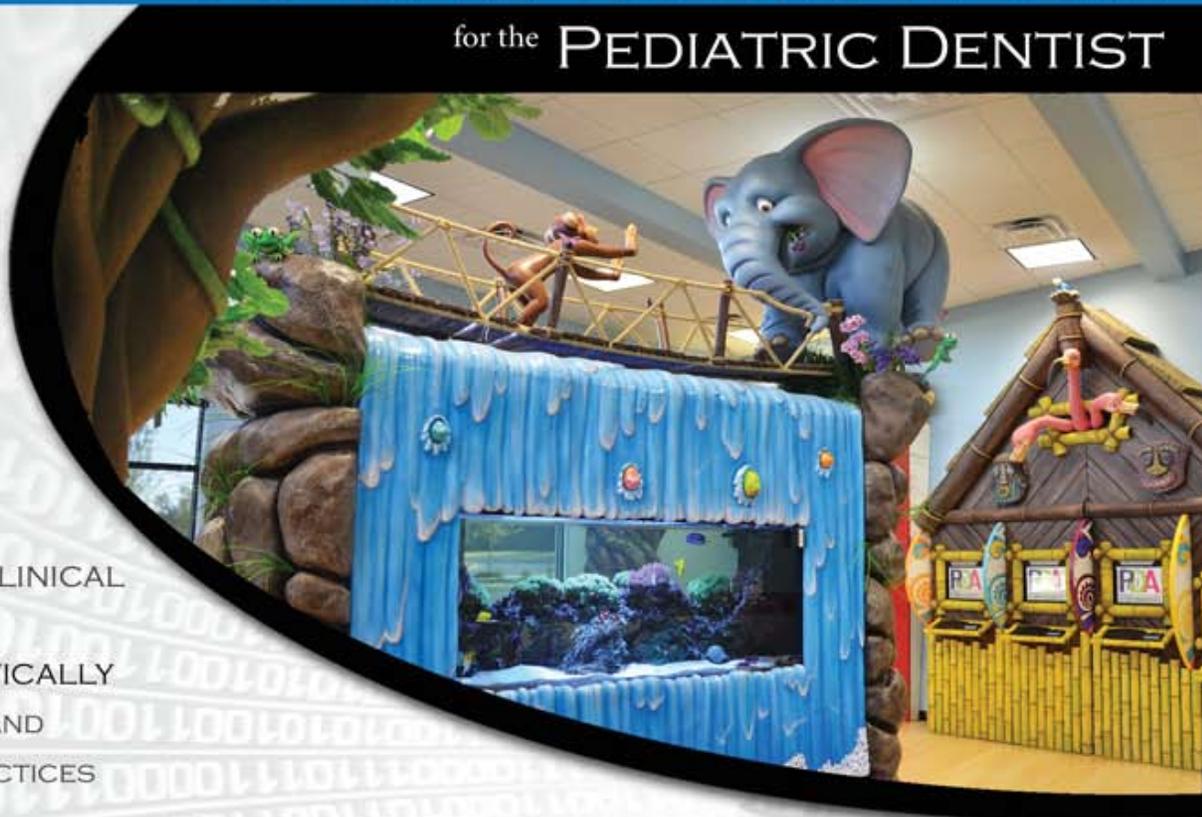
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AAPD Embarks on Fourth Year of MONSTER-FREE MOUTHS

Over the past three years, AAPD has reached thousands of parents and caregivers to educate them about the importance of children's dental health and establishing a Dental Home by age 1. Now in its fourth year as the BIG AUTHORITY on little teeth, AAPD has engaged in several exciting initiatives to elevate the importance of children's oral health.

CONVERSATIONS WITH TOP-TIER MEDIA HIGHLIGHT IMPORTANCE OF CHILDREN'S DENTAL CARE

AAPD President Dr. Jade Miller sat down with editors from several prominent New York City-based media outlets including *The New York Times*, *Parents Magazine* and others to reinforce AAPD as the go-to resource for stories and expert opinions on pediatric dentistry.

During each meeting, Dr. Miller emphasized the importance of early oral care for children and highlighted the Mouth Monster Hub as a resource for media, parents, caregivers and children alike.



MOUTH MONSTER HUB FEATURES ENGAGING AND EDUCATIONAL CONTENT

The Mouth Monster hub (mouthmonsters.mychildrensteeth.org), which launched in late 2014, continues to grow and feature new, engaging pieces for members, parents, caregivers and media that provides education on optimal dental care for children. Some recent highlights include:



What's Your Candy Personality?

This BuzzFeed-style quiz helps parents and children discover their “candy personality” during Halloween, along with dental health tips to scare away the Mouth Monsters.



'Twas the Night Before Christmas

In this lighthearted piece, readers reimagine a familiar holiday tale with dental tips to put the Mouth Monsters on the naughty list for good.

Welcome To Denty Land!

Denty Land allows parents and children to journey through whimsical places, such as Floss Forest, Molar Marshes and the Fluoride Fountains as they discover dental health tips in order to beat the Mouth Monsters and ultimately meet their pediatric dentist at the end.



MEDIA INTERVIEWS RAISE AWARENESS OF AAPD

AAPD President, Dr. Miller participated in a national Halloween media tour and an internet media tour for National Children's Dental Health Month, conducting almost 60 interviews with media outlets across the country to raise awareness of children's dental health. During the interviews, Dr. Miller consistently mentioned AAPD and mychildrensteeth.org as a resource for parents and caregivers. Many reporters asked questions based on their personal experience with their children's pediatric dentist. Dr. Miller emphasized the importance of early oral care and establishing a Dental Home for children by age 1.



The coming year will feature more exciting developments as AAPD continues efforts to support its members and fulfill its mission of healthy teeth for all children. For more information, please contact Public Relations Director Erika Hoelt at (312) 337-2169 or erika@AAPD.org.



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

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 News

Vann Endowment Fund Exceeds Fundraising Target Ahead of Schedule

At an October reception sponsored by the North Carolina Academy of Pediatric Dentistry (**NCAPD**) and the school's Department of Pediatric Dentistry, alumni and friends gathered to celebrate the culmination of the Vann Endowment Fund (**VEF**). The fund honors **Dr. William F. (Bill) Vann Jr.**, a 42-year member of the department.

After a silent launch in 2011, the VEF campaign went public in May 2012 with a five-year goal to raise \$500,000. To date, the VEF has received more than \$677,000 in cash and commitments, meaning the fund has not only met but exceeded its goal a year early. The VEF initiative was led by **Drs. Michael Hasty** and **Michael Ignelzi**, who were assisted by a steering committee.



(l-r) Drs. Michael Hasty, William Vann, and Michael Ignelzi

VEF proceeds have supported an annual departmental alumni/NCAPD reception and a Residents Appreciation Banquet, but will primarily support stipend enhancements for pediatric residents, especially those undertaking long-term training. He has been an advocate for recruiting residents for dual-specialty and doctoral training, and for fellowship experiences in research and teaching. VEF endowment proceeds already support two Vann Fellowships.

Vann arrived at UNC as a Morehead Fellow in 1974 and subsequently earned his M.S. and Ph.D. He has served as D.D.S. program director (1978-85), chair of pediatric dentistry (1985-94), Pediatric Dentistry Graduate Program director (1995-2006), and principal investigator and director of a Maternal and Child Health Center for Excellence in Pediatric Dentistry (1992-2007). He also practiced in the Dental Faculty Practice for 32 years. Vann has published 113 peer-reviewed publications, in addition to 110 published abstracts/book chapters, and continues to contribute to peer-reviewed literature.

Vann is no stranger to accolades. He was named Demeritt Distinguished Professor in 1998, a position he held until his retirement from in 2010. He also received a 1999 UNC Distinguished Teaching Award and was consequently named to the UNC Academy of Distinguished Teaching Scholars; the 1999 American Association of Pediatric Dentists (AAPD) Dentist of the Year; the 2012 UNCDAA John Brauer Award, which recognizes a lifetime of service and achievement to the school; and the 2013 ADA Golden Apple Award for Inspiring Dental Careers in Education; among other honors.

He is a known leader in organized dentistry, serving the ADA for a decade in a variety of committee assignments relative to specialty accreditation process, and also as a member of the Commission on Dental Accreditation 1992-95. Similarly, with the AAPD he served seven years on the board of trustees, culminating in his appointment as president (1991-92), and also as the AAPD Foundation president 1993-96 and 1999-2001.

Since his retirement in 2010, Vann has remained active in departmental activities. Currently he serves as an attending faculty member once a week in the graduate clinic and mentors residents on their research. During his free time, he enjoys hiking, running, and spending time and traveling with the loves of his life: his partner, Jessica, and his daughter, Rachel, a senior at Rollins College in Winter Park, Fla.

Member Benefit Spotlight

AAPD Fellow Program

In 2012 the AAPD revised their current Fellow status. Previously it was automatically granted when you became board certified as a pediatric dentist. While board certification is a great accomplishment many members have contacted the AAPD wanting to know what they could do to further their professional distinction in the field of pediatric dentistry.

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. Prior to 2013 when an AAPD member became board certified by the American Board of Pediatric Dentistry as a Diplomate, they are automatically awarded the membership status of Fellow in AAPD.

Starting in 2013 Fellow Status was no longer automatically granted to board certified pediatric dentists. We introduced the new fellow program that will offer our members an opportunity to further distinguish themselves in the profession. Members who received their board certification have an opportunity to earn their Fellow status in this new program.

HOW TO BECOME A FELLOW OF AAPD (FAAPD)

Below is an outline of requirements, point system, fees and renewal for the FAAPD program membership. Each FAAPD activity is assessed its own maximum point score to help determine candidates' acceptance into the program.

MANDATORY REQUIREMENTS

1. Recommendation letters from two current Fellows
2. Board certification by ABPD
3. At least five consecutive years of AAPD Active Member Membership

All Fellows must score 20 points or higher for consideration.

POINT SYSTEM

A new candidate must earn points in at least three out of four categories with a maximum of 12 points per category. Points are

assigned to the different accomplishments in these categories so that it is fair and equal for all members. Only activities going back five years from the date of the application will be considered with the exception of published research articles that can go back up to 10 years. If a candidate serves on more than one council for the same organization or has attended multiple annual meetings, points can be awarded for each activity.

Point Values Categories

1. Active Membership in AAPD, State or District Unit
 - One AAPD State Unit meeting within the last five years (1 point)
 - One AAPD District Unit meeting within the last five years (2 points)
 - One annual AAPD meeting within the last five years (3 points)
 - Serving on a council or committee in a state or district unit (2 points)
 - Serving on a council or committee in AAPD (4 points)
 - Chair of a council or committee in a state or district unit (4 points)
 - Chair of a council or committee in AAPD (6 points)
 - State or district board of trustee or Executive Committee (6 points)
 - AAPD board of trustees or Executive Committee (8 points)
 - AAPD Editorial Board (4 points)
2. Organized Dentistry
 - Leadership in ABPD, COD (4 – points officer; 2 point – other)
 - Leadership roles in ADA, AGD, HAD, AAO, AAE, AAP, etc. (4 points – officer; 2 points – committee/other)
 - Board Examiner (NERB) (3 points)
 - ABPD Examiner (3 points)
 - State Dental Association involvement (1-3 points; committee member – leadership roll)
 - Local Dental Society involvement (1-3 points; committee member – leadership roll)
3. Scholarly activity
 - Publishing of articles as the first author (6 points) or co-author (3 points)

- Service as an attending in a hospital (3 points)
 - Service as a full-time faculty (4 points) or part-time faculty (2 points)
 - Participate in AAPD Journal CE Program (1 point)
4. Community involvement
 - Volunteering at Head-Start Program (2 points)
 - Volunteering at Health fairs, Give Kids a Smile (2 points)
 - Volunteering at a Community Health Center (2 points)
 - Serving on a School Board (1 point)
 - Dental related mission trip (5 points)

AAPD FELLOW PROGRAM MEMBERSHIP FEES

First-Time Fellows

One-time membership fee \$200

Renewing Fellows

Every five-year membership fee \$100

Members who were board certified prior to 2012 were grandfathered into the Fellow status until June 2017. All activities in the last five years will count to renewing your fellowship status for the next five years.

RENEWING FELLOW STATUS

Fellows must renew every five years and must attain 15 points to maintain Fellow status. Fellow must attain points from two different areas with a max of 12 points in each category. Current Fellows will be grandfathered in and will have five years to renew and may use activities going back five years at the time of reapplying.

If a Fellow allows their Fellowship status to lapse they must apply as a new Fellow and attain 20 points to be considered.

When a member reaches Life Membership and has Fellow Status they no longer need to renew or pay fees and they are permanently a Fellow.

Please contact Membership and Marketing Director Suzanne Wester for more details regarding this program at swester@aapd.org.

AAPD Predoctoral Chapter Spotlight

UNECDM Pediatric Interested Dental Students (PIDS)

By students: Lynne Cataldo (founding President), Priya Katwala, Minjin Yoo

Theodor Seuss Geisel (Dr. Seuss) once said, “The more that you learn, the more places you’ll go.” We are the up and coming Pediatric Interested Dental Students (PIDS) organization from the University of New England. It is an honor to be an official pre-doctoral chapter of this wonderful organization. The College of Dental Medicine was established in Portland, Maine, in 2013, and now has four classes of 64 students. Students spend time in the spacious, state-of-the-art simulation clinic the first two years prepping teeth. The last two years, student doctors work in the UNE Oral Health Center, which has a pediatric dental department consisting of one full-time and two part-time pediatric dentists.

