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Unintended Consequences

In several media interviews I’ve done since May, I’ve been asked about the impact of the ACA on pediatric dentistry, and in particular, how effective it seems to be in meeting the dental needs of children. I’ve told each of them that it is simply too early to tell what the ultimate effect will be, but it is important to understand that even though pediatric dentistry is one of the essential health benefits, there are some real concerns about how some of the ACA provisions, while well intentioned, likely have unintended consequences that have the potential to restrict, rather than improve, access to care for some of the nation’s children.

As this is written in mid-July, a number of these issues have arisen or been identified which would appear to potentially adversely affect the ability of children to access dental care and I’d like to briefly summarize a few of the more prominent ones. My intention is not to pass judgement on the wisdom or merits of the ACA—as that’s a topic for another day—but simply to point out how some of its provisions may negatively effect the ability of children to access dental care.

ACA PLAN DESIGN

The first is one we are very familiar with and represents an oversight in the development of some of the various insurance plans offered under the ACA. Under previous stand-alone dental plans, preventive services were often not subject to deductibles and were reimbursed to either the subscriber or provider (if they accepted assignment of benefits) at levels typically near 100 percent of prevailing charges—resulting in little or no out of pocket expenses to the subscriber.

However, under some of the new health care plans being marketed and sold, dental benefits are no longer stand-alone, but are instead either bundled with or embedded within medical insurance plans. Under this arrangement, dental benefits, including those for preventive services, are now subject to what may turn out to be extremely high deductibles, in some cases as high as $5,000, before benefits are paid by the plan to either the subscriber or provider.

Since they will now have to pay for preventive services out of pocket, it is very easy to envision parents postponing or delaying dental care for their children, particularly in families with multiple children. The AAPD, ADA, and other dental organizations have been aware of this inconsistency in the ACA for several months and have been attempting to educate federal legislators about the consequences and the need to make a technical correction to the ACA; however, with the political climate such as it is, whether any real headway on this issue can be made remains questionable. In the meantime, children who are presently visiting their dentist regularly for preventive services may, in the not so distant future, no longer be doing so.

RAC AUDITS

In the last several months many of our members along with other dentists who treat children covered under various Medicaid or similar programs have been subjected to Recovery Audit Contractor (RAC) audits. These audits are a part of the ACA as well and are particularly burdensome and often conducted by non-dentists and/or non-pediatric dentists. These RAC companies are compensated based on a portion of the amount the provider has to refund, so there is a definite incentive for them to be particularly aggressive in their methods. It is fair to point out that the AAPD agrees that open and transparent audits are necessary to identify and prevent fraud and abuse, but specifically in the case of pediatric dentists, our feeling is that the audits should be conducted by pediatric dentists who understand that our planning and treatment is heavily based upon risk assess-
A Message from your President

September PDT 2014

ment that is individualized for each child. It simply doesn’t make good sense for a general dentist, or even worse, a non-dentist such as a nurse or non-medically trained layman, to audit a pediatric dental specialist.

The underlying concern here is that as we all know, Medicaid programs historically are underfunded, there are increased administrative costs to Medicaid providers, and Medicaid reimbursement levels are typically inadequate and often, at best, barely cover the costs necessary to provide the service. All of these factors historically have tended to restrict the number of providers willing to participate in the program. With many providers already hesitant about participating in the Medicaid system as it presently exists, the imposition of aggressive and often unreasonable RAC audits will drive existing participating practitioners away and discourage others from participating at all. The end result, of course, is that fewer children are able to have their dental needs met.

One of our members, Jessica Meeske, recently testified at a Senate Hearing on RAC audits and the potential negative impact on access to care. However, since the RAC audit requirement is included in the ACA statute, this issue is a difficult one to address in the current political climate. To date, we are continuing to educate legislators about these audits and the potential unintended consequences that may result. To assist members, in addition to an already existing webinar on “medical necessity,” the AAPD is also developing a webinar specifically on RAC audits and a brochure for AAPD members regarding the need for careful documentation of “medical necessity.”

DENIAL OF HOSPITAL ACCESS

In many areas of the country, for the past several years, access to hospitals for pediatric dental cases has been restricted, cut back, or rationed; however, most recently, we have become aware that in Northern California, and anecdotally in some other states as well, large hospital groups are deciding to no longer accept any dental cases for treatment under general anesthesia, principally due to the inadequate reimbursement rates that they and their anesthesia personnel receive from Medicaid. Since, by law, they cannot discriminate in provision of services between children who are covered by Medicaid and those who aren’t, they are denying hospital access to all children for any dental case. As millions more children are added to the Medicaid rolls through the ACA, without a suitable or at least proportional expansion of funding, reimbursement levels will continue to be inadequate and other hospitals or health care facilities are likely to follow suit. Not only is hospital access now being denied in localized areas to those children who need it most, but the implications for those of us who treat children under general anesthesia in the hospital, should this trend continue to spread, should be obvious.

As this is a recent development in what is predominately a state-by-state issue and therefore difficult to address on a national basis, it reinforces the importance of good ongoing communication between our state Public Policy Advocates (PPAs) about approaches, legislative or otherwise, focused on addressing the access problem for the children. It also strongly emphasizes the need for all states to have a PPA in place and actively keeping up with developments.

In summary, the ACA, like it or not, continues to roll out with the goal of improving access to dental care for children going forward. Unfortunately, each of these areas has the very real potential to restrict or limit access and thereby result in children being unable to receive needed dental care as promised, whether they are covered by public or private insurance. As we continue to recognize and identify these barriers, we will continue to educate and work toward finding and promoting solutions that will allow us to best take care of the children.
Dr. John S. Rutkauskas
AAPD CEO

Take Advantage of Our Online Marketing Resources

We are hoping you have seen in the members-only section of our website, as well as in various AAPD E-News, the availability of a commercial video touting the importance of our profession. The AAPD produced a video at the request of members that can be used in local media markets and utilized in your particular office or practice, and one that can be shared as a television spot in your media market. A sneak preview of this video was shown during the Opening Keynote session during the recent AAPD Annual Session in Boston. AAPD member and national spokesperson Dr. Ann M. Bynum and her Simpsonville, S.C., practice are showcased in this broadcast video. For those of you that are interested in personalizing the video with your practice’s information for a TV spot in your local markets, you will need to take the Uncompressed Quicktime broadcast video file to any local post-production house and request a custom five-second end tag created to replace the existing five seconds of the video, but not replacing the existing audio. These high-quality video files are designed for broadcast use only and will take a long time to download. There are several options available for the production of a custom end tag. Most local TV stations also have production departments that could easily do this end-tag work for a small hourly fee. Again, all of these specific instructions are detailed extensively on our members-only section of the website at http://www.aapd.org/broadcast-quality_video_now_available_to_aapd_members/.

We also worked with our public relations firm, Weber Shandwick to further promote this exciting video. We’re happy to share that the social video campaign to promote AAPD’s new video performed very well both on Facebook and YouTube. In fact, our video was viewed by a significant number of consumers targeted because of their interest in topics related to AAPD!

Overall, Weber reached 1.7 million online users and our video was viewed more than 84,000 times.

FACEBOOK

Weber promoted the AAPD video as a newsfeed post targeted to caregivers and those interested in children’s health. The post reached 1.1 million Facebook users via the AAPD’s Facebook page and generated 1,032 engagements (users liking, commenting, sharing, or taking another action on the post).

YOUTUBE

The AAPD video ran as YouTube pre-roll before related content on YouTube. Again, the video performed very well on YouTube. In total, Weber reached 611,000 users and generated 83,428 video views.

We are thrilled with our broadcast video and sincerely hope that all members are able to fully utilize it in promoting their respective practice. In addition, we are pleased with the results of our social video campaign and give credit to targeting the right platforms, an interesting piece of content, and a genuine interest in AAPD’s message. We look forward to continue working with Weber in leveraging strong content like this in the future to generate additional exposure for AAPD!
Tonya Almond was promoted to **Vice President for Meetings and Continuing Education**. Almond has been with the AAPD for five years.

Bob Gillmeister was promoted to **Communications Manager**. Gillmeister has been with the AAPD for 10 years. He handles subscriptions and all other business matters for AAPD journals and other publications.

Adriana Loaiza was promoted to **Publications Manager**. Loaiza has been with the AAPD for seven years. She manages the production for both the journal Pediatric Dentistry and the Journal of Dentistry for Children.

Tom McHenry was promoted to **Magazine and Web Manager**. McHenry has been with the AAPD for eight years. He manages all aspects of AAPD’s websites and social media presence, along with editing PDT.

Jan Silverman, assistant director for the Research and Policy Center, is starting her own fitness club in Geneva, Ill. While no longer working full-time at the AAPD, she is serving as a consultant to assist with the transition and completion of pending technical briefs for the center. Silverman first joined the AAPD in 2007 as manager of the Head Start Dental Home Project.

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**Call for 2015-16 Nominations**

The AAPD Nominations Committee is accepting nominations for the 2015-16 election of secretary/treasurer, academic at-large trustee and board member of the American Board of Pediatric Dentistry. Nominations must be received by the AAPD headquarters office no later than Dec. 1, 2014. This date reflects procedures for the Nominations Committee, per the current AAPD Administrative Policy and Procedure Manual. The term of the current academic at-large trustee, Dr. Catherine M. Flaitz, expires in 2015. Per the AAPD bylaws, any nominee for this position must be a full-time educator who devotes a majority of professional time, in no case less than two days a week, to educational endeavors in a dental school or graduate pediatric dentistry program accredited by the Commission on Dental Accreditation.

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

(a) a one-page essay explaining their interest in serving in the specific office and summarizing their leadership skills;

(b) a background description suitable for publishing in Pediatric Dentistry Today;

(c) three letters of personal recommendation from active, life or retired members of the Academy; and

(d) a photograph in electronic format suitable for publication in Pediatric Dentistry Today.

The Nominations Committee will meet on Jan. 14, 2015, at which time they shall interview all nominees either in person or via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process.

All nominees for the 2015-16 academy year will be published in the March or May 2015 issue of PDT and voted on by the membership at the 2015 General Assembly. For further information, please contact Chief Executive Officer John S. Rutkauskas at (312) 337-2169, ext. 28, or jrutkauskas@aapd.org.

*All members have online access to the most recent version of the AAPD Administrative Policy and Procedure Manual, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees. Visit http://www.aapd.org, the Members’-only section under Member Resources, or click on: http://www.aapd.org/members/resources/pdf/PolicyProcedure.pdf.*
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When Does Dental Disease Equal Parental Neglect or Child Abuse?

This is a difficult determination for a pediatric dentist, as professional judgment along with ethical and legal obligations are involved. The American Academy of Pediatric Dentistry’s definition of dental neglect is as follows:

“Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.

Dental neglect is willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.”

The “willful failure” phrase allows the pediatric dentist to distinguish between parents who have been informed of and understand the need for their child’s dental treatment, versus parents who simply didn’t know any better.

A dentist’s ethical and legal duty is described in the ADA code of ethics:

“3.E. ABUSE AND NEGLECT.

Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

ADVISORY OPINION

3.E.1. REPORTING ABUSE AND NEGLECT.

The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations.

A dentist’s ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist’s legal obligation in the jurisdiction where the dentist practices. Dentists, therefore, are ethically obliged to identify and report suspected cases of abuse and neglect to the same extent as they are legally obliged to do so in the jurisdiction where they practice. Dentists have a concurrent ethical obligation to respect an adult patient’s right to self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient’s permission, other possible solutions may be sought.

Dentists should be aware that jurisdictional laws vary in their definitions of abuse and neglect, in their reporting requirements and the extent to which immunity is granted to good faith reporters. The variances may
raise potential legal and other risks that should be considered, while keeping in mind the duty to put the welfare of the patient first. Therefore a dentist’s ethical obligation to identify and report suspected cases of abuse and neglect can vary from one jurisdiction to another.

Dentists are ethically obligated to keep current their knowledge of both identifying abuse and neglect and reporting it in the jurisdiction(s) where they practice.”

