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.

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 Dental 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 ETCO2—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.

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 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. 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. 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.

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):
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.


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.)
4TH DISTRICT (AIR FORCE, ARMY, DEL., D.C., MD, NAVY, N.J., PHS, PR., VETERANS AFFAIRS, VIRGIN ISLANDS)

Delegates
Mark A. Vitale (Edison, N.J.)
Sidney A. Whitman (life member) (Hamilton Square, N.J.)

5TH DISTRICT (AL.A., 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. Schbohner (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. Pinkus (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 Pust (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
Reita M. Cammarata (Houston, Texas)
Charles W. Miller (Arlington, Texas)

Alternate Delegates
Paul A. Kennedy, III (Corpus Christi, Texas)
Adam C. Shider (Houston, Texas)

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

Delegates
Scott W. Cashion (Greensboro, N.C.)
Roger E. Wood (Midlothian, Va.)
Ronald D. Venezie (Apec, N.C.)

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

17TH DISTRICT (FLA.)

Alternate Delegate
Suzanne Thiemi-Heflin (Gainesville, Fla.)

13TH DISTRICT TRUSTEE (EX-OFFICIO MEMBER OF HOUSE)

Lindsey A. Robinson (Grass Valley, Calif.)