The aim of UNE College of Dental Medicine is to improve the health of Northern New England and shape the future of dentistry through excellence in education, discovery and service. An exciting part of our curriculum includes community-based education rotations to federally qualified health centers, non-profit clinics, rural private practices or to Angkor Hospital for Children in Cambodia. UNE also received a \$600,000 grant from Delta Dental of Maine to help link students with practice opportunities in rural and underserved areas through an outreach coordinator and generous scholarships.

We feature a monthly program spotlight and students are encouraged to extern, and interview at these post-graduate pediatric training programs. Our overarching institution values have helped to shape our chapters philosophy. Our mission is as follows:

The purpose of the University of New England PIDS is to promote a better understanding and appreciation of dentistry for infants, children and people with special needs among dental students. Its focus is on fostering a relationship between dental students and the pediatric community through educational presentations, interprofessional networking, and community outreach projects.

There are endless opportunities to incorporate fresh ideas into our organization. Our executive board includes a president, vice president, secretary, treasurer and Graduate and Professional Student Affairs (GAPSA) Counselor. Together, we discuss topics related to pediatric dentistry in our monthly PIDS Papers and review with faculty advisor, Dr. Patrick Wilson. We also do an evidence-based journal review (SDF, lasers, pulpal therapy materials, traumatology), guideline reviews and case studies to keep us knowledgeable about the latest trends in pediatric dentistry. Organization activities are highlighted in our PIDS TODAY annual newsletter.

Since September 2015, we have run an oral health literacy program called the *Tooth Fairies on the Ferry*, which has landed a \$1,000 grant from the National Children’s Oral Health Foundation. PIDS members and volunteers from the UNE Westbrook College of Health Professions-Hygiene and Nursing students visit elementary students twice a semester. We have delivered oral health goody bags and nutrition/hygiene education to more than 200 children.

This group strives to increase health literacy and prevent the societal, personal and economic consequences to poor oral health. Volunteer activities have been aimed at targeting vulnerable populations such mothers, infants and children. The message from the American Academy of Pediatrics was incorporated into our new pilot program, *Book, Brush, Bedtime*, at the Portland WIC for National Literacy month in September. We had the pleasure of counseling parents on healthy eating and behavioral changes they can make to improve their child’s quality of life. By educating others, we learn how to connect and tailor our motivational interviewing skills. We have also had information booths at a local mall health fair and a *Here Comes Santa* event where we mingled with families and distributed donated dental supplies.

We have had a lot of fun this year with programs such as our Cookie and Learn, Halloween candy buy-back, Lunch with Colgate, and Toys for Tots. Next semester will be even more packed with participation in events like our Public Health project, *How Can I Keep my Teeth SUPER Healthy?*, coloring contest, Mini Medical-Dental pediatric symposium and annual UNE Children’s Health Fair during Children’s Dental Health Month. Our organization will also be represented at the Yankee Dental Pediatric Symposium 2017 by one student on a grant to attend and report back on the latest updates discussed. In addition, there is ongoing research by members on developing an oral health intervention in the special needs population. PIDS has had outstanding leadership exhibited by all. We believe we can continue making a difference in the lives of children and special needs populations in our community.

Traditionally, we have one member and faculty attend the AAPD Annual Session each year with support from the University individual grants. This year we will have chapter funds available to send one student to AAPD 2017 in Washington, D.C., from May 25-28. The AAPD Annual Sessions are a massive launch pad of ideas on a national level. In addition, our Vice President Priya Katwala had the opportunity of meeting with AAPD Chief Executive Officer Dr. Rutkauskas while working as an ASDA National Chicago Extern. Knowing that there are over 10,000 members in the AAPD, and only growing each year is incredible. It is exciting to be able to network with local pediatric dentists who have invited us in to their office to shadow. We look forward to meeting many more AAPD members nationwide in the future.

Last but not least, we would like to extend our gratitude to Dr. Patrick Wilson, D.M.D., UNE Pediatric Dentistry Assistant Clinical Professor who is a great resource and mentor. Rebecca Carr, Assistant Director of Community Based Education, has also been an essential link to public health groups and has offered guidance with the Tooth Fairies on the Ferry outreach activities. We appreciate all the support from the UNE dental community on all our endeavors. We look forward to the upcoming year and beyond. And, please don’t forget to like our Facebook Forum: *PIDS!*

Treatment Considerations for Patients with Autism Spectrum Disorder

By Nidhi Taneja

The term Autism describes a complex disorder of brain development that affects social interaction and communication which often results in repetitive or stereotyped behavior. Autism may refer to a specific diagnosis that is consistent with a number of specified symptoms. Autism may also be used as a general term to describe other Pervasive Developmental Disorders (**PDD**) which can include Autism, Asperger syndrome, Rett syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (**PDDNOS**). Children with these disorders are considered to be on the Autism Spectrum, and in addition are considered to have an Autism Spectrum Disorder (**ASD**).

According to literature, children with ASD are more likely than others to have unmet dental needs. The reasons for this under-treatment may be related to the difficulties involved in treating these children, as well as the perceived and barriers to treatment encountered by caregivers and dentists alike. The increasing prevalence of ASD suggests that dental practices will be seeing patients with this diagnosis more frequently in the future. Although these patients have dental needs similar to those of other patients, the symptoms of the disorder may influence the ability of dental practitioners to provide necessary care.

Though many patients are referred to a hospital setting for their behavior and/or medical management, there are many patients on the spectrum who are cooperative enough where they can be seen in dental offices regularly for preventative care. As these families already face enormous emotional and financial challenges, allowing for early intervention and preventative care for these more cooperative patients can have a significant impact on the overall health and well being of these patients and families.

Currently, I am a second year pediatric dental resident at University of Connecticut, where we see children with ASD almost every other day. Based on my and other practitioners' experiences in our clinic, I have accumulated some strategies and experiences regarding treatment considerations specific to autistic children.

BEFORE APPOINTMENT

One of the most challenging behavior issues for children with autism is that they are unable to adjust to new situations. A dental visit can trigger uncooperative to aggressive behaviors for children depending on where they are on the spectrum. To help prevent some of these behavioral issues, it is helpful to call the parents before their appointment to receive as much information as possible about their child's medical history and behavioral habits in order to help the visit run as smoothly as possible. During the phone conversation, ask if the patient has any comforting items such as a stuffed animal or a music device, and encourage the parent/guardian to bring it with them to the visit.

Using a picture book to familiarize the child with the dentist, staff, office space and basic dental instruments can go a long way if it is mailed to the patients in advance or given at the first appointment. Parents could be utilized to prepare the child a few days in advance before their appointment to talk to the child and remind him about his dental appointment where he/she will open his/her mouth and the dentist will clean their teeth. On a case by case basis, it is good to utilize the behavior/occupational therapist of the child to work on tooth brushing at home as well.

Schedule appointments during the least busy time of day (perhaps the first or last appointment of the day) for patients who react to a busy office environment. Even though ours is an open bay clinic, we almost always utilize quiet rooms for children with autism to keep the distractions to a minimum. Avoid scheduling these patients with other highly active patients. For example, avoid scheduling with a pediatric patient who may be very vocal during care. These patients are very sensitive to loud noise.

Many children with autism are non-verbal but good with receptive communication. Others can be aggressive and for the same reason, avoid too many new people as it can aggravate a child to act up out of insecurity. In rare instance of severe aggression, a plan of restraint should be worked up in advance in confirmation with the parents. Caregivers of children with autism are concerned about both the child having an unpleasant experience and about their own embarrassment in the event the child is not compliant or having a behavioral outburst. It is important to provide some reassurance to parents to make them comfortable. Inform the parents how the appointment will go and what their role will be in advance to avoid overwhelming them during the visit.

DURING APPOINTMENT

In an ideal circumstance, scheduling the first appointment as an introduction appointment to the dental team and the physical space is preferred. Consider giving an office tour. This appointment should be kept short and positive. Do not render oral care during this appointment. Though desensitization appointments are most valuable for this population, it is important to keep in mind that sometimes it might not be possible for the patient/caregiver to return for a while due to other medical needs or logistical reasons. In such instance, it is important that the patient is evaluated for any emergent care or acute infection. At the same time it is important to address parents' concerns and develop a relationship so the caregiver feels comfortable in returning to the clinic to establish a dental home for the patient.

Schedule short appointments. As for any healthy child, a short, non-threatening appointment always builds trust and increases compliance. If possible, discuss desensitization appointments and role

of home care instructions with parents to improve compliance for potentially cooperative patients. Children with spectrum disorder have altered sensation and many times oral aversions. A good home care regimen with regular tooth brushing helps the patient to get used to the oral sensation of toothbrush and paste.

Wear a protective coat of a different color for the patient who responds negatively to the traditional doctor's white coat. This could help reduce the trigger of a negative doctor's appointment or in general have a more friendly environment for a child. The doctor could also introduce himself/herself in the waiting area a few minutes before the patient is brought in, to prepare the patient in increments.

Consider utilizing the toothbrush prior to any other instrumentation. Many a times parents or caregivers help children at home with brushing. Introducing familiar objects by familiar figures help to develop trust. While the caregiver brushes the teeth, a quick exam and slow transition to the provider could be helpful in letting the patient allowing the dentist to do a thorough exam. Help parents with various techniques to help brush their child's teeth.

Tell, Show, Do—the classic technique of behavior management—works well for children with autism as well. Slow introduction of new stimuli and preparing the child how they will feel with different instruments can improve in better compliance.

Sensory overload leads to overstimulation for most patients with ASD. Minimize heightened activity in the treatment room by minimizing introduction of too many new people in the room. Minimize noise from unwrapping autoclave packages, or other avoidable sources. Minimize use of overhead light if possible as some patients can get extremely reactive to bright light. When interacting with the patient, avoid rapid movements or

rapid speech; rather, move and speak in a calm manner. Sometimes comforting items like lead apron can be used if patient allows it to relax them.

Parental presence/absence: Caregivers and parents play a pivotal role in managing the behavior of a special needs patients. They spend a lot of time with them and can provide helpful cues in managing their behavior. Thus typically it is a good idea to utilize the caregiver actively/passively while treating the patient. It should be discussed in advance with the parents, their expectations from the appointment for both the child and the appointment.

Self injurious habits are commonly noted in children with autism. It is important to be observant of any such injury and distinguish it from child abuse. According to literature, children with special needs are more prone to child abuse. Many patients have co-morbid conditions including seizures and thus dental trauma may be noted. Educate parents about management of dental trauma and how to utilize emergency department in case of need. These patients are reported to have a higher pain tolerance and some are non verbal. Thus a thorough exam is even more imperative to rule out any source of pain or active infection.

Despite all efforts, sometimes we are not able to deliver the planned care for the child, owing to behavioral or other factors. It is important to be patient and not dismiss the patient without encouraging parents and being considerate of their efforts at home. Be flexible and willing to modify the treatment goals for each appointment.

For children on the spectrum who are absolutely uncooperative or medically complex and needing significant dental work, always try to collaborate with other medical specialties. If possible, and time permits, a thorough exam and radiographs for patients who are going for any other procedures under sedation can go a long way in helping the patient to eliminate any developing dental disease.

AFTER APPOINTMENT

Routine and consistency is a well documented strategy in the management of children with ASD. Maintaining a continuity of care using the same dental team members and treatment room on each subsequent appointment for these patients can be noted for a more successful following appointment.

Reinforce to the parents the need of regular home care and its role in make the patient more compliant during the dental visit. Give small goals to parents like brushing for 5-10 seconds to 2 min paired with activities that child likes. For example they can try brushing while watching TV. Children with ASD often have food based reward system as a part of behavior therapy. Emphasis should be made to address carious process with frequency of food. Some patients like vibration feelings with power brush so we can recommend electric toothbrush. Three sides toothbrushes can also help parents for cleaning all surfaces if the teeth at once.

Use of pictograms, video modeling and dental social stories can be helpful. Behavior specialists work with these children for various social situations. These tools can be helpful in preparing a child for a visit to the dentist. Thus establishing a plan with the behavior specialist or occupational specialist can be a unique approach but very helpful. Similarly, tooth brushing techniques can be taught to the child during the physical therapy sessions if the child takes those at school.

In the end, "if you have seen one child with autism, you have seen only one child with autism." This is very true as the ASD has a wide spectrum. We need to be creative and flexible in treating these children. One technique that worked for one child during an appointment, might completely fail another time. Thus it is important to always keep an open mind and patience. It is important to remember the struggles the parents have to go through every single day and its worth spending a few minutes to check with them if they have any concerns we can help with. The satisfaction of getting a successful visit for these patients is not only a relief for parents but a sense of self satisfaction non parallel to any other.

AAPD Resident Recognition Awards

The AAPD Pediatric Dental Resident Committee developed the Resident Recognition Award to recognize pediatric dental residents doing innovative and interesting activities in their training programs. Selected residents are awarded with a monetary prize, featured on the AAPD website, featured in *PDT (Pediatric Dentistry Today)*, and recognized at the awards ceremony during the annual AAPD meeting.

Nominations are reviewed by a panel of at least three reviewers from the Pediatric Dental Resident Committee, New Pediatric Dentist Committee, and the Council on Membership and Membership Services.

Winners are chosen based on activities during residency that contribute to one or more of the following fields: patient care, education (i.e., teaching), research and community service. Innovation, time commitment and significance of service to others are the primary factors considered in the selection process.

Please join us in recognizing the two winners for the 2016 Fall/Winter cycle!



DAVID ANDERSON

Cincinnati Children's Hospital

Graduation Date: June 2017

Primary Field: Community and Public Service

Since 1959, Cincinnati Children's has prided itself on residents who are motivated leaders. Dr. David Anderson is the latest example of this. Anderson noted that due to a clinical focus on early intervention in the young child population, an overwhelming crush of patient demand including 60 percent patients with special needs, and 50-60 external referrals a week, the healthy adolescent population was having increased difficulty obtaining routine access for care. Anderson proposed and has been active in creating a key arm for patient transition – the Adolescent Evening Clinic (**ACE**). This clinical endeavor is entirely resident run – including scheduling for healthy 14-18 year old patients. Cincinnati has an estimated 30 percent of families living at or near poverty, and this proposal has helped vulnerable adolescents minimize missed school, and challenged caregivers miss less work, while still focusing on oral health.