The specific law in your state should be reviewed. For example, in Illinois:

• Dentists and dental hygienists have reporting obligations, if they have “reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child . . . “

• “Neglected child” means “any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child’s well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter;”

• A dentist or dental hygienist who willfully fails to report suspected child abuse or neglect shall be referred to the state Board of Dentistry.

• There is immunity from civil and criminal liability for any reporting person or institution acting in good faith. ¹

Putting aside cases of direct physical abuse, the issue of reporting neglect is a sensitive one since a pediatric dentist wishes to educate parents about effective oral health care for their children. He or she usually prefers the carrot versus stick approach (that is, wishing the parent to consent to treatment because it’s in the child’s best interest, not because failure to do so may lead to reporting to child services). Each case must be considered on its own merits based on the applicable law in your state, but clearly some cases can fall into the area of dental neglect. For example, earlier this year a pediatric dentist in Pennsylvania⁴ reported parents who had failed to get help for 14 abscessed teeth of their 6-year-old. The pediatric dentist was quoted in a local paper indicating it was the worst case of dental disease ever seen in the practice. The child was examined and scheduled for pulpotomies, but the parents failed to schedule a preoperative appointment. Case-workers from the child services department were also able to determine that the child was never given the antibiotics as prescribed by the pediatric dentist. Both parents were charged with endangering the welfare of a child.

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169, ext. 29, or slitch@aapd.org.

³ (325 ILCS 5/) Abused and Neglected Child Reporting Act.
⁴ Note that Pennsylvania law specifically mentions dental care under this definition: “Serious physical neglect—A physical condition caused by the act or failure to act of a perpetrator which endangers the child’s life or development or impairs the child’s functioning and is the result of one of the following:
(i) Prolonged or repeated lack of supervision.
(ii) Failure to provide essentials of life, including adequate medical and dental care.” PA Code § 3490.4. Definitions.
Thanks to all who have supported the AAPD PAC via the voluntary PAC contribution check-off on your current 2014-15 dues statement. Your support is critical to our long-term success. If you have not made a donation yet, please consider doing so. This is, of course, an election year and the make-up of the next (114th) Congress will be critical to our advocacy efforts.

Your PAC Steering Committee made decisions at its March 2014 meeting as to which candidates the AAPD PAC will support in the 2014 Congressional elections. This information was provided in my annual written report to the membership, which is on the AAPD website section for Member Resources, under “2013-14 Reports of Officers, Trustees, Councils, Committees and Task Forces” (specifically, pp. 546-551). Below is the listing of candidates supported by the AAPD PAC. We are busy delivering PAC checks to these candidates, and I want to thank all of our members who have assisted in this process. Note that some of these candidates were added to the list based on requests received by AAPD members after the PAC Steering Committee meeting. There may be additional candidates added to the list, as we can consider any such request right up until the time of the election.

It is important for AAPD members to understand that our PAC is non-partisan, and supports members of both parties based on their support of children’s oral health and the AAPD’s legislative priorities. There is usually a slight tilt towards the party currently in power in the Senate and House, since that party controls committee chair positions.

### AAPD PAC
#### 2014 Candidate Support

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<tr>
<td>Lamar Alexander</td>
<td>R-Tennessee</td>
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<tr>
<td>Thad Cochran</td>
<td>R-Mississippi</td>
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<tr>
<td>Susan M. Collins</td>
<td>R-Maine</td>
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<tr>
<td>John Cornyn</td>
<td>R-Texas</td>
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<tr>
<td>Steve Daines</td>
<td>R-Montana</td>
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<tr>
<td>current Congressman (R-1st)</td>
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<tr>
<td>Richard J. Durbin</td>
<td>D- Illinois</td>
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<tr>
<td>Michael B. Enzi</td>
<td>R-Wyoming</td>
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<tr>
<td>Mary L. Landrieu</td>
<td>D-Louisiana</td>
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<tr>
<td>Jeff A. Merkley</td>
<td>D-Oregon</td>
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<tr>
<td>Jack F. Reed</td>
<td>D-Rhode Island</td>
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<tr>
<td>Pat Roberts</td>
<td>R-Kansas</td>
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<tr>
<td>Ben Sasse</td>
<td>R-Nebraska</td>
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<tr>
<td>running for OPEN SEAT</td>
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<tr>
<td>Tim E. Scott</td>
<td>R-South Carolina</td>
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<tr>
<td>Jeanne Shaheen</td>
<td>D-New Hampshire</td>
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<th>U.S HOUSE</th>
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<td>Congressperson (or challenger)</td>
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<tr>
<td>Brian Babin</td>
<td>R-Texas (36th)</td>
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<tr>
<td>John A. Boehner</td>
<td>R-Ohio (8th)</td>
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<tr>
<td>Michael C. Burgess</td>
<td>R-Texas (26th)</td>
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<tr>
<td>G.K. Butterfield</td>
<td>D-North Carolina (1st)</td>
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<tr>
<td>Elijah E. Cummings</td>
<td>D-Maryland (7th)</td>
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<tr>
<td>Diana L. DeGette</td>
<td>D-Colorado (1st)</td>
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<tr>
<td>Rosa L. DeLauro</td>
<td>D-Connecticut (3rd)</td>
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<tr>
<td>Sam Farr</td>
<td>D-California (20th)</td>
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<tr>
<td>Paul A. Gosar</td>
<td>R-Arizona (4th)</td>
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<td>Gregg Harper</td>
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<td>Steny H. Hoyer</td>
<td>D-Maryland (5th)</td>
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<td>Walter B. Jones</td>
<td>R-North Carolina (3rd)</td>
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<tr>
<td>Rick R. Larsen</td>
<td>D-Washington State (2nd)</td>
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<tr>
<td>Nita M. Lowey</td>
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<td>Kevin McCarthy</td>
<td>R-California (23rd)</td>
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<td>Alan Nunnelee</td>
<td>R-Mississippi (1st)</td>
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<tr>
<td>Tom Price</td>
<td>R-Georgia (6th)</td>
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<tr>
<td>Hal D. Rogers</td>
<td>R-Kentucky (5th)</td>
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<tr>
<td>Mike Simpson</td>
<td>R-Idaho (2nd)</td>
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<td>Edward Whitfield</td>
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### Basic Tier Support

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<tbody>
<tr>
<td>Mark E. Amodei</td>
<td>R-Nevada (2nd)</td>
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<tr>
<td>Julia Brownley</td>
<td>D-California (26th)</td>
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<tr>
<td>Joe Courtney</td>
<td>D-Connecticut (2nd)</td>
</tr>
<tr>
<td>Rodney L. Davis</td>
<td>R-Illinois (13th)</td>
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<tr>
<td>Mike G. Fitzpatrick</td>
<td>R-Pennsylvania (8th)</td>
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<tr>
<td>Chuck J. Fleischmann</td>
<td>R-Tennessee (3rd)</td>
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<tr>
<td>Kay M. Granger</td>
<td>R-Texas (12th)</td>
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<td>Hakeem S. Jeffries</td>
<td>D-New York (8th)</td>
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<td>David P. Joyce</td>
<td>R-Ohio (14th)</td>
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<tr>
<td>John B. Larson</td>
<td>D-Connecticut (1st)</td>
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<tr>
<td>Barbara J. Lee</td>
<td>D-California (13th)</td>
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<tr>
<td>Sean P. Maloney</td>
<td>D-New York (18th)</td>
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<tr>
<td>Dana Rohrabacher</td>
<td>R-California (48th)</td>
</tr>
<tr>
<td>Lucille Roybal-Allard</td>
<td>D-California (40th)</td>
</tr>
<tr>
<td>Paul D. Ryan</td>
<td>R-Wisconsin (1st)</td>
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<tr>
<td>Lorretta Sanchez</td>
<td>D-California (46th)</td>
</tr>
<tr>
<td>Jackie Speier</td>
<td>D-California (12th)</td>
</tr>
<tr>
<td>Chris J. Van Hollen</td>
<td>D-Maryland (8th)</td>
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<tr>
<td>Jackie Walorski</td>
<td>R-Indiana (2nd)</td>
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<tr>
<td>Peter F. Welch</td>
<td>D-Vermont (at large)</td>
</tr>
</tbody>
</table>

### Medium Tier Support

<table>
<thead>
<tr>
<th>Congressperson (or challenger)</th>
<th>Party-State</th>
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<tr>
<td>Gus M. Bilirakis</td>
<td>R-Florida (9th)</td>
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<tr>
<td>Marsha Blackburn</td>
<td>R-Tennessee (7th)</td>
</tr>
<tr>
<td>Charlie W. Boustany Jr.</td>
<td>R-Louisiana (7th)</td>
</tr>
<tr>
<td>Mo Brooks</td>
<td>R-Alabama (5th)</td>
</tr>
<tr>
<td>Lois Capps</td>
<td>D-California (24th)</td>
</tr>
<tr>
<td>Yvette D. Clark</td>
<td>D-New York (11th)</td>
</tr>
<tr>
<td>Danny K. Davis</td>
<td>D-Illinois (7th)</td>
</tr>
<tr>
<td>Eliot L. Engel</td>
<td>D-New York (17th)</td>
</tr>
<tr>
<td>Andy P. Harris</td>
<td>D-Maryland (1st)</td>
</tr>
<tr>
<td>Mike M. Honda</td>
<td>D-California (15th)</td>
</tr>
<tr>
<td>Betty McCollum</td>
<td>D-Minnesota (4th)</td>
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<tr>
<td>Frank Pallone</td>
<td>D-New Jersey (6th)</td>
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<tr>
<td>Joe R. Pitts</td>
<td>R-Pennsylvania (16th)</td>
</tr>
<tr>
<td>Martha Roby</td>
<td>R-Alabama (2nd)</td>
</tr>
<tr>
<td>Dutch Ruppersberger</td>
<td>D-Maryland (2nd)</td>
</tr>
<tr>
<td>John M. Shimkus</td>
<td>R-Illinois (19th)</td>
</tr>
<tr>
<td>Fred S. Upton</td>
<td>R-Michigan (6th)</td>
</tr>
<tr>
<td>Steve Womack</td>
<td>R-Arkansas (3rd)</td>
</tr>
<tr>
<td>Mo Brooks</td>
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<tr>
<td>Lois Capps</td>
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</tr>
<tr>
<td>Steve Womack</td>
<td>R-Arkansas (3rd)</td>
</tr>
</tbody>
</table>

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

**Reneida E. Reyes**  
PAC Steering Committee Chair

1. Dr. Babin is a general dentist who is running for an open seat in this district.
2. Speaker of the House.
3. Dr. Gosar is a general dentist.
4. House Majority Leader
5. Dr. Simpson is a general dentist.

*The AAPD PAC supports Congressman (and dentist) Paul A. Gosar (R-4th Ariz.). (Left to Right) Charlie Clark; Gosar; pediatric dentist Richard Landgren and John Landgren at a local fundraising event on Aug. 27, 2014.*
Legislative and Regulatory Update

Unless otherwise noted, for further information on any of these issues please contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 or slitch@aapd.org.

FEDERAL NEWS

ACA Update: Take-up of Pediatric Dental Benefits Still Limited

The most recent ACA data on pediatric oral health coverage was reported in a May 2014 report from the ADA’s Health Policy Institute. This report indicated that:

- Through April 19, 2014, only 88,101 children obtained a Stand Alone Dental Plan (SADP) via federally facilitated marketplace and California, compared to 1,073,248 adults.
- The average take-up rate for children was 15.8 percent, varying from 2.6 percent in South Dakota to 36 percent in California.
- Due to data limitations they were not able to measure enrollment in medical plans that have an embedded pediatric dental benefit.
- “Our ongoing analysis of HHS’s marketplace enrollment data continues to indicate that the lack of a true mandate for pediatric dental benefits is limiting expansion of dental benefits to children.”

The full report is available on the AAPD’s ACA Basics web page: http://www.aapd.org/advocacy/acaBasics/.

