

Reflecting on 2018

Dr. James Nickman Shares Perspective on His Time as AAPD President



Q. As AAPD President, your agenda has focused on implementation of the Safety Task Force and Work Force studies, as well as advocating for access to and utilization of care for underserved and special health care needs populations. Can you please share how each of these goals has been accomplished?

A. The issue of safety is priority number one. As the task force moved forward, it became quickly clear that safety was related to more than waterlines and sedation. It involves everything impacting our offices from patient information, office/workforce safety and procedures that we do. We must do everything we can to protect our most valuable resource – the children that we have the honor of treating.

Regarding workforce, it took time for us to determine where we needed to be as a profession in the future. We contracted with the Center for Workforce Studies at the University at Albany, State University of New York, to look at our existing workforce and practice models and predict where the position needs to be until 2030. The survey has been completed and the analysis phase is in process. The AAPD is planning to publish initial results in a peer-reviewed journal later this year. Preliminary data shows that it is likely more of a distribution issue than training too many pediatric dentists. Complicating the distribution are the high number of two career families and the higher debt loads of our newer members entering the workforce.

Special health care needs and underserved populations have a special place in my heart. Low socioeconomic children and their families sometimes struggle to access care and function day-to-day. For families with special health care needs children, dentistry can sometimes take a lower priority due to their child's medical concerns. Prevention and regular dental care are extremely important in the overall health of both patient bases which helps minimize time out of school, work, and the potential for pain due to dental infections. I am very proud of the high number of these special children that our members see and treat. AAPD has been involved with the potential health care reform proposals, CHIP renewal, and actively advocates on federal and state levels to make sure that the programs are working as intended.

Q. Are there achievements/milestones of AAPD under your leadership of which you're most proud?

A. I am proudest of our efforts in safety and the progress that the Safety Task Force has made. Although there has not been a lot of the work product released, there are exciting programs for our members in the works. These include offering our members who perform in-office sedation and general anesthesia an option to undergo an inspection by an independent third-party organization, like the Joint Commission. As an organization, we have also engaged our sister specialties and other regulatory organizations and strategic partners to make sure the standards of care remain high.

Q. You have been key in promoting our Monster-Free Mouths campaign this year. From your viewpoint, how was it meeting with Reuter's Health, Parents and Family Circle Magazine among other consumer publications in November 2017? What message in your opinion were they most receptive to?

A. We have a fabulous media department within the AAPD and Weber Shandwick that have created opportunities to distribute our message. In addition to the Age One Dental Visit and Dental Home messages, all were very interested in the AAPD's recently released Evidence-Based Guideline on Silver Diamine Fluoride (SDF). While not the final fix, SDF enables pediatric dentists to offer families one more choice regarding care decisions for their child. This product has the potential to be a paradigm shift in the care provided to very young children and special healthcare needs individuals. At a minimum, it may allow us to delay treatment until the young child is able to cope with dental treatment in a normal clinic setting.

Q. How would you recommend addressing the faculty shortage issue?

A. Faculty shortages are an extremely tough issue for our profession. The key is to recruit and retain these individuals at an early point in their career. From my conversations with residents, it is not uncommon for some to have extremely high debt loads (\$400K and more). This can be a tremendous barrier for a practitioner interested in education, as starting salaries in academia are approximately a third of what they can make in private practice. The AAPD has continued to advocate for the Health Services and Resource Administration (HRSA) Dental Faculty Loan repayment program. The program allows the fulltime faculty to retire their educational debt over a five-year period. This past year, 10 grants were issued to our training programs. If we can continue this effort for another several cycles, we will have made a tremendous impact in the workforce training our next generation of pediatric specialists and our general dentist partners.

Q. You participated in a national Satellite Media Tour as part of our media outreach for National Children’s Dental Health Month. Can you please share insight into this experience?

A. This was one of the best experiences of my year. I want to thank Erika Hoeft, Robin Wright and our partners at Weber Shandwick for preparing me for the day. We arrived at a media production company in Chicago at about 5:30 a.m., and over the course of the next six hours, conducted 28 television and radio interviews promoting the Age One dental visit and Dental Home messages. I was also able to promote the recently released silver diamine EBD guideline and provide care tips for new parents. I now have a much better appreciation for folks who do this on a regular basis.

Q. In your opinion, how can dental professionals do a better job of reaching parents and educating them on the importance of a Dental Home and Age One dental visit?

A. It never fails to amaze me when a new parent comes into the office and is unaware of our Age One dental visit and Dental Home messages. It really breaks my heart when a 16-month-old infant presents with Early Childhood Caries and knowing it could have been prevented or minimized by early intervention. I think all parents want their child to have a great start in life and have tried to do the right thing both medically and dentally. We need to continue to reach out to pediatricians and general dental colleagues to educate and reinforce the importance of both efforts in disease prevention. The pediatricians are likely the most important targets as they are connecting with these children and families multiple times in the first year of life. I would also encourage pediatric dentists to be partners with early childhood programs (Early Childhood Family Education, prenatal classes, etc.) where they can make connections with new or future parents.

Q. Late last year we introduced our first Evidence-Based Guideline on Silver Diamine Fluoride which generated a lot of media attention. Why do you think it was so embraced by the media?

A. The release of the AAPD’s evidenced based silver diamine guideline could be a significant paradigm shift in the dental care strategies for very young and special health care needs patients. I think that the media was most impressed that it is a relatively quick, painless procedure that can be performed to allow us to halt the decay process and buy time to allow the child to grow and mature. For special health care needs patients, it may buy us time to halt a crisis and treat in an appropriate setting. Although not definitive treatment and not appropriate for all children, it is one more discussion that we can have with families on the care of their children.

Q. Are there other pediatric dentistry topics/trends that you are aware of that the Academy is following? What is the next Evidence-Based Guideline to be issued by AAPD?

A. I am very proud of our Evidenced Based Dentistry (EBD) Workgroup and the talent and dedication of this team. We now have three EBD guidelines in our reference manual, two of which were created internally for vital pulp treatment and silver diamine fluoride. Our next guideline in the works will be for non-vital pulp therapy, followed by behavior guidance. The EBD process is very time consuming and only utilizes published research that meets its stringent criteria. It is great to be in the driver’s seat defining the best treatment with science for our members, strategic partners and other stakeholders, such as dental licensing boards.

Q. Tell us about the shifting characteristics/demographics of AAPD’s membership.

A. I am very excited about the transformation of the AAPD over 75 years of our existence. We are now the third largest specialty, trailing orthodontics and oral surgery. We are a young profession with 67 percent of our membership under the age of 50 and 44 percent under the age of 40. I am tremendously proud that we are now a majority female organization – this trend will likely continue as 64 percent of our residents are female. Currently, approximately 94 percent of educationally qualified pediatric dentists in the United States choose to be members of the AAPD. This speaks well of how nimble our organization is and how we strive to meet member needs.

Q. Anything else you would like to add?

A. I am thankful for having the opportunity to represent you as our president this year. It is very humbling to work with our talented members and staff to meet our member needs and advocate for pediatric oral health. We have an incredible Ohana (Family) that puts children first in all that they do. If I could make one request, it would be for everyone to stay involved and engaged with their Academy.