Anderson has personally helped create electronic health record reports that have identified potential candidates, and has spent personal time calling patients, offering them this new clinic and recruiting residents and staff to provide care. Once he laid the framework he has aggressively sold this to families who could benefit from extended clinic options. Additionally, Anderson has worked closely with the Division business manager to ensure that the ACE was financially viable and sustainable. The results have been overwhelmingly positive; a five-fold increase in chair utilization, a no show rate 43 percent less than all other Division clinics, and most critically, a grateful and highly satisfied patient and parent population. The ACE has a mean of 120 patient visits per month.

Another feature of the ACE that cannot be understated, is that it provides the first arm of a cogent transition program for adolescents with three pre-identified general dental offices ready to accept *graduated* patients. Transition for patients has been identified as a significant barrier to care for the adolescent population traditionally treated at Cincinnati Children's Hospital.

Anderson has demonstrated the best we look for in our residents. He is intensely bright and focused. In addressing a potentially vulnerable population at a Children's Hospital, Anderson has helped refine our definition of a Dental Home, and most critically provided the foundation for a methodical and programmatic transition program for a very vulnerable community.



KARINA MILLER

University of Florida

Graduation Date: June 2017

Primary Field: Research

Dr. Karina Miller has a strong commitment and passion towards pediatric dentistry. She has helped gather a large cohort of children diagnosed with localized aggressive periodontitis (**LAP**), and lab goals are to study treatment response and contributing factors, such as immune response and genetic factors, playing a role in this disease. Thus, her love for pediatric dentistry and interest for research development fits well with our lab's research endeavors.

Miller possesses a very inquisitive mind, is a very passionate and hard-working lady, and a definite pleasure to work with. She is always the first to arrive in the lab and carries out her tasks effectively. She has shown great progress and initiative with her research project, which involved the analysis of long term clinical response to treatment in patients with LAP. Her hard work has resulted in two written manuscripts; one of them has just been published in the journal of *Clinical Periodontology*. The second paper she helped write on clinical characteristics of LAP disease in primary dentition has been submitted and is now being reviewed by the *International Journal of Clinical Pediatric Dentistry*. Miller was able to learn and effectively grasp important components of research methodology, such as calibration, data organization and analysis, statistics, and finally manuscript writing and oral presentation skills. She understands the importance of well thought out methodology and analysis in order to achieve meaningful results on a clinical trial. She also presented her research results a couple of times already, and is very confident to convey methodological decisions, explanation and discussion of results in a very effective way to different audiences.

Miller was and continues to be an essential member in our lab and in the clinics as well. She has contributed a lot during lab meetings and she is also calibrated to help us in clinical examinations of research patients. She understands the protocol well and is able to merge her great clinical skills and bedside manners with the conduct of research methods.

Membership Directory Corrections

The AAPD regrets the following list of omissions from the 2017 *Membership Directory*.

Aeschlimann, Laura A. PFD
 ABC Pediatric Dentistry
 6908 S Lyncrest Pl
 Sioux Falls, SD 57108-2565
 Ph: (605) 275-5771
 Em: drabc4kidz@gmail.com
 web: <http://www.abcdentalkids.com>

Barrera, Adolfo PFD
 40 Jeffers Way
 Campbell, CA 95008-2891
 Ph: (408) 871-2885
 Em: drbarrera@barreradds.com
 web: <http://www.barreradds.com>

Ellis, Robert H. Jr. PFD
 8905 Two Notch Rd
 Columbia, SC 29223-6367
 Ph: (803) 788-9593
 Em: ellisjudy9@gmail.com

Laucius, Natalie A. P
 150 Griffin Rd Ste 1
 Portsmouth, NH 03801-7131
 Ph: (603) 436-2204
 Em: nlaucius@gmail.com

Perlman, Steven P. PL
 77 Broad St
 Lynn, MA 01902-5003
 Ph: (781) 599-2901
 Em: sperlman@bu.edu

Pollina, Russell S. PFD
 601 W Central Road, #4
 Mount Prospect, IL 60056-2379
 Ph: (847) 392-2457
 Em: grins4kids@aol.com
 Web: www.grins4kids.com

Riesenberger, Robert E. PFD
 301 S Main St Ste 1W
 Doylestown, PA 18901-4870
 Ph: (215) 348-5222
 Em: riesenberger1dds@aol.com
 Web: <http://www.drrodbdentist4kids.com>

Suarez Martinez, Joanne PD
 Pediatric Smiles of Orange Dental Group
 1110 E Chapman Ave Ste 205
 Orange, CA 92866-2147
 Ph: (714) 699-4170
 Em: info@psoodg.com
 Web: <http://www.underthesea2thdr.com>

Ybarra, Maria Laura PD
 PO Box 49
 Watertown, NY 13601-0049
 Ph: (315) 681-6818
 Em: laurybarra@gmail.com
 Web: <http://www.greatbeginningsdentistry.com>

Zerehgar, Azita a
 Yorkville Dental Office
 100 Steeles Ave. West #6
 Thornhill, ON L4J 7Y1 Canada
 Ph: (905) 881-7442
 Em: drazitazerehgar@gmail.com

The AAPD regrets the following list of incorrect name or address from the 2017 *Membership Directory*.

Kotylar, Leon A.
 Brooklyn Pediatric Dentistry
 1512 Avenue Z
 Brooklyn, NY 11235-3808
 Ph: (718) 395-4700

The AAPD regrets the following list whose phone and email were omitted from the 2017 *Membership Directory*.

Haupt, Milton I.
 251 Maple St
 Englewood, NJ 07631-3704
 Ph: (201) 567-1204
 Em: Milt.haupt@gmail.com

David Zatopek phone was incorrect (979) 968-8889.

Connie M. Bruce-Gilliam – Diplomate status omitted

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Average of 100 X-Ray's per Day	\$660	\$3,506	\$2,845	\$7,929	\$42,076	\$34,146

*Average costs equal the number of X-rays per day, working 5 days per week

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Oral Clinical Exam Review

AUGUST 17, 2017

Westin St Francis on Union Square
San Francisco, California

Preparing for the Oral Board Exam? Do you want to brush up on your oral test-taking skills? This course will provide you with the opportunity to participate in numerous mock examinations.

Drs. Fields and Wright will focus on the area of the examination process as well as topical areas of the exam. Not only will they discuss how cases are designed and created, but also provide suggested readings to help you study.

Speakers

Henry Fields, D.D.S., M.S., M.S.D.
Paul Casamassimo, D.D.S., M.S.

Who Should Attend

Members preparing to take the ABPD's Oral Clinical Examination.

CE Credits

8 hours



Safe and Effective Sedation for the Pediatric Dental Patient

Westin Gaslamp Quarter
San Diego, California

OCTOBER 27 – 29, 2017

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.

Course Chair and Speaker

Stephen Wilson, D.M.D., M.A.,
Ph.D.

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Speakers

Alan Milnes, D.D.S., Ph.D.
Cara Riley, D.M.D.

Who Should Attend

Any dentist who sedates children in their office and wants to be taught by the leaders in the field who wrote the Current AAPD-AAP Guidelines.

CE Hours

22 hours



AUGUST 18 – 20, 2017

Westin St Francis on Union Square
San Francisco, California

Comprehensive Review of Pediatric Dentistry

Taught by expert clinicians, the Comprehensive Review Course will provide attendees an extensive review of Pediatric Dentistry. The topics discussed in this course include Growth and Development, Assessment and Prevention, Oral Pathology, Care for Special Needs Patients, Restorative Dentistry and Materials, Trauma, Behavior Management and Pulp Therapy. Whether you're preparing for the ABPD examinations or just need a refresher, this course is an in-depth summary for all pediatric dentists.

Course Chair and Speaker

Amr Moursi, D.D.S., Ph.D.

Speakers

Catherine Flaitz, D.D.S., M.S.
Christina Carter, D.D.S., D.M.D.
Timothy Wright, D.D.S., M.S.

Who Should Attend

Any dentist treating children; whether you are preparing for the ABPD examinations or just need a refresher.

CE Credits

22 Hours



Westin Gaslamp Quarter
San Diego, California

OCTOBER 27 – 28, 2017

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

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.

Recently added is a four hour workshop on Saturday morning that allows hands-on training for the dental assistant. Participants will rotate through multiple stations to include airway management; airway equipment; papoose board and monitor placement.

Course Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Speakers

Alan Milnes, D.D.S., Ph.D.
Cara Riley D.M.D.
Stephen Wilson, D.M.D.,
M.A., Ph.D.

Who Should Attend

Those on the dental team involved with the sedation of children in their office.

CE Hours

11 hours

Pediatric Dentistry Residency Continues to Soar in Popularity

Pediatric dentistry continues to be a popular specialty with graduates as evidenced by the continued growth in the Match results for the 2017–18 academic year.

For the 2017–18 academic year, the number of positions offered and residency positions filled surpasses oral and maxillofacial surgery, orthodontics, advanced education in general dentistry and anesthesiology.

2017-18 Match Statistics for:	# of Applicants	Positions Offered	Matches / Positions filled
Pediatric Dentistry	676	408 (+ 9)	396 (+18)
Orthodontics	515	285 (+24)	282 (+22)
Oral and Maxillofacial Surgery	419	229 (+ 2)	223 (+ 2)
Adv. Education in General Dentistry	549	381 (+25)	258 (+20)
Anesthesiology	43	34 (+ 2)	27 (- 5)

The number in parentheses in both columns represents the changes (plus or minus positions) as compared to last year.

Annual data on accredited programs and enrollment is gathered by the Health Policy Institute of the American Dental Association (ADA) and maintained by the ADA. The most recent data available is from the 2014-2015 academic year. At that time, there were 77 pediatric dentistry residency programs accredited by the Commission on Dental Accreditation (CODA), enrolling a total of 933 postdoctoral students. There were 408 graduates in 2014.

The following chart may be used as a comparison of the 2016–17 Match results to the 2017–18 academic year.

2016-17 Match Statistics for:	# of Applicants	Positions Offered	Matches / Positions filled
Pediatric Dentistry	636	399 (+ 9)	378 (- 6)
Orthodontics	494	261 (- 9)	260 (- 8)
Oral and Maxillofacial Surgery	374	227 (+ 3)	221 (+ 6)
Adv. Education in General Dentistry	502	356 (+10)	238 (+10)
Anesthesiology	50	32 (- 4)	32 (+ 7)

For complete results of the 2017-2018 Match, please visit the National Matching Service website at www.natmatch.com/dentres.

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

Building on the momentum of the past several years, the AAPD and Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry proudly announces the 2017 Master Clinician Scholarship Program.

An academic career provides the practicing dentist a new opportunity to utilize their experiences in shaping the careers of the aspiring professional. Dentists that teach also have a greater opportunity to develop new techniques and innovations in care through research and scholarly activities and can also influence national dental education policies through service with the AAPD, ADA, ADEA, HRSA and NIDCR.

The ITL program consists of 6 days of learning experiences. This is divided into two phases that are conducted approximately two months apart. ITL scholars complete between-phase activities to reinforce and augment program content.

AAPD/HSHC scholarship recipients will attend the Institute for Teaching and Learning in August and October 2017 at the Georgia Tech Hotel and Conference Center, and will be able to attend the AAPD Comprehensive Review of Pediatric Dentistry continuing education course.

Scholarship applications must be received by the AAPD by **April 14, 2017**.

Further information and 2017 dates for the Institute for Teaching and Learning, may be found at their website at http://www.aalgroup.org/itl_home.cfm.

If you're interested in applying for a scholarship through the AAPD and Healthy Smiles, Healthy Children, contact AAPD Education Affairs Manager Scott Dalhouse at (312) 337-2169 or by e-mail at sdalhouse@aapd.org.



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



Business Metrics for the Pediatric Dental Practice

Writer: Julie Weir has built an outstanding reputation as a consultant, international speaker and author in the business of dentistry. Opinions and recommendations are those of the author and should not be considered AAPD policy.

Peter Drucker is one of the best-known and most widely influential thinkers on the subject of business management. He is often quoted as saying that **“If you can’t measure it, you can’t improve it.”** A doctor needs to know what the healthy business metrics should be for their practice and monitor these numbers on a regular basis. With this knowledge, a doctor can quantify the practice’s progress and make changes as necessary to produce the desired result. Without clear goals that can be measured, a doctor is only guessing if the practice is maximizing efficiency and profitability and does not have an accountability tool to use with staff that are responsible for scheduling production, collecting fees and purchasing supplies.