Erratum

In the Highlights of the General Assembly printed in the July PDT, the Guideline on Use of Antibiotic Therapy for Pediatric Dental Patients was listed as postponed until the 2014 – 2015 cycle. This guideline was approved. The Guideline on Use of Local Anesthesia for Pediatric Dental Patients was postponed. Updated versions of AAPD policies and guidelines can be viewed on the AAPD website at http://www.aapd.org/policies/. 
Medicaid RAC Audits: Congressman Gosar Sends Letter to HHS Secretary Signed by 75 Other House Members

As a follow-up from the article in the July PDT, below is final text and signatures of the letter sent by Congressman (and dentist) Paul Gosar (R-4th Ariz.) and a bi-partisan group of 75 Members of the House of Representatives.

For the full story, visit http://www.aapd.org/medicaid_rac_audits_pose_threat_to_children%E2%80%99s_access_to_oral_health_care/.
Nebraska Medicaid RAC Audit Issues Gain Congressional Attention

Pediatric dentist Dr. Jessica Meeske (Hastings, Neb.), NorthCentral district representative to the AAPD’s Council on Government Affairs (CGA) and member of CGA’s Medicaid and CHIP Advisory Committee, presented testimony in July before a Congressional committee in Washington, D.C., concerning Medicaid RAC audits. Below is coverage of that testimony from the online publication Dr. Bicuspid. There was also coverage in a small online publication called RAC Monitor: http://racmonitor.com/rac-enews/1702-medicaid-dental-audit-akin-to-tooth-ache.html

NEBRASKA DENTISTS GET AUDITED FOR MEDICAID PROPHIES
By DrBicuspid Staff

July 17, 2014 — Many Nebraska dentists have opted not to take any more Medicaid patients after being audited for $22 prophies, a pediatric dentist told a recent U.S. Senate hearing on Medicare and Medicaid.

Hundreds of Nebraska dentists recently were sent letters from the state’s Medicaid recovery audit contractor (RAC), Health Management Systems (HMS), asking for charts containing adult and pediatric billing codes for prophylaxis, according to an ADA News story.

During her testimony at a July 9 Capitol Hill hearing, Nebraska pediatric dentist Jessica Meeske, DDS, who chairs the Nebraska Dental Association’s Medicaid Committee, said the Medicaid RAC audit process lacks transparency and opportunity for feedback, and she offered recommendations to improve the process.

The hearing focused on Medicare audits and acknowledged growing concerns about Medicaid RAC audits, which began in some states in 2012.

Dr. Meeske described her experience with an RAC audit. She said one billing code involved a $22 cleaning fee, and noted that dentists could be audited if they billed the state for prophies that were done one day short of a patient’s six-month visit.

RACs were created to find and recover overpayments and underpayments in the Medicare program, which were expanded to the Medicaid program by the Patient Protection and Affordable Care Act. Dr. Meeske said that neither she nor any dentists she knew had received compliance training, and there was no collaboration with the dental community on the audit process.

Nebraska’s provider manual language was revised a decade ago to give dentists flexibility in the six-month prophy frequency, depending on the patient’s risk for caries. Current language recommends a six-month frequency but also notes that the “frequency [will be] determined by the dentist,” Dr. Meeske said. This corresponds with the American Academy of Pediatric Dentistry’s dental schedule for children and allows high-risk children more frequent visits, when appropriate, to prevent more serious dental issues.

As a result of the audits over $22 prophies, Dr. Meeske said many of her colleagues simply paid the amount requested in the audit and have opted not to take any more Medicaid patients.

Meeske’s complete testimony is available on the AAPD website at http://www.aapd.org/assets/1/7/ltr_07092014_MeeskeAgingCommittee.pdf.
Thursday, May 21
Preconference Course
Welcome Reception

Friday, May 22
Keynote Address & Awards
Scientific Program
Exhibit Hall
My Kid’s Dentist Poster Research Competition
New Dentist Happy Hour

Saturday, May 23
Breakfast Rounds I
Scientific Program
Exhibit Hall
My Kid’s Dentist Poster Research Competition
HSHC Donor Circle Appreciation Gala

Sunday, May 24
Breakfast Rounds II
General Assembly & Research Awards
Scientific Program
Exhibit Hall
Presidents’ Farewell Dinner

SEATTLE
Seattle is two cities in one. It’s a world-class metropolis set within wild, beautiful natural surroundings, offering the best of urban lifestyle while embracing the rugged outdoors.

Many of Seattle’s top visitor attractions are within mere blocks of the Washington State Convention Center, including the Pike Place Market, Pioneer Square, Seattle Art Museum, Seattle Symphony, water tours, ferries, world-class restaurants and repertory and musical theaters. Three national parks lie within a two-hour drive of Seattle and the city is a gateway to the San Juan Islands, Olympic Peninsula, Washington Wine Country and British Columbia.

REGISTRATION AND HOUSING
Registration and Housing open in December. Current hotels in the AAPD Official Block: Sheraton Seattle (headquarters), Grand Hyatt, Hyatt at Olive 8, The Fairmont Olympic Hotel, and the Crowne Plaza. Complete meeting details will be published in the January issue of PDT. Check the AAPD website at www.aapd.org for updates regarding the Annual Session. In order to secure a hotel room in the AAPD room block, you must register for the meeting first. A prominent e-mail will be sent to all members announcing the hotels in the AAPD Official Room Block once registration opens!
Welcome New Members

The AAPD would like to welcome new members that have joined from March through May 2014. We look forward to supporting your professional needs. For further information about membership and membership benefits, please contact the Membership Department at (312) 337-2169.

Post Doctoral Student Members
Alexandra Sarah Delfiner
Dr. Muzamil Gufran
Dr. Kailey Smith Housley
Dr. Ahmed Hussein
Dr. Colleen Marie Lacombe-Senecal
Dr. Julie Ann Smith
Dr. Mara Lynn Teplitsky

Pre Doctoral Student Members
Mr. Abdall Alsayed
Ms. Katherine Lee Curtis
Ms. Ann (“Annie”) Kennedy
Ms. Emily Meyer
Ms. Celia Sommer

AAPD Career Center

Job Seekers

New AAPD Career helps you find jobs and manage your career.

AAPD is dedicated to providing the best industry resource for pediatric dentistry careers, and we are excited to bring you new system enhancements. The new AAPD Career Center will include many new robust tools for creating a personal presentation for any potential employer:

Career Resources – Access to free career tips, resume writing services, webinars and more!

Resume Builder – Easily post an updated resume/CV by uploading from Microsoft Word or other desktop applications.

Professional Profile – Create a user-friendly professional presentation of your qualifications with information pre-populated from your resume.

Searchable Portfolio – Increase your exposure to employers by uploading up to five career-related documents, e.g., work samples, cover letters or certification letters.

Job Application Preview – Control your applications with the ability to preview your application as an employer will see it before submitting.

Tighter Confidentiality – Take comfort in strict confidentiality rules throughout the Career Center.

Google Maps – Assess a potential commute right from the job detail screen.

Job Agent – Let the system find new jobs for you: establish your search and you’ll be notified automatically whenever a matching job is posted.

The AAPD Career Center can be found under Resource Center at http://www.aapd.org or https://jobs.aapd.org.
Member Benefit Spotlight

THE ULTIMATE TRAVEL COMPANION

DOMESTICALLY OR INTERNATIONALLY, FOR BUSINESS TRIPS OR PERSONAL VACATIONS.
MEDJET IS YOUR PEACE-OF-MIND IN THE EVENT OF A MEDICAL MISHAP WHILE TRAVELING.
WITH A MEDJET MEMBERSHIP, YOU ARE NEVER TOO FAR FROM HOME.

MedjetAssist is the premier global air-medical transport membership program. As a member, if you are hospitalized internationally or domestically - 150 miles or more from your primary residence - Medjet will arrange comprehensive medical transportation to a home country hospital of your choice for inpatient care.

Medjet’s services are bedside-to-bedside and include all medical care during transport. Membership is applicable for individuals and families with a primary residence in the U.S., Canada or Mexico.

THE BENEFITS OF MEMBERSHIP
Hospital of Choice Medical Transfer • Monitoring of Member’s Medical Condition
Emergency Message Relay • Worldwide Medical Referrals
Translation Assistance • Transfer of Mortal Remains

THE MEDJET OVERVIEW
Medjet provides single point coordination for the safety and protection of individuals and families as they travel for business and pleasure - domestically and abroad. Its membership program serves to address concerns relative to managing risk, cost, safety and overall coordination if and when parties encounter illness or injury during their travels.

The end result is getting a protected Medjet member back to the hospital they prefer within their home country - to doctors they know and trust, family, friends and in-network healthcare.

Medjet translates to peace of mind for persons who want more control and flexibility when such situations occur - negating air-medical transport cost that average $20,000 domestically and often exceed $100,000 internationally.

MEMBERSHIP BENEFITS
Medjet arranges medical transfer for its members who are hospitalized more than 150 miles from their primary residence, either in the U.S. or abroad, to a hospital of their choice within their home country. The services are inclusive of all medical care including ground transportation. Membership also includes ongoing monitoring of member’s medical condition, 24/7 medical consultation, emergency message relay, worldwide medical, translation assistance, and transfer of mortal remains.

AAPD
Reduced Annual Medjet Rates (under age 75)
$235 Individual & $360 Family
Short-Term rates start at $99.

To Enroll: Visit www.Medjet.com/AAPD
Or call Medjet at 1.800.527.7478 and reference AAPD. Medjet Rules and Regulations available online and provided within membership card packets. Diamond application (age 75-84) available upon request.
AAPD Membership Renewal Information

AAPD Membership dues have not been raised since 2006!

Dues period is July 1, 2014– June 30, 2015

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Annual Dues</th>
<th>Outside US*</th>
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<tr>
<td>Active</td>
<td>$590</td>
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<tr>
<td>Life</td>
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<td>Affiliate</td>
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<tr>
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<tr>
<td>Active 2nd year</td>
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<td>Active 3rd year</td>
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<tr>
<td>Friends of AAPD</td>
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<tr>
<td>Allied</td>
<td>$147.50</td>
<td>$147.50</td>
</tr>
<tr>
<td>Retired</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Post Doctoral Student</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pre Doctoral Students</td>
<td>$27</td>
<td>$27</td>
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<tr>
<td>*Associate and Affiliate members residing outside the United States pay a $35 annual postage assessment.</td>
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</tr>
</tbody>
</table>

Dues are payable by check, Visa, MasterCard and American Express, and must be received by **Oct. 1, 2014**. Otherwise membership privileges will be suspended until full payment of dues is received and your listing will be omitted from the **2015 Membership Directory**.

In keeping with the IRS, non-profit organizations are required to notify members that a portion of their dues payment is applicable to lobbying expenses and therefore not deductible as a business expense. (This is printed on the dues invoice.) The AAPD has determined that the following amounts are not deductible as a business expense for 2014–15:

- Active $52
- Associate, Affiliate, Life, Friends $26
- All other membership categories $0

If you have any questions, please contact Membership and Marketing Director Suzanne Wester at (312) 337-2169, ext. 21, or swester@aapd.org.

Attention: Class of 2014

The AAPD congratulates all June postdoctoral graduates on their commencement into the profession. We would also like to remind you about the many reasons why membership in the AAPD is so important, especially at this point in your career.

- Free transition from student to active membership. This applies only if you complete an active membership application and return it to the AAPD headquarters office prior to Dec. 31, 2014.
- To be listed as an Active Member in the printed **2015 Membership Directory** applications must be received by **Sept. 1, 2014**. Membership applications are available at [http://www.aapd.org](http://www.aapd.org).
- Recent graduate are afforded one year dues-waived and two years of reduced membership dues at 50 percent off the full active membership dues rate if they have maintained continuous membership. The dues reduction rate would translate to:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>First year out – 2014–15</td>
<td>$0</td>
<td>Prorated dues if application not received by 12/31/14</td>
</tr>
<tr>
<td>Second year out – 2015-16</td>
<td>$295</td>
<td>Active Dues</td>
</tr>
<tr>
<td>Third year out – 2016 - 17</td>
<td>$295</td>
<td>Active Dues</td>
</tr>
</tbody>
</table>

Transition from student membership to active membership is not automatic. **Student members must submit an application and a copy of their pediatric dentistry certificate to the AAPD office.**

Alternatively, program directors may send a list of graduating residents to verify the completion their program to our office to abrown@aapd.org and AAPD will automatically update their membership status to Active; otherwise the student must send in an application with certificate. For questions regarding student to active membership please contact AAPD Membership and Marketing Assistant Adrienne Brown (312) 337-2169, ext. 40.
Help Promote Children’s Oral Health to Other Professional Organizations

The AAPD’s Committee on Interprofessional Relations is a committee of the Council on Membership and Membership Services. This is a new committee and our mission is to develop and nurture the American Academy of Pediatric Dentistry’s (AAPD) interactions with other professional organizations to promote the importance of children’s oral health.

