Pediatric Oral Health Research and Policy Center

Workforce Study to Predict Ideal Number of Pediatric Dentists

The AAPD has partnered with The Center for Health Workforce Studies, Albany, N.Y., to produce a comprehensive pediatric dentist workforce study. The research project will gather and analyze credible evidence to provide policymakers an overall target for the ideal number of pediatric dentists in the U.S.

The project features the following efforts:

• Conducting interviews with key AAPD leaders and healthcare workforce experts
• Performing a review of relevant literature
• Revising the 2012 Survey of Pediatric Dental Practice and developing a survey instrument to collect needed data elements
• Sending the electronic survey to selected AAPD members for valuable information on their pediatric dental practices
• Processing data collected in the survey through standard data cleaning protocols to prepare them for analysis.
• Generating preliminary supply projections for pediatric dentists based on AAPD membership data, new graduate information, and prediction equations for interstate migration, practice hours and retirement
• Creating a population database for demand modeling consisting of a representative sample of population in each state

The upcoming stages of the project involve development of microsimulation supply and demand forecasting models. The models will be based on not only existing data, but estimated projections on such variables as population growth and characteristics, consumer behavior, general dentist contributions to pediatric oral care, pediatric dentist trends regarding retirement and preferred practice locales, and influences of national legislative policies.

Using the data collected in the survey of pediatric dentists and other relevant data compiled for the project, the project will offer baseline estimates and projections through 2030 of supply and demand for pediatric dentists at national and state levels. The final report will be completed in November of this year.

For more information, please contact Director, Research and Policy Center Robin Wright at rwright@aapd.org.
New Technical Brief

Pediatric Dentist Toolkit for Seeing Patients with Medicaid: Changing Children’s Lives One Smile at a Time

This toolkit is an invaluable guide to getting a Medicaid program started in your practice. It covers such practical concerns as how to become a dental Medicaid provider, schedule patients wisely, and find training opportunities for your team members. The publication features solid answers to common questions about how to appropriately administer Medicaid, as well as an assortment of time-saving resources.

You will find the answers to these and many other questions:
- How do I become a dental Medicaid provider in my state?
- Which patients are eligible for Medicaid?
- How can I best prepare my pediatric dental team to work with Medicaid?
- Are there any rules about which patients I accept into my practice?
- What kind of Medicaid audits can occur in dentistry?
- How do I prevent common pitfalls that make participation in Medicaid frustrating or difficult?

Visit [http://www.aapd.org/policy_center/technical_briefs/] to download your free copy today.


The long-awaited and much publicized changes to the Reference Manual are soon to be in your mailbox. The Reference Manual’s reorganization and classification, a joint venture of the Evidence-Based Dentistry Committee (EBDC) and Council on Clinical Affairs, is in response to evolving guideline standards in the larger health care community.

Here are the changes you will find:
- The term “Recommendations” is used to distinguish guidelines from definitions, oral health care polices and resources.
- There are 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.

Predictive Model for Caries Risk Based on Determinants of Health Available to Primary Care Providers

The AAPD Policy Center is wrapping up its third year of research exploring oral health promotion in primary care and identifying common risk factors for a more effective primary care caries risk assessment tool.

The purpose of Year 3 was to extract more extensive data from dental and medical records of subjects seen at both the Nationwide Children’s Hospital (NCH) dental clinic and within the NCH primary care network. Data collection was guided by the list of approximately 40 independent variables generated in Year 2. However, more extensive work defined both previously identified and new relevant variables.

Once significant well-child variables were identified, they were used to develop a predictive model to characterize the likelihood that, based upon information noted in the early well-child visits, subjects would have predictable outcomes correlating with oral health disease. The outcomes were defined as patients having either dental caries at the time of their first dental visit or a “high” value on the caries risk assessment performed at their first dental visit.

A child’s age at the first dental visit was a strong predictor of caries risk in both outcome models. In other words, the timing of the first visit accounts for a good proportion of the models’ abilities to predict the proportion of patients with existing caries or high risk for caries.

Three risk factors were statistically significant and retained in the predictive model for existing caries at the first visit:
- Age at the first dental visit
- Language other than English
- No blood test for lead

Four risk factors were statistically significant and retained in the predictive model for high risk of caries:
- Age at the first dental visit
- Language other than English
- Breast feeding
- Twenty percent no-show rate for health-related appointments

This study demonstrates that risk factors present in a child’s medical record may be used to predict the presence of dental disease and/or the assessment of “high” caries risk at the time of the child’s first dental visit. Predictive models may be used to refer children for dental care based only on information available in current medical records from well-child visits. A full Year 3 report will be available later this fall.

Visit [http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf] to view the full Year 2 Report.