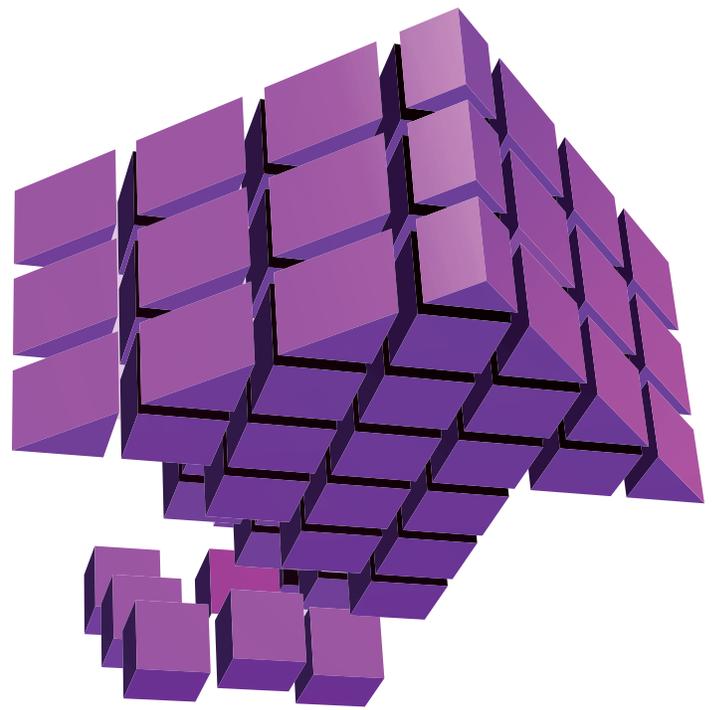
BUSINESS PLAN METRICS

- **Break-Even Point (BEP)**—total dollars needed to meet overhead expenses, capital improvements, new equipment, raises, inflation adjustment, loan payments, doctor salary and retirement contributions. For illustration purposes, this example will show calculations for a sample practice that has a break-even point of \$1,147,776.
- **Monthly Collection Goal**—break-even point total ÷ 12
 - $\$1,147,776 \div 12 = \$95,648$
- **Collection Ratio Percentage**—previous year’s collection ÷ previous year’s production. A healthy collection ratio is to collect 96-98 percent of the fees that are collectable after insurance and charitable dentistry adjustments have been made.
 - $\$975,000$ (previous year’s collection) ÷ $\$994,898$ (previous year’s production) = 98 percent collection ratio
 - You should notice that in this example, when the BEP is calculated, the practice’s new desired break-even point requires a 17 percent increase over the previous year’s total collections [$(\$1,147,776 - \$975,000) \div \$975,000 = 17\%$]. At this point the doctor must either take action to achieve this 17 percent increase in production/collection or adjust the practice’s financial needs.
- **Average Number of Doctor and Recare Workdays/Month**—a doctor that sees patients M-TH, four days/wk x 4 weeks/month = 16 work days/month. Restorative patients for one doctor work day are typically booked over two columns. Recare work days are calculated by one full column of recare patients booked top to bottom. If this doctor books two recare columns/day, then there would be two recare work days for every one doctor work day, thus 32 recare work days/month. If a doctor does hospital dentistry, then the average number of hospital work days per month should also be determined.

- **Producer Production Goal**—the amount of production a producer should complete each day. There can be up to four different areas of productivity in pediatric dentistry: restorative, recare, hospital and ortho. Each producer area should have its own producer code and daily goal to meet and be monitored. This will allow better analysis of growth in these areas of the practice.
- **Monthly Production Goal**—monthly collection goal ÷ practice collection ratio.
 - $\$95,648 \div 98$ percent = $\$97,600$
 - The total number of work days in each producer area is multiplied by their daily production goal; this total must equal the total monthly production goal for the office.
 - $(16$ doctor work days x $\$2,500 = \$40,000) + (32$ recare work days x $\$1,800 = \$57,600) = \$97,600$

PRODUCTION METRICS

- **Restorative production**—\$2,500-\$6,000+/ day depending on the speed a doctor works, if it is calculated with full fees or reduced fees and if expanded function dental assistants are used.
- **Recare Producer Goal/Column**—add the total fee of (prophy + recare exam + 1/2 of 2 BWX + 1/2 of FL) multiply by 13. This total is the average production that should be produced out of EACH full column of recare that is being scheduled; otherwise recare is under producing in the practice.
 - The practice recare should continue to grow up to 50 percent of the total practice production, depending upon the decay level of the patient population.
 - When recare appointment productivity is measured as a separate producer, the doctor can see if this part of the practice is growing appropriately. All procedures that are performed on the recare patients should be included in the total recare production to accurately reflect the level of productivity; recare exam, prophylaxis, BWX, pano, FL, sealants.



- Two full columns of recare should be booked from top to bottom for every one pediatric dr in the practice. One doctor should be able to check two columns while completing the restorative procedures.
- Recare appointments are typically booked every 30 min except 40-50 min for new patients and/or patients with special needs.
- Percent of patients in recare—goal is 75 percent.
- The recare part of the practice is where growth should continue to occur once the doctor's restorative schedule is maxed out. This is where the increase in profitability in a pediatric practice will be.
- Typically when daily producer goal numbers are communicated to the team and monitored, it is easy to achieve a greater than 10 percent increase because the team is now working together with a goal number. Then, if goal numbers are not being met, the team can talk about what specific actions can be taken to consistently meet the goal number.
- Each day small dollar amounts of **missed production opportunities** can add up to large sums on a yearly basis. For example, in a small pediatric practice, the lack of goals, monitoring and/or sloppy systems can contribute to a lost production opportunity of up to \$400 per day. On a four day work week this would amount to \$76,800 per year! ($\$400 \times 192 \text{ work days} = \$76,800$). If the doctor allows this way of practicing to go on year after year, over five years, this could total \$384,000 in production and \$376,320 in lost collections that could have been income and retirement contributions for the doctor. If the practice is very large, the amount of lost profit potential could be multiples of this example.
- It is important to understand how much of an increase in production volume is required when working with reduced fee plans. If overhead is 60 percent, and a PPO plan pays 20 percent below the doctor's regular fees, the doctor will have to perform 2.5 times the same procedure to take the same dollar home vs. performing the procedure for the full fee. Since many more patients are part of PPOs and Medicaid, higher volume is required than in years past. Therefore, the doctor must clinically delegate as much as possible, utilize expanded function assistants, have excellent systems and control expenses so the practice can function at optimal efficiency.
- Scheduling Effectiveness Ratio—95 percent show rate

LABOR RATIO METRICS

- Front office labor and clinical labor/total collections—18-20 percent
- Front office labor/total collections—8-10 percent
- Clinical labor/doctor production collections—14-20 percent
- Hygiene labor/hygiene production—15-20 percent
- Hygiene labor/total collections—6-7 percent
- Hygiene production/office production—25-50 percent

COLLECTIONS METRICS

- **Accounts Receivable Total**—no higher than the average monthly production
- **Collection Ratio**—96-98 percent of what can be collected
- **Accounts Receivable 61+ days**—not more than 18-24 percent of total Accounts Receivable

- **Collection at Time of Service**—35-45 percent of collections
- **Adjustments to Production in Bad Debt Write Offs & Charity**—2-4 percent of what can be collected

NEW PATIENTS

- **New patients**—55 – 75 or more new patients/month per one pediatric doctor is needed to maintain and grow a pediatric dental practice depending on the maturity of the practice.

FEES

- **Increase fees**—3-5 percent if they have not been increased for 12 months.

OVERHEAD EXPENSE METRICS

- Simply concentrating on high production does not guarantee that your office will have a healthy overhead expense percentage. A monthly budget amount should be defined for each expense category. Review the practice's profit and loss statement monthly to make necessary adjustments. **When expenses get out of control, it is usually the dentist's salary and/or retirement contributions that are reduced to make up the difference!**
- Give staff members, who are purchasing front office and dental supplies, a monthly dollar amount for each category and a monitoring system to keep track of purchases month to month to stay within the budget goal. If an overhead budget monitoring system is put into place and followed throughout the year, an increase in net profit will be realized.
- A general guide line for an overhead percentage goal for a pediatric practice can be from **52-62 percent**; this percentage depends upon the size, debt service and maturity of a practice.
- If a doctor is working full-time (four clinic days/week) they should not be making less than \$300,000 for their efforts and the length of time they invested in becoming a pediatric dentist. If this income is not occurring, then it would be wise for the doctor to seek professional advisement from a dental management consultant or a CPA on how to improve the practice's bottom line. This minimum income goal is very attainable.

BREAKDOWN OF TOTAL OVERHEAD PERCENTAGES

- **Miscellaneous 4-6 percent**—advertising, business insurance, property taxes, miscellaneous
- **Office 3 percent**—bank charges, credit card fees, billing and collections, office supplies, postage, printing
- **Professional development 1 percent**—dues and subscriptions, staff, continuing education
- **Dental supply 4-6 percent**
- **Lab .25 percent**
- **Facility 8-10 percent**—rent, repairs, janitorial, laundry, telephone, utilities
- **Professional advisors 2-4 percent**—legal, consulting, accounting, payroll
- **Labor 18-24 percent**
- **Associate doctor 6-10 percent**
- **Staff benefits 2-3 percent**
- **Staff payroll tax 2 percent**
- **Owner benefits 1-3 percent**—doctor payroll tax, auto, doctor continuing education, travel dining, retirement, doctor insurance
- **Owner income 30-48 percent**
- **Equipment, depreciation and debt service 3-10 percent**

**“Do not measure your life by goals,
but what you are doing to achieve them.”**

Peter Drucker

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AAPD Members Report Positive Actions in Preventing Childhood Obesity

Nearly 25 percent of AAPD members shared their perspectives on talking to parents of young patients about nutrition and obesity in a national survey conducted by the Pediatric Oral Health Research and Policy Center (**POHRPC**) and funded through a grant from the Robert Wood Johnson Foundation. Substantive points from the responses included:

- About 17 percent of pediatric dentists surveyed stated they currently offer childhood obesity information or other healthy weight interventions in their practices.
- Nearly 94 percent of pediatric dentists said they currently offer information or other interventions on the consumption of sugar-sweetened beverages (**SSBs**).
- Only 14 percent of pediatric dentist respondents agreed that parents are receptive to obesity counseling in the dental office, while 81 percent thought parents are receptive to advice about consumption of SSBs.
- Concerns about parent reactions to weight management interventions were the chief barriers to offering obesity-related counseling, including a fear of offending the parent, appearing judgmental and creating parent dissatisfaction.
- Other than expected parent reactions, the most significant barriers to obesity counseling were ambiguous dietary recommendations about obesity, a lack of time in the daily clinical schedule, a lack of personal knowledge or trained personnel, and a lack of communication training or knowledge about how to start the conversation.
- Nearly 88 percent of pediatric dentists agreed they would be more interested in advising parents about weight management if there were a clearer clinical link between obesity and dental disease.

The results suggest a child's weight is seen as a medical rather than a dental issue, while prudent consumption of SSBs is perceived as integral to the care of children and the practice of pediatric dentistry. The responses also convey that patient interventions are propelled by market forces, particularly parent preferences and expectations.

Nearly 32 percent of children ages 2–18 are either overweight or obese, and eight percent of infants and toddlers have high weight for recumbent length.¹ Sugared drinks are the single largest category of caloric intake in children.² During patient visits, you and your team have an excellent opportunity to address such dietary habits as sugared drink consumption and thus intervene for early obesity prevention and promote healthy weight in children.



Identifying Common Risk Factors for a More Effective Primary Care Caries Risk Assessment Screening Tool

The AAPD Policy Center continues its third year of research exploring oral health promotion in primary care, “Interprofessional Study of Oral Health in Primary Care: Common Risk Factor Study II.”

To further validate the significant variables identified in Year 2, we are taking a second look at retrospective data on the 1,700 Nationwide Children’s Hospital (NCH) patients previously analyzed. Using new technology not available during Year 2 (Natural Language Processing), we are exploring additional variables that were previously non-extractable. A new patient query is also being performed to include patients that meet study criteria for the time period since June 2015 (when the last run for Year 2 analysis was completed).

Additionally, a prediction model for dental caries is being developed. Taking an innovative predictive modeling approach, we will analyze data from all patients seen at the NCH’s baby dental clinic since October 2011, when dental electronic records were integrated with electronic medical records. The resulting predictive model will incorporate data mining, statistical techniques, and/or machine learning to forecast the probability of a caries-related outcome based on the available influential variables.

Visit the POHRPC webpage at [aapd.org](http://www.aapd.org) to view the full Year 2 Report. (<http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf>)

Reference Manual Changes Coming Fall of 2017

The Evidence-Based Dentistry Committee (EBDC) and Council on Clinical Affairs deliberated long and hard about proposing the use of a collective heading, Recommendations, in the Reference Manual to distinguish guidelines from definitions, oral health care policies and resources.

The EBDC proposed the use of two subcategories of Recommendations: Clinical Practice Guidelines and Best Practices. The distinction is determined by the methodology employed to develop the recommendations. Clinical Practice Guidelines, as redefined by the Institute of Medicine, are “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.” Best Practices, as defined by the Centers for Disease Control and Prevention, are “the best clinical or administrative practice or approach at the moment, given the situation, the consumer’s or community’s needs and desires, the evidence about what works for this situation/need/desire, and the resources available.” Best Practices would also include guidelines peripherally related to clinical care, such as informed consent and record-keeping procedures.

These changes are in response to evolving guideline standards in the larger health care community. They were adopted by the AAPD board of trustees at the Winter Planning Meeting on Jan. 13, 2017.

1. Ogden CL, (US) NC for HS. *Consumption of Sugar Drinks in the United States, 2005-2008*. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics Hyattsville, MD, USA; 2011.
2. Reedy J, Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. *Journal of the American Dietetic Association*. 2010;110(10):1477-1484.

Pediatric Dentistry at the 2016 ADA Annual Meeting

The Committee on Dental Benefit Programs wants AAPD members to be aware of the following ADA Resolution. This was fully supported by the AAPD.

Resolution 12 RC–Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers

This resolution was approved:

Resolved, that the “Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers” be adopted as follows:

The American Dental Association (ADA) opposes interference in the treatment decisions made between doctor and patient. Plans which contain inappropriate and intrusive provisions substitute business decisions for treatment decisions those made through a patient-doctor dialogue. Such provisions and practices deny patients their purchased benefits and robs them of their rights as informed consumers of health care.

Plans which contain provisions, such as those listed below, should disclose them to the plan purchasers and to patients. Dentists should be made aware of these practices when offered a contract.