So we need your help! The committee is looking for the names of AAPD members who participate in organizations apart from the ADA who are involved in Children’s Oral Health initiatives.

The committee is also seeking the names of other groups who are also interested in Children’s Oral Health or have initiatives with this as their focus. The AAPD is seeking ways to increase our involvement with groups who share our interest and focus on Children’s Oral Health issues.

If you or you know of others who may be working with groups who have Children’s Oral Health issues as a focus, please send the names and the organizations to Membership and Marketing Director Suzanne Wester at AAPD headquarters at swester@aapd.org.

AAPD Predoctoral Chapter News

University of Michigan

AAPD Predoctoral Members Arielle Rucinski (D3), Amy Lesch (D4), Molly Doyle (D4), and Gabrielle Zuzo (D3) teamed up with Michigan’s very own “Toothy” to bring smiles to children from across the state in the 2014 Give Kids a Smile event.

If you would like more information regarding AAPD Predoctoral Student Chapters or you would like to send us information on your chapter activities please contact Membership and Marketing Director Suzanne Wester at swester@aapd.org.

Obituary

Dr. Ronald Allen Bell, professor of pediatric dentistry and orthodontics at the James B. Edwards College of Dental Medicine, Medical University of South Carolina, died at his Johns Island, S.C., home Tuesday, July 29. Bell is survived by his wife of 46 years, Marti; his son, Matthew Allen Bell of Charleston; his sister, Mary Marguerite Attuso of Baton Rouge, La.; and his sister-in-law, Jane Hall Harmon of Augusta, Ga.; and his brother-in-law, Robert Sherrill Hall of Baton Rouge, La.. He was preceded in death by his parents, Mr. and Mrs. David James Bell of Augusta, and his sister Susan Bell Scott. Bell was born in Baton Rouge, La., July 7, 1947. He was educated in the East Baton Rouge Parish public schools, graduating from Baton Rouge High School in 1965. He attended Tulane University and graduated from LSU in 1969. Bell received his D.D.S. from LSU in 1973. At the same time he earned a M.Ed from what was then known as LSUNO. After serving three years in the U.S. Army Dental Corps, Bell returned to New Orleans to earn a Certificate in Pedodontics at LSU (1978). In 1987 he earned a second specialty Certificate in Orthodontics at the Medical College of Georgia, Augusta, Ga. After spending his early career teaching at MCG in both Pediatric Dentistry and Orthodontics, Bell accepted the position of Chairman of Pediatric Dentistry and Orthodontics at the James B. Edwards College of Dental Medicine, MUSC. He held that position until 2004. During and after that time he has been the Director, Postgraduate Program in Pediatric Dentistry, Children’s Hospital and College of Dental Medicine, MUSC and Director, Postgraduate Program in Orthodontics, College of Dental Medicine, MUSC. Bell was a former president of The American Board of Pediatric Dentistry and of the College of Diplomates, American Board of Pediatric Dentistry. He was a Fellow of the Pierre Fauchard Academy, a member of Omicron Kappa Upsilon, and a Fellow of the American College of Dentists. He was selected for “America’s Top Dentists” Award 2003-2013 and “America’s Top Teachers” Awards 2004-2013 and was selected Outstanding Alumnus, Louisiana State University School of Dentistry 2002. Bell’s achievements could fill several columns, but as his many friends, family and colleagues will attest, he was a man of many parts. He loved a good party, good music and good food. He had a vast knowledge of specialty beers and his collection of beer bottles fills many shelves. He could talk about great meals he remembered from Galatoire’s, Peninsula Grill, The Bon Ton, Middendorf’s and hundreds more restaurants. Every spring, Bell and his friends met at the New Orleans Jazz Fest under their LA/SC flag. He had even become a very fine painter in oils. The Governor of South Carolina recently bestowed The Order of the Palmetto, South Carolina’s highest civilian honor, upon Bell for his contributions to the people of the state. His friends and colleagues have established the first named endowment at MUSC, the Dr. Ronald A. Bell Endowment in Pediatric Dentistry and Orthodontics. Also a lecture series is planned to honor his legacy. The family wishes to thank the doctors and nurses at the Hollings Cancer Center and Ashley River Tower, MUSC, as well as Hospice. Love and thanks to the Bell’s Angels. And to all who helped to speed the NG Tube to Johns Island, a special hug. In lieu of flowers the family requests that contributions be sent to the Ronald A. Bell Endowment for Pediatric and Orthodontic Dentistry, MUSC Foundation, 18 Bee St., MSC450 Charleston, SC 29425.
Annual Dental Home Day Brings HSHC Mission to Boston
Volunteers and residents brought a ton of smiles to underserved children and their parents during the second annual Healthy Smiles, Healthy Children *Dental Home Day*, held on May 21 at Tufts University School of Dental Medicine in Boston. Sponsored by Sunstar Americas, Inc., 60 AAPD members and affiliated volunteers from across the country helped provide free dental care to 71 children during *Dental Home Day*.

*Dental Home Day* is more than just a day of service; it’s a year of care. Patients receive ongoing care supported by HSHC Access to Care Grants. Tufts received a grant of $30,000 to provide ongoing care to participating children for the next year.

“We're grateful to Sunstar for their generous support of *Dental Home Day* for a second year,” said HSHC President Dr. Beverly Largent. Our remarkable AAPD volunteers truly made a difference for children and parents in Boston.”

One of these parents, Jackie Sorensen, was particularly grateful. “I was very overwhelmed at the generosity. Today was wonderful. Everybody was friendly and the emphasis on the children was incredible,” she said.

Sorensen said she was very surprised her sons would receive a year of care, especially after finding out that her 12–year-old had three cavities. “Tufts was wonderful. I really hit the jackpot,” she said.

*Dental Home Day* provides an opportunity for the Academy to give back to its Annual Session host city. Patients received preventive and restorative services, oral health instruction, courtesy of Sunstar.

Through May 2015, Tufts University will report quarterly to HSHC the number of children returning for restorative, preventive and other appointments along with incidences where siblings of patients seek care. They will track children who do not return for care or those who receive occasional follow-up visits.

Sorensen said after *Dental Home Day*, her worrying was over. “Since going to Tufts, I've been relieved. All that worrying is hard when I have to play dentist and check their teeth,” she said. Reflecting on her own dental issues, Sorensen said, “It's awful having things go wrong with your teeth and you don’t have the dental insurance. I don't want my children to go through what I went through as a kid. It's scary when problems happen.”

*Dental Home Day’s* reach extends far beyond a single event or moment in time. “*Dental Home Day* kids, parents, dental professionals and volunteers say that the *Dental Home Day* experience can change the lives of everyone involved, forever,” Largent said. “This ongoing care for the other 364 days of the year helps improve children's quality of life, their development, and overall well-being.”
Beyond helping the kids, *Dental Home Day* gave dental students and residents at Tufts the opportunity to work with seasoned professionals and receive one-on-one instruction. Volunteers treating patients described the Dental Home experience as a key component to children’s everyday quality of life. Ongoing care heightens overall health, self-esteem, school performance, sleeping habits, and a child’s mental and physical health.

For AAPD Secretary Dr. James Nickman, one patient in particular stood out. “Amir was a sweetheart from the start. He and his dad were both nervous, but the more we talked about Amir, life, and his dad’s concerns, the more they both seemed to relax.” Nickman said they spent more time talking prevention and the dad’s desire that his son not repeat his dental experience as a child.

“I think a lot of these parents are trying to do the right thing, but life gets in the way,” Nickman said. “Getting the parent to buy in that cavities are preventable and that a Dental Home is important may push them to prioritize regular dental care.”

*Dental Home Day* at AAPD 2015 will take place in Seattle at The Center for Pediatric Dentistry at the University of Washington on May 20, 2015. To learn more about *Dental Home Day* and how to become involved please contact Tracey Schilligo at tschilligo@aapd.org or 312-337-2169.

“I was very overwhelmed at the generosity. Today was wonderful. Everybody was friendly and the emphasis on the children was incredible,”

— Jackie Sorensen

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YOU’RE THEIR HERO...
WE’RE YOUR ALLY

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Keeping up with the Literature: How Electronic Alerts Can Help

Do you want a better way to keep up with the dental literature? If so, electronic current alerts may be just what you are looking for!

Current awareness alerts are automated services that let you know when new articles on your topic(s) of interest or in your favorite journal have been published. It’s an efficient way to keep up with the research. You can setup the alert once and then receive in your email the latest citations and abstracts. There are several alert services available.

PubMed’s My NCBI allows you to set up e-mail alerts that can deliver results daily, weekly or monthly depending on your preference. Updates may also be saved as an RSS feed. Detailed instructions as to how to set up this service can be found at http://www.ncbi.nlm.nih.gov/guide/howto/receive-search-results/.

e-TOCS stands for Electronic Table of Contents Service. E-TOCS automatically send alerts to your e-mail each time a new issue is published. To get alerts for e-journals, look for links to “e-mail table of contents” or “register for alerts.” You can receive alerts specifically for Pediatric Dentistry. Register for Pediatric Dentistry alerts here: http://www.ingentaconnect.com/content/aapd/pd.

Google Scholar is a database of scholarly literature including: articles, theses, books, abstracts and court opinions, from academic publishers, professional societies, online repositories, universities and other web sites. To receive alerts search for the topic of interest, e.g., “dental fashion;” click the envelope icon in the sidebar of the search results page; enter your e-mail address, and click “Create alert”. You will then be e-mailed newly published papers that match your search criteria. Google Scholar: http://scholar.google.com/.
EBD Guideline Development update

Pulp Therapy

We are pleased to update you on the Academy’s evidence-based dentistry efforts. As this article goes to press, the systematic review workgroup is finalizing the PICO question, protocol and stakeholders for the pulp therapy systematic review.

The Protocol: A protocol for a systematic review describes the rationale for the review, the objectives, and the methods that will be used to locate, select and critically appraise studies, and to collect and analyze data from the included studies. (Definition taken from the Glossary to the *Cochrane Reviewers’ Handbook*.)

Stakeholders: An important component in the process is the solicitation of outside review. External stakeholders, outside organizations whose interests dovetail with the subject of review, are invited to provide feedback during the review process. External stakeholders range from governmental organizations to consumer groups; they establish credibility, anticipate controversy, ensure transparency and accountability, improve relevance, enhance quality and importantly increase dissemination and uptake of systematic review findings.¹

Once the PICO question and protocol are finalized they will be vetted by the Evidence-based Dentistry Committee, submitted to PROSPERO – an international database of prospectively registered systematic reviews in health and social care. Systematic review registration is important because it supports researchers, funders, peer reviewers, journal editors, and guideline developers by providing information about forthcoming reviews which may assist in planning and dissemination of guideline development. The review protocol is recorded and maintained as a permanent record on PROSPERO’s publically accessible site.

SEALANTS

The sealant systematic review, a joint project of the ADA and AAPD, is currently extracting data from randomized-controlled trials. Randomized-controlled trials are studies in which people are selected at random to receive a clinical intervention or a control. The review is limited to RCTs since over one hundred were identified. If there were not many RCTs, the review team may have resorted to lower-level evidence. Randomized-controlled clinical trials are preferred sources of evidence for a systematic reviews because they are experiments that produce evidence of cause and effect. Two or more people extract data from every RCT to minimize biases and errors. One of the most important and time-consuming parts of a systematic review is extracting data from RCTs.

See our new evidence-based dentistry page² for articles on the evidence-based dentistry process.

For further information, please contact AAPD Policy Center EBD Manager Laurel Graham at (312) 337-2169 or lgraham@aapd.org

¹ AHRQ, White Paper Defining the Benefits of Stakeholder Engagement in Systematic Reviews
² See EBD page http://www.aapd.org/policy_center/evidence_based_dentistry/
Coordination of Benefits—Accepted Rules for Defining the Order of Benefits

EMPLOYEE/MEMBER/SUBSCRIBER VS. DEPENDENT

The plan that covers the patient as an employee, member, or subscriber is primary over a plan that covers the patient as a dependent.

Medicare Exception: If the patient is a Medicare beneficiary, and Medicare is secondary to the plan covering the patient as a dependent and primary to the plan covering the patient as other than a dependent (e.g., a retired employee), then the order of benefits is reversed so that the plan covering the patient as an employee, member, subscriber, policyholder, or retiree is the secondary plan, and the other plan covering the patient as a dependent is the primary plan.

ACTIVELY EMPLOYED VS. RETIRED/LAI-D-OFF/COBRA

The plan that covers the patient as an active employee is primary over a plan that covers the patient as a laid-off employee or retiree.

The plan that covers the patient as an active or retired employee, member, or subscriber (or dependent thereof) is primary over a plan that covers a member or subscriber under a state or federal COBRA plan. If the plans do not agree on the order of benefits, this rule may be ignored.

If covered as an employee, member, or subscriber by multiple plans but none of the above rules apply, the plan that has been in effect the longest is primary. This is based on the original effective date under the employer group, whether or not the insurance company has changed over the course of coverage.

DEPENDENT CHILDREN OF PARENTS WHO ARE NOT SEPARATED OR DIVORCED

The dental plan covering the parent whose birthday occurs earlier in the calendar year is the primary carrier. Note that the year in which the parent was born is not taken into consideration. If both parents were born on the same day, the plan that has provided coverage the longest is the primary carrier.

Some dental plans still use the Gender Rule to determine the primary plan for dependent children. The Gender Rule states that the father’s plan is primary. In the event of a disagreement between the two plans, the gender rule may apply.

DEPENDENT CHILDREN OF PARENTS WHO ARE SEPARATED OR DIVORCED

If divorced/separated parents have joint custody, the birthday rule determines which parent’s plan is primary (i.e., the parent whose birthday occurs first in the calendar year is primary).

If divorced or separated parents do not have joint custody, and a child is covered by more than one group plan, the plan of the parent with court-ordered responsibility to pay healthcare expenses is primary.

If there is no court order that assigns responsibility for healthcare expenses to a parent, then:

• the plan of the parent with custody of the child is primary,
• the plan of the spouse of the parent with custody of the child is secondary,
• the plan of the non-custodial parent is tertiary, and
• the plan of the spouse of the non-custodial parent is fourth in line.

DEPENDENT CHILDREN WHO ALSO HAVE COVERAGE UNDER A SPOUSE’S DENTAL PLAN

Although it is not required by the ACA, some dental plans now voluntarily offer coverage up to age 26, regardless of student or marital status.

For a dependent child who has coverage under either or both parents’ plans and also has his/her own coverage under a spouse’s plan, the plan in effect the longest is primary.

The patient’s length of time covered under a plan is measured from the patient’s first date of coverage under that plan.
ADDITIONAL NAIC RULES FOR COORDINATION OF BENEFITS

The following are excerpts from the NAIC’s Coordination of Benefits Model Regulation (August 2013):

When a person is covered by two or more plans, the rules for determining the order of benefit payments are as follows:

“The primary plan shall pay or provide its benefits as if the secondary plan did not exist.”

“...a plan that does not contain order of benefit determination provisions that are consistent with this regulation is always the primary plan unless the provisions of both plans, regardless of the provisions of this paragraph, state that the complying plan is primary.”

“A plan may take into consideration the benefits paid or provided by another plan only when, under the rules of this regulation, it is secondary to that other plan.”

NOTABLE EXCERPTS FROM THE NAIC COB MODEL: “HOW WE PAY CLAIMS WHEN WE ARE SECONDARY”:

“If there is a difference between the amount the plans allow, we will base our payment on the higher amount. However, if the primary plan has a contract with the provider, our combined payments will not be more than the amount called for in our contract or the amount called for in the contract of the primary plan, whichever is higher.”

“We will credit any amount we would have paid in the absence of your other health care coverage toward our own plan deductible.”

“If the primary plan covers similar kinds of health care expenses, but allows expenses that we do not cover, we may pay for those expenses.”

For further information, please contact AAPD Dental Benefits Manager Mary Essling at (312)-337-2169 or messling@aapd.org

UCCI Raises Reimbursement Fee for Prefabricated Stainless Steel Crowns (D2930)

Recently, AAPD Dental Benefits Manager Mary Essling received several calls from members complaining about the low reimbursement for D2930. AAPD staff was able to intervene and discuss this matter with the UCCI National Dental Director. Consequently, UCCI raised the fee for stainless steel crowns from $180 to $225. Continue to call the AAPD with your concerns and questions regarding claims complaints. We are here for you!
Dr. Daniel A. Crawford (La.) was mentioned in a KTBS.com broadcast story on dental missions.

The Washington Post featured Dr. Gerald I. Frank (Va.) in an article on how he is an oasis of compassion in a state that refuses to expand Medicaid. To read the article in its entirety, please go to: http://www.washingtonpost.com/local/virginia-dentist-is-an-oasis-of-compassion-in-a-state-that-refuses-to-expand-medicaid/2014/06/12/23d61808-f24f-11e3-bf76-447a5df6411f_story.html.

Dr. Martin J. Makowski (Mich.) contributed an opinion piece to The Detroit News on how Michigan children need dental care.

AAPD President Dr. Edward Moody (Tenn.) was interviewed by Mom Talk Radio about preventing tooth injury. Mom Talk Radio has more than 125,000 listeners per show with more than 62,500 podcast downloads monthly and airs on 39 stations in 16 states.

Dr. Douglas B. Keck (Conn.) and Dr. Jennifer D. Epstein (Conn.) were interviewed for an article titled “Pediatric dentistry offers comprehensive care for kids” that appeared on Ctpost.com, highlighting the unique expertise of pediatric dentists and the recent growing concern around children’s oral health.

“Mom in the City” blog posted a piece highlighting tips to ensure children’s dental health authored by AAPD President Dr. Edward Moody (Tenn.). The blog posting details tips for parents to ensure optimal oral health for their children, including regular check-ups with the pediatric dentist. “Mom in the City” covers parenting of newborns to five-year-olds and provides news, reviews, giveaways and personal commentary.

Dr. Jeffrey H. Camm (Wash.) co-authored an opinion piece on fluoridation that appeared in The Bellingham Herald.

AAPD President Dr. Edward Moody (Tenn.) was featured in a full-page print article in the July issue of Pregnancy & Newborn. The article highlights Moody’s recommendations on infant oral health, quoting him throughout about the impact a pacifier has on an infant’s teeth.


He continued by directing dentists to information they can share with their patients.

“The American Academy of Pediatric Dentistry recommends that all children have their first dental visit as soon as teeth begin to come in, and no later than age 1, which provides the dentist with an opportunity to chat with parents and caregivers about proper tooth care, including ways to deal with teething pain. For more information on teething pain or other children’s dental issues, please go to AAPD’s consumer site, www.mychildrensteeth.org.”
Ad Council Updates

Videos: Cartoon Network created seven new two-minute videos for our Watch and Brush page on www.2min2x.org.

Brochure: We have finalized the design of an English-language dentist brochure for the Children’s Oral Health campaign. As you’ll see, the brochure incorporates a lot of useful tips for parents who have kids between the ages of 0 – 12 years. Copies will be made available for dentist offices in the October timeframe.

Oral Health Creative Presentation: The group has finalized the creative concepts of our public service announcement campaign. The specific timing of the phase two launch is currently being discussed and finalized.

Spokesperson Training

2014 MEDIA SPOKESPEOPLE GRADUATES

(Left-right front row) Erika Hoeft, Drs. Robert Delarosa, Ann Bynum, Man Wai Ng, Kerry Maguire, Robin Wright, John S. Rutkauskas (Left-right back row) Dick Helton, Drs. Brian Beitel, AAPD President Edward Moody, Scott Smith, James Nickman and Robert Majewski all participated in an intensive weekend of media training. The media training took place at the Ritz Carlton in Chicago on June 27-28, 2014. Congratulations to our graduates and new media spokespeople!
AAPD Continuing Education Courses

Fall 2014

The AAPD invites you to attend the upcoming continuing education courses designed to help improve your practice. Register online now at http://www.aapd.org and to view the individual course brochures. For more information, please contact Meetings and Education Coordinator Jessica Vaughn at jvaughn@aapd.org.

Dental Assistant’s Course: Sedative and Medical Emergencies in the Pediatric Dental Office

OCT. 24, 2014
Sheraton Downtown, Denver, Colo.

This one-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.

COURSE DIRECTOR
Morton Rosenberg, D.D.S.

INVITED SPEAKERS
Stephen Wilson, D.M.D., M.A., Ph.D.
Steven Ganzberg, D.M.D., M.S.
Alan Milnes, D.D.S., Ph.D.
Sarat Thikkurissy, D.D.S., M.S.

This course is approved for 7 continuing education credits.

Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques

OCT. 24-26, 2014
Sheraton Downtown, Denver, Colo.

The sedation course is intended for pediatric dentists who have had training in sedation techniques during their graduate or residency training programs. Although the course involves a series of lectures on key topics associated with sedation (e.g. monitoring of the patient), materials are provided that include a narrative on issues such as child personality and selection of drugs and a reference list.

The course is consistent with the ADA’s Guidelines on Teaching Pain Control and Sedation to Dentists and Dental Students in a Continuing Education Program. The level of the course, according to the Guidelines, Part II, Definitions, Education Courses, is that of a survey course and does not offer direct, clinical patient management.

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

INVITED SPEAKERS
Steven Ganzberg, D.M.D., M.S.
Alan Milnes, D.D.S., Ph.D.
Sarat Thikkurissy, D.D.S., M.S.

This course is approved for 19 continuing education credits.

Sponsored by EZ Peds

An Update in Pediatric Restorative Dentistry Symposium

NOV. 14-15, 2014
Trump National Doral, Miami, Fla.

This symposium is designed to update the practitioner on dental restorative materials and indications for their use. The intention is to discuss topic areas presented at the last Pediatric Restorative Dentistry Consensus Conference and to update information presented and published. Whether you attended the previous conference or not, you will still walk away with information on topic areas such as Risk Assessment and Clinical Decision Making for Caries Management in Children; The Use of Pit and Fissure Sealants; Glass Ionomer Cements; The Use of Amalgam in Pediatric Dentistry; Dentin/Enamel Adhesives in Pediatric Dentistry; Resin-Based Composites in Pediatric Dentistry; The Use of Stainless Steel Crowns; and Restoring Primary Anterior Teeth.

COURSE DIRECTOR
Kevin J. Donly, D.D.S., M.S.

INVITED SPEAKERS
Joel H. Berg, D.D.S., M.S.
James Crell, D.D.S.
Theodore (Ted) P. Crell, D.D.S.
Kevin J. Donly, D.D.S.
Anna B. Fuchs, D.D.S.
Franklin Garcia-Godoy, D.D.S., M.S., Ph.D.
N. Sue Seale, D.D.S., M.S.D.
Rebecca Slayton, D.D.S., Ph.D.
William Waggoner, D.D.S., M.S.

This course is eligible for 12 hours of continuing education credit.
**AAPD Continuing Education Courses**

**Spring 2015**

**Comprehensive Review of Pediatric Dentistry**

**JAN. 23-25, 2015**  
Westin Beach Resort & Spa, Fort Lauderdale, Fla.

This highly acclaimed course provides a comprehensive review of pediatric dentistry. It may be helpful to AAPD members in their preparation for the American Board of Pediatric Dentistry (ABPD) examinations, although participation in this course does not guarantee successful completion of board exams. The curriculum is also designed to serve as a comprehensive and in-depth review of pediatric dentistry to those attendees who may be either board certified already or not planning on taking the exam.