The ADA is of the opinion that a list of practices by third-party payers that are inappropriate or intrusive and interfere with the doctor-patient relationship includes but is not limited to the following:

Bad Faith Practices: Not treating a beneficiary of a dental benefit plan fairly and in good faith; or a practice which impairs the right of a beneficiary to either receive the appropriate benefit of a dental benefits plan, or to receive the benefit in a timely manner.

Some examples of potential bad faith practices include, but are not limited to:

1. Failure to properly investigate the information in a submitted claim.
2. Unreasonably and purposely delaying or withholding payment of a claim.
3. Withholding funds from bulk benefit payments for services rendered to unrelated patients as a means of settling disputes over prior claims experienced with the dentist either from an alleged past overpayment by the plan or retroactive ineligibility of benefits for a patient.

Inappropriate Fee Discounting

Practices: Requiring a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contracts signed by other dentists.

Some examples of inappropriate fee discounting practices include, but are not limited to:

1. Issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full
2. Using claim forms which, upon signing, require the dentist to accept the terms of the plan’s contract
3. Issuing documentation that states the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract
4. Sending communications to patients of nonparticipating dentists which state the patient is not responsible for any amount above the maximum plan benefit

Lowering Patient Benefits and

Claims Payment Abuse: Intentionally lowering the benefit to the beneficiary and/or lowering the allowable amount to the dentist negating the code for the actual services performed by the dentist. These practices, coupled with contractual clauses that require the dentist to accept the plan payment as payment in full, compound the problem.

Some examples of claims payment abuse include, but are not limited to:

1. **Downcoding:** using a procedure code different from the one submitted in order to determine a benefit in an amount less than that which would be allowed for the submitted code.
2. **Bundling of Procedures:** the systematic combining of procedures resulting in a reduced benefit for the patient/beneficiary.
3. **Limiting Benefits for Non-Covered Services:** mandating a discounted fee for procedures for which the plan pays no benefit.
4. **Least Expensive Alternative Treatment Clauses (LEAT):** contractual language that allows a plan to only pay for the least expensive treatment if there is more than one way to treat a condition.
5. **Most Favored Nation Clauses:** contractual language that requires a dentist to give the beneficiaries of a dental plan the same lower fee that the dentist may have charged another patient.

Disallowed Clauses: Contractual language that prohibits a dentist from charging a patient for a covered procedure not paid for by the benefit plan.

Some examples of disallowed procedures include, but are not limited to:

1. Direct and indirect pulp caps when provided in conjunction with the final restoration or sedative filling for the same tooth.
2. Frequency limitations such as sealants, which are repaired or replaced by the same dentist within two years of initial placement.

Using Non-Dentist Personnel for Adjudication of Benefit: A practice where a non-dentist determines the medical necessity for benefit adjudication. Any determination of medical necessity for the purposes of benefit adjudication should only be made by a dentist licensed in the state in which the procedures are being performed.

Restricting Dialogue between Dentists and Patients or Public Agencies: Contractual language that restricts dentists from fulfilling their legal and ethical duties to appropriately discuss with patients, other health care providers, public officials or public agencies, any matter relating to treatment of patients, treatment options, payment policies, grievance procedures, appeal processes, and financial incentives between any health plan and the dentist.

Automatic Assignment of Participating Dentist Agreements: Contractual language which allows PPO leasing companies and third-party payers to obligate the

dentist to participate in any other third party payer or managed care network without full disclosure of fees, processing policies and written consent from the dentist. This is typically accomplished by selling or providing the discount rate information to any other third-party payers and/or other managed care networks.

Non-Disclosure of fee schedules and processing policies prior to contracting: Requiring a dentist to evaluate a contract with a carrier without full disclosure of the fee-schedules and processing policies as it applies to all plans administered by the carrier.

and be it further

Resolved, that this policy be communicated to the National Association of Dental Plans (NADP) and dental benefit companies to encourage consideration of this policy in the design and revision of each carrier's dental plan products.

and be it further

Resolved, that the following ADA policies be rescinded:

- Fraudulent and Abusive Practices in Dental Benefits Plans and Claims (Trans.1998:701; 2001:428; 2010:551; 2011:455)
- Opposition to Contractual Language Restricting Dialogue Between Providers and Patients, Public Officials or Public Agencies (Trans.1996:691)
- Prohibition of Contract Provisions Permitting the Automatic Assignment of Participating Dentist Agreements Among Entities Engaged in the Business of Insurance (Trans.1995:648)
- Least Expensive Alternative Treatment Clauses (Trans.1991:634)

For further questions or concerns please contact Dental Benefits Director Mary Essling at (312) 337-2169 or at messling@aapd.org

Coding & Insurance Manual 2017

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Media Mix

For more information on how to submit your media coverage, please contact Public Relations Director Erika Hoeft at (312) 337-2169 or erika@aapd.org.

AAPD President in Fox News Article

AAPD President **Dr. Jade Miller** was interviewed by Julie Revelant for a story that appeared on *Fox News* titled, “Break your child from these seven harmful health habits,” which was published on Nov. 27, 2016.

According to the article:

“It’s common for babies and toddlers to suck their thumbs or their fingers to soothe themselves. But depending on how intense they suck and how long the habit lingers, it can affect the way their jaws grow. Since sucking depresses the tongue away from the roof of the mouth and compresses it, the habit can affect the normal growth of the upper jaw, causing it to develop narrowly and leading to a crossbite or an overbite,” said Dr. Jade Miller, president of the American Academy of Pediatric Dentistry (AAPD).

AAPD President & AAPD Spokesperson Featured in NJ Family

AAPD President **Dr. Jade Miller** and AAPD national spokesperson **Dr. Mario Ramos** were both interviewed by Arricca Elin Sansone for a story titled, “Dental Habits: How Bad Are They Really?,” which was published online Dec. 7, 2016, and also appeared in its December print issue.

Mouth Monster Hub Highlights

WHAT’S YOUR CANDY PERSONALITY?

Are you sweet as candy? Take our Halloween Candy Personality quiz to find out! Plus, get expert tricks to scare the Mouth Monsters away for healthy, happy smiles all year long.

‘T’WAS THE NIGHT BEFORE CHRISTMAS

In this lighthearted piece, readers reimagine a familiar holiday tale with dental tips to put the Mouth Monsters on the naughty list for good.

WELCOME TO DENTY LAND!

Denty Land allows parents and children to journey through whimsical places, such as Floss Forest, Molar Marshes and the Fluoride Fountains as they discover dental health tips in order to beat the Mouth Monsters and ultimately meet their pediatric dentist at the end.

AAPD Participates in Parents Magazine Article on Baby Teeth Myths

AAPD President **Dr. Jade Miller** and AAPD member **Dr. Homa Amini** spoke with Tamekia Reece about baby teeth facts and how to get your infant started on the right oral health path as soon as possible.

According to the December 2016 article:

“MYTH: Teething can make your baby sick.

FACT: Although you may have heard that teething causes diarrhea, fever, and a whole host of other problems, recent research shows that any symptoms are actually quite mild. Gum irritation, drooling, and irritability are the most common symptoms associated with teething, according to a recent study in Pediatrics; some babies may also experience a slight rise in temperature. However, a true fever (100.4°F or higher) isn’t related to teething, says Jade Miller, D.D.S., president of the American Academy of Pediatric Dentistry (AAPD). If your baby has significant signs of sickness, contact your pediatrician.”

Please read the full story at <http://www.parents.com/baby/health/baby-teeth/myths-about-baby-teeth/>.

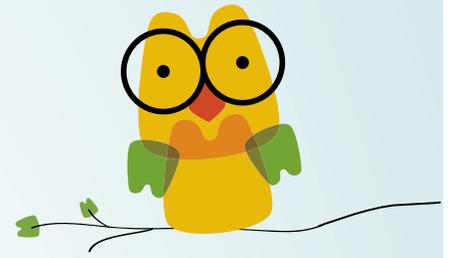
Ad Council’s National Brush Day Celebration

The Partnership for Healthy Mouths, Healthy Lives and the Ad Council created awareness by promoting healthy mouths and the importance of brushing your teeth. On National Brush Day, Nov. 1 (and every day), parents and caregivers are encouraged to make sure their kids brush their teeth for two minutes, twice a day. The holiday aims to reinforce the importance of children’s oral health and promote good tooth-brushing habits.

AAPD national spokesperson **Dr. Mira Albert** (Ill.) participated and represented the AAPD in the organized Twitter Party on Oct. 26, 2016, with the [@teethfairies](#): Teeth Fairies; [@brush2min2x](#): Kids’ Healthy Mouths; [@Smile4Health](#): Oral Health America; [@CDA_Dentists](#): California Dental Association.



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Dr. Kelly Kim

Supported Pediatric Owner Dentist
Murrieta, California



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Strategic Exam Process Improvement

As each of us strives to improve our practice of pediatric dentistry, the ABPD aims to continuously improve our examination processes. "Every pediatric dentist is inspired to provide high quality oral health care to all children and maximize patient outcomes through continuous participation in the certification process." This is the vision of the American Board of Pediatric Dentistry. Our core values include "A commitment to Lifetime Learning" and "Quality Improvement in Health Care".

Several years ago, in such a continuous improvement effort, the ABPD Board of Directors voted to restructure the Examination Committee. Instead of having each subcommittee (Qualifying Examination-QE, Oral Clinical Examination-OCE, and Renewal of Certification-ROC) be led by a member of the Board of Directors, each subcommittee instead would have a Chair, whose focus would be on examination construction. Each subcommittee would also be staffed by a Board Liaison, a member of the Board of Directors, who would work closely with the Chair. Under this new structure, the ABPD Board of Directors will also be able to better direct their focus on board level functions, such as strategic planning and board operations. The ROC and OCE subcommittees have already made the smooth transition to this new structure. The QE will be undergoing their transition this year.

The Board of Directors also elected to strengthen the Examination Committee in a number of ways. The size of the Examination Committee has been increased while the Consultant category (who previously served only as OCE Examiners) has been retired. Applicants to the Examination Committee will be able to submit their applications via a new on-line application process, and will be requested to upload a short bio sketch and personal essay. We firmly believe that the new application process will enable a better-informed selection process and enable

the matching of the subject matter expertise and interests of the applicants to the needs of the Examination Committee.

If you have knowledge and expertise to share, we invite you to apply to serve on the Examination Committee. To learn more about the ABPD Examination Committee and to access the on-line application, go to www.abpd.org.

The Board of Directors fully appreciates and recognizes that the success of the ABPD comes from the talents and commitment to excellence of its volunteer pool of Diplomates. Therefore, we would like to recognize and thank the following Diplomates for completing their 5 years of service on the Examination Committee in 2016:

Mary Burke – Union NJ
Richard Burke, Jr. – Raleigh NC
Larry Dormois – Germantown TN
Tim Fagan – Enid OK
Donald Huebener – St. Louis MO
Craig Hollander – St. Louis MO
Catherine Hong – Singapore
Alton McWhorter – Dallas TX

We would also like to thank all Diplomates who have assisted us in the administration of the OCE, for your time and effort has been appreciated since 2005!

Man Wai Ng, DDS, MPH
 Boston, MA
 Secretary, ABPD
 Board certified: 1997



Congratulations to the 2016 Pugh Awardees

The Pugh Award is given to those who have scored in the top 3% of the 2016 Qualifying Examination.

Brandon Boike, Traverse City MI
 University of Florida

Anne Lindley, Dallas TX
 Baylor

Roshan Roshannejad, Houston TX
 New Jersey Dental School

Anna Brostowitz, Cypress TX
 Mt Sinai Medical Center

Anne Pedersen, Richland WA
 Lutheran Medical Center

Shabtai Sapir, Sharon MA
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 University of Florida

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 University of Minnesota

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 Bon Secours

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The Two BIGGEST Problems Facing Pediatric Dentists

By Rhea Haugseth, D.M.D.

My name is Dr. Rhea Haugseth, and like you, I am a practicing pediatric dentist in Marietta, Georgia. Over the years, I found myself feeling very frustrated with the lack of efficient, cost-effective training available for pediatric dental assistants. In fact, there were two major problems that I continually had to deal with when hiring a dental assistant for my pediatric practice:

1. **They had no clinical training.** Even if they had dental assistants' training, they still fell short of the unique needs of a pediatric practice.
2. **They had no communication skills.** They often did not know how to talk or act professionally or how to communicate effectively with children and their parents. Newly hired dental assistants tend to be young people who are just starting their careers. For a variety of reasons, many of them had very little people skills and life skills such as how to manage their resources or prioritize efficiently.

There was plenty of training for general dental assistants, but nothing for the pediatric field. I knew what it took to create a spectacular PDA, but frankly, I was tired of training and re-training with every new PDA.

Dealing With Problem #1

Knowing that my colleagues were also frustrated with these same challenges, I formally created the Pediatric Dental Assistant School (PDAS) in Atlanta where newly hired PDAs in Atlanta-based pediatric dental offices or those seeking a career as a pediatric dental assistant could get the training they need (for an entry-level position) in 9 weeks of training at my office in Atlanta.

Dealing With Problem #2

Although the PDA graduates were trained clinically, I realized there were other issues I needed to address; namely, teaching them the soft skills that came with working closely with children, parents, and the office staff. So I created training modules on parent/patient communication that teaches PDAs the art of effective communication in a professional setting, and specifically how to communicate and connect with children and their parents. This training can make a remarkable impact in patient/staff relationships.

I realized that the need for specialized training was universal, and pediatric dentists across the nation had to deal with these two problems regularly. "How can I help them?" I wondered. That is when I launched the Pediatric Dental Assistants Association. It not only provides the instruction and resources needed to train newly hired PDAs to quickly become a valuable and fully-functioning member of the staff, it is also a place where high-performing PDAs have been able to grow in their skills and in their careers.