Topics to be discussed include Growth and Development, Assessment and Prevention, Oral Pathology, Care for Special Needs Patients, Restorative Dentistry and Materials, Trauma, Behavior Management, Pulp Therapy and Hospital Dentistry.

Expert clinicians presenting this course utilize a lecture format to review the subjects included in the board examinations. Participation in this course does not guarantee successful completion of board exams.

**COURSE DIRECTOR**  
Kevin J. Donly, D.D.S., M.S.

**INVITED SPEAKERS**  
Catherine M. Flaitz, D.D.S., M.S.  
Andrew L. Sonis, D.M.D.  
Amr M. Moursi, D.D.S., Ph.D.

This course is approved for 22 continuing education credits.

Sponsored by NuSmile Pediatric Crowns

**Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques**

**FEB 19 – 21, 2015**  
Hyatt Regency Century Plaza, Los Angeles, Calif.

The sedation course is intended for pediatric dentists who have had training in sedation techniques during their graduate or residency training programs. Although the course involves a series of lectures on key topics associated with sedation (e.g. monitoring of the patient), materials are provided that include a narrative on issues such as child personality and selection of drugs and a reference list.

The course is consistent with the ADA’s Guidelines on Teaching Pain Control and Sedation to Dentists and Dental Students in a Continuing Education Program. The level of the course, according to the ADA’s Guidelines, Part II, Definitions, Education Courses, is that of a survey course and does not offer direct, clinical patient management.

**COURSE DIRECTOR**  
Stephen Wilson, D.M.D., M.A., Ph.D.

**INVITED SPEAKERS**  
Christine Quinn, D.D.S., M.S.  
Alan Milnes, D.D.S., Ph.D.  
Sarat Thikkurissy, D.D.S., M.S.

This course is eligible for approximately 19 hours of continuing education credit.

Sponsored by EZPedo

**Management of Pediatric Sedation Emergencies: A Simulation Course**

**FEB. 21 – 22, 2015**  
Hyatt Regency Century Plaza and the UCLA Simulation Center, Los Angeles, Calif.

The simulation course targets pediatric dentists who wish to sharpen and practice their cognitive skills and rescue techniques involving emergent pediatric sedation scenarios using SimMan technology. The course is intended for pediatric dentists who are currently using sedation techniques in their office. The course will offer some didactic materials but will focus on team-driven assessment and responsiveness to situations that might arise during sedation of children for operative care. SimMan technology will allow for the participant to make quick assessments of patient status and simulate airway techniques, while managing real-time trending of physiological status with the goal of stabilizing the patient.

**COURSE DIRECTOR**  
Stephen Wilson, D.M.D., M.A., Ph.D.

**INVITED SPEAKERS**  
Steven Ganzberg D.M.D., M.S.  
Alan Milnes, D.D.S., Ph.D.  
Sarat Thikkurissy, D.D.S., M.S.  
Christine Quinn, D.D.S., M.S.

This course is approved for 9 hours of continuing education credit.
AAPD Meetings & Sponsored Continuing Education Courses

For further information on any of the AAPD-sponsored meetings or courses, please contact Meetings and Education Coordinator Jessica Vaughn at jvaughn@aapd.org or call the Headquarters Office at (312) 337-2169.

### ADA CERP
The AAPD is an ADA CERP Recognized Provider.

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.

#### Oct. 24 – 26, 2014
**Contemporary Sedation of Children for the Dental Practice and Dental Assistant’s Course.** Sheraton Downtown, Denver, Colo.

#### Nov. 14 – 15, 2014
**Restorative Symposium.** Trump National Doral, Miami, Fla.

#### Jan. 23 – 25, 2015
**Comprehensive Review of Pediatric Dentistry.** Westin Beach Resort & Spa, Fort Lauderdale, Fla.

### District/State Unit Organization Meetings & CE Courses

#### Oct. 10, 2014
**Mixed Dentition Orthodontics Seminar.** Multnomah Athletic Club in Portland, Ore. Dr. Gerry Samson and Dr. Tom Kiebach. Save time and register online at www.oapd.org.

#### Nov. 7, 2014
**Maryland Academy of Pediatric Dentistry’s Annual All Day CE Meeting.** Featuring: N. Sue Seale D.M.D., M.S.D. and James Coll, D.M.D. Topic: Current Research and Recommendations for Pulp Therapy. Space is limited and will sell out. For more Information contact wendydds123@gmail.com.

#### Jan. 9-11, 2015
**Southeastern Society of Pediatric Dentistry Annual Continuing Education Course.** The Ritz-Carlton Buckhead, Atlanta, Ga.

#### Hanging Your Single Shingle – Are You Ready?
**Live Webinar: Nov. 7, 2014, 11 AM CST**
Bobby Elliott, D.M.D., M.S.

**DESCRIPTION**
Congratulations! You’ve decided to take the plunge...or have you? This webinar will assist you during one of the most important decisions of your life...opening your own private practice! We will discuss the sequence of events and suggests a timeline when putting everything together to open an office. Topics covered range from initial concept to opening the door to see your first patient.

It is likely you will experience a roller coaster of emotions as you develop your practice plan. Anxiety and frustration can occur due to all of the time involved, paperwork, telephone calls and blind decisions made in the process. Remember, everything you do is a reflection of who you are. We will discuss strategies to stay organized and manage your time efficiently so that your practice plan can be an extension you and your practice philosophies.

### INNOVATIONS IN THE PREVENTION AND TREATMENT OF EARLY CHILDHOOD CARIES

During this conference, presenters will discuss evidence-based reviews that assess the potential of current and emerging approaches which address early childhood caries (ECC) prevalence, treatment, and guidelines.

Conference partners include the DentaQuest Foundation, the American Academy of Pediatric Dentistry, the National Institute of Dental and Craniofacial Research, and the Health Resources and Services Administration.

Topics to be covered include:
- Changes in prevalence of ECC and in how prevalence is measured
- Clinical, environmental, and behavioral factors that foster ECC
- Methods to alter the microbiota associated with ECC
- Result of the Indian Health Service’s ECC collaborative
- Effectiveness of current therapies for treating ECC
- Effectiveness of motivational interviewing in altering health behaviors
- Effectiveness of new technologies in altering health behaviors
- Effectiveness of chronic disease management strategies to treat ECC
- Ability of primary care health professionals to affect ECC prevalence
- Barriers to and facilitators of primary and secondary interventions to prevent and treat ECC
- What we know, what we learned, where we need to go

**October 23 and 24, 2014**
Turf Valley Resort and Convention Center, Ellicott City, MD

For more information about the conference, registration, and lodging visit http://www.dental.umaryland.edu/ECC_conference
International Association of Dental Research Pediatric Oral Health Research Group Meets in Cape Town, South Africa

The newly formed IADR Pediatric Oral Health Research and Scientific Group (POHR) conducted its first symposium during the IADR annual meeting in Cape Town, South Africa this June.

The symposium titled “Global Trends of Diagnostics, Risk Assessment and Innovative Strategies for ECC Prevention” was jointly sponsored by the POHR and the behavioral, epidemiologic, health services research and cariology research groups. AAPD members Francisco Ramos-Gomez presented on Innovative Comprehensive CAMBRA Risk Assessment Tool for Young Children and Caregivers; Gajanan Kulkarni spoke about Genomic Determinants of Early Childhood Caries and Promising Innovative Strategies; and John Featherstone moderated a panel discussion. Promising interventions such as probiotics and other innovative intervention reinforced a paradigm shift from a surgical approach to ECC early diagnosis and early treatment to minimally invasive tactics that focus on preempting the destruction of the tooth structure, preserving enamel and changing the oral health profile and behavior of young children and caregivers in a dual parallel track for improved long term oral health outcomes and measures. In addition to AAPD members, there were presentations by M.O. Ukpone (Nigeria) on Early Childhood Caries as a Global Epidemic in Developed and Developing Countries and S. Twetman (Denmark) Early Intervention Strategies for Young Children and Primary Teeth Preventive Efforts.

A well-attended business meeting was conducted where new members were welcomed. Membership in the POHR grew from 57 members in 2013 to approximately 300 members representing 32 countries in 2014. The POHR group has 134 full members, five retired members and 160 student members. AAPD member Kimon Divaris reported on the successful oral and poster sessions at both the AADR meeting in Charlotte, N.C., and IADR 2014 in Cape Town. There were 60 abstracts submissions with two oral sessions and three poster sessions respectively. The group discussed the need for sponsorships for keynote speeches and symposium with ambitions of obtaining funding for student awards and networking receptions. We concluded our meeting by recognizing and thanking our inaugural president Indru Punwani for his work with the POHR. He has helped in the transformation of a start-up to an international organization working to advance pediatric oral health research, promote an interdisciplinary approach to the conduct of observational, investigational and translational pediatric oral health research, and to provide an international and cooperative forum.

The Pediatric Oral Health Research Group would like to announce the 2014 – 2015 officers.

President: Tegwyn Brickhouse
Immediate Past President: Indru Punwani
President Elect: Francisco Ramos-Gomez
Secretary/Treasurer: Gajanan Kulkarni
Assistant Secretary/Treasurer: Scott Dalhouse
Proposal Coordinator: Donald Chi
Program Chair: Kimon Divaris

Councilors:
North American: Yasmi Crystal
Latin American: Rita Villena-Sarmiento
Asia/Pacific: Boyen Huang
Africa/Middle East: Jenipher Ober-Oluoch
Pan European: Anne O’Connell

For more information, please contact Educational Affairs Manager Scott Dalhouse at sdalhouse@aapd.org
2015 – 2016 Samuel D. Harris Health Research Policy Fellowship

The American Academy of Pediatric Dentistry is accepting applications for the Samuel D. Harris Health Research Policy Fellowship sponsored by Preventech. Pediatric dental residents and individuals in their first five years post-residency (academic or private practice) are eligible to apply.

EXPECTATIONS AND OUTCOMES

The Harris Fellow will work with the AAPD Pediatric Oral Health Research and Policy Center to complete a project in health policy resulting in a paper to be published in a peer-reviewed journal. The topic of the project and resultant paper will be mutually agreed upon by the Fellow and the AAPD. Relative to that goal, the Fellow participate in various meetings and events throughout the year. Additionally, the Fellow will present the findings of their research at the 2015 Annual Session in Seattle, Wash., by poster and/or oral presentation.

The AAPD, the Harris Fellow and their program director (if applicable) will work together to agree upon the exact fellowship dates. The schedule will be flexibly designed for the Harris Fellow and their program or practice. A stipend to cover the costs of travel to necessary meetings and the Annual Session will be provided. AAPD will arrange and provide housing and all fellowship-related administrative costs and supply needs.

SELECTION CRITERIA

Selection will be based on the applicant’s:

- Interest and specific personal goals for the program
- Relevant activities or roles within their professional sphere (both on-going and future)
- Three required letters of reference (if the applicant is a current pediatric dental resident, one letter must be from the applicant’s program director authorizing an absence from training.)
- Proposed research project topic(s).
- Phone interview with AAPD Staff and leadership (if applicable).

For application and more information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or by e-mail to sdalhouse@aapd.org. Applications must be submitted electronically and are due by April 10, 2015.

Join the AAPD Facebook Group

In order to provide better social media services to our membership base, we’ve created a Facebook group for the American Academy of Pediatric Dentistry. This group will allows us to promote content specifically for the dentistry professional. Read updates in your timeline, participate in discussions with other dental professionals, and stay current on all Academy campaigns.

Don’t worry! Our current AAPD Facebook page isn’t going away, but will shift to providing more consumer-oriented content to children, caregivers and new parents. These materials will be designed to appeal directly to consumers, so you can share them on your own practice’s site or Facebook page.

The AAPD Facebook group is an open group, so anyone can see posts or join the group, even if she isn’t an AAPD member. To read recent updates and join, visit: https://www.facebook.com/groups/aapdinfo/.
Cheng Crowns Zirconia crowns feature an exclusive design and a proprietary finishing process that make them the most aesthetically pleasing pediatric crowns on the market.

The zirconia we use is formulated to provide exceptional strength and ideal translucency. The slim facials, thin walls, and knife-edge margins not only look great, but are also designed to minimize tooth preparation and ensure a perfect fit.