The development of the Pediatric Dental Assistant School, along with the Pediatric Dental Assistant Association has been a wonderful addition to my practice. My staff truly loves these programs!

Pediatric dental offices who would like to receive more training and mentorship for their pediatric dental assistants should enroll their assistants in the PDAA.

For further information, please contact the Pediatric Dental Assistants Association at 770-823-3534 or email pdaadirector@gmail.com.



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- 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.

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A PDAA membership is a truly hands-off program for you as the owner/doctor. Your dental assistants will gain valuable knowledge and training that will increase their abilities and help grow and develop your practice. Teaching 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 PediatricDentalAssistantsAssociation.org to join today!

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Dr. Ned Savide

HSHC President

Need Doesn't Take a Day Off

Someone asked me a couple of years ago whether I thought the mission of Healthy Smiles, Healthy Children – supporting community initiatives providing Dental Homes to children from families who cannot afford dental care – would be diminished or even made obsolete by the Affordable Care Act (**ACA**), which includes dental care coverage for children. Not long after the ACA was implemented it became clear to me an act of Congress wasn't going to reverse decades of non-compliance overnight.

Just as practical clinical advice goes unheeded among the well-intended parents and caregivers in our practices, the availability of coverage for dental care alone will not improve the oral health of our nation's children.

In that same vein, regardless of any changes in the Affordable Care Act – I'm writing this during the days leading up to the inauguration – I'm confident our mission will remain relevant, perhaps even more relevant, for not just underserved children, but all children.

Thanks to the growth in our programmatic reach and our assets, along with the ongoing support from AAPD members, Healthy Smiles, Healthy Children is positioned to take on very significant challenges.

The HSHC board had some exciting discussions during its January session to plot its course for the next three years. Yes, we remain committed to supporting those providing care to the underserved.

But, how can we up the ante to make a more sustained difference, first in targeted locations and then, if successful, by expanding on state, regional and national levels? How can we help those in private practice with tools and resources to help improve and protect the oral health of the children in their care? The options and opportunities are plenty.

HSHC is blessed by its affiliation with the AAPD. Besides benefitting from the wisdom of AAPD members in the 1980s who saw the value of establishing a charitable arm of the Academy, our job is to make sure that we represent the wishes of all professionals who commit their lives to putting children's oral health first. Besides being the primary source of financial support that fuels our mission, AAPD members also provide the expertise we rely upon to shape our priorities and identify the initiatives we ultimately support.

HSHC is on a growth trajectory and we intend to continue growing in meaningful and beneficial ways.

You'll be learning more about our expansion efforts during the coming months so, with the promise of more to come, I hope you will continue to support us with your charitable contributions to Healthy Smiles, Healthy Children. Whether you're a current donor, someone who hasn't given in a while, or someone who never has given, any contribution you make will make a difference in the life of a child. Please be as generous as you can.

AAPD Past President (2005) Dr. Savide, is a retired pediatric dentist residing in suburban Chicago.

LSU After Hours Pediatric Dental Clinic

Healthy Smiles, Healthy Children is constantly looking for unique opportunities to partner with organizations that serve children who have the least amount of access to dental care. In October 2016, HSHC issued its very first customized grant to the LSU Health Sciences Center Foundation (**LSUHSC**) at the LSU School of Dentistry in New Orleans, La. A grant in the amount of \$37,156.83 was awarded to LSUHSC to help fund the LSU After Hours Pediatric Dental Clinic. The clinic will be open two evenings per week from 5 – 8 p.m., and then on one Saturday a month from 8:30 a.m. – 12:30 p.m. Volunteer dental students will facilitate dental examinations, preventative and restorative care for children and adolescents under direct supervision of a faculty member from the LSUHSC Department of Pediatric Dentistry.

Many families in New Orleans have low wage jobs that do not include paid leave. In addition, it has become increasingly difficult for families to check children out of public schools due to the highly competitive nature of the charter school system in New Orleans. Often, when families are faced with the choice between oral health or income for rent and food, dental visits are sacrificed.

Not only does this grant provide a Dental Home to children of the greater New Orleans community, it also provides dental students with increased exposure to a population that they do not typically encounter during their clinical training. The dental program at LSU is enhancing their clinical program in cultural competency, advocacy, care of vulnerable populations and oral health literacy by being involved with the after hours clinic.

HSHC looks forward to creating future relationships with organizations and communities who strive to provide Dental Homes for all children in underserved areas. We believe that our customized grants will reach the most vulnerable communities that need access to dental care the most.





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Opportunities

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

SEEKING PEDIATRIC DENTISTS

ALASKA. We are seeking a full-time pediatric dentist to help fill the needs with our growing number of pediatric patients. Our office is well established and we are in the early phase of building a new office to accommodate our growing patient population. Our supportive team members care about our patients and strive to provide the best patient care. We provide a fun and friendly atmosphere and need an energetic provider to help with excellent patient care. Requirements: provide and educate patients and parents on their pediatric dental treatment with preoperative and postoperative care; work in unison with other specialist and general dentists to provide the best optimal dental care; provide a current Alaska dental license; must have a pediatric certificate from an accredited U.S. dental university either board eligible or board certified; DEA certificate; NPI Number. For more information, contact robmcalfpine7@yahoo.com.

ARIZONA—PRESCOTT. Established high volume north and central Arizona practice locations. KidZaam Dentistry seeks additional pediatric dental associates for employment in a multiple area location. Our distinctive environment and Dentertainment philosophy creates an exclusive dental experience for kids. We are seeking pediatric dentists who are passionate, motivated and fun loving when delivering excellent dental care. We believe all kids should laugh when they go to the dentist! A minimum four day work week is provided with a guaranteed daily salary and/or high percentage off ALL daily production! Whichever is the highest for your professional services. Please send your resume to dhuggins@kidzaam.com or fax to (928) 443-1373 or call (928) 445-8033.

CALIFORNIA—CASTRO VALLEY. San Francisco Bay area's town of Castro Valley has opportunity for a world class pediatric dentist looking for long term group practice; currently we have part-time position of two days a week available with growth opportunity. We have a modern practice looking for an awesome doctor to join us. The current ultra awesome doctor is leaving on good terms due to husband's practice relocating. Private Contractor position is available in a few weeks. Pediatric Dentistry Certificate. For more information, contact sherviny@comcast.net.

CALIFORNIA—SACRAMENTO. Pediatric dentist needed in a busy pediatric dentistry practice. Very busy office. State-of-the-art. Great reputation. Must be great with children and good people skills. Board certified or board eligible would be great. Partnership for the right person. Please send your C.V. and any questions you may have to kathleenrebham@comcast.net.

CALIFORNIA—SAN DIEGO. Great opportunity for pediatric dentists in the San Diego County area. Join our team and be a part of something as extraordinary as the children you treat. With five locations, we are looking for someone compatible who is personable, enthusiastic, caring and someone

who loves what he/she does. Currently, we're seeking both part-time and full-time positions. For more information on our practice, please feel free to check out our website www.thesuperdentists.com and send your resume to niki@thesuperdentists.com

CONNECTICUT—BRISTOL. State-of-the-art pedo-ortho modern practice in Bristol, Conn., is offering a full-time and/or a part-time (pick your own days) associate positions. The practice: quality oriented with focus on exceptional customer service. Patients' satisfaction is top priority, central N₂O, digital radiography, paperless charting (EagleSoft), and the latest in soft-tissue and hard-tissue laser technology (Fotona Lightwalker.) The ideal candidate: quality-oriented, exceptional communication skills, interest in the latest technology, materials and techniques. Innovative, skilled, dedicated and committed for long term. Enjoy full autonomy, treat it like your own practice, and dictate your own terms. High compensation, loan repayment program, full benefits, optional 401k. We take pride in our relaxed, friendly, yet professional atmosphere. Only happiness and positive energy is allowed. We look forward to receiving your C.V. This is one email you won't regret sending: aidlibi@yahoo.com. Three references including program director.

FLORIDA—ORLANDO. Please inquire about generous sign-on bonus for this position! Looking for an opportunity with a successful and growing company? Sage Dental is comprised of 51 full-service general and multi-specialty practices located throughout south and central Florida! Sage Dental currently has opportunities for qualified general dentists and specialists given our continued expansion and excess demand for our services, we are presently seeking a pediatric dentist to join our family in our growing south and central Florida offices. Sage Dental offers you: excellent earning potential – Sage Dental operates more efficiently and we share the results with our doctors through a higher compensation model. Ability to focus on patient care – by delegating all the management and administrative stresses to us, our doctors can focus on providing the best patient care possible. State-of-the-art facilities – our dentists enjoy working in state-of-the-art facilities with the latest dental technology and equipment. Quality of life – since you don't have to worry about insurance claims, payroll, staffing, accounting and marketing, you have the time to enjoy everything Florida life has to offer, including our many golf courses and beautiful beaches. If you are ready to take the next step in your career as a specialist and want a position with excellent earning potential, Sage Dental has what you are looking for. Apply today! Contact: Nina Voelker or Bradford Cabibi - Doctor Recruitment. Email: nvoelker@mysagedental.com; bcabibi@mysagedental.com; careers@mysagedental.com website: <http://www.mysagedental.com/>; https://www.appone.com/MainInfoReq.asp?R_ID=977494; <http://www.mysagedental.com/career-opportunities/> Phone: (561) 288-1521 or (561) 999-9650, ext. 6146; Fax: (561) 526-2576. Florida Dental License.

FLORIDA—PALM BEACH COUNTY. Well established private pediatric office is seeking a board certified or board eligible pediatric dentist. Position is full-time but part-time will be considered. Sedation

and hospital training is a must for certification and privileges in Florida. We are exclusively a fee for service and indemnity and PPO insurance practice. Please email your C.V. to: pd.florida.1@gmail.com.

GEORGIA. A respected and growing private pediatric/orthodontic dental practice in the Marietta suburb of Atlanta, Ga., is seeking a part-time or full-time associate. For the right candidate, this position may lead to an opportunity for ownership/partnership in the future. This practice is located in a thriving and supportive community and is known for exceptional patient care and superior customer service. Their dental team focuses strongly on patient and parent education and providing a full understanding of any treatment being provided to the child. The staff is multi-skilled and motivated. Applicants must be compassionate, ethical, and excel in interpersonal and social skills. New graduates are encouraged to apply. Pediatric Dental Certificate; AAPD Board Eligible/Certified. Please send C.V. to zachrocco2006@gmail.com.

GEORGIA. Growing specialty office is currently interviewing for a full time associate pediatric dentist with future partnership possibility. This is a great opportunity to practice in a non-cooperate, fun and privately owned office. We believe in a high level of patient and parent education and making sure that children have an excellent dental experience at each visit. Our office is upscale and modern with a team of happy, motivated, multi-skilled staff. Candidate must have excellent communication skills, be enthusiastic and motivated. Excellent benefits, guaranteed compensation with bonus incentive and sign-on bonus are offered. Please visit our website at www.niadentistry.com. For more information about this position, please contact Dr. Azi Nia at Dr.Nia@niadentistry.com.

GEORGIA—ATLANTA / SOUTH CAROLINA—COLUMBIA. Pediatric dentist career opportunities in; GA (Metro-Atlanta), SC (Columbia/Charleston), and the DMV (Metro D.C., MD and VA). Generous signing bonuses offered for select locations. Enjoy the dental career you love, with the freedom to live the life you've been working towards, while working in a doctor owned practice setting. Our network of offices provide all levels of care including oral sedation, IV sedation, and general anesthesia at hospitals. Please contact: Brian Friedman at (678) 923-4466; email: brian.friedman@SmilesForLifeNetwork.com or Ryan Murdock at (678) 794-9440; email: ryan.murdock@SmilesForLifeNetwork.com. Website: www.SmilesforLifenetwork.com. D.D.S. or D.M.D. degree. Pediatric certificate and/or license for pediatric opportunities. Active dental license or ability to obtain dental license in preferred state of employment.

GEORGIA—CANTON. Pediatric Dentistry & Orthodontics has an opening for a pediatric dentist and orthodontist for our practice in metro Atlanta, Ga. We are a non-corporate, 100 percent pediatric dentist owned, fun, private practice with an opening in Canton, Ga., which is 20 minutes from the Atlanta area. Employee retention is excellent. We are thoroughly modern with paperless/chartless offices, solid infrastructure, and in-house sedation center with

an MD pediatric anesthesiologist. The individual we hire may be an employee or general contractor. You will receive guaranteed per day pay with percentage of production or yearly salary if preferred. We also offer CE coverage, 401 K, medical benefits, dental and vision. Moving budget and a sign-up bonus! We love CE in all areas of pediatric dentistry to keep up with technology and new innovative procedures. If interested, please contact us at (678) 763-2600 or email us at vwishant@me.com.

GEORGIA—NEWMAN. If you are an open, positive pedodontist looking for career satisfaction and continuing educational opportunities, join a Heartland Dental supported office! Heartland Dental supported offices are seeking self-motivated pedodontists to provide high-quality, lifetime patient care. As a supported pedodontist with Heartland Dental, you will provide dental care to infants, children and adolescents. Why join a Heartland Dental supported office? You want the opportunity to work with your own office and team in a state-of-the-art facility. You want to choose your own materials and labs. You want to diagnose and treatment plan your own cases. You want to resource and network with colleague dentists. You want to earn an excellent income with guaranteed salary and benefits. You want to build equity in a group of successful offices, either with no financial investment on your part. You want to benefit from existing relationships with suppliers, vendors, and insurance companies. You want professional assistance in interviewing, hiring and training your dental team. You want superior non-clinical administrative support in areas such as accounting, human resources, information technology, management information systems, marketing and advertising, payroll administration, personnel recruitment, and supply and equipment procurement. As a supported dentist, you must have a strong work ethic, an outgoing and personable chair-side manner and the desire to improve within the dental field. You must also be flexible and open to new ways of doing things and able to lead and manage a team. Educational requirements of the dentist – general dental doctor – D.D.S./D.M.D. include: D.M.D. or D.D.S. degree; current dental license in state of hire; ability to travel overnight to training sessions once a month during your first year of employment. <https://jobs.heartland.com/job/HEDEUS607/Pedodontist-Newnan-GA-20-000-Sign-on-Bonus>.