For a limited time, save 30%.
Order your starter kit today and put a work of art into your pediatric practice.
Learn more @ chengcrowns.com/zirconia
Think back to middle school: What did our teachers tell us when we gave them only the answer to a math equation? Show your work.

With Healthy Smiles, Healthy Children entering its sixth year of supporting initiatives providing Dental Homes to underserved children, it is time for us to show our work related to HSHC’s role in the access to care equation. Consider these facts:

Since 2010, HSHC has helped 48 organizations (through 51 grants) provide dental care for underserved children in 18 states.

HSHC grantees have helped more than 118,000 kids receive care thanks to AAPD member support through HSHC.

For at least the next two years HSHC will be issuing annually five-year grants of $375,000 to two qualified organizations.

We know our grantees are making progress. We hear the heart-warming stories of children’s lives changed. We see the favorable numbers in their reports. As pediatric dentists, we know intuitively a Dental Home setting makes all the difference.

We know a lot about various markers that are indicators of good or poor oral health: parental oral health literacy, financial barriers, transportation and scheduling barriers, etc. But, in a peer-reviewed sense, the effectiveness of implementing the current Dental Home concept to improve the oral health of at-risk children and people with special healthcare needs “remains inadequate.”

That’s why the Healthy Smiles, Healthy Children is developing an outcomes assessment plan to evaluate the effectiveness of Foundation grantees and other initiatives helping underserved children.

It’s time for us to show our work; and we’re preparing to do just that.

In July, our Executive Committee convened over two days to confirm our organizational priorities and identify what we want to learn from our outcomes assessment efforts. Later this month our Grants and Programs Committee and our grant reviewers will meet in Chicago to calibrate the application review process and identify markers for possible study. These are just small steps within larger efforts to ensure the effectiveness of our grantmaking.

Most exciting, we have developed a research plan that includes a multi-site assessment of Foundation-supported initiatives over several years. Our assessment process will not only help us evaluate what works and what doesn’t, it will help us improve our grantmaking process that, in turn, will allow the Foundation to help even more children receive the dental care they need.

As this issue of PDT goes to press, we’ve begun outreach to other national foundations that could become our philanthropic partners.

Thanks to AAPD member generosity, we believe we have a strong case because who better to take on this challenge than the charitable arm of the national organization dedicated to child oral health?

To borrow from the AAPD’s terminology, we are the “big authority on little teeth.” Our outcomes assessment only will add to our shared expertise.

I look forward to keeping you posted on our progress.

Beverly A. Largent, D.M.D., is a private practitioner from Paducah, Ky.

Meet our New Trustees!

ROBERT L. DELAROSA, D.D.S.

Delarosa, AAPD’s president-elect, has been a member of the AAPD since 1986 and a diplomate of the American Board of Pediatric Dentistry since 1991. Delarosa is the founding partner in a group private practice in Baton Rouge, La. As the District V trustee, he also served on the Budget and Finance Committee and Ethics and Credentials Committee, as well as being liaison to the Council on Clinical Affairs and the AAP Section on Oral Health. Prior to serving as District V trustee, he was chair of the Council on Clinical Affairs and the Committee on Behavior Guidance, the District V Representative to the AAPD Political Action Committee, and the Louisiana State Leader for the AAPD Head Start Dental Home Oral Health Initiative. Delarosa is a native of New Orleans and resides in Baton Rouge with his wife, Mary, and their twins, Matt and Sara.

ANUPAMA R. TATE, D.M.D.

Tate currently chairs the Grants and Programs Subcommittee of Healthy Smiles, Healthy Children. She also serves on the Evidence-Based Dentistry Committee, Council of Clinical Affairs, and chairs the Consumer Review Committee of the AAPD. She is an associate professor of pediatrics at the George Washington University School of Medicine. She is a faculty member in the Department of Pediatric Dentistry in the Goldberg Center for Community Pediatric Health at Children’s National Medical Center. She serves as the director of Advocacy and Research. She also is co-director of the District of Columbia Pediatric Oral Health Coalition. She is involved in teaching, clinical practice, research and holds grants in community advocacy.

DIANE JOHNSON KRUEGER

Diane Johnson Krueger is the president and CEO of NuSmile Pediatric Crowns. Founded in 1991, NuSmile is the largest manufacturer of esthetic pediatric crowns in the U.S., and has more than 30 distributors internationally. Under her direction, NuSmile’s corporate mission has continued to be realized “To be as supportive as possible of pediatric dentistry and pediatric dental education.” Ms. Johnson Krueger is passionate about providing more, and better, restorative options for children with ECC, and as such, she invests her time to develop new products and improving existing technologies to better serve her company’s clients. She has been married to Ray Krueger for 30 years, has one son, Jason Johnson, who is the COO of the company, and two grandchildren.

HSHC partnering with 3M ESPE, NASCAR and Give Kids a Smile

Healthy Smiles, Healthy Children will launch a new initiative, Dental Home 364 Grants, featuring year round events providing Dental Homes for children whose families cannot afford dental care. In early November, in collaboration with 3M ESPE and NASCAR, the first of many initiatives will target the city of Phoenix, Ariz. Here children in two selected schools will participate in Give Kids-A-Smile (GKAS)/education programs on November 6 featuring the 3M-sponsored car, driven by Greg Biffle. HSHC will give a $20,000 HSHC Access to Care Grant to Central Arizona Shelter Services, Inc. to cover the cost of care for one year for qualified GKAS / 3M ESPE children. On November 9, NASCAR will prominently feature the HSHC logo and we wish Biffle great luck with his race!
Thank you Dr. Heidi Eggers-Ulve for Ten Years of Dedication to Healthy Smiles, Healthy Children!

Dr. Heidi Eggers-Ulve describes herself as a devoted mom to four really awesome kids. So much of her spare time is spent shuttling them to their activities and encouraging them to pursue their interests and passions. At the moment this includes, tennis, ballet, learning to ride bikes, catching snakes and frogs, and hatching butterflies! She is an avid reader and always has one or two good books going at one time. Eggers-Ulve enjoys gardening, travel, photography, cooking, and quiet time spent off the grid on the northern shores of Lake Michigan with her husband and kids.

Eggers-Ulve asks “Why would I give every year to HSHC? The better question may be, “Why wouldn’t I give?” My giving to HSHC seems so insignificant to what others have given, a no-brainer? It’s an organization that provides grants for a cause that I am passionate about: children’s oral health.” She has worked within her community to provide Dental Homes for children, especially as dental director for Green Bay Headstart. She was also part of the team at the Wisconsin Dental Association that developed continuing education to teach general dentists about Dental Homes and implementation for their patients (partly funded by the AAPD). That project started as a statewide campaign, but became something that was available nationwide. “The grants HSHC provides allows me, by my donation, the opportunity to be part of establishing Dental Homes for children nationwide” explains Eggers-Ulve.

“It would be fantastic to see that by HSHC’s involvement in creating Dental Homes, via their grants, significant impact could be made in the number of children who have regular access to a Dental Home. It would be an awesome thing to see measurable reduction in the amount of caries in preschoolers and primary school children, as well as a significant increase in the number of one year olds who have had their first dental visit” says Eggers-Ulve. She believes it would be rewarding to see HSHC have a positive impact on the number of pediatricians regularly referring all of their 1-year-old patients to a pediatric dentist. She describes HSHC as the philanthropic arm of the AAPD, whose primary purpose is to promote and support programs that provide ongoing Dental Homes to children who would otherwise not receive care.

As a pediatric dentist and the daughter of a pediatric dentist, children’s oral health is ingrained in her being. She is witness daily to children’s whose lives are adversely affected by a completely preventable disease. Eggers-Ulve says “unfortunately those who tend to be most affected are those who either lack access to care or whose families can least afford care. It is as simple as the idea that a dentally healthy child can thrive and that this should not be the exception but the rule.” Eggers-Ulve clarifies this is not a new issue, it is an always issue. She is passionate about educating parents that their children can grow up decay-free and that prevention is significantly more cost effective than reactionary care. She has invested much time through the years in organized dentistry through the Wisconsin Dental Association and her local component, serving on various committees, serving wherever needed.

Eggers-Ulve has served for many years as the Dental Director for the Green Bay School District’s Headstart program and served on their Health Advisory Committee. In addition to the typical boardroom activities, this has also included classroom visits and extensive donated dental care. She enjoys being part of organizations that promote the well being of children and their families, those that preserve the environment and serve to build community. Whether that is through Donated Dental Services, Mission of Mercy or Give a Kid a Smile, volunteering at school, or an organization that preserves local history, she may not have a lot of spare time, but she gives as she can. She appreciates all that dentistry has provided for her, so her family tries to support the community and profession as much as they can.

“I was somewhat surprised that being a long-term giver was somewhat unique. My husband and I feel privileged to be a part of this great profession, so we try to support it as much as we can through various donations. But, I think it’s important for everyone, and especially new graduates, to remember that the amount you give to an organization is not important. Mother Theresa once said, ‘It’s not how much we give, but how much love we put into giving.’ Once you embrace the lifestyle of giving, you understand that giving is about much more than money,” explains Eggers-Ulve. She shares “Just think of how much more HSHC could do for the oral health of our nation’s children if all AAPD members became ongoing, long-term donors—the possibilities are endless!”
Give Now

Text HOME to 501501 for a $10 donation or visit www.healthysmileshealthychildren.org for more information.
Introducing the New ABPD Strategic Plan

The ABPD recently completed the strategic planning process and we are pleased to announce a new strategic plan to guide our organization over the next 3 years. Before I get to specifics of our new plan, I’d like to share how we got to this point.

In 2013, we began the process with the guidance of Lisa Yates of ACS Quantum Strategies, LLC. An environmental scan was completed, which focused on our internal strengths and weaknesses as well as external threats and opportunities. As part of this practice, Ms. Yates reviewed our previous plan and did telephone interviews with internal and external stakeholders. In October, Ms. Yates led a two-day retreat as we brainstormed about our mission, vision, values and strategic goals. A draft report was prepared and was reviewed in depth by directors. A final version of the strategic plan was approved by the directors in March 2014 and we are now in the implementation stage.

We are confident that this new plan will enhance our effectiveness and will allow us to have a greater impact on the oral health care of children. Following is our Strategic Plan 2014-2017:

MISSION
To certify pediatric dentists through a voluntary examination process that continuously validates their knowledge, skills and experience for delivering quality patient outcomes.

VISION
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.

CORE VALUES
Excellence in Pediatric Oral Health Care - ABPD values the provision of the highest quality oral health care for children. Such care is thoughtful, careful, ethical and based on the current scientific evidence. It takes into account the best interest of the patient and is respectful of the patient and his/her family.

A Fair and Valid Examination - ABPD values a fair and valid testing process for board certification and renewal of certification in Pediatric Dentistry. Such a testing process is based on the current knowledge in professional and educational testing. The process is evaluated continuously to insure that it is of the highest quality and accurately assesses the candidate’s knowledge, skill and judgment. A fair and valid examination requires skilled, committed and adequately trained examiners.

A Commitment to Lifelong Learning - ABPD values a health professional’s commitment to lifelong learning. ABPD values candidates’ and Diplomates’ desire to practice pediatric dentistry at the highest level and their commitment to constantly reevaluate their practices in light of the most recent scientific evidence. ABPD recognizes the value of renewal of certification and continuing education for health professionals.

Quality Improvement in Health Care - ABPD values quality improvement in health care through objective assessment of outcomes and process. It supports efforts to provide optimal health care to children.

Leadership - ABPD embraces integrity and accountability in guiding and empowering pediatric dentists to engage in continuous competency.

Collaboration - ABPD values working with internal and external stakeholders to achieve a unified vision.

Effective Stewards - ABPD is committed to being an effective steward of its entrusted resources and accountable to Diplomates and American Academy of Pediatric Dentistry.