ILLINOIS—CHICAGO NORTH SHORE SUBURB. Forest Orthodontics and Pediatric Dentistry is a progressive and growing dual specialty practice, and we are looking for a pediatric dentist to join our dynamic team. We are located in the desirable North Shore suburbs of Chicago right on Lake Michigan, and are convenient to Milwaukee as well. We are looking for someone who is hard-working yet has a playful spirit, and is committed to excellence in dentistry coupled with a sincere desire to create exceptional patient relationships to be a part of our passionate team. This is a great opportunity for someone to grow their career long-term in our patient-centric practice and also help us expand to maximize our potential. We invite your inquiries and to submit your C.V. to DrAnokhi@ForestOrthoPedo.com. Board Certified or Board Eligible in pediatric dentistry.

MARYLAND—BEL AIR. Pediatric dental practice in Bel Air, Md., proudly looking for an associate. Well established private pediatric dental practice continues to grow and we wish to add a doctor to our team.

Our office is state-of-the-art and designed for child and parent acceptance. Sedation and OR at two nearby hospitals. Consider this prime opportunity and contact us! info@growingsmiles.com or (410) 569-6700. www.growingsmiles.com.

MARYLAND—CALIFORNIA. We are looking for an associate dentist for our busy, growing pediatric dental office. State-of-the-art facility with new chairs and equipment. Highly trained staff. Excellent management and marketing support. Paid continuing education and other benefits. We are seeking an associate who can make a long term commitment and complement the current solo pediatric dentist. Our office is located in a rapidly growing area with influx of many young families. We are two hours from D.C., Northern Virginia with a good school system. Perfect place to practice pediatric dentistry and raise a family. Sedation and OR at two nearby hospitals. Sound like a job you'd enjoy? We would appreciate talking to compassionate dentist with great work ethics and similar mindsets. Equal opportunity employer. For more information, visit our website www.smilecastle.com. Please contact Carlie at info@smilecastle.com or (240) 349-5000 to discuss this opportunity. Must have a D.D.S./D.M.D. from an accredited dental school. Must be licensed to practice in Maryland. Must have completed the postgraduate residency in pediatric dentistry.

MARYLAND—EASTON. Busy solo practice pediatric dentistry office, located on the beautiful eastern shore of Maryland, currently seeking a part-time associate to accommodate our busy schedule. Great schools and recreational activities in this charming waterside community. May lead to full-time with buy into practice opportunity. Excellent compensation and benefits available. Please email C.V. to dfcmd12@gmail.com.

MARYLAND—SILVER SPRING. Do you love seeing smiles on the face of children? Would you like to work in an environment where you and your patients are treated like family? Join our team! Our beautiful state-of-the-art practice is located right outside our nations capital. We are in search of individuals with a passion for educating patients and parents in oral hygiene. Individuals who are kind, compassionate, confident and can listen as well as provide sound advice will thrive in our busy practice. We have a unique philosophy of idea sharing and practice management that allows you to focus on providing superior dentistry and leave the rest to us! Our hours are Monday through Thursday from 8-5 and Fridays from 8-1. A generous benefits package is included for this full time position. Please email your C.V. to mandy@funsmiles.com. Requirements: Pediatric Dental Certificate; Dental License; DEA; MD CDS.

MISSOURI—COLUMBIA. Pediatric dental office in mid-Missouri is seeking a pediatric dentist. Our growing, pediatric-dentist owned private practice has two offices in the mid-Missouri area. We place the highest priority on lasting and trusting relationships with our patients, parents, staff and doctors. Join our team and be a part of something as extraordinary as the families we care for. Please contact: kristin@columbiadentistryforchildren.com. Must have completed a pediatric residency and seeking board certification.

NEBRASKA—SCOTTSBLUFF. My name is Matthew Henry. My partner, Luke Milmont, and I are looking for someone great to join our practice in Scottsbluff, Neb. Our new building will be completed soon and will be a dream practice as far as space, entertainment, technology, etc. A future buy-in opportunity is definitely available for the right person if desired. We feel as though ownership is often key

to continued success and satisfaction. Benefits will include paid major holidays and two work weeks of paid vacation, 230k salary, as well as marketing/CE allowance (loan repayment from the state is also available). We have the patient base and are looking to expand the number of days we are open. Scottsbluff is a great and growing small town with daily flights to major airports for those quick weekend getaways! Feel free to call us for more info! Please send C.V and cover to Matt@saptron.com or call (970) 682-8504. Have a U.S. pediatric dentistry specialty certificate.

NEW JERSEY—OLD BRIDGE. Successful pediatric dental practice located in central N.J., is seeking a full-time pediatric dental associate to join our team of amazing professionals. We are a very successful, privately owned practice of 50 employees dedicated to providing the highest level of pediatric dental care to the children in our surrounding communities. The position is full time, which equates to roughly 36 hours per week. We offer very competitive base salary plus production, medical insurance, 401K, continuing education, and much more. More importantly, we offer an opportunity to thrive and advance in your career, while working in a pleasant, enjoyable atmosphere with a well-organized, compassionate team. Experience preferred, but will consider new graduates. For more information, contact christine@kidzdent.com.

NEW MEXICO—ALBUQUERQUE. Smiles For Kids Dentistry (www.smilesforkidsdentistry.com) is a privately owned small group practice based in Albuquerque, N.M., that has become a true dental home to over 40,000 patients with over a 98 percent patient satisfaction score. We have several pediatric specialist openings due to newly opened offices and are in search of friendly and skilled dentists that are looking for a great lifestyle and the opportunity to really make a difference in the many under-served communities in which we operate. We are not a large corporate owned entity with mandates and production targets overseen by non-dentist management, but rather a smaller blend of individually-operated dental offices backed by a supporting infrastructure of pediatric specialists that caters to each local community and its needs. Our associates typically work 4 to 4.5 days on average per week with a mix of in-office patient care and a 1-2 days per week doing OR cases. First year associates typically earn a first year compensation between 275k-400k based on both a base salary and production related compensation bonuses. Part time positions available as well for those looking to work anywhere between 2-3 days per week. Additional benefits include company paid health care costs, relocation expenses/signing bonus, vacation time, liability insurance coverage, and continuing education allotments. Our operations are headquartered in the beautifully sunny state of New Mexico, an outdoor-enthusiasts dream destination in the Southwest that enjoys a mild, dry climate and over 330 days of sunshine a year. Nearby activities include unlimited hiking trails, several world class golf courses, hunting, camping, fishing, both road and mountain biking, and snow skiing. With a laid back culture, wonderfully warm and caring people, and a strong economic infrastructure, New Mexico is consistently named as one of the best places to live in the U.S. over the past few years. Come join us for awhile to help pay off your dental school debts or come enjoy the Land of Enchantment on a permanent basis! Come and help us make a difference in a location that years, fully appreciates, and is willing to pay you for your expertise, skills, and schooling! Interested candidates can send their resume/C.V. to Smilesnm@yahoo.com or can call Jim Tasker directly at (303) 815-0735 for

more information. For pictures of our clinic and to see what others are saying about us, you can visit our website at www.smileforkidsdentistry.com. Pediatric specialists who have completed a 2-3 year residency, new residency graduates encouraged to apply!

NEW MEXICO—FARMINGTON. Animas Pediatric Dental Group is looking for the next great team member. Our practice is well loved and is busy and thriving. You will be amazed at the staff, patients and facility—all are top notch! Farmington, N.M., is located in the Four Corners region and is the retail hub for several surrounding small cities (Durango, Colo.) and a Native American reservation. If you love the outdoors (mountain biking, river rafting, skiing) and a small town feel then this opportunity is perfect for you. Partnership opportunities are available for the right candidate. Please email resume, C.V., and a photo for consideration to cdavidson@toothzone.com. New or recent graduates welcome.

NEW YORK—ALBANY. Are you interested in being part of a growing multi-unit pediatric dental practice? We have an outstanding opportunity in our successful, well-respected, quality oriented private practice. Located in beautiful Upstate New York, we are seeking a motivated, personable individual to join in our success. We have a booming three doctor practice with two locations. We offer tremendous growth and earning potential. Treatment modalities include nitrous oxide, in office sedation, and hospital dentistry. We offer excellent compensation and additional benefits to ensure a well rounded, competitive package. New York State license. For more information, contact lmelleurpdg@gmail.com.

NEW YORK—CERTEREACH. Growing pediatric group, with multiple offices, needs pediatric associates with potential of partnership in our expanding offices. We are looking for full or part time associates in our Queens and Central Suffolk locations. Excellent salary and percentage is being offered. Completion or soon to be completed pediatric residency program. For more information, contact 2align@gmail.com.

NEW YORK—COMMACK. Growing pediatric dental office seeking a part-time associate to join our team of doctors. The candidate must exhibit excellent people skills, be highly motivated, dedicated and nurturing to our young dental patients. For more information, contact hjped@yahoo.com.

NEW YORK—MASSAPEQUA. Amazing opportunity for a pediatric dental specialist who is willing to work full-time/part-time for a well-established, busy and still growing practice on Long Island. Any candidate for this job should be caring, compassionate, and open to learning, as our team of doctors and staff thrives when working as one unit. The candidate should also be highly motivated and prepared to produce in a state-of-the-art, 10-chair facility. This position includes in-office general anesthesia cases and Saturday workdays. Temporary position also available from 3/09-6/08/17. Send C.V. to Dr. Chillemi at drchillemi@gmail.com. NYS Dental License Certified Pediatric Dental Specialist.

NORTH CAROLINA—SOUTHERN PINES. We have an outstanding opportunity for a motivated pediatric dentist to join our progressive, high-quality, and rapidly expanding multi-specialty group practice in Southeastern North Carolina. This area is desperately underserved. There are only 176 pediatric dentists in the state to serve a population of 8,186,268 of which 1,424,538 are school-aged children. Our practice offers the unique opportunity to have four hospitals with which we are credentialed

so we have OR block time every day. In addition, as a family practice, serving this area for more than thirty years, family referrals are always available. We are currently under design of a dental only ambulatory surgery center, to open in 2017. Placement needed for provider to live in the Pinehurst, N.C., area and work in regional offices twenty miles from Pinehurst/Southern Pines, N.C. Live in the beautiful resort area. In addition, a placement is needed to live in Fayetteville, N.C., and work in regional offices as well. Visit us on the web at <http://www.vfdental.com>, and come see us at the job fair at this year's AAPD annual conference in Washington! Must be dentist that has completed a pediatric residency.

ONTARIO—OTTAWA. Celebrate Canada's 150th birthday by joining our pediatric dental practice located in Canada's capital city. This is a full-time position with the possibility of purchase. Our experienced team makes for a pleasant and efficient work environment. Associates of this single owner office have autonomy to develop and grow their practices in a patient-centered and highly ethical environment. Please contact us to further discuss our practice philosophies and your opportunity be a part of an established and progressive pediatric office. 1637wpd@gmail.com; WoodoffePediatricDentistry.ca. Candidate must be licensed as a pediatric dentist in Ontario, Canada.

PENNSYLVANIA—ALLENTOWN. Our thriving pediatric team is looking for the right candidate to lead our flagship office in Allentown, Pa! A + Pediatric Dental Specialty Care has a current, select opening for a full-time (4-5 days/week)/ part-time (2-3 days/week) pediatric dentist to join our Allentown, Pa., multi-specialty practice. Generous compensation package, dedicated team-oriented staff, consistent schedule with a strong referral network. Compensation: percent of collections (includes copays); 80 percent state insurance, 20 percent PPO; opportunity to make upwards of \$350,000; Pay off loans fast! Benefits: leadership—clinical freedom and treatment autonomy; patient focus—established and growing patient foundation. Technology—Dryshield, Activa, SDF, Zirconia, NuSmile crowns. Multi-specialty office setting (GD, Ortho, Endo, OS, Perio, Prosth); Malpractice Coverage Assistance; Continued Education Reimbursement, Paid ADA & State Society Dues. This bustling city on the Lehigh River, founded in 1762, is vibrant and lively—diverse nightlife, fine dining, golf, and other activities abound. From Dorney Park and Wildwater Kingdom to the Allentown Art Museum and the Symphony Orchestra, there's plenty to see and do here. The city is also home to 2,000+ acres of park systems earning it the name of Pennsylvania's Park Place. Check it out! https://youtu.be/2XS_T9qgDb0. For more information, contact: AvS224@gmail.com.

SOUTH CAROLINA—SENECA. Seeking full-time pediatric dentist for a busy state-of-the-art practice with two locations in Seneca and Clemson, S.C. Conveniently located near Clemson University at the foothills of the Blue Ridge Mountains. Offering opportunities with sedation dentistry, including in-office IV sedation with a pediatric anesthesiologist and hospital privileges. Competitive benefits package and compensation provided. For more information, contact: camillehorton@gmail.com.