STRATEGIC GOALS

<table>
<thead>
<tr>
<th>Collaboration/Relationships</th>
<th>High-Quality Certification Process</th>
<th>Effective and Sustainable Organization</th>
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<tbody>
<tr>
<td>Increase collaboration and relationship-building with related organizations, boards and other stakeholders.</td>
<td>Ensure the credibility and integrity of the continuous certification process.</td>
<td>Strengthen the efficiency and effectiveness of ABPD and its governance.</td>
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For questions or comments on this article, contact Dr. Hipp at hardincl@musc.edu

Cynthia L. Hipp, DDS, MSCR
Vice President, The ABPD
Charleston, SC
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- Bob Philips
  Business Forum: Discussion of Business Topics Affecting Pediatric Dentists
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GEORGIA—ATLANTA. Multiple pediatric dental offices in Metro Atlanta are seeking pediatric dentists to work in an extremely successful, expanding practice. We offer a team motivated working environment and a competitive salary. We believe in a high level of patient and parent education and making sure that children have an excellent dental experience at each visit. Candidate must have excellent communication skills, be enthusiastic and motivated. For more information please contact Brian at 678.923.4406 or email brian.friedman@SmilesForLifeNetwork.com; contact Dr. Charlie at (404) 434-0427 or email drcharlie.couler@SmilesForLifeNetwork.com. Visit our website at SmilesForLifeNetwork.com

ILLINOIS—CHICAGO. St. Bernard Hospital practice is seeking a PT/FT, enthusiastic, caring pediatric dentist to join our community hospital based practice. Join our outstanding team in a multidisciplinary office (peds, general), providing quality care in a family friendly environment. Compensation and customer service are emphasized. Compensation discussed on an individual basis. Email your CV to dental@stbh.org or fax C.V. to (773) 896-2352

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SOUTH CAROLINA—CHARLESTON/ COLUMBIA AREA. Multiple pediatric dental offices in the Charleston & Columbia, South Carolina area are seeking pediatric dentists to work in an extremely successful, expanding practice. We offer a team motivated working environment and a competitive salary. We believe in a high level of patient and parent education and making sure that children have an excellent dental experience at each visit. Candidate must have excellent communication skills, be enthusiastic and motivated. For more information please contact Dr Brian at 678.923.4466 or email brian.friedman@SmilesForLifeNetwork.com; contact Dr. Charlie at 404.434.0427 or email drcharlie.coulter@SmilesForLifeNetwork.com. Visit our website at SmilesForLifeNetwork.com.

SOUTH CAROLINA—FLORENCE. Expanding pediatric dental office has immediate opening for a full time Pediatric Specialist. We currently have two practices; one in Columbia and a new practice in Florence. The Florence Practice has been open for 1 year and the waiting list for this location is approximately 6 months for restorative procedures. Dedicated, competent staff. Enjoy the Capital city and the beach; as Florence is only an hour away from each location. Competitive Salary & 401(K) offered. Please send C.V. to ranee.moore@yahoo.com. To learn more about our practice, please visit our website at palmettopediatricdentistry.com

TEXAS—HOUSTON. Unique opportunity with a well established fee for service practice with an excellent reputation for providing exceptional quality pediatric dentistry while building long term trust...
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TEXAS—PEARLAND. High-quality and well-respected private pediatric dental office in Pearland, TX (suburb of Houston, 20 minutes from the Texas Medical Center) is looking for an energetic, self-motivated, friendly, team-oriented, and high caliber pediatric dentist to join our team as a full-time associate. An exceptional administrative team and strong clinical team help the dentist to provide a positive experience for every patient in this fee for service practice. Our office focuses on developing relationships with our patients and their families in a safe, comfortable, compassionate, and kid-friendly environment. We are current with all guidelines and technology, including digital radiography, intraoral cameras, the Wand local anesthesia delivery system, and a soft tissue laser. Please send your C.V. to pamela.wiesner@gmail.com or call (713) 417-5493. and a soft tissue laser. Please send your C.V. to pamela.wiesner@gmail.com or call (713) 417-5493. and a soft tissue laser. Please send your C.V. to pamela.wiesner@gmail.com or call (713) 417-5493.

TEXAS—SAN ANTONIO (SOUTH). Join our growing, state-of-the-art, Pediatric Dental Practice! 10 minutes south of San Antonio) and Laredo, TX (2hrs south of San Antonio). Full-Time Position has benefits available (CE allowance, malpractice insurance, holiday pay, and more). PARTNERSHIP AVAILABLE FOR RIGHT CANDIDATE. Please email resume to: l2ppd@laredo@gmail.com or call (930) 772-5600. Graduate of a U.S. Pediatric Dental Residency Program New Grads Welcome.

VIRGINIA—NORTHERN. Multiple pediatric dental offices in Northern Virginia are seeking pediatric dentists to work in an extremely successful, expanding practice. We offer a team motivated working environment and a competitive salary. We believe in a high level of patient and parent education and making sure that children have an excellent dental experience at each visit. Candidate must have excellent communication skills, be enthusiastic and motivated. For more information please contact Brian at 678.923.4466 or email brian.friedman@SmilesForLifeNetwork.com; contact Dr. Charlie at (404) 434-0427 or email drcharlie.coulter@SmilesForLifeNetwork.com. Visit our website at SmilesForLifeNetwork.com.

WISCONSIN. ForwardDental is seeking skilled pediatric dentists in multiple communities across the state. Join our team of dynamic and well respected pediatric dentists who stay busy and productive with internal referrals from over 75 general dentists within ForwardDental! Our doctors appreciate camaraderie of colleagues who share in their enthusiasm for children's dentistry while enjoying competitive compensation, flexible schedules, and good work ethic. We offer work week including hospital dentistry at two nearby hospitals. Practices have a strong referral base with huge growth. Positions are available for two locations: Lytle, TX (20 minutes south of San Antonio) and Laredo, TX (2hrs south of San Antonio). Full-Time Position has benefits available (CE allowance, malpractice insurance, holiday pay, and more). PARTNERSHIP AVAILABLE FOR RIGHT CANDIDATE. Please email resume to: l2ppd@laredo@gmail.com or call (930) 772-5600. Graduate of a U.S. Pediatric Dental Residency Program New Grads Welcome.

WYOMING—CHEYENNE. Growing pediatric dental practice with locations in Cheyenne, Laramie, and Casper has an excellent opportunity available for a friendly, patient focused pediatric dentist. Our office has a great reputation in the community and has an outstanding referral base. This position comes with a minimum salary guarantee, benefits, four day work week, and 3 weeks vacation. Partnership opportunity will be available for the right person. Please fax resume to (307) 635-9218 or email to childrensdentistry@bresnan.net See us on the web at wyokidsdentist.com.

PRACTICE FOR SALE

NEW YORK—WESTERN. Outstanding turnkey opportunity - Practice for sale Western New York. Well established solo pediatric dental practice for sale in a beautiful area of WNY, close to Lakes Erie and Ontario. Reputation in community as a fun, caring, quality oriented practice that delivers premium dental care with over the top customer service. Well trained long standing staff. Affluent suburban community with low cost of living. Heavy internal referral base and pediatrician referral base. State of the art technology including Carestream digital intraoral X-rays and Sirona digital pan and 3 carestream intraoral cameras. Emphasis on

unmatched benefits, ownership opportunity and community involvement such as annual charity golf outing benefiting Children's Hospital of Wisconsin. Currently, we are interested in talking with candidates for our Kenosha and Waukesha practices. DDS/DMD, Certificate in Pediatric Dentistry, WI State Dental License. For more information please contact kateanderson@amdpi.com.

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A pediatric dentist is a faculty member who serves in and supports the Division of Pediatric Dentistry in the Department of Pediatric Dentistry and Orthodontics. This Division of Pediatric Dentistry is responsible for the education of dental students in the area of pediatric dentistry and for the training of the residents in the Pediatric Dentistry and Orthodontics programs. Specific duties include: Supporting the didactic and clinical activities within the Division of Pediatric Dentistry. Conducting scholarly activities to support promotion and the granting of tenure. Working with Division faculty and others to develop and deliver state-of-the-art continuing education programs in the area of pediatric dentistry on a regional, statewide and, if possible, national-wide basis. Actively participating in the school’s faculty practice plan. Assisting in school and pediatric program accreditation activities. Assisting in Division quality assurance and improvement and compliance efforts. Seeking to serve on committees and boards for state/federal government agencies, professional societies and within the school. Responding to assignments from Chair of the Department of Pediatric Dentistry and Orthodontics and the Division Chief essential to the department, division and school operations. Performing other duties and assuming additional responsibilities as assigned by the Department Chair and the Dean. Fixed term or tenure track position at the title/rank of Assistant Professor or higher available. Qualifications: Required Qualifications: DDS or DMD (or equivalent) from an appropriately accredited institution with expertise in dental education. Certification of completion of an ADA Commission on Dental Accreditation accredited Pediatric Dentistry residency or equivalent training in a Canadian program. Possession of, or eligibility for, a teaching or regular dental licensure in North Carolina (a North Carolina dental license must be secured by the time of employment). Broad knowledge of issues in dental education. Preferred Qualifications: Commitment to evidence-based teaching and practice. Clinical experience in dental education at the institutional level, working in development, implementation, evaluation and monitoring of departmental programs leading to the dental degree. Experience with pediatric dental resident education. Experience with advanced forms of pediatric sedation. Willingness to apply academic experiences of contemporary dental education and traditional educational values to the Community Services Learning Center model. PALS certification. Experience with digital record keeping, imaging, and/or grading. East Carolina University requires applicants to submit a candidate profile online in order to be considered for the position. In addition to submitting a candidate profile online, please submit online the required applicant documents: Curriculum Vita, Letter of Interest, List of Three References (noting contact information)

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TEXAS—DALLAS. PEDIATRIC DENTISTRY PRACTICE OPPORTUNITY Bear Creek Family Dentistry Dallas, Texas. Join our growing team of 5 successful pediatric dentists, as well as our specialists in oral surgery, orthodontics, and prosthodontics, as well as our large complement of general dentists who have fun creating healthy smiles for our patients and happy relationships with our fellow team members. We are a dentist owned, family oriented, multi-disciplinary dental practice with 9 locations serving the Dallas Metroplex. A stable place to work, we have been in practice for over 25 years. We are the best equipped and best managed dental group in the DFW area. Each of our locations is a spacious, state of the art facility that provides doctors with the resources to provide excellent dental care to young patients in our offices or in a hospital setting. Call our dentist founder, Dr. Robert Tafel at 214-883-4285 and see why our specialists join our general dentists when they say that joining Bear Creek Family Dentistry was their best choice for furthering their professional careers! You may also contact Dr. Tafel at DrBob@bearcreekfamilydentistry.com.

TEXAS—LEWISVILLE. Office space for pediatric dentist for lease or sale. Plumbed for 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. In building with 2 general dentists. 972-317-6211.

VIRGINIA—BLACKSBURG, CHRISTIANSBURG. HIGH-END PEDIATRIC DENTAL PRACTICE for Sale - Blacksburg/ Christiansburg, VA (Southwest Virginia) Well-established, 2,500 square-foot, high-end pediatric practice in the New River Valley area. 6 chair facility, thriving University community. Excellent hygiene department and orthodontic specialist in place. Dentist retiring after 35 years. Willing to stay and assist with practice transition for reasonable period. Part-time orthodontist provides care six days per month; paid on percentage of collections. Has affiliated with practice for the past 20 years and wishes to continue association. More than 100 patients under treatment. Office owned by Pediatric Dentist. Eventual purchase may also be negotiated. Avg. gross income (past three years) is $836,000. Most of the seven staff members are long-term employees and are well known to the families in the practice. Digital radiography installed less than two years ago. The practice qualified for the VA EHR Medicaid program; the incentive bonus was initiated in 2013. New owner may elect to participate and potentially accumulate bonuses of $63,750 over six years. This area in SW Virginia has outstanding outdoor recreational opportunities: lakes, rivers, snow skiing and golf. There are top tier schools and an overall friendly environment. The University recently opened a first class Center for the Arts, with an extremely varied program of world-class performers, that provides a wide variety of experiences for the entire family. This combined with Division One collegiate athletics and a very loyal fan base equates to a nearly ideal community. Call (678) 482-7305 or email info@southeasttransitions.com for details using listing ID VA1016.
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<td>REPLACEMENT CROWNS, ea</td>
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