SOUTH CAROLINA—SUMTER. Excellent Opportunity for pediatric dentist starting IMMEDIATELY! Patients abound for a dentist who wants to work hard and enjoy Southern living in a private practice setting. We have been in practice for over 33 years and are seeking a full-time pediatric

dentist who is passionate about their career. Great relationships with all pediatricians in area. Digital radiographs since 2009. Regional hospital nearby for hospital OR cases and oral conscious sedation is performed. Full-time position: continuing education stipend, health insurance, \$1,000/day or 35 percent collections, whichever is higher, and relocation expenses provided. The Midlands of South Carolina provide quick access to the mountains and all the beaches of South Carolina, while welcoming you home like no other place. Our team is extremely loyal and dedicated to providing the absolute best in treatment and comfort for each patient. For more information, send C.V. to goinsandpoag@ccdsmail.com. Visit our website at www.carolinachildrendentistry.com.

TEXAS. Looking for a part-time (2-3 days a week) or full-time (4 days a week) pediatric dentist for a starting pediatric dental practice in Dallas/Plano Tx area. Digital X-rays and electronic charts. \$1200/day or 35 percent of collections, whichever is higher. Benefits available for full-time. Please respond to ad for further information. For more information, contact: totstoteenspd@gmail.com.

TEXAS—AUSTIN. Pediatric dental practice, located in and around the Austin area, is looking for a pediatric dentist to join our team. We offer a comprehensive compensation package, full benefits, company paid life and long term disability insurance; as well as, 401K with company matching. New grads welcome to apply. Please e-mail C.V. to Joinourpractice2010@gmail.com. TX Dental License (or in the process of applying for one). Pediatric Dental Residency Completion (or near graduation date). Current CPR/PALS.

TEXAS—PEARLAND. A fee-for-service, established, private pediatric dental office is looking for the right associate that is a Board Eligible/ Board Certified pediatric dentist! We are located in Pearland, Texas, 20 minutes south of downtown Houston and the Texas Medical Center. Our practice focuses on high quality dentistry with relationship building, prevention, education, and great customer service. We provide dentistry with the latest technology including a Biolase Waterlase laser, a diode laser, Wand anesthesia delivery system, Isolite, and digital radiographs. Our mission is to provide the highest quality dentistry in a safe, comfortable, compassionate, and kid friendly environment to our patients and their families. We offer a retirement plan, health insurance, multiple benefits, and a competitive compensation. If you are caring, energetic, self-motivated, focused on providing the best care, and want to work in a respected private practice, please email your resume to jerry_wiesner@hotmail.com. Board Eligible or Board Certified Pediatric Dentist.

TEXAS—SAN ANTONIO. We are looking for a Board eligible/certified Pediatric dentist with a love for working with kids. Our team based approach is very important to us to make sure we take the best care of the patients we see. Most patients seen are PPO and FFS with a vein of Medicaid. Office is growing by the day and is situated in a great location in the fast growing city of San Antonio. A clear path to ownership/partnership/profit sharing is available to the right applicant that is willing to work as a team player and treat the children they see as they would treat their own family. We are open to all possibilities but know that surrounding ourselves with good people is the most important thing. Very bright friendly atmosphere with demographics that just aren't seen every day. 197,000 people in a five mile radius! With more houses going up everyday. All located in one of the fastest growing areas in San Antonio. If you love to work with kids, want a stable

income and a clear path to ownership/partnership or just being an associate with not having to deal with the headaches that come with ownership we are the place for you. We even have our own surgical suite designed for GA cases with two recovery rooms on site. Fantastic new facilities that are state of the art. This is a private practice Board certified/eligible pediatric dentist. New graduates or upcoming graduates welcome to apply. Email C.V. to *sergio.chapa@imaginemysmile.com*.

WASHINGTON—MUKILTEO. We are looking for an excellent pediatric dentist to join our team. We have two private practice locations: Mukilteo and Everett, located 25 minutes north of Seattle. My wife and I started our practice five years ago. We provide personal and top quality care for our patients. Excellent production and very efficient systems. We have a skilled and harmonious team. This is truly an exceptional opportunity for the right candidate. If you are hardworking, and truly love caring for children, please contact us! Pediatric dentist with experience preferred. Open-minded, hardworking, and eager to learn and contribute. Truly caring and in synch with kids. For more information, contact *paul@stellarkids.com*

WISCONSIN—GREEN BAY. Successful, well respected and growing pediatric dental office serving our community for over 40 years seeking a compassionate and motivated pediatric dentist. We are a private group practice of board certified pediatric dentists offering comprehensive pediatric dentistry and orthodontics to patients in a fun, family centered atmosphere. We currently have a large patient base with 100+ new patients every month in addition to our busy recall system. We are completely digital, paperless and have a well-trained team. We are seeking a full time pediatric dentist with the opportunity for partnership. Our practice is located in beautiful northeastern Wisconsin which offers professional sporting events, year round outdoor recreation, excellent school systems, convenient art and cultural events, and a wonderful community for families. We are offering a generous starting salary with bonus potential based on production and an excellent benefits package. New residents and experienced practitioners encouraged to apply. Send letter of interest along with C.V. to *julieanderson@kidsdentalexperts.com*.

FACULTY POSITIONS AVAILABLE

MISSOURI—ST. LOUIS. Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care, and service, is seeking applications from persons interested in a full-time faculty position as the Associate Director of Pediatric Dentistry at The Center for Advanced Dental Education beginning in 2017. The Center is opening a new pediatric dentistry residency program with SSM Health Cardinal Glennon Children's Hospital in July 2017. Responsibilities will include clinical and didactic teaching in the pediatric dentistry graduate program and the mentoring of

resident research projects. Salary and academic rank will be based on background, experience, goals of the person hired, and needs of the program. Minimally, applicants must have a dental degree and a certificate in pediatric dentistry from a CODA accredited program. Experience in teaching and research is highly desirable. All applications must be made online at <https://jobs.slu.edu>; applications must include a cover letter and curriculum vita. In addition, three letters of recommendation must be sent by mail to Dr. Daniel C. Stoeckel, Program Director, Graduate Pediatric Dentistry, Saint Louis University, Center for Advanced Dental Education, 3320 Rutger Street, St. Louis, Missouri 63104. Consideration of applicants will begin immediately and continue until the position is filled. Saint Louis University is an Equal Employment Opportunity/Affirmative Action Employer; women and minorities are encouraged to apply.

OFFICE SPACE

TEXAS—LEWISVILLE. Office space for pediatric dentist for lease or sale. Gas, water and suction for 5 chairs in an open area and one private operatory. Large waiting room, finance office, consult room, x-ray room, lab, 2 private offices, kitchen/ lounge and built in video game console. 2560 sq. ft. Minimal time to be open for business. In building with 2 general dentists. For more information, contact: 972-317-6211.

PRACTICE FOR SALE

MICHIGAN. Community northeast of Detroit. Large facility with 12+ ops. Seventeen-plus hygiene days per week. Plenty of active patients with a 600-new-patients-per-year history. Perfect associate-to-owner or role reversal (seller becomes senior associate) opportunity. Contact agent *reggie.vanderveen@henryschein.com* or call 616-485-9482 and mention ORS MI-146. Must be pediatric dental specialist and licensed to practice dentistry in Michigan and available to apply for specialty license.

NORTH CAROLINA—GREENSBORO. Thirty+ year full service pediatric dental practice for sale. Practice is full range, with restorative, preventive, orthodontics, and hospital treatment. Hospital is Level 2 Trauma Center with two day op facilities, and full services. Large referral area. Production average for last five years-\$1,810,000 - 98 percent collection rate and 48 percent overhead. 950+ new patient exams per year. Well trained staff, 4-4 1/2 day work week currently. Very efficient 2950 square foot Pride-THE Design building with 6 operatory bay and 1 private treatment room. Recently rededicated. Building is in campus setting with another building site that could be developed or sold. ScanX digital xrays. Greensboro is home to two branches of the UNC University system with numerous other colleges. School system is excellent. Easy transportation throughout city. Close to mountains and beaches. Excellent opportunity for experienced Pediatric Dentist wishing to relocate or two pediatric dentists wishing to partner or dual trained pediatric dentist. Contact Dr Bryan Cobb at (336) 288-9445 or email *bcobbdeacs@aol.com* for more details.



Clinical Assistant/Associate Professor, Department of Pediatric Dentistry Position #34261

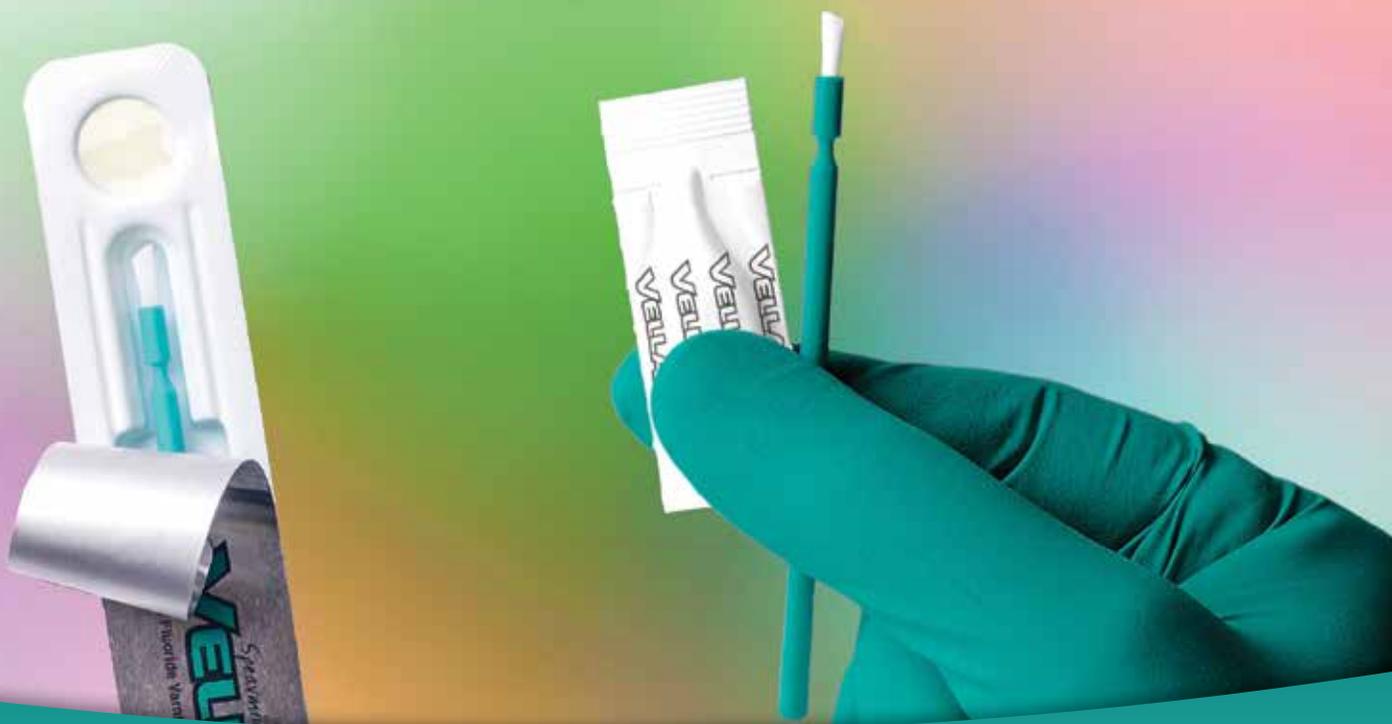
The University of Missouri – Kansas City seeks to fill a 100% benefit eligible, full-time, Tenure, Tenure Track position at the Clinical Assistant/Associate Professor level in the Department of Pediatric Dentistry. The department is responsible for pre-doctoral education, research, patient care, and service. Specific responsibilities will concentrate on pre-doctoral classroom and clinical instruction. Preferred candidates should have a DMD/DDS degree, advanced training in Pediatric Dentistry and must be eligible for licensure in Missouri. Interviews of qualified candidates will begin immediately and continue until the position is filled.

UMKC is part of the University of Missouri, with excellent fringe benefits package www.umkc.edu. Applicants should submit a letter of interest, a CV, names and contact information for three references in one document online to: Dr. Pamela Overman, (overmanp@umkc.edu) Associate Dean for Academic Affairs, UMKC School of Dentistry. Equal Opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, genetic information, disability status, protected veteran status or any other characteristic protected by law. All final candidates will be required to pass a criminal background check prior to beginning employment.

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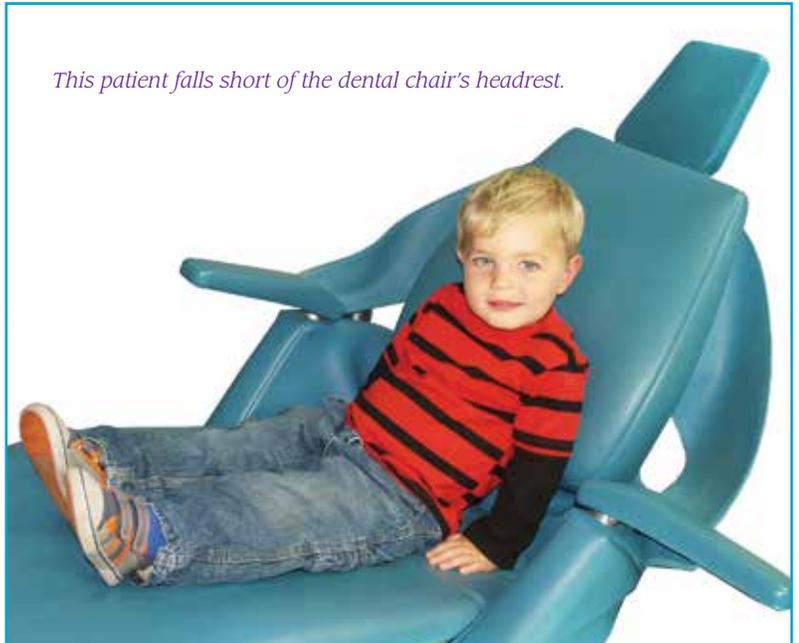


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